



When crisis calls

What people in Leeds told us about NHS 111 mental health crisis support

December 2024 to August 2025

If you need this report in another format, please contact Healthwatch Leeds.

Examples of other formats are large print, plain text documents, easy-to-read formats, audio, and other languages, such as British Sign Language.

Trigger warning:

This report includes people's experiences of suicidal thoughts, suicide, and poor mental health. Some readers might find this content distressing.

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Healthwatch Leeds volunteer, Hannah, at Leeds GATE, an organisation supporting the Gypsy and Traveller community in Leeds.

Introduction

This report brings together the voices of 371 people in Leeds who shared their views and experiences with us between December 2024 and August 2025 about mental health crisis support offered by NHS 111. Our work aims to understand how people have found the significant change in mental health crisis support.

Their voices highlight both the value of the service and the urgent need for improvements to ensure it is trusted, accessible, and effective. While this report reflects honest accounts of what has and has not worked, it also focusses on solutions to contribute to ongoing improvements to mental health crisis support in Leeds.

Summary

Why this matters



Getting it right saves lives

When people are experiencing suicidal thoughts or are at risk of taking their own lives, effective, timely support, such as NHS 111, is vital.



People in crisis need fast, compassionate help

When this is not in place, there is the risk that people will be left in distress and less likely to reach out again.



Pressure on mental health services and the wider system is rising

Poor experiences of calling NHS 111 for crisis support can lead to people having to present at GP surgeries or emergency departments, or having their health worsen without support, at a greater cost to NHS and social care services.



Health inequalities are exacerbated



If the needs of D/deaf people, autistic people, and culturally diverse communities are not met in the NHS 111 crisis service, there is the risk of widening health inequalities in terms of mental health, experiences, and access to services.

Key findings



57% of survey respondents who didn't use NHS 111 for support during their crisis, didn't know that it was an option.



3 in 5 people didn't find the support offered by NHS 111 helpful in managing their mental health crisis.



People's experiences of call handlers on the phoneline were inconsistent. Positive experiences involved call handlers listening well and offering clear next steps. Others described not having clear next steps or support in place to manage their crisis, being passed between services with no follow-up, or having call handlers without knowledge of local services or their mental health needs. Negative experiences left callers feeling as though they were dismissed or unheard.



Some people calling on someone's behalf, such as a carer or family member, struggled to get support for the person they were calling for, leaving them to manage the situation alone and negatively affecting their own mental health.



Feedback from autistic people, and people from culturally diverse communities suggests that NHS 111's mental health support is not always accessible or appropriate for them.



While **69%** of people were okay with the automated voice menu, others asked for it to be simplified.

Key recommendations

1. Access and equity



1.1 **Raise awareness** of NHS 111's mental health crisis service, including among communities at a greater risk of unfair access to services (health inequalities).

1.2 Have **reasonable adjustments** for people with specific needs, such as D/deaf people, neurodivergent people, and carers, and communicate clearly and widely about what is available to support access.



1.3 Provide **alternative ways to contact** NHS 111 for mental health crisis support, such as by text or by support from community hubs.

1.4 **Simplify the automated voice menu** and enable people to be re-transferred if they select the wrong option.

2. Trust and communication



2.1 Work with people who have experienced a crisis to create **clear information** about how NHS 111 works and what people can expect, including what is a crisis, and how call handlers decide to make a referral for follow on support.



2.2 Make the **feedback and complaints mechanism** clear and accessible.



2.3 Ensure that the experiences of people with mental health needs, and their carers, are involved in the **development of the service** and future commissioning and contract design.

3. Skilled and compassionate responses



3.1 Give call handlers read-only access to care plans and NHS-held notes to **personalise support**.



3.2 **Train call handlers** in trauma-informed care, neurodivergent experiences of crisis, dissociation, active listening skills, and person-centred approaches.



3.3 **Co-produce** a tool used to assess risk and decide the next steps (triage matrix) with culturally diverse and neurodivergent people to recognise different presentations of crisis.

4. Joined-up, effective care



4.1 Make the **referral process smoother** between NHS 111, crisis teams, and other services.



4.1 Ensure call handlers have **up-to-date knowledge** of local services such as crisis cafés, safe spaces, and voluntary, community, or social enterprise organisations.

5. Carers support



5.1 Make sure that people calling on someone else's behalf can **access appropriate support** for the person they are caring for.

What makes a good mental health crisis phoneline service?

From our survey, conversations with the public and conversations with community groups, we heard what makes a difference when people contact NHS 111's mental health crisis support. They told us good mental health crisis phonelines include:



Compassionate, person-centred, skilled call handlers.



Clear and timely next steps, with follow-ups where needed.



Early and widespread communication about any service changes.



Up-to-date knowledge of local services, beyond A&E and GPs.



Accessible ways to get support, like a text service.



Easy ways to give feedback and see changes.



Quick, straightforward access to call handlers.



Transparency about what the phoneline can and cannot do.



Efforts to build trust with communities by making mental health support easier to understand and access.

Background

In May 2024, the NHS 111 option 2 for mental health crisis support was introduced for the public and carers. The Single Point of Access (SPA) mental health crisis phone line remained open for professionals only. The NHS 111 mental health support service in West Yorkshire is commissioned by West Yorkshire Integrated Care Board (WY ICB). They commissioned Nottingham Community Housing Association to provide the call handler element of the service and work closely with Leeds and York Partnership NHS Foundation Trust, who provide Leeds-based crisis support.

While the SPA is still open for recognised professional referrers, moving people from this phoneline to NHS 111 isn't just an administrative change. Timely, supportive crisis services are a lifeline – they can make a difference between someone finding support at the right time, or their situation escalating into an emergency.

We hope these learnings can be applied by commissioners and service providers undergoing similar changes to local health and care services.

What we did

Between December 2024 and August 2025, we heard from 371 people in Leeds about their thoughts and experiences of NHS 111 mental health support. This includes people who have experienced a mental health crisis, professionals supporting people experiencing a mental health crisis, carers, and other people phoning on behalf of someone else.

We wanted to hear from a wide range of people, so we used various methods to reach them, including those whose experiences are often unheard by services.

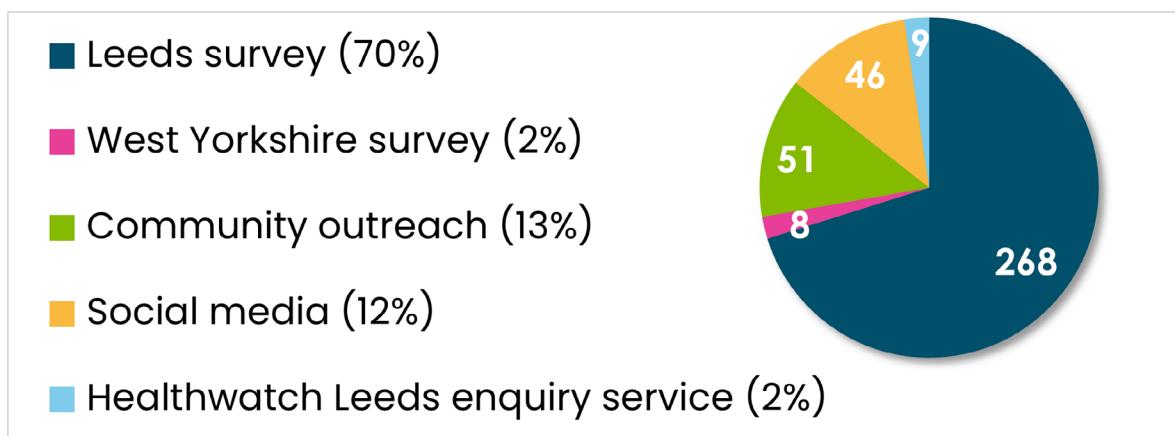
As feedback came in, we shared themes directly into citywide and West Yorkshire mental health strategic meetings with key stakeholders and decision-makers to allow for a quick response and changes from service providers.

While we were able to hear from a wide range of people about their experiences and opinions of NHS 111's mental health support, we recommend listening to further communities that are likely to face inequalities in accessing health and care services, such as people with learning difficulties, people from black communities, and young people.

Online survey

We partnered with West Yorkshire Integrated Care Board (WY ICB), the commissioner of NHS 111 mental health crisis support, to agree a set of questions that formed the basis of two separate surveys, one for Leeds (run by Healthwatch Leeds) and one to cover the whole of West Yorkshire (run by WY ICB). The survey was tested by people who have experienced a mental health crisis and was shared on social media, local bulletins, partner newsletters, and we promoted through posters in mental health service waiting rooms.

A breakdown of where we heard from people who have experienced a mental health crisis.



The Leeds survey received 268 responses, and as of July 2025, there were 40 responses to the WY ICB survey, of which 8 were from people living in Leeds.

The WY ICB survey will remain open for the foreseeable future to help them see if changes implemented as a result of our recommendations have improved people's experiences.

Both surveys ran at different times, with anonymised responses shared between organisations, allowing us to reach more people.

Some survey questions were optional, meaning that questions had different numbers of responses.

Community groups

In addition to the online survey, we had in depth conversations with people to gather more information about their experiences with the NHS 111 mental health crisis service. We visited community groups to listen to the people who may struggle to fill on an online survey and those who could share their experience of having a mental health crisis.

Healthwatch Leeds staff and volunteers spoke to 10 organisations, and heard from 51 people, including staff and service users.

These include:

- **ASHA Neighbourhood Project:** supports South Asian women.
- **Leeds GATE:** supporting Gypsy and Traveller communities.
- **Rainbow Junktion:** supporting people facing poverty and food insecurity.
- **Men's Health Unlocked:** supporting men's health and wellbeing.
- **Leeds Survivor-Led Crisis Service's (LSLCS) Deaf Group:** a support group for D/deaf and hard-of-hearing users of LSLCS.
- **Leeds Autism Aim:** a free advocacy and information service for autistic adults.
- **Battle Scars:** a 100% survivor-led charity offering support around self-harm.
- **Leeds Mind:** promoting positive mental health and wellbeing, and provides help and support to people in and around Leeds.
- **Touchstone:** provides health and wellbeing services to diverse communities.
- **Forum Central:** a network of health and social care third sector organisations in Leeds.

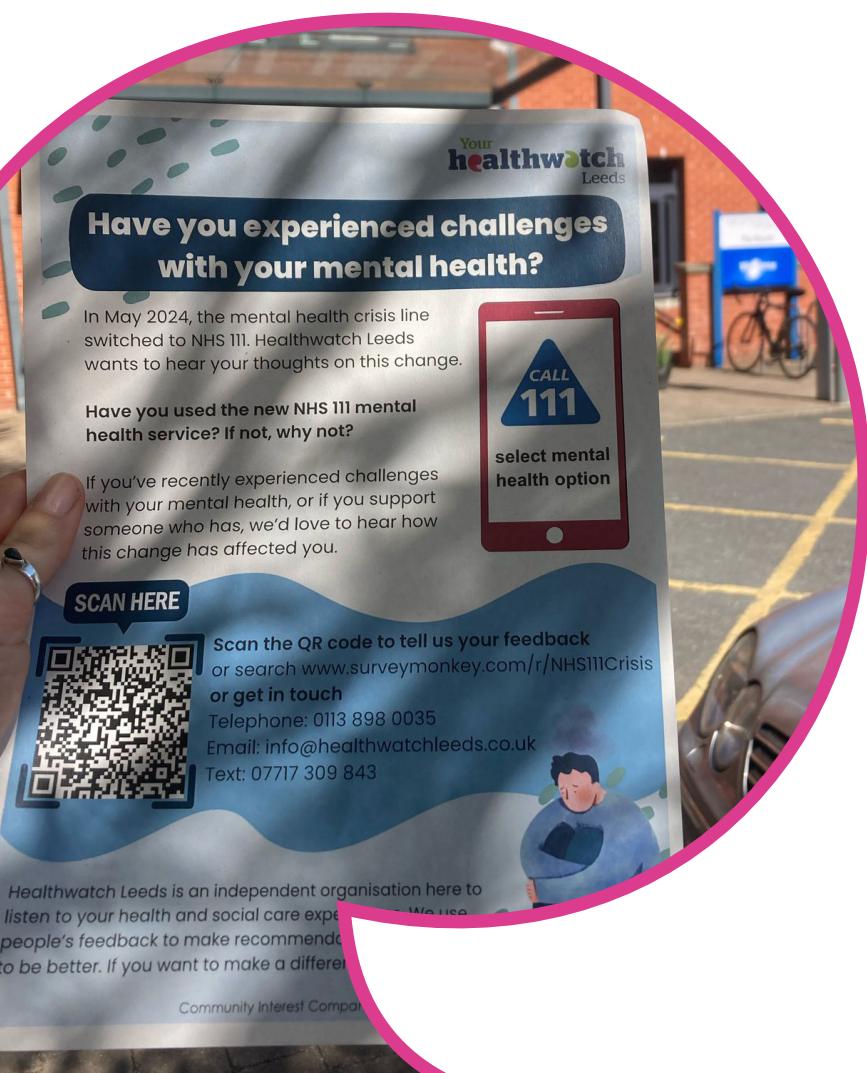
We would like to thank all groups and individuals who shared their time and trusted us with their experiences of such a challenging topic.

Other conversations

As well as visiting community groups and running an online survey, we also listened to what people thought about NHS 111 and other services available to them in crisis in other ways:

- **Discussions on social media:** 46 people shared their experience of using NHS 111 for mental health support on social media, including on a mental health group page and local groups.
- **Healthwatch Leeds Information and Advice service:** 9 people contacted us through our enquiry line to tell us about their experience calling 111 for mental health support and ask for advice.

For more information on the demographics of people we heard from, see [Appendix 1](#).



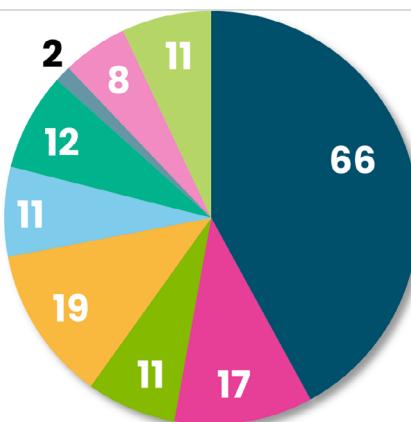
Poster distribution at mental health services.

What people told us

Why people did not use NHS 111 for mental health crisis support

115 (60%) people told us they did not use NHS 111 for mental health support. When asked the reason why, people selected from the responses outlined in the chart below.

Why didn't you use NHS 111 for support during your crisis?



- I did not know that NHS 111 had a mental health option (57%)
- I did not feel it would be helpful (15%)
- I preferred to contact a different service (10%)
- I managed the crisis in a different way (17%)
- I've had a bad experience with NHS 111 before (10%)
- I've had a bad experience with a crisis service before (10%)
- I didn't have access to a phone or credit (2%)
- I don't like talking on the phone (7%)
- Other (please specify) (10%)

Lack of awareness about the service

As can be seen from the chart, the main reason people did not use NHS 111 mental health support was because they did not know it that NHS 111 offered this service.

When speaking with people at local community groups, including:

- **ASHA Neighbourhood Project**
- **Leeds GATE**
- **Rainbow Junktion**
- **Men's Health Unlocked**
- **Leeds Survivor-Led Crisis Service's (LSLCS) Deaf Group**

... not a single person had heard of NHS 111's mental health crisis support.

These are communities that already experience barriers to accessing health and care services. Without providing targeted communication, the move to NHS 111 risks widening those gaps.

People told us that the change from the SPA phoneline to NHS 111 came as a surprise.

Communication about this change was directed by NHS England. To our knowledge, no communication was sent to service users, community organisations, the public, or key stakeholders before the change occurred (this and its impact are discussed further in our [Communicating Change briefing paper](#)).

Key local signposting directories were also only updated after the SPA phoneline was decommissioned. As of August 2025, NHS 111's mental health support is still not listed on [MindMate's urgent help page](#) – the main source of mental health information and support for young people in Leeds.

People told us that they would have felt better equipped to deal with a mental health crisis if they had known about NHS 111.

One woman from Leeds GATE told us that having mental health support through NHS 111 could be a positive step because it is easy to remember and widely known.

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"I was a passerby on a walk, and I found a teenage girl in crisis and about to go through with a suicide attempt. I managed to talk with her, and eventually, we took a taxi back to meet up with her parents, but I think using this number would have felt like a safer option to manage the situation."

Without awareness of essential services, we risk delaying people's access to help and worsening their health.

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"I would have been a lot less stressed if I could have used the NHS 111 service."

In Leeds, one in three people who access crisis services are not already known to mental health services ([Leeds Health and Care Partnership, 2020](#)). Using a well-known service like NHS 111 has the potential to make it easier for people who are not already in touch with mental health services to get help, but this potential will not be realised without wider promotion.

Healthwatch Leeds volunteer, Wumi, at Rainbow Junction, a community space and food bank.



People's trust in NHS 111 mental health crisis support

Our survey showed that some people chose not to use NHS 111 because they did not feel it would be helpful for them (15%) or had previously had a bad experience with NHS 111 (10%), or another crisis service (10%), which had affected their trust in accessing support this way.

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"People on 111 have been quite abrupt and rude before, so I didn't want that experience again."

"111 is generally unhelpful in most circumstances, so I imagine they would only refer me to another service / out of hours place."

For some members of the Gypsy and Traveller community, past experiences of prejudice and stigma when accessing statutory services made them less likely to seek support from NHS 111.

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"They treat you like a bit of scum."

One person concerned about high suicide rates amongst teenagers told us:

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"A lot of traveller kids feel like no one will listen."

Others talked about a perceived increased risk of police involvement in mental health crisis because support was more obviously linked to statutory services.

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"A lot of police give us a hardstick."

Women at the ASHA Neighbourhood Project told us that stigma around mental health in their community and the associated fear that statutory services would consider them to be a “failed mother” would stop them from accessing NHS support.

Instead, they preferred to seek help from local trusted services already known to them.

Some people were concerned about how information about their crisis might be recorded and shared across NHS databases and other services, potentially affecting their care.

Healthwatch Leeds volunteer, Hannah, and Healthwatch Leeds Community Project Worker, Annie, with Lily, Community Health Coordinator at Leeds GATE

One person shared how they felt their physical health needs had previously been dismissed because of a mental health note being added to their NHS record, resulting in them missing diagnoses for several long-term conditions.

The shift from a local phoneline to a national NHS service, without meaningful engagement or outreach, risks further excluding communities already experiencing health inequalities. However, women at Leeds GATE suggested that better connection with, and understanding of NHS services has the potential to make it more likely for people in need to use their support.



Challenges with phonelines

For people without access to a phone, all phoneline-based services like NHS 111 are inaccessible.

While all NHS 111 support is free to call and use, lack of phone access is a particular issue for people experiencing poverty, homelessness, or living in situations where phone access is restricted (for example people living with domestic abuse). Recent statistics tell us that 82% of people experiencing homelessness have a mental health problem ([Homeless Link, 2022](#)) and that 85% of low-income households with a person with a mental health disability were going without essentials ([Joseph Rowntree Foundation, 2025](#)).

One carer shared their concern about supporting a family member who had been advised to call 111 the morning after a mental health crisis, but as they did not have a phone, the carer was unsure about how the person would get support.

For others, the barrier was not around owning a phone but being able to, or wanting to, use a phone-based service during a crisis.

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"I'm autistic and struggle to talk over the phone as I can't see the person."

These challenges are not specific to NHS 111, and there are face-to-face crisis options other than the emergency department, such as [Here for You](#). However, these services often have limited opening times (currently Here for You is open from 3:30pm to 9pm across different locations in Leeds), which may not meet everyone's needs. While phone services work well for many, people who cannot or do not want to use them have different support available to them at the point when help is most needed.

People's experiences of making the call

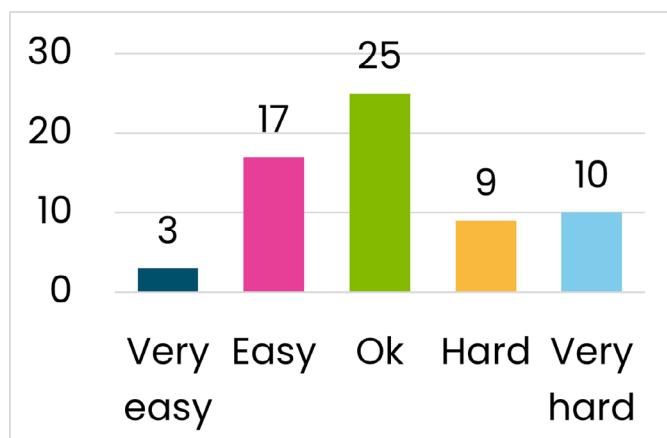
The automated voice menu

When calling NHS 111, people must first navigate an automated voice menu before being connected to the mental health support option.

The initial automated voice menu system is managed by NHS England, with callers' selections from the menu directing them to speak with a call handler from Nottingham Community Housing Association or, for young people, to either Leeds Child and Adolescent Mental Health Services (CAMHS) or Night Owls, who provide nighttime phoneline crisis support for children and young people.

Survey responses showed mixed experiences:

How did you find the automated voice menu played at the start of the call?



Whilst just over 30% of people found the menu easy or very easy, the highest response (39%) was 'okay', and almost a third of respondents (30%) found it hard or very hard.

For people already in distress, having to work through an automated system may cause barriers to getting support. One person told us:

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"I was able to follow, however, if I'd have had a bigger crisis, I'm not sure if it would have been easy. Especially as it is a recording, not of a real person."

Attendees of ASHA pointed out that it might be especially difficult for people with low levels of English and suggested having a strapline in publicity like 'Press 2 for mental health' to make it easier for people. We have been told by commissioners that this is not currently possible, as menu options might change in the future.

A staff member working at Night Owls told us that they often receive calls from adults who have ended up on their line by mistake through selecting the incorrect menu option. As there is currently no way to directly transfer them to the adult's team, these people are told to hang up and redial.

Waiting to speak with an NHS 111 call handler

People gave mixed feedback on how long it took to get through to a mental health advisor:

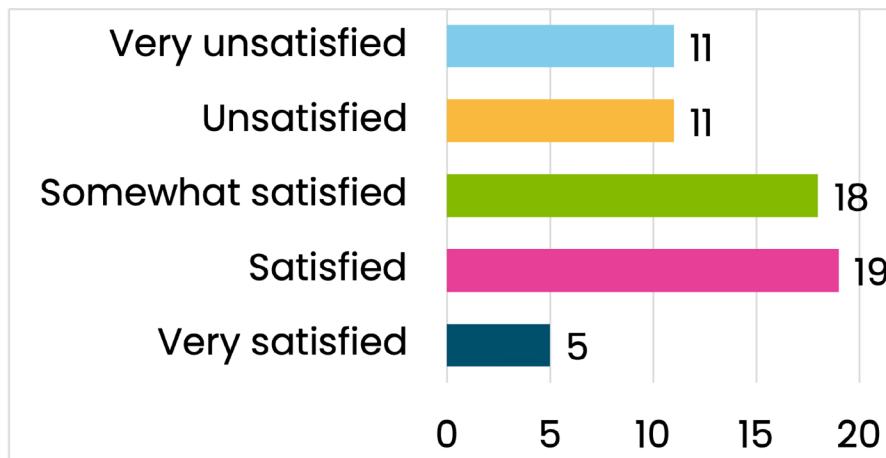
How satisfied were you with the time it took to speak with an NHS 111 call handler?

Whilst around two-thirds (66%) of people were somewhat satisfied to very satisfied about the amount of time it took to speak with an NHS 111 call handler, just over a third (34%) were unsatisfied or very unsatisfied.

Some people told us that waiting in a queue without knowing how long it might take felt difficult during a crisis and risked people giving up on waiting.

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"My experience of NHS 111 is that you have to wait ages and go through several layers before you get any result."

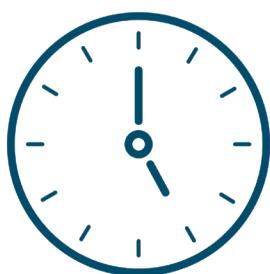


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"I referred a recently suicidal woman to NHS 111 yesterday, and she said after 90 minutes she gave up waiting."

However, other people told us that NHS 111 has been an improvement from their previous experiences of waiting for up to 45 minutes on the SPA line, telling us that they were able to speak to someone via NHS 111 within 10 minutes. They also found the holding message much more appropriate than the "jazzy elevator music" played on the SPA line.

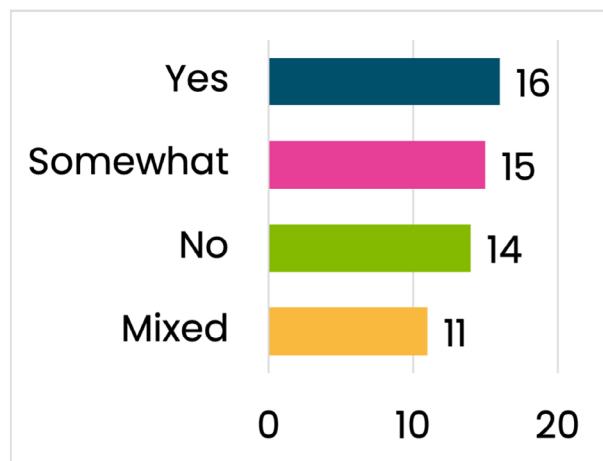
We have heard from both commissioners and people using the service that waiting times are reducing as the call handler team grows.



People's experiences on the call

Our survey asked people if they felt treated with dignity and respect when calling the NHS 111 service.

Were you treated with dignity and respect on the call?



There was a very varied response to this question, with roughly equal numbers saying they were treated with dignity and respect (29%), somewhat treated with dignity and respect (27%), or not treated with dignity and respect (25%). The remaining responses (20%) described variance between calls. This highlights a lack of consistency: while some people had positive interactions, for others, the quality of their experience depended on who they spoke to or the circumstances of the call.

What people liked about the call

A few people who had positive experiences on the call found the advice helpful in managing their own or someone else's mental health crisis.

People told us they had good experiences with the phoneline when call handlers were helpful, understanding, and patient.

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"It's a tiring and frustrating job, and you still do your utmost to help."

For multiple people, the call handlers' listening and empathy skills were essential factors in improving their experience.

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"I felt listened to, and they showed good empathy and advice that I was comfortable with. And that felt tailored to the situation now."

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"She was listening, she was empathetic, she was repeating back to me what I said, so I knew she was actually listening."

Other people told us that the phoneline was useful to them when quick arrangements for further support were made, or clear signposting was available. This enabled them to understand their next steps to manage their crisis.

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"One lady I spoke to was very helpful and kind. She offered to send someone out to support the person."

"The wait isn't long at all for a call back; it was just with a normal call handler; however, they can refer you to different support / counselling groups, but all call handlers are trained and are really lovely."

For some, having support that was tailored to their individual situation and needs was essential to their positive experience.

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“Because the whole thing worked around me and my situation, I felt listened to, understood and not just brushed off with generic stuff, i.e. go get a bath, go for a walk. They really listen to me.”

“Not coming in with immediate problem solving, and asking, ‘what have you tried’ and ‘what normally helps’ is useful.”

These positive experiences reflect the importance of the ‘3Cs’ – communication, coordination, and compassion – developed by the [People’s Voices Partnership](#) in Leeds to summarise the key elements that people consistently tell us matter most in health and care.

How communication with call handlers could improve

While many people described positive experiences, others told us their calls with NHS 111 left them feeling unheard or dismissed. Some people felt the interaction was scripted or impersonal, rather than responding to their individual needs.

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“I just didn’t feel like anything I said was listened to, and the person I spoke to was rude to me.”

“Everything was short answers, no questioning to find out more information. It felt like he wanted to log off and go home.”



One person told us how they felt dismissed by the call handler because the person she was caring for was already in touch with services:

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"Felt like I was being fobbed off and passed from pillar to post. No one actually supporting as my mum is already involved with mental health services but couldn't get in touch with them."

Some people told us they felt judged or spoken to without care, which increased their distress rather than reducing it.

Healthwatch Leeds staff and volunteers at International Womens Day event at The Old Fire Station.

A staff member from a local charity described their concerns after supporting people to use NHS 111:

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"After speaking with NHS 111 mental health option, I was spoken to in a way that was disrespectful, condescending and like I was inconveniencing her. I have needed to use this service multiple times and, unfortunately, had the same experience each time. When people are struggling with frightening thoughts and feelings, they need empathy, understanding and help. So far, 111 mental health has left me feeling it is not fit for purpose."



People feel their crisis is 'not bad enough'

From conversations with the team at Nottingham Community Housing Association, we understand that call handlers use a triage matrix to support their decision whether someone should be referred on to further mental health crisis support or emergency mental health services. For people in Leeds, these services are largely run by Leeds and York Partnership NHS Foundation Trust (LYPFT), with additional support available from voluntary, community, and social enterprise organisations.

The triage matrix is designed to support safe and consistent responses, alongside call handler training and understanding of support available in each locality, while also reducing inappropriate referrals. However, for some people we spoke to, the way the triage and escalation process is applied meant that they did not feel that their experience or presentation of crisis was recognised, and NHS 111's crisis support was perceived as a "gatekeeper" to the crisis team, resulting in additional barriers to getting timely and appropriate support.

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"I have been told my crisis isn't as bad as others they've spoken to that day; therefore, I must be fine."

"They were told they would come through to the Crisis line, but was assessed as not being in crisis, which felt like it removed control and felt like they were being treated as a child. Was told to distract themselves, but this wasn't enough."

One person said they were told that they could not be escalated to the crisis team unless the caller had plans to end their own life in the next four hours.

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"As a service user, I was told I couldn't access it if I didn't have a plan and intention. When I'm feeling like that, I don't have four hours."

A GP who shared their experience echoes this perception, and they described the knock-on effect of this on their own services.

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"The feedback I receive from my colleagues and my own personal experience suggest that patients cannot reach the Crisis team simply through the 111 line (or the fact of going through 111 acts as a barrier to access). As a result, patients often turn to their GPs for assistance, but we also face difficulties reaching the CRISS [Crisis Resolution Intensive Support Service, ran by Leeds and York Partnership Foundation NHS Trust] team due to the bottleneck at that stage. So, we then have to see these patients in the community repeatedly ourselves, as a safety precaution, and practice sub-optimal medicine..."

This situation directly impacts patient care and access for all other patients seeking medical attention."

Mental health crises can look different for different people – the warning signs, the language people use to describe their emotions, and each person's unique experiences surrounding distress.

A staff member from Forum Central (a network of local support services in Leeds) raised concerns from local community organisations that a mental health crisis within diverse communities may present in ways that the current triage matrix or call handler training and awareness does not recognise as high risk.

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“Issues arise because the presentations do not match the criteria of the triage matrix, or individuals may withhold information due to historical mistrust or poor experiences with services in the past. Several organisations [...] shared that they work with individuals who frequently experience psychosis or crisis. They have observed patterns of behaviour that often lead to detention and see a significant opportunity to collaborate more closely with CRISS to intervene earlier and prevent such detentions. By developing a more open line of communication and stronger relationships, they hope to provide additional information to enhance the triage process.”

Autistic people’s experience of the phoneline

For some autistic people, NHS 111 has been a useful alternative when they have barriers to accessing other mental health services.

However, staff at Leeds Autism AIM told us that the lack of text or chat functions can be a barrier to accessibility. Phone-based services are not always appropriate or manageable for autistic people, especially during a crisis.

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“When I’m in crisis, I can sometimes lose my ability to speak.”



The style of questioning people told us they had experienced on NHS 111 (such as Likert questions which ask people to rate their emotions or thoughts on a scale) can also cause difficulties.

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“Literal meanings, open questions or Likert scales for pain/ fatigue can mean that autistic people may be unable to answer properly or may give a scripted response that does not show the extent of their illness, or pain.”

“I have felt uncomfortable several times using the 111 option and find it difficult speaking to someone who doesn’t know me, as I am autistic.”

A professional working with an autistic person described the long-term impact of a previous negative phoneline experience.

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“He wasn’t listened to when asking for any reasonable adjustments needed because of his autism. He is articulate and knows what he needs, which is often a bit more time to think through and explain feelings. [...] He told me he was feeling suicidal but that he couldn’t call 111 as he was worried about the negative impact. He basically said there was a 50/50 chance, in his mind, that he would receive good support, but that the other side of that could really damage how he feels and then cause him to self-harm.”

Unpaid carers and others supporting someone in crisis

Our survey heard from 72 people who answered on behalf of someone they support or have cared for in crisis.

Some carers told us that they were unable to get support for the person they care for because call handlers would not speak to them instead of the person experiencing the mental health crisis. This is a particular challenge if the person experiencing the crisis has additional communication needs, such as being D/deaf, or, as mentioned previously, an autistic person who can become non-verbal during a crisis.

One person told us that their partner was unable to speak on their behalf because NHS 111 insisted on speaking to them directly, even though they were D/deaf / hard of hearing. While NHS 111 offers a Deaf sign service that can be accessed is advertised on the [NHS England website](#), this has limited use if people do not know it exists or how to access it. In the end, they gave up on contacting the service and booked an appointment with their GP instead.

This left them stressed and frustrated, delayed their access to help, and negatively impacted their trust in services, leaving them feeling they did not have the same access as hearing people.

Our report on [Mental Health Crisis in Leeds](#) similarly highlighted how additional needs of carers and autistic people were often overlooked in the design of the mental health crisis service.

Healthwatch Leeds volunteer, Meg and Healthwatch staff, Gemma at the Autism Acceptance Day event at White Rose Shopping Centre



Some people shared the emotional toll of supporting someone in crisis, which was made worse when they could not get the right help through NHS 111.

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“Remember that when a person who is a carer calls, they are having a bad day with someone they love or care for. This is not just another patient for them; this is their loved one.”

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“Being told that ‘this is not a crisis’ when you have genuine concern for someone’s life is devastating and leaves the burden firmly with the carer.”

“My interpretation of crisis for me and the person I was supporting was assessed as “not a crisis,” leaving us feeling that whilst we were having our worst day, this was insignificant for services [...] This does not take into consideration what issues a carer is going through, which prompts them to call in the first place. The response made me feel hopeless.”

Trying to complain or give feedback

Some people told us they had challenges when trying to provide feedback or complain about their experience with NHS 111's mental health support.



Healthwatch Leeds volunteer, Katie, distributing posters and leaflets.

Some said that they were unable to complain during the call, or if they did submit a complaint, they never received a response.

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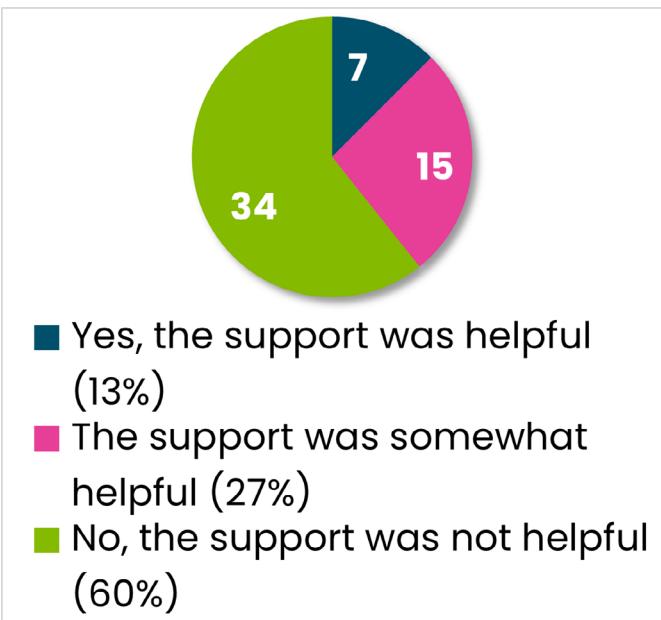
“He wouldn’t let me make a complaint, and he wouldn’t answer my questions.”

“I’ve made a complaint the next day; however, no one got back to me with regards to my complaint.”

How helpful was NHS 111's mental health crisis support?

People were asked via our survey whether they found the support helpful in managing their mental health crisis.

Did you find the support during the call helpful in managing your crisis?



Most respondents (61%) said that the support was not helpful, while just 13% found it helpful, and 27% found it somewhat helpful. This indicates that while the phoneline provided support in certain situations, many callers felt that it did not fully meet their needs during a mental health crisis.

Combined with feedback from free-text options, outreach, social media, and enquiries, key areas for improvement were highlighted to make a service that was more helpful in supporting a crisis.

Some people felt that the advice they received was generic or unhelpful, particularly when they were told to distract themselves, take a bath, or go for a walk.

69

"The line told her to go to sleep, which is one of her biggest problems, felt that she was being dismissed."

"It felt like I was told to stick a plaster on a gaping wound."

One person suggested that the phoneline would offer much better support if it had access to a caller's personal care plan, which outlines what a crisis looks like for them, their protective factors, and how best to support them.

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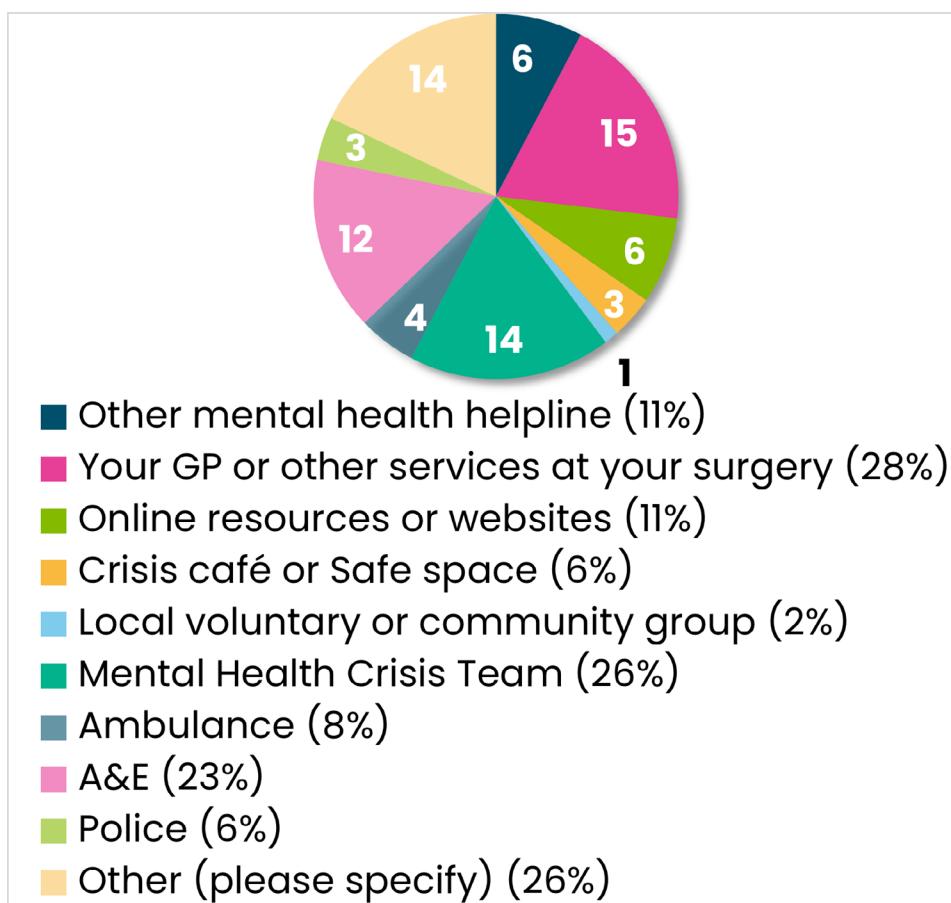
"What's the point of us completing safety plans if they don't have access to them? I want the line to have personal access to me and ways to keep me safe."

Onward support

Were people directed to any further support?

In the survey, we asked whether people were directed to further support and, if so, where they were directed. 47% of people said they were directed to further support, 39% said they were not, and 14% were unsure or did not remember.

Where were you directed to for further support?



Support dog at BattleScars.

Non-local call handlers

NHS 111's mental health call handlers are based in Nottingham, whereas the SPA phoneline available to the public was staffed by people working within Leeds or employed by Leeds-based services. People reported mixed effects of this.

Some people, particularly from communities where they experience mental health stigma (such as the Gypsy and Traveller Community), said they feel safer speaking to someone outside of their local area, as they are less likely to be someone they know or who is connected to their community.

For others, the call handlers' lack of familiarity with local services resulted in incorrect or limited signposting and made the interactions feel less personal:

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"They read a list of services you can try, but they don't know about them. I was told to use services that were closed that night."

"The people answering the calls are not based in Leeds and are completely unaware of options for support in Leeds."

"He asked if I lived in Sheffield."

Leeds has several strong voluntary, community, or social enterprise (VCSE) mental health support services that are trusted by people experiencing mental health difficulties, including crisis cafés, safe spaces, and local groups.

A key difference between the previous Single Point of Access model available to the public, and the current NHS 111 crisis model is that call handlers at Nottingham Community Housing Association respond to calls from various areas across West and South Yorkshire, all with different statutory and VCSE support offers.

Survey responses from people who used the phoneline before May 2025 show low numbers of referrals to VCSE organisations (only 1 person was referred to a local community group) or safe spaces (4%).

We were told that signposting materials were updated in May 2025 to include local crisis drop-in centres such as Dial House or Here for You, which provide vital out-of-A&E support for people in Crisis.

Moving between services

Being able to transition easily between services is critical to someone managing a mental health crisis. Some people told us that they were promised a follow-up or referral from NHS 111 to another service but never heard back or waited a long time for someone to get in touch.

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"I was told someone would be in touch and support could be offered in a few months. Never appeared."

69

"I was offered to be sent via text different place I could go for hearing voices and things that could help me, but that was never sent through."

Delays in support present a risk for people in crisis, as distress may escalate, and opportunities for timely crisis intervention may be missed.

Staff members from Leeds Mind told us that some people they support are off from calling NHS 111 as they worry they will be passed around between services.

Signposting to Accident and Emergency (A&E)

Twelve people (23% of the 53 we heard from) reported being directed to A&E, even when they had hoped to avoid it. While A&E is appropriate for urgent physical risk, it is often an inappropriate setting for people experiencing a mental health crisis.

69

"I thought the idea of NHS 111 was to stop trips to A&E, which is the last place I want to be in crisis."

One person told us that after not receiving the desired support from NHS 111, they ended up going to A&E so that they could be put in contact with the Crisis Resolution Intensive Support Service (CRISS) team.

Social media responses echoed this, with multiple people advising others to go to A&E as the only route to the CRISS team, rather than contacting NHS 111.

People told to contact their GP

Nearly a fifth of respondents who contacted NHS 111 for mental health support were advised to contact their GP. Many told us this advice was not helpful, as they had already spoken to their GP before calling 111 or had turned to 111 because they could not get through to their GP in the first place.

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"Advised to phone my GP, but my GP said that they should be helping me; however, 111 staff on the phone would not help me at all."

People told us that being bounced between services left them feeling unsupported and at greater risk.

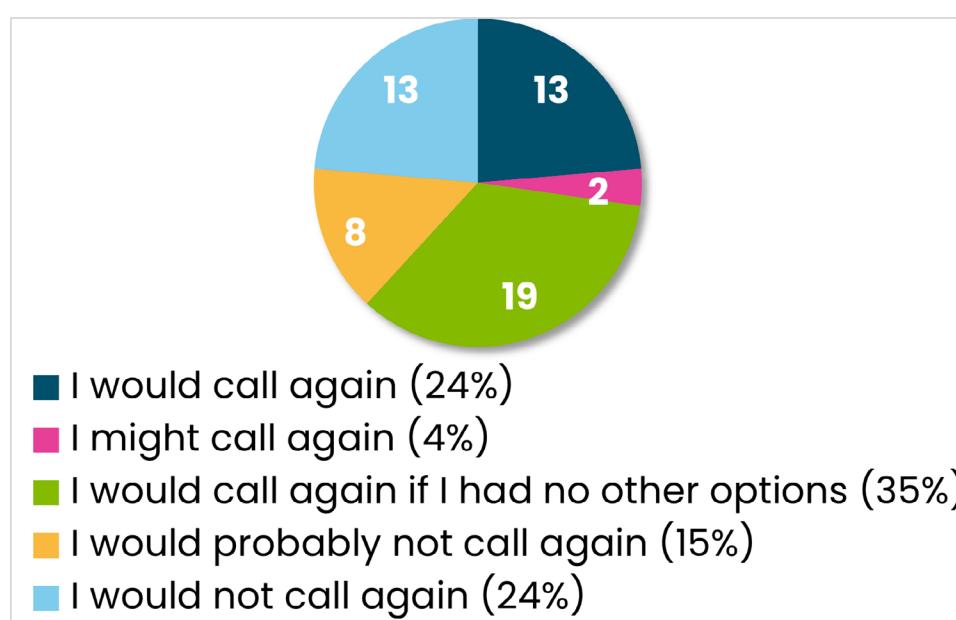
Would people call NHS 111 for mental health support again?

We asked survey respondents how their experience with NHS 111's mental health crisis phoneline would affect their decision to call again.

Would you use NHS 111 for support in managing a crisis again?

Less than a quarter of people (24%) said they would definitely call NHS 111 again to manage a future mental health crisis. An equal proportion said they would not call again.

The largest group (35%) said they would only call if they had no other options, suggesting the service is seen by some as a last resort rather than trusted support.



Recommendations

The following recommendations have been made by Healthwatch Leeds, informed by the experiences people have shared with us. They are intended to support mental health crisis providers and commissioners in Leeds and beyond to design services that are safe, trusted, and accessible for everyone.

The NHS 111's crisis service in West Yorkshire is regulated by the Care Quality Commission (CQC). We have linked each recommendation to relevant CQC fundamental standards as well as key local, regional and national strategies and standards.

1.0. Access and equity

1.1. Raise awareness of NHS 111's mental health crisis support

Recommendation: Leeds and York Partnership NHS Foundation Trust (LYPFT) and West Yorkshire Integrated Care Board (WY ICB) to share simple, clear information about where to get help in a crisis with the public, professionals, and stakeholders.

Build relationships with trusted partners to reach communities that are at a greater risk of experiencing health inequalities.

Impact: People know who to contact quickly and avoid unnecessary delays in getting support.

Strategic link: [Leeds Mental Health Strategy, 2020-2025](#), Outcome 3: "People's quality of life will be improved by timely access to appropriate mental health information, support and services."

1.2. Focus on marginalised communities

Recommendation: Build relationships with communities who face barriers to NHS support (for example D/deaf people, culturally diverse communities, neurodivergent people) to understand those barriers, communicate clearly about what support is available to them (such as support for BSL users via video call) and, where needed, provide reasonable adjustments.

Impact: Improves trust and ensures groups at risk of greater health inequalities can access timely support.

Strategic link: [Leeds Mental Health Strategy 2020-2025](#), Priority 1: "Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm"

1.3. Make NHS 111 more accessible

Recommendation: Introduce a text service and ensure reasonable adjustments on the phoneline.

Impact: People with additional communication needs (D/deaf people, autistic people, people whose first language isn't English) can access support in ways that work for them.

Strategic link: [NHS England Accessible Information Standard](#): People have "communication support: the support they need to have effective and accurate dialogue with health and care professionals."

1.4. Review the automated menu and waiting process

Recommendation: Simplify call navigation, allow direct transfers if someone ends up in the wrong place, and include estimated waiting times for people in the queue to speak with a call handler.

Impact: People in crisis access help more quickly and with less stress.

Strategic link: [Leeds Mental Health Strategy 2020-2025](#), Priority 6: “Improve timely access to mental health crisis services and ensure that people receive a compassionate response.”

2.0. Trust and communication

2.1. Provide clear information about how NHS 111 works

Recommendation: Information should clearly explain what counts as a crisis, how call handlers decide on referral pathways, confidentiality procedures, and what people can expect when they contact the phoneline. This should be co-produced with people who use, or know someone who uses, crisis services and shared in a way that works for marginalised communities.

Impact: Builds confidence and helps people make informed choices when in crisis.

Strategic link: [NHS England Accessible Information Standard](#): People “can access and understand information about NHS and adult social care services and receive the communication support they need to use those services”.

2.2. Improve feedback mechanisms

Recommendation: Nottingham Community Housing Association (NCHA) to ensure complaints and feedback mechanisms are simple, accessible, and acted upon. WY ICB, NCHA, and LYPFT to conduct regular reviews of people's experiences of the phoneline.

Impact: People's experiences can shape improvements, and services can better reflect the diverse needs of their users.

Strategic link: [CQC Fundamental Standards](#): "You must be able to complain about your care and treatment. The provider of your care must have a system in place to handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified."

2.3. Use lived experience and consult with key stakeholders in commissioning (ahead of the 2026 contract review)

Recommendation: Co-produce future contracts with people who use services, carers, staff, and community organisations. Include read-only access to NHS electronic care records and care plans in future contracts.

Impact: Future NHS 111 contracts are designed around real experiences and informed by existing service processes and mechanisms. Callers do not need to repeat their story and receive more personalised support.

Strategic link: [West Yorkshire Integrated Care Involvement Framework 2024](#): "Our Partnership is committed to ensuring that our approach to involvement, in all its forms, meets the needs of people living, working, and caring in West Yorkshire. No decision will be made about changes to health and care services that people receive without talking with and listening to people receiving those services or who may do so in the future, about it first."

3.0. Skilled and compassionate responses

3.1. Give call handlers read-only access to care plans and NHS-held notes

Recommendation: Embed this requirement in future contracts.

Impact: Support is more personalised, reducing the need for callers to repeat their story.

Strategic link: [West Yorkshire Trauma Informed Charter, 2030](#): "Working together with people with lived experience and colleagues across all sectors and organisations to ensure West Yorkshire is a trauma informed and responsive system by 2030 and develop a whole system approach to tackling multiple disadvantage.

3.2. Improve call handler skills

Recommendation: Provide training on trauma-informed care, neurodivergent experiences of mental health crisis, dissociation, active listening, and person-centred care.

Impact: Callers receive more consistent, compassionate, and effective support.

Strategic link: [LYPFT Five-Year Strategy, 2025 – 2030](#). "We aspire to become more trauma-informed in our practice. This is a culture shift requiring us to increase our knowledge of trauma to help us do our jobs better."

CQC Fundamental Standards: "The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards. Their staff must be given the support, training and supervision they need to help them do their job."

3.3. Co-produce an inclusive triage matrix

Recommendation: Involve people with experience of mental health crisis, from culturally diverse communities, and neurodivergent people in reviewing and re-designing the triage process.

Impact: Different ways of experiencing and expressing crisis are recognised, enabling timely and appropriate support.

Strategic link: [LYPFT Patient Carer Race Equality Framework Action Plan, 2024–2027](#). Commitments 1 – 3:

- Ensure we have robust governance structures in place for improving racial equity in care.
- Establish an effective independent mechanism for oversight on the implementation of the PCREF, consisting of local community leaders, patients/carers and voluntary sector organisations.
- Collect, monitor and use data relating to racial equity in care to inform decisions and improvement activities.

4.0. Joined-up, effective care

4.1. Improve coordination between services

Recommendation: NHS and LYPFT to strengthen referrals and follow-up between NHS 111, the crisis team, and other services.

Impact: People are not left to fall through the cracks in the system and are kept informed about the next steps.

Strategic link: [LYPFT Five Year Strategy 2025–2030](#): "We must also collaborate with our partners to understand our populations – how they are changing and what they need from us, so that we can provide joined up care that is high quality today and fit for the future."

4.2. Strengthen local knowledge

Recommendation: Ensure call handlers have up-to-date knowledge of Leeds services (for example crisis cafés, safe spaces, VCSE organisations). There is a need for an up-to-date database of services that call handlers can access. Employ Leeds-based call handlers wherever possible.

Impact: People are directed to trusted community support. Fewer people present unnecessarily at A&E or GP.

Strategic link: [Healthy Leeds Plan, 2023–2028](#). National planning objectives 1 & 5: "Urgent and Emergency Care – Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024, with further improvement in 2024/25" and "Reduce unnecessary GP appointments and improve patient experience".

5.0. Carers support

5.1. Improve support for carers and people calling on behalf of someone else

Recommendation: Ensure carers and those calling for someone else can access support.

Impact: Carers feel less stressed, and vulnerable people receive help even if they cannot call themselves.

Strategic link: [Leeds Carers Partnership Strategy, 2020-2025](#): "Supporting carers to care"

Healthwatch Leeds volunteer, Wumi, and Community Project Worker, Annie at Rainbow Junction.



What has already happened because of this work?

We would like to thank Nottingham Community Housing Association (NCHA), West Yorkshire Integrated Care Board (WY ICB) and Leeds and York Partnership NHS Foundation Trust (LYPFT) for listening to the feedback we have summarised in this report and using it to make positive changes during this process. As a result, the following changes have already been made:

Our recommendations



1.1. Raise awareness of NHS 111's mental health crisis support.

What happened as a result



WY ICB have developed [easy read guide](#) (2025) to promote '111 for mental health crisis' and are currently working to plan a winter campaign to support signposting to mental health services.



1.2 Build relationships with communities who face barriers to NHS support.

WY ICB and local partners are planning to engage with marginalised communities by visiting local groups to promote NHS 111, understand barriers to accessing support, and answer questions to help connect people with mental health services.

Our recommendations



1.4. Consider ways of simplifying the automated voice menu and enabling people to be re-transferred if they select the wrong option.



2.2. Make sure complaints and feedback mechanisms are clear and accessible for people using the phoneline.



3.1. Give call handlers read-only access to care plans and NHS-held notes to personalised support.



3.2. Train call handlers in trauma-informed care, neurodivergent experiences of crisis, dissociation, active listening skills, and person-centred approaches.

What happened as a result

It is now possible to directly transfer callers who have selected the wrong option in the automated menu to the correct service, without requiring them to redial 111 for support, providing a 'no wrong door' approach.

NCHA confirmed plans to update and change feedback and referral processes.

Currently NCHA do not have access as it was not contractually agreed during the commissioning process. This is currently being reviewed by WY ICB for future contract agreements.

WY ICB, LYPFT, and NCHA using this list to organise future quarterly training sessions.

WY ICB have shared resources from the Leeds Trauma Informed Community of Practice and are working with the West Yorkshire Head of Population Health to deliver training sessions to NCHA call handlers.

Our recommendations



3.3 Involve neurodivergent people with experience of mental health crisis to reviewing and re-designing the triage process.



What happened as a result

LYPFT are meeting with the NCHA call handling team to deliver 'triage training'. This training supports call handlers to make informed decisions about onward referrals and includes input from experts on neurodivergent experiences, using real-life case examples.

4.1. Strengthen referral pathways and follow-up between NHS 111, crisis teams, and other services.



4.2. Ensure call handlers have up-to-date knowledge of local services such as crisis cafes, safe spaces, and VCSE organisations.

LYPFT and NCHA now meet weekly to discuss and strengthen referral processes.

Call handlers have been given updated signposting information with Leeds-specific organisations listed. This will be regularly maintained and updated.



5.1. Ensure carers and people calling on someone else's behalf can access appropriate support for the person they are caring for.



NCHA call handlers have been retrained with 'commonsense confidentiality' procedures which allow people calling on behalf of someone else to receive help from NHS 111.

Other actions in response to the feedback we shared

Our recommendations



People already known to LYPFT services advised not to use NHS 111 for their crisis.

What happened as a result

We have been reassured from LYPFT and NCHA that everyone, including those already known to services, can access NHS 111 support. Additional training and communications have gone out to call handlers.

For some people, speaking on the phone (especially in crisis) is challenging. While national text services are available, a local text service would help support their crisis management.



Following national guidance, the WY ICB is currently exploring commissioning a 24/7 mental health crisis support text service.

Next steps

The report will be shared with the Leeds and York Partnership Foundation Trust, the West Yorkshire Integrated Care Board, and the Nottingham Community Housing Association. We will also share it with key strategic bodies in mental health and quality, such as the Leeds Mental Health Partnership Board, the Leeds Committee of West Yorkshire ICB, and the West Yorkshire Quality Assurance Group, among others.

We will agree on the next steps to be taken in response to our recommendations and work with them to ensure that any agreed-upon actions are followed through and implemented. We will undertake any follow-up work required to ensure there are real changes made to the services so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

We would like to thank all the people and groups who shared their experiences with us and the organisations who supported this work: West Yorkshire Integrated Care Board, Leeds and York Partnership NHS Foundation Trust, West Yorkshire Voice, Nottingham Community Housing Association, Leeds Autism Aim, Battle Scars, Leeds Mind, Men's Health Unlocked, Leeds GATE, Rainbow Junktion, ASHA Neighbourhood Project, Touchstone, Forum Central, and Leeds Survivor Lead Crisis Service's Deaf Support Group.

Thank you to volunteers Hannah, Wumi, Katie, Simran and Meg for your support in visiting community groups and promoting the survey at events.

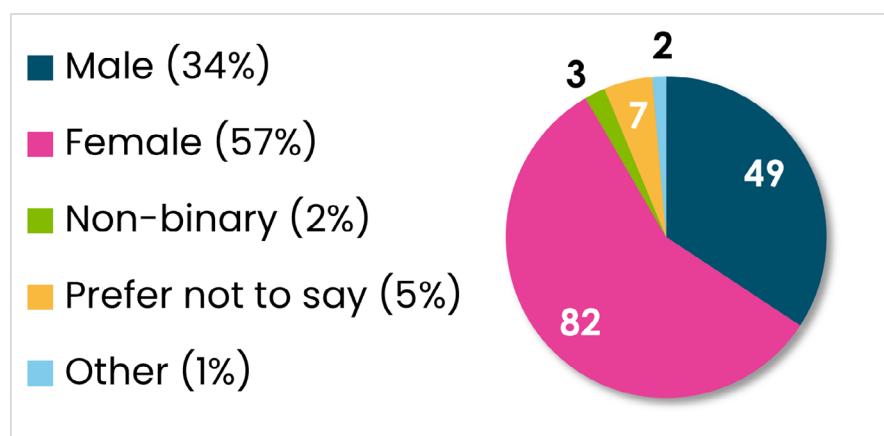
This report has been written by Annie King Davies, Community Project Worker at Healthwatch Leeds.

Appendix 1: Who we listened to

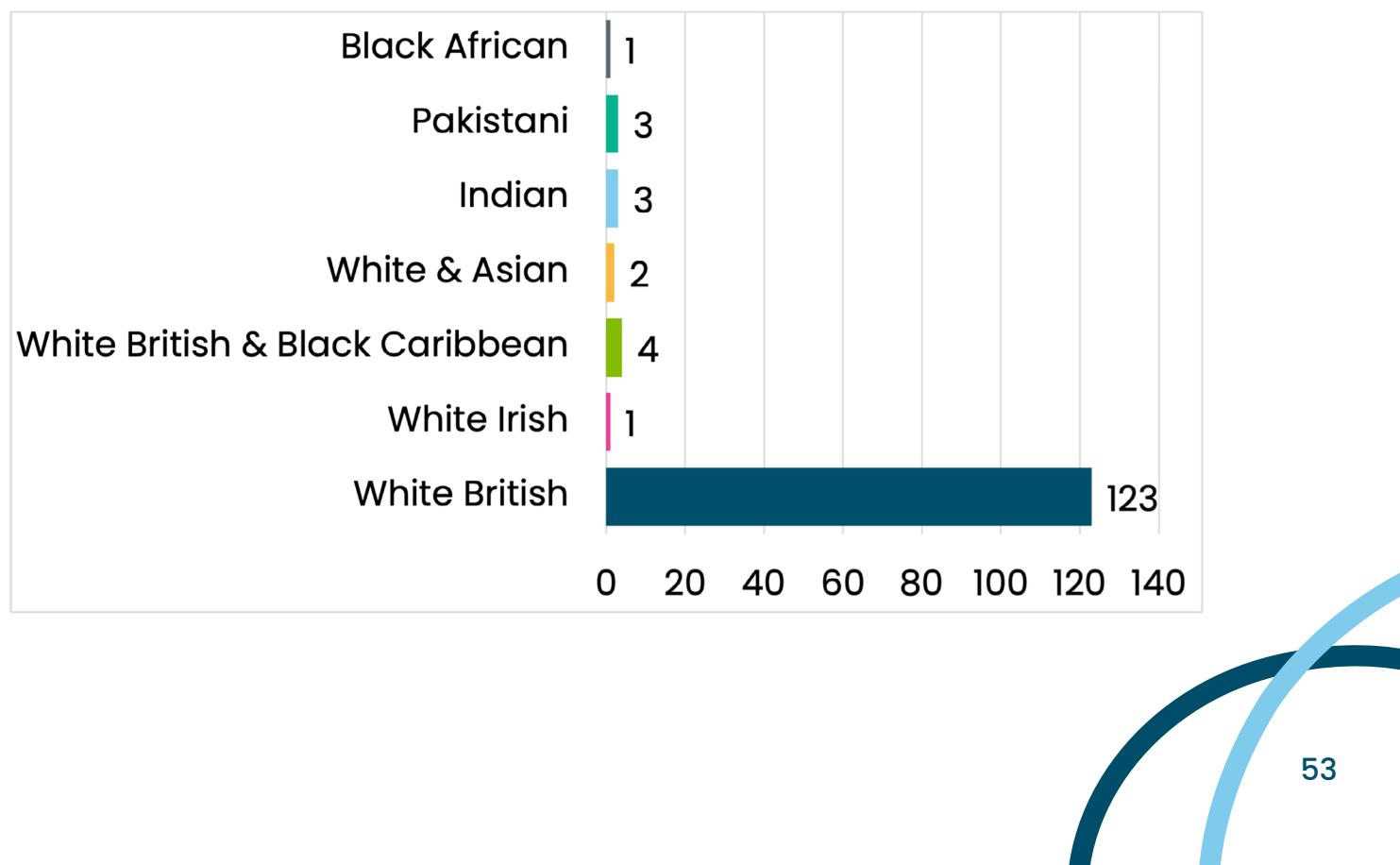
Survey

The following is a breakdown of the demographic data of the survey respondents.

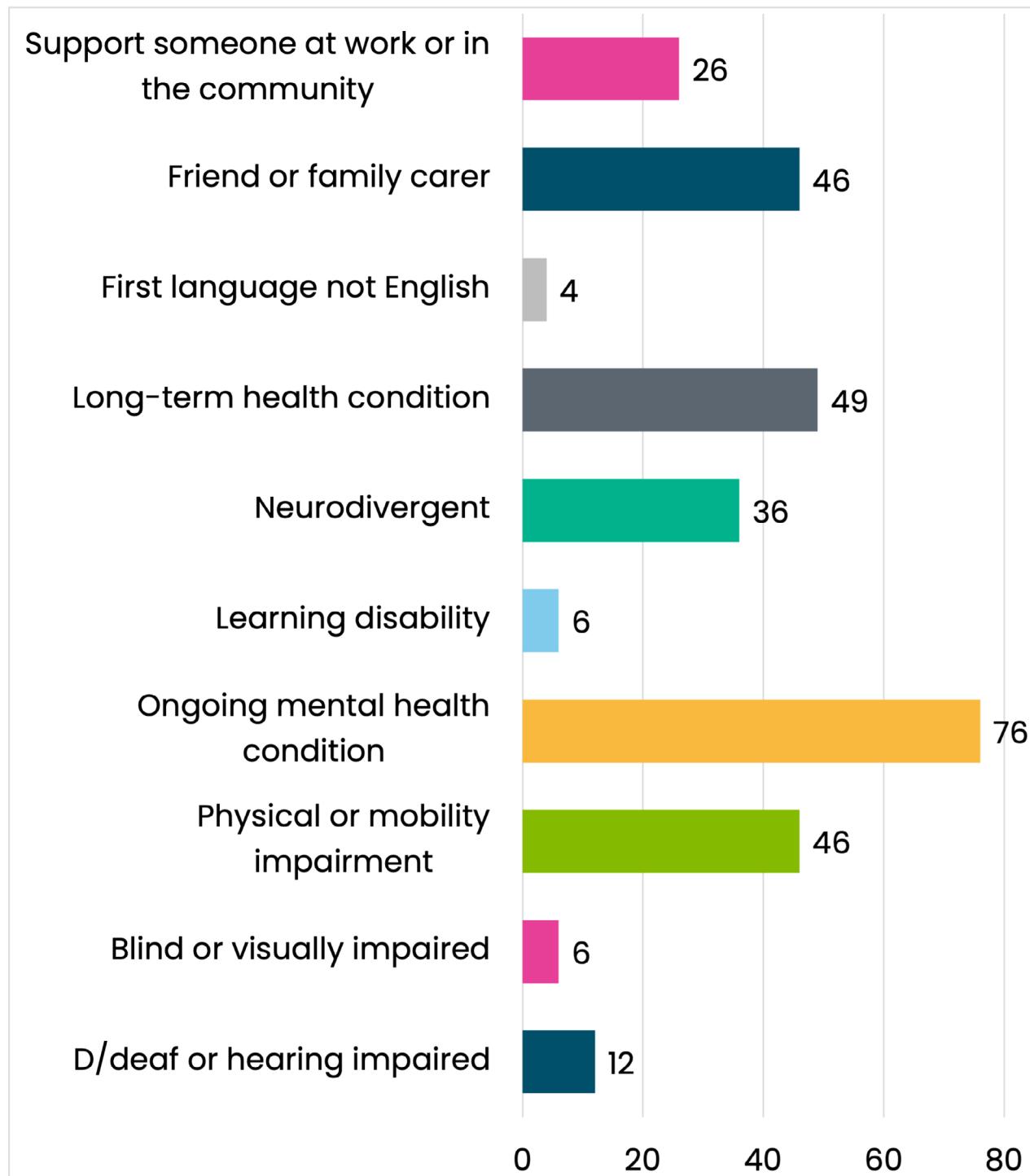
Gender



Ethnicity



Impairments, disabilities and carers



Community and support groups

We spoke to...

- 26 people who support others who experience mental health difficulties through a paid or voluntary role.
- 10 women from the South Asian community
- 7 people from the Gypsy and Traveller community
- 8 people who attend a local foodbank
- 4 D/deaf people

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Appendix 3: Glossary of terms

Call handlers – Staff who answer the NHS 111 phoneline for mental health crisis support.

Child and Adolescent Mental Health Services (CAMHS) – NHS mental health services for people under the age of 18.

Care Quality Commission (CQC) – Independent regulator of health and care services in England.

Care/safety plan – A written plan that sets out what helps someone in a mental health crisis, including warning signs and preferred support.

Commissioner – A senior official or body who plans, buys, or monitors services.

Co-produce – Designing or improving services together with the people who use them, so their experiences directly shape decisions.

CRISS (Crisis Resolution Intensive Support Service) – Provided by Leeds and York Partnership Foundation NHS Trust, offering urgent mental health support at home or in the community.

Culturally diverse communities – Groups of people with a wide range of ethnic, cultural, and religious backgrounds.

Dissociation – Feeling disconnected from yourself and the world around you. This can look different for everyone.

Health Inequalities – Health inequalities refer to the differences in health between various groups in society that are systematic, unfair, and avoidable. They are caused by the conditions in which we are born, live, work and grow.

Leeds and York Partnership Foundation NHS Trust (LYPFT) – An NHS Trust providing specialist mental health and learning disability services in Leeds and North Yorkshire. LYPFT manages CRISS and works closely with NHS 111's mental health crisis call handling team.

Mental health crisis – Is often described as when someone feels at breaking point, unsafe, or unable to cope. This can look different for everyone.

Neurodivergent – People whose brains process information differently, such as autistic people or people with ADHD.

Nottingham Housing Association (NHA) – Organisation that provides the call handling team for NHS 111's mental health crisis support.

Person-centred approach – Care that respects each person as the expert in their own life, focusing on their individual needs and choices.

Trauma-informed care – An approach that recognises how past trauma affects people's lives and informs how they should be supported.

Triage matrix – A tool used by services to assess risk and decide what level of support or referral is needed.

VCSE (Voluntary, Community and Social Enterprise) – Charities, community groups, and social enterprises that provide vital health and wellbeing support.

West Yorkshire Integrated Care Board (WY ICB) – NHS body responsible for planning and funding local health services across West Yorkshire. The WY ICB commission the NHS 111 crisis service in West Yorkshire.



Committed to quality

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

Your **healthwatch** Leeds

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