

# Community perspectives on the impact of the closure of acute mental health services at the Gordon Hospital

October 2023 Report



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# Introduction

## Overview

In March 2020, 51 in-patient mental health beds at the Gordon Hospital (provided by Central and Northwest London NHS Foundation Trust, or CNWL) in Westminster were temporarily closed to ensure staff and patient safety and prevent the spread of COVID-19.

Since the closure, Healthwatch Westminster and Kensington & Chelsea have received feedback from healthcare providers, local authorities, patients, carers and community members about the impact on people's experiences with mental health and using mental health services. From June 2023, we have attended community meetings, visited local organisations and spoken directly with community members and healthcare practitioners about the current provision of mental health services. This report is a summary of what we have heard after speaking with over 100 people about their experiences and perspectives of mental health services in the bi-borough.

Our report is intended to supplement the ongoing discussions and pending consultation on the future of the Gordon Hospital organised by CNWL. At the time of publishing this report, CNWL has held community meetings in preparation for the pre-consultation and presented the various options for the future of the Gordon Hospital and acute mental health services in the bi-borough.<sup>1</sup> Our findings may help to inform any further strategies to improve mental health services in Westminster, Kensington and Chelsea, and may also have implications on the provision of mental health care across the Northwest London region.

From June 2023, we spoke with 133 people from diverse backgrounds, including healthcare practitioners, support workers, representatives from community organisations, carers, patients and residents about their experiences with and perspectives on mental health services. In this report, we give an overview of our findings collected up to 10 October 2023.

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<sup>1</sup> Westminster City Council,

Plan for the consultation on acute mental health services for the residents of Westminster and RBKC, September 2023

[https://committees.westminster.gov.uk/documents/s54530/Westminster%20OSC\\_Consultation%20plan.pdf](https://committees.westminster.gov.uk/documents/s54530/Westminster%20OSC_Consultation%20plan.pdf)

After publishing this report, we are continuing to engage with key stakeholders, decision-makers and the public, sharing our findings and contributing to discussions on the future of acute mental health services in the bi-borough. Please get in touch with us at [info@healthwatchrbkc.org.uk](mailto:info@healthwatchrbkc.org.uk) or [info@healthwatchwestminster.org.uk](mailto:info@healthwatchwestminster.org.uk) if you have any queries or would like to get involved.

## **Healthwatch**

Healthwatch's mission is listen to and amplify the voices of residents and service users, and to get them involved in improving health and social care services. We collect people's stories and feedback and bring them to those with the power to make a difference. There are local Healthwatch across the country, and there is a Healthwatch in every borough of London. The Advocacy Project is the provider for Healthwatch in Brent, Westminster and RBKC.

We organise research projects exploring health inequalities and provide recommendations to local authorities, NHS leaders and health and social care providers on how to improve care. We work especially with residents who experience elevated barriers to accessing care and services. Some examples of our previous projects include an exploration of the quality and diversity of food aid, an evaluation of the quality of language support and interpretation services for patients whose first language isn't English, and barriers to attending podiatry appointments for older patients (see Healthwatch report library).

We have statutory powers to conduct Enter & View visits, which involve visiting any health or social care facility to find out what is and isn't working, and making recommendations to improve services. Last year, we did an Enter & View visit to the mental health wards in St Charles Hospital.<sup>2</sup> We also offer signposting services and direct people to the resources they need, and this is another way that we hear from residents about what is and isn't working in health and social care services.

## **Methodology**

Healthwatch Westminster and RBKC met with the Healthwatch Advisory Board members (who are all residents of Westminster, Kensington and Chelsea), other local Healthwatch in London, local

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<sup>2</sup> Healthwatch RBKC, News and Reports, [https://www.healthwatchrbkc.org.uk/news-and-reports/search?combine=&field\\_article\\_type\\_target\\_id\\_1%5B%5D=103&Search=Apply](https://www.healthwatchrbkc.org.uk/news-and-reports/search?combine=&field_article_type_target_id_1%5B%5D=103&Search=Apply)

authority stakeholders, healthcare professionals and community organisations to co-design this project.

From June to September 2023, we attended various community meetings, including in-person and online series of the CNWL community events on the future of acute mental health care, events organised by the local council, and care quality meetings of local healthcare providers (see Appendix for more details). We also spoke with residents who attended Healthwatch community engagement and outreach events in Westminster and Kensington and Chelsea, as well as residents who contacted us via email and telephone to share their feedback. These various engagement activities informed the scope of the project and allowed us to hear views from people from different backgrounds and sectors.

The Healthwatch team also conducted 14 in-depth interviews with key stakeholders, to gain in-depth insight into the views of people from diverse sectors and organisations. We spoke with representatives from healthcare services, charities, and residents' associations, as well as several residents with lived experiences of acute mental illness. We identified these individuals attending community events, and reaching out to our community networks who provide mental health services or work closely with people with acute mental health needs.

The semi-structured interviews lasted from 30 minutes to one hour. With participants' consent, we recorded and transcribed the conversations for analysis. The findings in this report are anonymised, and we have changed or removed any personally identifiable information for participants' confidentiality and safety.

Topics discussed during the interviews included experiences getting mental health care or supporting people with acute mental health needs, observed changes in acute mental health provision and broader community mental health support (in the bi-borough and beyond) since the Gordon Hospital closure, and recommendations for ways to better meet residents' and service users' mental health needs, especially for vulnerable groups such as people who are rough sleeping or from global majority ethnic backgrounds.

In total, this report brings together the views of 133 people, ranging from healthcare practitioners and mental health professionals to community organisations and residents, on the impact of the closure of mental health beds at the Gordon Hospital and the current provision of mental health services.

# Findings

## Overview of findings

We heard from diverse healthcare professionals, support workers, carers, patients and community members about the current provision of mental health services, the impact of the Gordon Hospital closure, and the future of acute mental health services. The key themes in our findings were related to patients' experiences of long waits and disjointed care; effects on services at St Charles Hospital in Kensington; impact on vulnerable groups; concerns about the Gordon Hospital infrastructure; feedback on the CNWL pre-consultation process; and recommendations for improving mental health services for residents in Westminster and Kensington and Chelsea.

### 1. Patients' experiences of acute mental health services

According to data from CNWL, 106 of the 500 Mental Health Act admissions within the CNWL network were patients from Westminster between June to August 2023.<sup>3</sup> Westminster had the second highest number-of patients after Brent in this quarter, though it is worth noting that Brent has about 100,000 more residents than Westminster. In 2022/2023, Westminster had 364 adult acute Mental Health Act admissions, which was below the national benchmarking average across the service areas (see Appendix).<sup>4</sup>

During our conversations with staff, service users and community members, people expressed a need for dedicated acute mental health services for Westminster residents, given the high need for mental health care in the borough. A mental health advocate, who primarily supports patients receiving care at St Charles Hospital, described the frustration among Westminster residents about not having in-borough acute mental health wards:

**"I do know that there's a proportion of people that I have spoken to who feel that there's a hospital at their doorstep in Westminster and they are having to go to Kensington and Chelsea. It does raise concerns because on average, you might get 150 admissions in a quarter 3-month period and about 110 admissions across the Bi-borough are Westminster residents."**

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<sup>3</sup> CNWL Mental Health Law Group, Mental Health Act 1983 Analytics Report Quarter 1 2023/2024

<sup>4</sup> CNWL Mental Health Law Group 2023/2024

A Westminster resident expressed similar concerns:

**“We cannot have an area the size of Westminster with no acute mental health facilities. We have sufficient people in the borough, with severe enough mental health needs, to warrant our own service.”**

We also heard feedback about patients being admitted into mental health wards that are far from their homes and family members and friends, which has caused a lot of isolation and at times exacerbated mental health challenges. Some community organisations and healthcare staff echoed these findings, stating that there have been significant disjoints in the care and support that they are able to provide patients or clients who are being sent out of borough.

Service users reported that patients from Westminster are waiting longer than they should for beds, and many believe that the amount of residents being transported out of the borough illustrates the hospital's inability to accommodate their acute needs.

**“Patients from Westminster are waiting for 6–8 days before they can obtain beds [...] It is nothing like a hospital. These parcels are just shifted from Westminster to Hillingdon to St Charles like Royal Mail looking for somewhere to put this person who is seriously ill.”**

**“When there are long waiting times with mental health patients it is a bit like cancer, it gets worse. This means the A&E are filled up, the police are under stress, the crisis levels increase and there are no beds for patients to use in Westminster.”**

Another mental health advocate shared the challenges with the lack of continuity in care and support for patients:

**“We might get a call for someone who is in a place of safety, and one minute we’d see them and the next minute we get a call that they’re in Brent, and they are calling and asking us who to continue them with advocacy.”**

A mental health professional working in Westminster shared how the barriers to getting mental health care have forced some to seek private care:

**“When I was working clinically and someone needed to go to hospital and was suicidal, they would go into private hospital because there were no beds available, and people were so incompetent. The current system is not at all fit for purpose.”**

At a CNWL community meeting about the future of mental health care,<sup>5</sup> the CNWL team shared that a lower proportion of bi-borough patients were being admitted into acute mental health services in borough compared to before 2020. However, they did emphasise that the data from 2023 indicates that patients are now more likely to get a bed within the CNWL network compared to pre-2020.

## **2. Effects on acute mental health services at St Charles Hospital**

In terms of effects on other services, we primarily heard about the impact the closure has had on mental health wards at St Charles Hospital, which is where most of the patients who would've been admitted to the Gordon Hospital have been sent. According to data provided by CNWL in 2021, 62% of Westminster mental health patients were being admitted to St Charles Hospital.<sup>6</sup> There is a demand for a formal comprehensive analysis of St Charles' mental health services, given concerns among patients and staff about staffing, capacity and quality of care.

Staff shared that, because of the shortage of beds, some of the clients and patients who were sectioned have been kept waiting to be assessed for over 24 hours. This is in violation of the Mental Health Act. At a CNWL community meeting<sup>7</sup>, one doctor even reported hearing of a resident who was waiting up to 10 days for a bed.

A mental health advocate shared:

**"The patients are being kept under Section 136 in the place of safety for longer because there are no beds available. So, they're in a state of limbo... the longer it takes for them to get a bed, the longer it takes for them to start their treatment and whatever recovery process they need. It is something that we come across quite frequently now. People are contacting us saying, 'How long should I be kept in the 136 suites?' And we of course say, the maximum is 24 hours, and they state that they've been there for three or four days."**

Other mental health staff employed within the CNWL network have expressed similar concerns about the quality of acute mental health care at St Charles, particularly in terms of patients being discharged too early and an increase in thresholds for people to be admitted. A social worker working in Westminster described the challenges getting people admitted to St Charles:

**"The thresholds are very high to get those admissions in a way that they were not before... We're stretched, the NHS is stretched, but in terms of the threshold for state admission to hospital, the threshold**

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<sup>5</sup> 12 July 2023, Future of acute mental health care for residents of K&C and Westminster

<sup>6</sup> Westminster Policy & Scrutiny Committee: CNWL Update on the Gordon Hospital April 2021

<sup>7</sup> 28 June 2023, Future of acute mental health care of residents in K&C and Westminster



for staying in hospital, the threshold for treatment has massively, massively changed since the Gordon closure.”

“So, for example, before the Gordon was closed, we had enough beds that people could be offered informal admission under the Mental Health Act. They had capacity, they could recognise they were getting unwell, they weren’t safe in the community, and they needed time in a hospital setting... Informal admissions do not exist now. This is not written down, but we are unable to arrange an informal admission. And what that means is that people have to get more unwell, their carers and local community have to live with people who are becoming increasingly unwell only to the point that they are unwell enough to be detained under the Mental Health Act.”

Several mental health professionals mentioned the impact of the strained capacity and lack of beds on staff at St Charles, especially in terms of staff and patient safety and staff morale. Two mental health staff members shared with us:

“The thing in terms of threshold is that the acuity of people on the wards is so much higher than it was. The wards are becoming less safe. People are shouting, screaming, responding in this way because there’s so few beds, these very, very distressed people are all crunched together in this environment.”

“Staff and clients at St Charles Hospital are completely overwhelmed by the unprecedented numbers of people that present in distress. For the over 10 years I have been here, I have never seen wards where people are so distressed in such numbers.”

What we heard aligned with findings from our Healthwatch Enter and View visit to St Charles Hospital in 2022. During the visit, staff members at St Charles reported that staffing levels were strained, and that a lot of the time, the wards were not operating with a full staff quota. Staff were moved to cover shortages on other wards, and there was high use of bank or temporary staff.

Several members of Healthwatch Westminster and RBKC visited the mental health wards at St Charles Hospital on 24 August 2023. During the visit, a representative from the mental health unit reported that the closure had not had much impact on the services at St Charles.

They additionally stated that the focus on patients from Westminster being sent out of borough is misplaced because most of those patients have been diverted to St Charles, which is not far from the Gordon Hospital. They expressed that Brent is the borough that “needs more beds,” and that the plans to open a new mental health ward in Park Royal in Brent is expected to alleviate pressures on beds across the CNWL network.

### 3. Impact on rough sleepers

Westminster has the highest rates of people sleeping rough in the country.<sup>8</sup> Rough sleepers are at higher risk of serious mental illness, which is often also interlinked with drug and alcohol use. Healthwatch spoke with GPs, psychiatrists, social workers, mental health leads and advocates working with the rough sleeping community in Westminster. They invariably described how the closure of the Gordon Hospital acute mental health services is linked to increased acuity of mental health needs among the rough sleeping population in the borough.

According to data provided to Healthwatch by the CNWL Joint Homelessness Team (JHT),<sup>9</sup> the numbers of admissions for their rough-sleeping patients have reduced significantly since the Gordon Hospital closure (see Appendix). In 2019, before the closure, there were 52 hospital admissions from the JHT. In 2022, there were 38, and this number is projected to be lower for 2023. Staff from the team attributed this largely to the low bed availability, not because of reductions in acute mental health needs among their patients over the years.

Similarly, the JHT's data shows increases in numbers of patients who have discontinued treatment or returned to homelessness within three months of being discharged. The increases are particularly high among women who are rough sleeping. The numbers of patients being repatriated each year have also dropped substantially. In 2019, 15 rough sleeping patients were repatriated. In 2022, this dropped to three patients.

Staff from a community organisation supporting rough sleepers in Westminster explained the disproportionate effects on rough sleepers:

**"We're two mental health lead workers. 120-150 people come in a day but we work with a group of several hundred people. I think a large proportion of them would benefit from statutory mental health engagement.**

**"The trouble with homelessness is that no community mental health team will get involved. It's difficult to assess risks or organise mental health assessments and then in hospitals, the bed pressures mean that admissions aren't very long, and I think our clients always require**

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<sup>8</sup> Department for Levelling Up, Housing and Communities, Rough sleeping snapshot in England: autumn 2022, 28 February 2023 <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2022/rough-sleeping-snapshot-in-england-autumn-2022#:~:text=The%20local%20authority%20with%20the,estimated%20to%20be%20sleeping%20rough.>

<sup>9</sup> 17 August 2023, Joint Homelessness Team, Westminster

slightly longer admissions. There are always more problems associated with homelessness that aren't immediately treated. So, the added bed pressure from the Gordon closing is one of the main things that we've seen affecting the success of mental health care and treatment and subsequent housing of the clients we work with. I think from our point of view, there is a disproportionate effect on homeless clients."

"I will say, often, I think this is the other thing that makes Westminster quite unique, it is that the majority of the people that are on the streets don't have a local connection to the borough. So as a result, they aren't able to access some of the mainstream statutory services here in the borough, because they're not registered with a GP here."

We heard from mental health practitioners and experts in homelessness about the unique mental health needs in Westminster, and how the Gordon's closure has resulted in a loss of expertise in homelessness, disjoints in continuity of care and an erosion of trust and rapport with rough sleeping patients.

"As much as our service is fire-fighting, their service [at St Charles] is fire-fighting as well. By the time people get to the stage where they get admitted into hospital, there's so much more work that needs doing, so much more resentment for not having got the care in the first place... What we're seeing is the people who are the most marginalised and vulnerable are getting a two-week admission, they're detained in a way that causes more trauma and then being discharged with a prescription that they're not going to take. They've not done any of the supporting work for an ongoing care plan that includes housing, we're not seeing people being moved to mental health supported accommodation."

"The number of people who get a long enough stay [at St Charles] before bed managers have to move them out to get more emergency admissions through, the number of people who get a long enough admission to effect a lasting change even if everything does go right in that admission is minimal, it happens to one in every five of our clients that get admitted there at the moment."

A doctor explained how the loss of mental health services at the Gordon Hospital has led to increased acuity of mental health needs, which has affected staff safety and morale in the wards:

"We've lost expertise on the wards, we've lost staff morale. The acuity now at St Charles, which is where our patients go – they're not really pro-homelessness there in quite a few of the wards, because they historically haven't had the same homelessness problem that Westminster has. And they lack that experience and how to slowly work with someone who's developed a distrust of services... And the acuity on the wards is then really high. And therefore staff are getting attacked more often."

This contrasted with when there had been mental health services in Westminster, before the Gordon Hospital closure. Mental health professionals, social workers and other support staff described how they were able to better provide integrated and long-term support for their rough-sleeping patients.

“The Gordon Hospital was the closest hospital to us. And it allowed us to kind of do the forward planning for discharge. And often, we, the support services, are the only social network they have... At the Gordon, we knew the staff, they would communicate with us about the discharge plans, we would take more positive risks. Whereas if it’s a hospital that we don’t work with or who don’t really understand what homelessness services do, it’s very hard to make a discharge plan that is conducive to that person’s recovery.”

A resident explained how, in the end, this impacts safety and wellbeing in their communities:

“Ultimately, without bed spaces in borough, those [rough sleeping] individuals are in the community, out there on the streets, affecting residents’ day to day lives. They’re scared, they’re aggressive.”

#### **4. Other vulnerable groups**

From June to August 2023, 15% of CNWL mental health in-patients from Westminster were of Black/African/Caribbean background.<sup>10</sup> This reflects an overrepresentation given that only 8% of Westminster residents identify as Black/African/Caribbean.<sup>11</sup> Several staff members working in acute mental health services in the CNWL network described high admission rates of patients from Black Afro-Caribbean backgrounds in acute mental health services. This reflects broader national trends showing that black people are nearly five times more likely to be detained under the Mental Health Act than white people.<sup>12</sup> A representative from Adult Social Care in Westminster highlighted the need to understand these higher rates of service use and to develop tailored mental health services:

“There should be a proper needs assessment if they really want to unpack the issue about why we see more global majority groups taking up mental health provisions... And maybe they have but that information needs to be made public. None of the underlying factors [for this high service use in Westminster] I have come across

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<sup>10</sup> CNWL Mental Health Law Group 2023/2024

<sup>11</sup> Office for National Statistics, How life has changed in Westminster: Census 2021 <https://www.ons.gov.uk/visualisations/censusareachanges/E09000033/> (Accessed 18 October 2023)

<sup>12</sup> Government UK (May 2023), Detentions under the Mental Health Act May 2023. Available at: <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest> (Accessed 25 September 2023)

regarding the Gordon Hospital indicates closing the Gordon Hospital as a solution.”

Several mental health professionals and staff from community organisations emphasised the need to consider the intersectional identities and vulnerabilities of their patients and clients. They described how people from diverse ethnic backgrounds, who also faced challenging social situations like poverty and housing insecurity, had even higher unmet mental health needs. Some staff also highlighted the elevated risks for people who identify as LGBTQ+, and for women, who comprise 43% of Section 2 admissions from Westminster in April to June 2023<sup>13</sup>:

“I think because women are low profile it does mean they are less likely to receive the support they need. I think the support services can come together to take women’s needs more seriously.”

## 5. Concerns about the Gordon Hospital Infrastructure

Several people we spoke with, including healthcare professionals and residents who had previously been in the Gordon Hospital, expressed that the Gordon Hospital facility was not ideal infrastructurally to provide mental health services.

One professional from a community organisation described the building as a “rabbit warren” and said that staff didn’t have “enough space to move around” and “it was quite a difficult environment to manage risk.” However, some suggested that there are simple and affordable ways to invest into the building to mitigate risk and become more “psychologically informed.” A professional working in housing and support services for rough sleepers shared:

“The other thing is, you know, the building itself, the layout wasn’t particularly great, but it was a light bright building. The wards were light and bright, they weren’t dark and dingy, so there is an opportunity there, to just spend some money to really look at that space to see how it can be utilised better and make it a much more psychologically informed environment, as you would want a psychological ward to be. And if you were to add on top of that, a hub space that is built the same way, that’s accessible and friendly, I think it would certainly help to get people to stay engaged in their treatment and their mental health.”

Some mental health staff described concerns about the building’s capacity and environment. For example, one said:

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<sup>13</sup> CNWL Mental health law group 2023/2024

“I’m aware that there were some issues with the building suitability, the wards are very old, and don’t have enough capacity for one hospital. There was no outside space, it’s not easy to have outside space there. At St Charles for example, the actual hospital grounds are a lot more pleasant than the Gordon Hospital.”

Some residents of Vincent Square, where the Gordon Hospital is located, similarly expressed concerns about the suitability of the building and its location. One resident emailed us about how the proximity of acute mental health wards to residential areas posed a danger to residents nearby. Another resident who had lived in Vincent Square for over 10 years expressed that they did feel there was a need for acute mental health services in Westminster, but believed that the Gordon Hospital building was not appropriate:

“Everyone bought their flat with the knowledge of the existence of the mental health facilities here. The only problem is that it’s the completely wrong building, the completely wrong place. It’s totally unsuitable as a geographical location. The geographical setup for receiving ambulances and police cars is totally unsuitable. I think the people living here don’t have a problem if the Gordon Hospital continues as a day care centre, but it’s a horrible building with all sorts of access difficulties as an acute mental health centre.”

However, when we asked a patient about their previous experience receiving acute mental health treatment at the Gordon Hospital, they said:

“It was a place of relaxation, and the environment was superb and should not have been closed down.”

## **6. Comments on the CNWL pre-consultation process**

We heard some comments from healthcare professionals, community organisations, and residents who felt they were not sufficiently engaged in the discussions about the future of the Gordon Hospital. Several GPs, psychiatrists, social workers, and mental health support staff who worked with rough sleepers in Westminster reported that they hadn’t heard about the pre-consultation process and had not been notified about the meetings. A staff member from an organisation supporting rough sleepers said:

“CNWL have come nowhere near us. And again, if you think about the high costs of these patients to the NHS as a whole. That’s the homelessness sector, particularly in Westminster. So we have no idea what the alternative plans were.”

Moreover, others who had attended the pre-consultation discussions felt that there was a lack of representativeness of attendees at the meetings, with only a handful of patients or individuals who lived

experiences present. A previous patient and a carer both mentioned they were the only non-staff who attend the pre-consultations.

Among those who have participated in the CNWL meetings, some felt as though the discussion seemed to focus on an “all or nothing” approach, and several said that they would prefer some interim solutions while the pre-consultation was being carried out, such as the opening of a small number of beds at a different facility in the bi-borough.

Stakeholders in local authority and community organisations additionally demanded more transparency about CNWL’s funding for mental health services, and how that factors into the various options proposed during the pre-consultation preparation.

Some staff and residents additionally expressed frustration about the lack of transparency throughout, including when the hospital was first closed in 2020. A resident said:

“The other thing about the closure is that there was no consultation, we were told that there would be consultation but there was no consultation and at the time, we weren’t told it was because of COVID.”

## **7. Recommendations to better meet mental health needs**

During our conversations with health professionals, community organisations, service users and residents, we asked what people thought would most help to improve mental health and wellbeing in the community.

In reference to one of CNWL’s proposed options to expand a range of community services instead of reopening more acute mental health beds, we heard sentiments of frustration and concern among staff, patients and community members. The consensus was that, while preventive and community-based interventions are valuable, they do not make up for a lack of acute mental health beds and are not sufficient to meet Westminster’s urgent and unique mental health needs.

Two specialists in housing and homelessness shared with us:

“I think that access to actual counselling and talking therapies is rarely seen from the Trust [CNWL]. South London are doing psychotherapy in hospitals for homeless people. But in terms of local provision [in Westminster] that is accessible to homeless people or the general public, I’m not sure who is getting psychotherapy through the NHS right now.”

“I think they [community services] have a much more therapeutic way of working with people and as preventive measure, that makes total sense by trying to meet people before they get so unwell. But, we

have so many people who are already so unwell and the deficit there is what's glaring at the moment. So, I think we'll very much support therapeutic communities close to recovery houses and less sort of restrictive ways of working with people when it's appropriate, but it doesn't cover the same needs as a mental health unit would. I don't think anyone would compare the two with regards to how they actually serve the wider community."

A resident similarly expressed fears that community-based alternatives are not prepared or trained to respond to acute mental health cases:

"What they're calling local services are not local – it's certainly not appropriate, because someone who is suicidal doesn't go to a volunteer."

We spoke with some members of the CNWL Joint Homelessness Team, who felt that there should be targeted services for homeless mental health. One staff member shared:

"We don't have that many homeless mental health supported housing, and the threshold to get into that is extremely high. I think we need more investment in mental health supported housing and rehab placements. I think having a place like Westminster with the pressure that it's under, I would obviously support an in-patient mental health unit, recovery houses, are less restrictive and more approachable and flexible options but in terms of not having the basics covered, it seems high in the sky at the moment. I think there is a crisis in basic acute mental health provision so hospital wards, rehab facilities, and housing."

# Limitations of findings

## Reliance on qualitative data

Healthwatch used only qualitative methods to collect data for this project. Due to the sensitive nature of the project, we were unable to also supplement our methods using quantitative methods such as surveys. Where possible, we tried to source quantitative data to supplement our findings. However, it was challenging to access data



on services and patient experiences. In some cases, we couldn't include data that was shared with us because it wasn't publicly available.

## **Representation of in-patient mental health service users and lived experiences**

We were not able to receive direct feedback from as many in-patient mental health service users as anticipated. This was largely because patients were hard to reach, given their vulnerable conditions, and in certain cases we felt that it was inappropriate to speak with some patients who were still in treatment. Where we weren't able to hear from people with direct lived experience, we spoke with healthcare professionals, community organisations, residents, and carers who could provide feedback on what they had observed or been told by patients.

## **Limited discussion of the impact on wider CNWL mental health services**

While we explored the impact the Gordon closure has had on other acute mental health services, primarily at St Charles Hospital, we weren't able to conduct a comprehensive analysis of mental health services across the region and the CNWL network. Given the findings that patients are being sent out of borough, and suggestions that other boroughs such as Brent need further attention, there is a need for a more holistic analysis of capacity and quality of care across the CNWL network.

## **Exploration of other demographic indicators**

While we explored the impact of the closure on certain vulnerable groups such as people who are rough sleeping and people of Black/African/Caribbean backgrounds, we did not conduct a comprehensive analysis on diverse demographic factors. This limited our ability to understand specific vulnerabilities and intersectional factors, such as age, financial situation, migrant status, and other factors. For example, across the CNWL system, Westminster had the highest proportion of mental health admissions within the 50-64 years cohort, at 87.7 per 100,000.<sup>14</sup> This higher risk of acute mental health among older people warrants further analysis, to understand how the current acute mental health provision does and doesn't meet the needs of older people in Westminster.

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<sup>14</sup> CNWL Mental Health Law Group

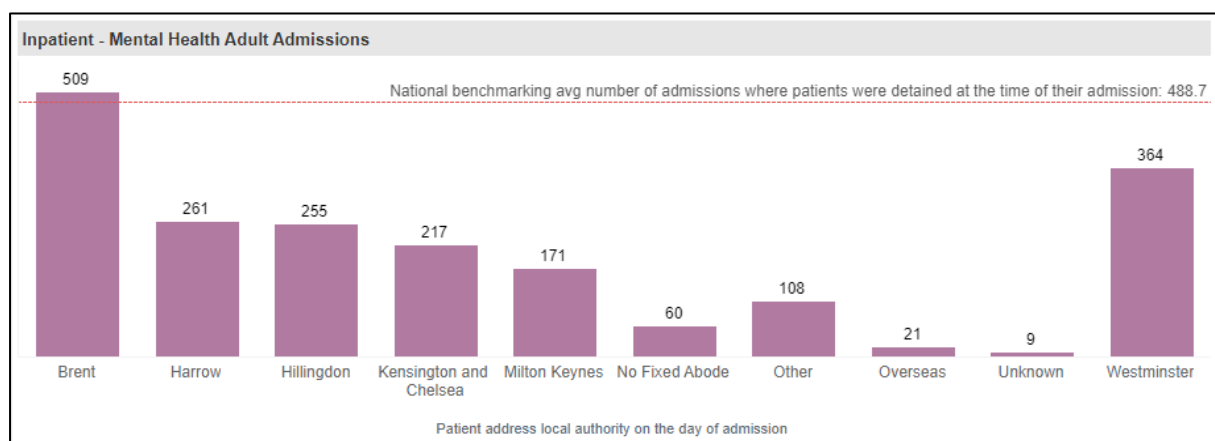
# Acknowledgements

We would like to thank all the team members at Healthwatch Westminster and Healthwatch RBKC for their contribution to this work, including the volunteers and board members who have supported us throughout the project. We are also grateful to the organisations and individuals that supported us in its co-development.

This project would not have been possible without the support of the partnered organisations in helping us to reach people with lived experiences of mental illness, as well as the collaboration of residents, carers, community organisations, and health care professionals in sharing their valuable experiences and perspectives with us.

# Appendix

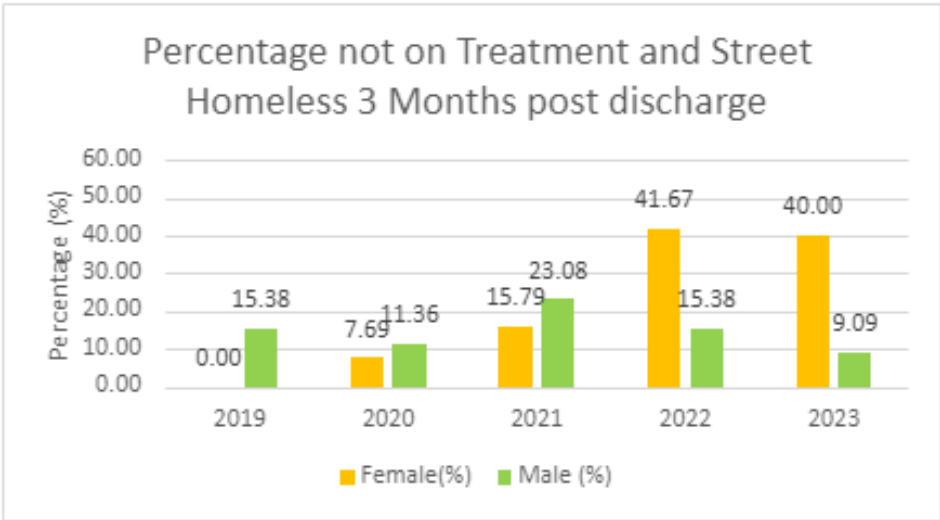
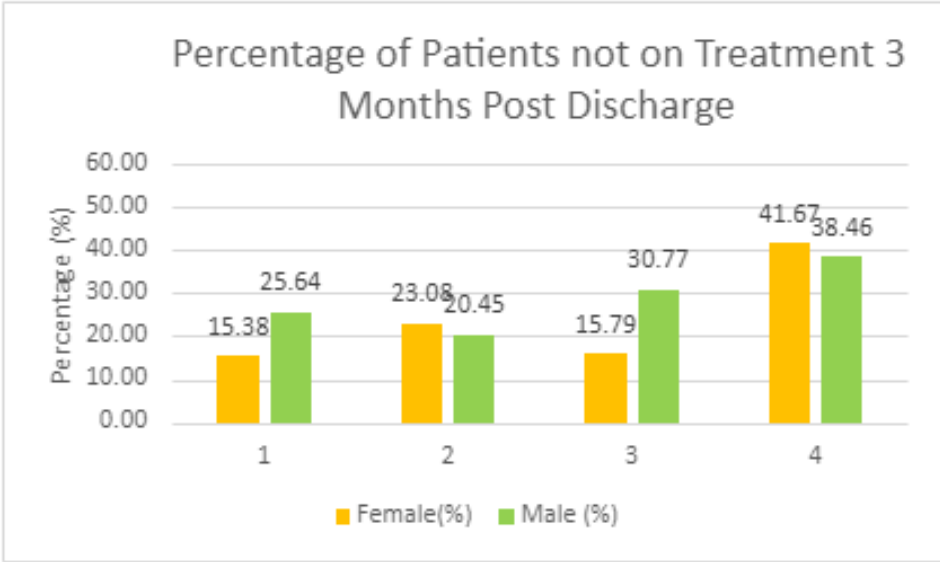
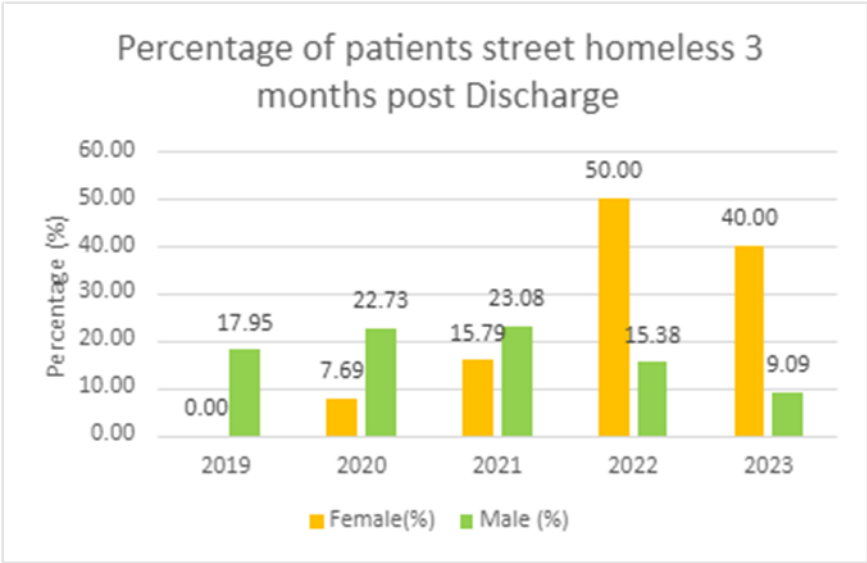
## CNWL Adult Acute Mental Health Admissions (2022/2023)<sup>15</sup>

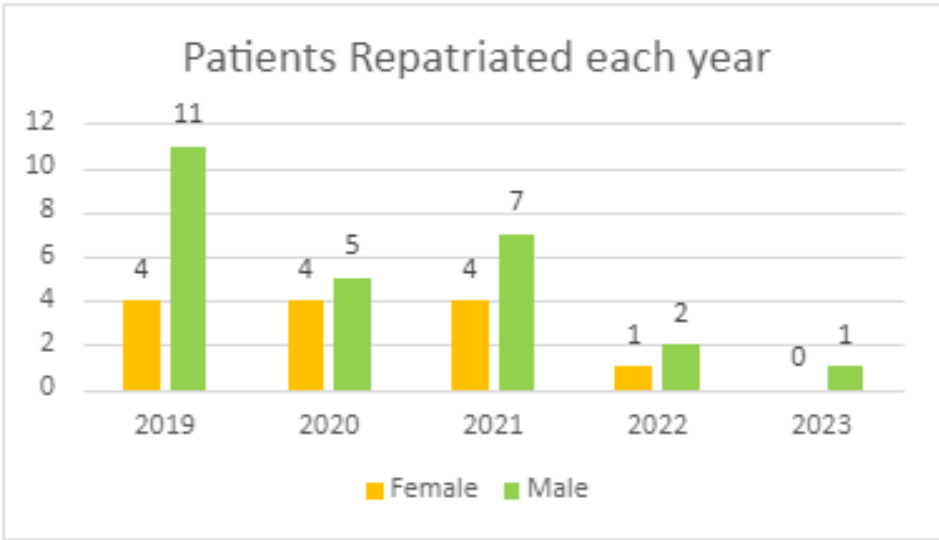
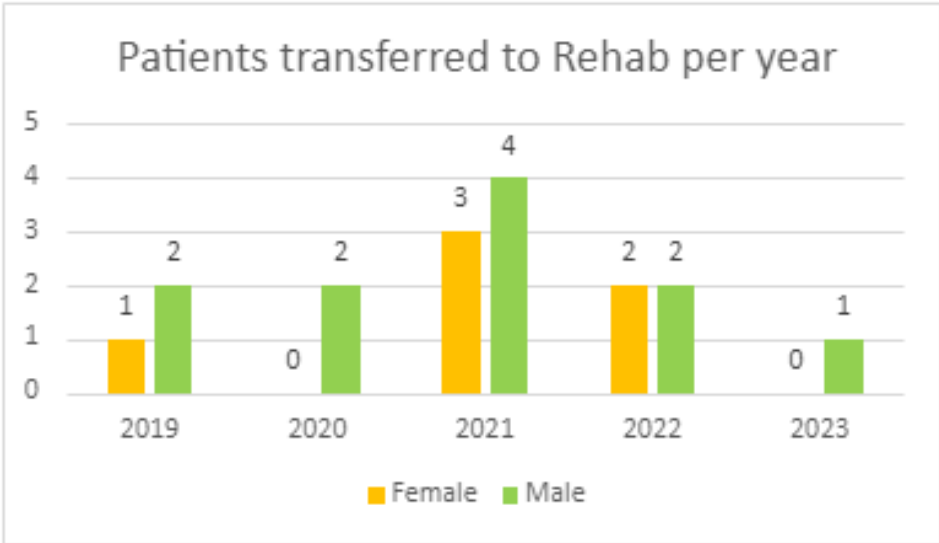
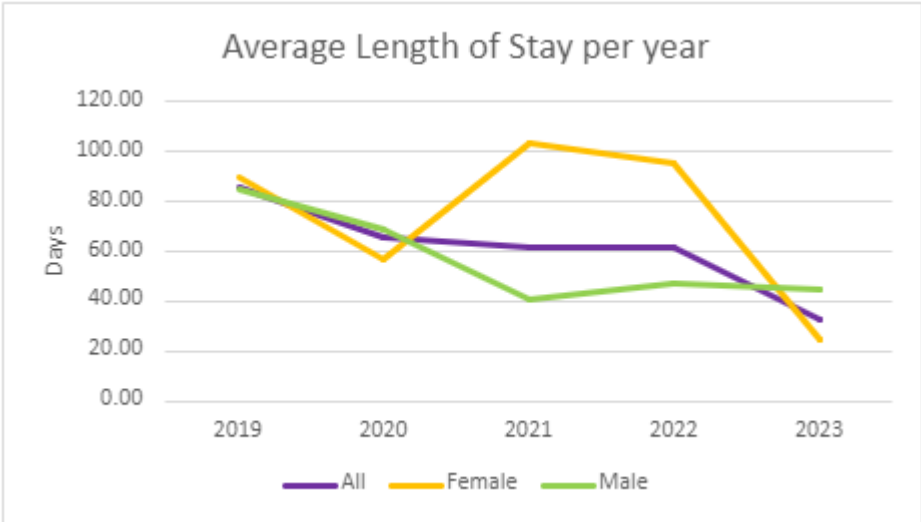


Admissions, discharge, rehab and repatriation data from CNWL Joint Homelessness Team<sup>16</sup>

<sup>15</sup> CNWL Mental Health Law Group, Mental Health Act 1983 Analytics Report Quarter 1 2023/2024

<sup>16</sup> 17 August 2023, Joint Homelessness Team, Westminster





Mental Health Act Section 2 Admission by Ethnicity April-June 2023<sup>17</sup>

Ethnicity	CNWL Cohort Proportion (Westminster)
Asian/Asian British	9%
Black/African/Caribbean	15%
White	25%
Mixed/Multiple ethnic group	21%
Other ethnic group	13%

Community engagement and outreach events

19 May 2023	Care Quality Meeting
6 July 2023	Councillors' Gordon Hospital community event
10 July 2023	CNWL SU and Careers session
28 June 2023 29 June 2023 12 July 2023	CNWL Equality impact assessment validation workshop on the future of acute mental health services for residents of K&C and Westminster
21 July 2023	Care Quality Meeting
24 August 2023	Healthwatch Westminster, Kensington and Chelsea visits to St. Charles mental health services
7 September 2023	Healthwatch London Network meeting (Section 136 Mental Health Act / Voluntary Patients)
15 September 2023	Care Quality Meeting (Assessing mental health services at St. Charles)
18 September 2023	Gordon Hospital community event

<sup>17</sup> CNWL Mental Health Law Group, Mental Health Act 1983 Analytics Report Quarter 1 2023/2024

