MULTIAGENCY REVIEW OF MENTAL HEALTH CRISIS SERVICES IN LINCOLNSHIRE

EXECUTIVE SUMMARY

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On behalf of the multiagency steering group representing

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1. Introduction

Mental ill health is widespread and can affect people from all walks of life. Conditions vary in nature and severity, but all can have a significant impact on the lives of people who experience them. There is also a significant impact on society and the economy, with mental health problems being linked to homelessness, unemployment, poor physical health, and risky behaviour in young people. People can recover from mental illness if they receive timely and appropriate treatment and support, but many people struggle to access mental health services when they need them.

Lincolnshire is a large and sparsely populated county, which can make it difficult to deliver services which are accessible by those in rural areas, particularly by older adults. Within Lincolnshire, it is estimated that around 14% of the population suffers from a common mental health condition. Mental health services are provided primarily by Lincolnshire Partnership NHS Foundation Trust, as commissioned by the four Clinical Commissioning groups in Lincolnshire, with additional services commissioned and/or provided by Lincolnshire County Council, in conjunction with LPFT as part of a section 75 agreement and with the third sector to provide crisis housing (Richmond Fellowship).

This review of mental health crisis services was initiated due to an increase in the number and associated costs of patients being transferred to hospitals outside of Lincolnshire, revised legislation around section 136 detentions in a health based place of safety, and excessive use of police resources in dealing with mental health crisis. Intelligence suggested that mental health crisis services were not configured to meet the needs of local people experiencing crisis, and senior representatives from key stakeholder organisations came together to lead this multiagency review, with the shared aim of improving the experience of service users, making best use of the existing funding and resources available, and ensuring sufficient capacity of mental health crisis services across Lincolnshire.

The purpose of the review is to obtain a clear picture of currently commissioned mental health crisis services across Lincolnshire. The review covers the whole population of Lincolnshire, including all ages and geographical locations, and therefore looks at provision of services for children and young people, working age adults and older adults across the county. These services include Crisis Resolution and Home Treatment Teams (CRHTTs), Approved Mental Health Professionals (AMHPs), mental health liaison service, triage car, crisis housing, section 136 suite and other health-base places of safety, Child and Adolescent Mental Health Services (CAMHS) and the Single Point of Access (SPA), and acute inpatient services are also included for the purposes of mapping the crisis pathway following assessment and identifying the impact of current crisis services on acute bed usage, both within Lincolnshire and in out of area placements. Additional focus is also placed on those services not commissioned for mental health crisis response but who play an important part in the pathway, specifically Lincolnshire Police, Accident and emergency departments at United Lincolnshire Hospitals NHS Trust and General Practitioners.

There is a continuous pathway of mental health services, and the crisis response forms only a small part of this. Within crisis services, it is acknowledged that there is a continuum of services and interventions, from early intervention and prevention through to recovery and preventing future

crises, with the focus of this review being on urgent and emergency access to crisis care and flow through the crisis pathway, from referral to discharge, rather than on the quality of care provided.

The information presented within this review has been compiled from three sources:

- Service information - gathered from relevant service specifications, operational documents and/or discussions with service leads, to obtain a full and current picture of service provision;
- User feedback - collected from a range of individuals and groups, including service users, carers and professionals, to understand views and experiences of current service provision;
- Data - activity and demand data has been collected from all local providers, and benchmarking against regional and national figures has also been undertaken, where relevant.

2. Current Provision

There are a number of services commissioned to provide differing levels of mental health crisis response for people of all ages across Lincolnshire. However, it is noted that the number and range of services available for working age adults are greater than those available for children and young people and older adults. These gaps in provision were highlighted in the views and experiences of both service users and professionals, along with a number of other issues. It is noted that the information in this section is made up of the view s and experiences of a range of individuals and should not be read as fact.

Accessing Services

Younger adults transitioning from CAMHS to adults services can fall between services, and there is no crisis response for adults aged 65 years and over. There are also gaps in provision for those with personality disorder.

It can be difficult to access the adults' crisis teams, and there is a perception that the crisis teams don't do crisis. Service users can feel dismissed or ignored, and often feel that the only way to access services is to say the 'magic words' – suicide. Other professionals also report difficulties in contacting crisis services.

People need access to services at the point of crisis and the first point of contact is crucial. Having someone to talk to and a safe place to go can often be enough to prevent crisis, but phones can go unanswered and it can seem like there is no support available which leads to deterioration in mental health and escalation of crisis. Having to see a GP in order to be referred to crisis teams can be difficult logistically and can create additional delays.

There is geographical variation in provision across Lincolnshire, given the size of the county. There is some good practice but this is isolated in a small number of areas. There is a lack of knowledge and information around what services are available locally, what they do and how to access them. Definitions and expectations can be misaligned, and some services are funded on a short-term basis, meaning that they can disappear quickly. There is also a gap in services provided outside of normal hours, at evening and weekends.

A&E and the police are seen by many as the ultimate crisis response, but this adds additional pressure to already stretched resources, and is often not the best response for someone experiencing mental health crisis.

Whole System Approach

Across Lincolnshire, there is a lack of communication and collaboration between services, both within and between organisations, particularly with the third sector, and a lack of person-centred care. All services are working towards a common goal but no single agency can address everything in isolation, and providers need to work together to prevent escalation and potential admission.

For children and young people, there should be more joined up working between CAMHS and children's services to identify mental health or behavioural issues and agree the most appropriate response. Service users with a dual diagnosis of mental health and substance misuse issues also require a joined up approach between services, as presenting problems can be complex and require multiagency skills. However, this has been difficult to implement in practice.

The AMHP function in Lincolnshire is currently made up of two different services, which has led to disparity, friction and poor communication between professionals.

Police officers dealing with mental health are often subject to later criticism and redress, so it is important that they are able to access support from mental health professionals.

Attitudes and Experience

Service users and professionals report negative attitudes from crisis team staff, and emphasise that people should be treated with compassion, empathy and kindness. People would like to come away feeling more positive, but it can be difficult to relate to someone who has no experience of mental health.

Lived experience of mental health can help to build trust and understanding, and people are more likely to open up to someone who understands what it is like. Mental health awareness/customer service training should be provided for mental health staff and all initial points of contact, and the benefits of utilising peer support workers and volunteers was also noted.

Carers are key in supporting service users outside of hospital, but they report a lack of support and information, and would like to be more involved in decisions regarding care provided.

Service users feel that professionals sometimes don't know what is wrong, and that treatment often revolves around medication without addressing the root cause. Other treatments and activities should also be available.

Local Resource

There is widespread recognition that services are doing their best despite finite resources, but there is a lack of funding and resource across the system. This can mean that people are not seen in the right part of the system, which adds additional pressure onto other services. There is recognition

that additional resource is required in community settings, which could prevent people needing to access secondary care or inpatient services.

There are currently some staffing and recruitment issues across CAMHS and adults crisis teams and AMHPs, and there is also a shortage of section 12 approved doctors who are willing to attend to undertake Mental Health Act assessments which can lead to additional delays.

Staffing issues within EMAS also impacts on the crisis response, with AMHPs, police and service users having to wait several hours for ambulance transport. These issues also impact on the operation of the mental health triage car, which is sometimes not available due to staff shortages, and at other times is requested to attend non-mental health calls.

There has also been some historical underutilisation of resource with regard to the crisis houses, but occupancy has increased significantly over recent months.

Demand on Mental Health Crisis Services

Referrals into crisis teams are made via the Single Point of Access (SPA), but there are some misperceptions around the purpose of the SPA since the triage element was removed. The referrals process can be problematic for both the SPA, with incomplete and/or ambiguous referrals being received, and for referrers, with the process being time consuming and referrals often being returned.

The services provided currently are commissioned for individuals experiencing mental health crisis, but there is a suggestion that most of the demand presenting to the crisis teams is related to social or emotional distress, rather than mental illness. There is a lack of services available for those people who require lower level, practical or emotional support, which has a massive impact on other services, and this additional demand on the crisis teams affects capacity and prevents them from providing a responsive service for those patients who really need them.

Demand on the police and A&E departments from mental health concerns is great, although it is suggested that most people experiencing crisis come away from A&E with nothing. Many frequent attenders go to A&E as a result of social isolation rather than mental health issues. Similarly, the police deal with a number of frequent callers who just want to see someone. People experiencing mental health crisis can be dangerous and unpredictable and require expert help as soon as possible, but A&E or police contact is often not the best response.

Lincolnshire has a high number of section 136 detentions, and it is noted that this facility may be used inappropriately to deal with people who are drunk. People without a mental health problem should not be drawn into mental health services and police officers are now required to explore alternative options before detaining under section 136. However, AMHPs also report a greater number of inappropriate referrals which may be a sign of the system not working correctly.

The majority of detentions for young people under section 136 are due to behavioural issues rather than mental illness. There is a concern that young people are being referred into mental health

services when they don't need it, and that young people and their families need to learn to manage normal angst and distress.

Hospital Admission

LPFT is the only provider of inpatient mental health beds in Lincolnshire, and has one of the lowest levels of acute beds in the country. This can lead to delays in finding a bed, and higher numbers of patients being transferred to hospitals outside of the county. Beds for children and young people are commissioned nationally, and the small number of beds can also lead to delays in accommodating a young person.

Inpatient wards can be scary, with acutely ill people and the potential to learn negative behaviours, and people should be there for as short a time as possible. Service users report a lack of activity and talking therapy as an inpatient, with treatment based around medication and observation. Being placed in a hospital away from home and support networks can be particularly detrimental, having a negative effect on a patient's recovery and making it difficult for professionals in Lincolnshire to remain involved in their care.

There is also a feeling that some people may be admitted inappropriately, or stay in a bed for too long, due to a lack of alternative services available, or the inability of the crisis teams to discharge once care becomes consultant-led.

Avoiding Crisis

It is widely acknowledged that prevention and early intervention are key to managing mental health crisis, and that ongoing support following discharge is also required to support people to stay well. Providing support for prisoners upon release is particularly important, as they may struggle to manage on their own and require support with practical issues such as housing and benefits. Similarly, those who do not attend for appointments are likely to need more support and should not be automatically discharged.

There are many people who access mental health crisis services without a mental illness, and a focus should be on building resilience to minimize, understand or cope with normal feelings. Helping people to understand their mental health issues and seek support at the right time can prevent them reaching crisis or relapsing. Similarly, there is a high rate of self-harm in young people who find it hard to manage adolescence, and provision of services in schools and the early stages of life to facilitate mental health literacy can help young people to cope with their own feelings, and to raise awareness of mental health issues with their parents and ultimately their own children.

3. Best Practice

A number of documents have been published in recent years which outline the direction of travel for mental health, and mental health crisis care in particular, and provide guidance on the services which should be provided. These have been considered in the outcomes of this review.

The *Positive Practice Mental Health Directory* (2018) provides a directory of examples of positive practice in mental health services across the country and was searched to identify case studies which were relevant to the scope of this review. Many of the case studies relate to the implementation of

initial points of contact for service users, using telephone helplines, safe spaces, first response teams and single points of access. Other examples relate to system-wide reorganisation, crisis assessment and home treatment, mental health liaison services, street triage, crisis houses, older adults, transport and dual diagnosis, which could all be applied to the mental health crisis pathway in Lincolnshire.

In exploring best practice, a visit was also made to Northumberland Tyne & Wear NHS Foundation Trust to meet with the service leads for the Initial Response Team, Crisis Team and Together in a Crisis (TiaC) pilot to understand more about the services they have developed, and how this has impacted on capacity, demand and flow across the wider healthcare system.

Within Lincolnshire, there are a number of non-commissioned initiatives which have been identified by service users, carers and professionals as examples of good practice in preventing and/or diverting mental health crisis, outside of commissioned services. In Gainsborough, there are three projects that have been initiated and led by an ex-service user and crusader for mental health and wellbeing. The focus is on wellness rather than illness, and the approach is based on supporting people to identify and resolve their underlying problems, rather than doing it for them, with plans developed in collaboration with the service user.

4. Discussion

In general, commissioned crisis services in Lincolnshire perform well, with some going above and beyond to see people who sit outside of their remit but who would otherwise be at risk. However, service user, carer and professional opinions are not always favourable and a number of potential areas for improvement were identified, both within individual services and across the system as a whole. Few of the issues raised in Lincolnshire are unique, with many having been identified within other reviews and guidance documents.

Service Availability

Mental health services have been historically underfunded, and increasing demand has led to additional pressure on services. Investment in mental health promotion, prevention, care and recovery is of benefit to individuals, their friends and families and society but it is likely that the pressure on health services will continue, and organisations will need to work together to ensure the best use of existing resources. Ensuring that patients are cared for in the right part of the system can help to eliminate wasted resources.

Within Lincolnshire, it is acknowledged that services are doing their best despite limited resources, but the lack of funding available makes it difficult to provide the right level of service to everyone who needs it. Some clear gaps in service have been identified, such as a crisis response for older adults and dedicated services for personality disorder and assertive outreach, and there are some concerns around the level of service provided outside of normal working hours. Mental health services are not well known about within the health and care system, and outdated information can reduce the chances of accessing timely support, and can lead to inappropriate use of frontline services such as A&E.

There is a feeling locally that funding should be directed towards community services to allow people to be treated at home, in a less restrictive setting, with the support of their family, and at a lower cost to the economy. Increased pressure on beds means that it is more difficult to find inpatient beds for those people who do need them, and patients are increasingly being transferred to inpatient units outside of their local area which can make it difficult to stay in touch with family and friends and for professionals to visit, affecting a person's recovery and leading to increased lengths of stay.

Where required, it is vital that someone experiencing mental health crisis is transported in a safe, appropriate and timely manner, and that their dignity and privacy are preserved. The current unavailability of support services, such as ambulance transport to convey patients to hospital or to a place of safety and section 12-approved doctors to undertake Mental Health Act assessments, also impacts on the ability of mental health services to respond in a safe, timely and effective way.

Accessing Support

Services perform well once a service user is accepted, but access to services is an issue for both service users and professionals. Phones go unanswered, messages are not returned, and people are passed between services and asked to repeat the same information. These obstacles and delays can lead to crisis worsening, while more timely access could help to prevent crisis, reducing costs and improving quality of life. People experiencing mental health crisis should be able to access help quickly whenever they need it, even out of hours. When people do manage to speak to someone, the advice given can be patronising and unhelpful, and compassion, empathy and understanding are often lacking.

Many of the examples in the Positive Practice Mental Health Directory (2018) relate to initial points of contact for people experiencing mental health crisis, designed to ensure that there is someone to speak to, 24 hours a day. Some of the common themes include an element of peer support and lived experience, third sector involvement, the ability for anyone to refer, including service users and members of the public, and a safe, non-clinical environment.

Capacity and Demand

It is widely acknowledged that much of the demand on crisis teams may not be due to mental health issues, but that the distress experienced may impact on a person's mental health if not addressed. Due to a lack of services for this group, additional demand is put on frontline services such as crisis teams, police and A&E. However, police and A&E responses can be distressing and may not be the most appropriate for someone with mental health concerns. There is also an additional drive to reduce demand on these services.

The crisis teams estimate that as much as 75% of demand on their service is inappropriate, and much of this demand could be managed by lower level support such as through safe places, helplines, single points of access and first response functions, which have demonstrated improved quality of care and reduced demand on other services in other areas of the country.

Having a sufficiently staffed and skilled workforce with the right values and behaviours is crucial to the effective delivery of healthcare services. However, providing support to those experiencing

mental distress is demanding and difficult and mental health services face particular difficulties in terms of staffing levels and recruitment.

Attitudes and Experience

One of the main issues raised by people in Lincolnshire was the negative attitudes of staff in dealing with people experiencing mental health crisis, and this has also been found in a number of national studies. There should be a greater focus on mental health awareness for staff across the system, including mental health staff, GPs, receptionists and non-clinical staff to equip them to understand mental health, identify mental ill health at the first point of contact, and treat people with dignity and respect.

People in Lincolnshire also promoted the importance of lived experience of mental health, and the ability to understand what someone is going through when experiencing mental health crisis. The benefits of utilising peer support are becoming clearer, and many mental health services are utilising this resource to improve outcomes, reduce stigma and discrimination, and bring a focus which is different from that of mental health professionals.

Carer support is also extremely important to service users in Lincolnshire, but carers don't feel that they are supported by services, or as involved in the planning and provision of care as they would like to be. Carers are not healthcare professionals but they play an important role in prevention, as they are often aware of the triggers and signs of impending crisis and know what to do to avert or de-escalate it.

Collaboration and Communication

The needs of people with mental ill health are varied, and encompass much more than just clinical input. There is no single service that can meet all of a patient's needs, and services need to work together to manage all the issues which can impact on an individual. Care should be holistic and centred around the needs of the individual, rather than the remit of services, but there is a lack of integration and communication both within and between services and organisations, which leads to a disjointed approach, unnecessary boundaries, and an ineffective pathway for patients.

It is vital that a person's needs are recognised by the first person they come into contact with, in order to reduce the number of unnecessary contacts and the distress and frustration of being 'bounced' between services. It is important that services and care teams are able to communicate clearly and share 'need to know' information to identify risks and avoid the individual having to repeat information unnecessarily. The importance of collaboration with the third sector is also noted within the review, since these services are often viewed as less formal and judgemental by service users which can help them to open up, revealing more about their background and needs.

Prevention and Early Intervention

The most effective way to reduce demand on mental health crisis services is to prevent people reaching crisis point, but local mental health services are not currently designed or commissioned with this in mind. There should be a focus on recognising and promoting good mental health, for example through good parenting and support for schools in the early years, and helping people to live fulfilled, productive lives through housing, employment and community support.

Investment in lower level services to allow for intervention earlier in the pathway and prevent crisis can improve quality of life and aid recovery, and will also lead to reduced demand on acute services and ultimately admission to inpatient beds. The provision of ongoing care and support following discharge from services is also important, since discharged does not always mean cured and people often need help to stay well.

Availability of information to service users, carers and the general public is important in signposting oneself or someone else to the right source of support, and should be made available publicly. There is also a perception that much of the demand on formal mental health services is due to the inability to cope with normal feelings of sadness or teenage angst, which are then medicalised and people are seeking support from formal mental health services.

Conclusions

A number of the specific issues identified within this review are already being addressed by existing improvement initiatives outlined above; however, there is still room for improvement in some areas. Many of the recommendations made will require additional resource and investment to come to fruition, while others will require cultural change which will be challenging in its own ways. In designing and commissioning services based on best practice, the size and profile of the local area and population should also be considered.

Limitations

The information contained within this review has been obtained from a range of sources. While the methods used to collect this information were designed to be as robust as possible, it is also recognised that there were a number of limitations to this:

- Relatively low numbers of people participated in engagement activities, although there were common themes which provide some reassurance that an accurate picture of views and experiences has been gathered.
- A number of anomalies were identified in LPFT and EMAS data which made it difficult to draw firm conclusions.

5. Recommendations

The recommendations of the review are as follows:

Recommendation 1 – Future ownership of the review and associated recommendations
Recommendation 2 – Prevention, early intervention and recovery
Recommendation 3 – Mental health awareness
Recommendation 4 – Pre-referral support
Recommendation 5 – Review and update the existing Crisis and Home Treatment Teams specification
Recommendation 6 – Review of wider community-based mental health services
Recommendation 7 – Mental health transport services
Recommendation 8 – Collaborative working between services
Recommendation 9 – Investment in mental health services
Recommendation 10 – Priorities for Lincolnshire's Mental Health Crisis Care Concordat

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