


# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of Andrew Crookham  
Executive Director - Resources**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>19 April 2023</b>
Subject:	<b>Report of the Committee's Working Group on Suicide Prevention and Mental Health</b>

**Summary**

The Committee is invited to consider a report from the Committee's Suicide Prevention and Mental Health Working Group, which comprised of five councillors and has met on three occasions.

**Actions Requested**

To consider the recommendations from the Committee's Suicide Prevention and Mental Health Working Group.

## 1. Background

The report attached at Appendix A has been prepared on behalf of the Suicide Prevention and Mental Health Working Group, following their consideration of information provided by representatives from Lincolnshire County Council, the NHS Lincolnshire Integrated Care Board, and Lincolnshire Partnership NHS Foundation Trust.

## 2. Consultation

This is not a direct consultation item.

### 3. Conclusion

The Committee is requested to consider the attached report from the Committee's Suicide Prevention and Mental Health Working Group.

### 4. Appendices

These are listed below and attached to this report:

Appendix A	Report of the Health Scrutiny Committee's Suicide Prevention and Mental Health Working Group
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### 5. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Background Paper	Held by
Notes of Meetings of the Suicide Prevention and Mental Health Working Group: <ul style="list-style-type: none"><li>• 27 July 2022</li><li>• 27 September 2022</li><li>• 25 January 2023</li></ul>	Democratic Services

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted via 07717 86893 or via [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

### REPORT OF THE SUICIDE PREVENTION AND MENTAL HEALTH WORKING GROUP

#### 1. Establishment and Remit of the Working Group

The Committee established the working group on 13 April 2022, with the following membership: Councillors Carl Macey, Sarah Parkin, Tom Smith, Angela White and Mark Whittington. The working group worked toward the following remit:

- (1) Access to Mental Health Services
  - Waiting Lists for Accessing Mental Health Services
  - Support for People (including Children and Young People) while on waiting list.
  - Support for People Following Discharge from Mental Health Services
- (2) Implementation of the Suicide Prevention Strategy
  - Support for Specific Communities or Individuals, such as the farming and the armed forces communities and their families.
  - Support for Families following a Suicide of a Family Member
  - Training for People Providing Support
- (3) Use of Anti-Depressants
  - Continued Use of Anti-Depressants for Many Years

The working group's report has been structured to reflect these three topics.

#### 2. Access to Mental Health Services

Two of the three working group meetings focused on the services provided by Lincolnshire Partnership NHS Foundation Trust (LPFT), which is Lincolnshire's provider of secondary mental health and learning disability services in Lincolnshire. Attached at Annex 1 and Annex 2 are extracts from LPFT documents, which provide more detail. Annex 1 is a list of all LPFT services, while Annex 2 details LPFT's services provided to adults.

##### Service Volumes and Waiting Times

At our two meetings involving LPFT, we were told the following:

- the average wait for the first appointment for core Child and Adolescent Mental Health Services (CAMHS) was 21 weeks, with the longest wait at 54 weeks (September 2022).

- there were approximately 20,000 referrals or self-referrals each year to *Steps2Change*, Lincolnshire's IAPT [*Improving Access to Psychological Therapies*] service (September 2022).
- crisis teams had been averaging about 44,000 contacts each year, which represented approximately 126 contacts each day (January 2023).

Service volumes and waiting times for LPFT's services are reported both to LPFT's board of directors and to NHS Lincolnshire Integrated Care Board.

#### Support for Children and Young People on the Waiting List

LPFT stated that they always prioritised people in crisis or people whose risk levels had increased significantly, but LPFT was working on its offer for a young person, who might have low level underlying needs. We were also advised that in October 2021, LPFT had conducted an in-depth review of waiting times and the capacity of existing teams, particularly in core CAMHS. This review had shown a huge increase in demand for children and young people's mental health services. Additional funding of £1.2 million had been allocated to core CAMHS in Lincolnshire, which was due to increase the capacity of teams during 2022/23 and 2023/24, to begin to reduce the average waiting times. We were told there was an action plan for reducing waiting times and a trajectory to achieve this had been approved by Lincolnshire County Council and the NHS Lincolnshire Integrated Care Board.

Young people on the waiting list were contacted each month as a minimum to ask if anything had changed in their circumstances, thus providing some contact between initial assessment and the offer of an appointment. Young people and their families would not necessarily know that they were waiting for a 'NICE-recommended' treatment, which was important and would make a difference, but equally there were other things that could be done while a young person was waiting for those services.

To make sure that children and young people were waiting as safely as possible and as well supported as possible, specific posts had been established in each of LPFT's core CAMHS teams, with responsibility for liaising with children and young people, and the families of people. This service also offered support to help access alternative provision like the voluntary and third sector. In addition, a children and young people access team had been introduced to manage referrals. Prior to this team's establishment feedback had been between 75% and 80% negative, but this had changed to 90% to 95% positive feedback.

In addition, there was a helpline, which had been staffed since January 2022 by a dedicated team, rather than clinicians from different teams. It was a first point of access into LPFT's services, and they then support people to go to the right service, whether that is *Healthy Minds Lincolnshire*, core CAMHS, etc.

One of the challenges for services offered to children and young people is that service development was being done from existing resources, whereas services for adult mental health illness had received a large investment to front load their development.

## Transition

### *Age Transitions*

We were advised that formerly once patients reached a 'transition' age where they were due to transfer to another service (either 18 or 65), they often had to retell their case histories, which could be traumatic. Services had since changed, for example children and young people services could now be accessed up to the age of 25 by some patients. This was not offered in every case, as it was often more appropriate for patients to transition to adult services at the point where they left education.

Similarly, adult services were traditionally provided for people aged between 18 and 65. However, we were advised that a person with early onset dementia would be treated by older adult services, and if a person was receiving treatment for a functional mental health illness prior to the age of 65, this might continue with the same service.

We were, however, advised there were some transition issues for people moving from adult services to older adult services. Adult services had a lot of 'wrap-around' services, such as rehabilitation services, forensics, and psychology, but there were fewer of these services for older adults.

### *Other Transitions*

In addition to the age transition, we were advised that one of the ambitions of LPFT was that all transition should be seamless, whether from one of its services to another, or from primary care into secondary care, or secondary care into support that is provided in schools, or something provided by the voluntary and third sector.

We were advised that LPFT had established a transition working group to consider all transition. In particular, this working group was focusing on children and young people, as they transition from CAMHS and full-time education, with a lot of wrap-around services to adult services.

## Crisis Teams

As stated above, there were approximately 44,000 contacts per year to the crisis teams. We were told that this level of need was double the national average of referrals, so the teams were extremely busy. The demand for services in the urgent care pathway, which incorporated the home treatment team as well as the crisis team, had grown significantly over the last twelve to eighteen months.

Previously a GP or another health professional would refer somebody who is in a crisis into a crisis team. Now people can self-refer to a crisis team. There were a large number of referrals coming through the mental health advisory helpline. If the helpline cannot help, they would escalate to the crisis team.

We were told that crisis teams had often been criticised because people thought the service was just someone at the end of a phone. People did not realise that home treatment teams formed part of the crisis service. The home treatment teams provided intensive home treatment to keep people at home to prevent them coming into hospital.

### *Review of Crisis Teams*

LPFT has commissioned an internal review of the crisis teams. As part of this, LPFT is currently seeking views on its current crisis offer and how people would like to see the service delivered in the future. There are a range of public events planned from 24 January 2023. The review included the mental health assessment centre, and links to all mental health pathways, where there had been challenges.

### Mental Health Urgent Assessment Centre - Lincoln

We were advised that a mental health urgent assessment centre had been operating as a pilot in Lincoln, as a walk-in-centre for people with mental health issues, enabling people to self-present at the unit, as an alternative to A&E or a GP appointment, or one of the crisis teams if they could not be reached. Patients were seen by a mental health clinician for a face to face assessment. The focus was on people with no physical healthcare needs, so there was no reason for them to be in an A&E.

The pilot in Lincoln had initially been funded by an allocation from the NHS's winter pressures funding, with the aim of reducing the number of people who attended A&E inappropriately. Similar models were operating elsewhere in the country, including North East Lincolnshire.

There had been much positive feedback from patients through the *Friends and Family Test*, as well as from stakeholders such as the United Lincolnshire Hospitals NHS Trust (ULHT) and the Lincolnshire Police. In addition, there had been an independent evaluation which had supported the positive feedback. LPFT hoped to launch a mental health urgent assessment centre on the east coast, where there was a need, and a business case for funding had been submitted to the NHS Lincolnshire Integrated Care Board.

### Support Following Discharge from Mental Health Services

Some patients may be transferred from one LPFT service to another, for example from an acute in-patient ward to a high or low level rehabilitation, with the latter taking place more often in the community. At the next stage of the patient pathway, further support can be provided by community mental health teams. The aim is for patients to live independently, and they may do so, with the support of GP practices and with the help of community groups and activities.

We were advised that one of the greatest challenges related to patients being scared about being discharged from LPFT services. LPFT advised that one way of overcoming that fear was to demonstrate that patients could return to a service in the future, if required. The circumstances would vary depending on the service. For example, *Steps2Change* patients were encouraged to continue to use the techniques that they had learned from cognitive behavioural therapy as a 'toolbox' to manage symptoms. If those techniques were not effective or if people had forgotten them, they could access the service and have therapy again.

We were also advised that there were people who had had numerous episodes of treatment and LPFT would keep providing treatment for as long as was necessary. There was a fast-track system so that if symptoms were to return, patients were offered a re-assessment, and treatment as required.

### NHS 111, Option Two

We were advised that from March 2024, there would be a 111 option two, a mental health option. LPFT was currently modelling how the service would operate, in terms of likely demand and the capacity required. It was anticipated that calls would be taken by triage nurses, or call handlers who would then escalate to a triage nurse, if required. People would be able to access a face to face assessment or be signposted to the most appropriate service.

### GP Involvement with Mental Health

We were advised that a number of patients in LPFT's services had expressed some frustration on the level of support they had received from their GP for mental health. For example, if patients had been signposted to services earlier, their condition might not have worsened.

We were informed that the mental health transformation programme was starting to become embedded across a lot of the primary care networks (PCNs) and LPFT wanted to strengthen that. There were good existing relationships between PCNs and LPFT. For adult services, there was funding for two roles to bridge the gap between primary care and secondary care, which would be piloted.

Historically, CAMHS had been aligned to schools rather than to GPs, because children and young people spent a lot of time in school. However, families often went to their GP for help and that could be their first contact. LPFT's review would look at how links with GPs could be improved.

We concluded that the Committee should be requested to consider the support for mental health in GP practices.

## Voluntary Sector

Although not directly part of our remit, we would like to record our support for the many voluntary sector organisations providing support for mental health in Lincolnshire. In addition to the national organisations, there are Lincolnshire-based charities such as Shine Lincolnshire ([www.shinelincolnshire.com](http://www.shinelincolnshire.com)) and Don't Lose Hope ([www.dontlosehope.co.uk](http://www.dontlosehope.co.uk)).

### **3. Implementation of the Suicide Prevention Strategy**

The Lincolnshire Suicide Prevention Strategy<sup>1</sup> was presented to the Committee on 16 February 2022. It was consideration of this strategy which led to a suggestion for the Committee to establish a working group to consider this topic in greater detail.

#### Sources Data and Information on Suicides

We were advised of five main sources of data and information available, which the County Council can use to identify trends and any emerging high risk groups:

- (1) The Office for National Statistics releases data every September on confirmed suicides, which enable comparisons to be made between Lincolnshire and other areas, and with regional and national averages.
- (2) The Lincolnshire Police, who attend most suspected suicides, share data with Lincolnshire County Council on a regular basis, which can include the circumstances of the suicide, information about the individual, the location, and the method.
- (3) When the Lincolnshire Coroner determines that a death is a suicide, detailed information on the individual, their professional background, their family and financial and relationship circumstances are recorded.
- (4) National and International Research can identify trends, and new risk factors.
- (5) Stakeholders can provide sources of information, for example, at meetings of the Suicide Prevention Steering Group.

#### High Risk Groups

We were told that as four out of five suicides in Lincolnshire are among men, there is a general preventative focus on men as a high risk group, which has been identified in the strategy. The contributing factors were often financial hardship, relationship breakdown or other things in someone's personal, family or work life that means someone ends up at a point of feeling hopelessness, which is a key driver of suicide.

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<sup>1</sup> Reaching and Saving Lives – Lincolnshire Suicide Prevention Strategy 2020 - 2023



We were also told both nationally and locally that there is an increased concern about the relationship between autism and suicide. This includes a local thematic review which identified a small number of autistic people who died by suicide in the twelve months to February 2022. We were told that services were looking how the existing support could be enhanced to prevent future suicides in this vulnerable community.

#### People with No Active Contact with Mental Health Services

We were advised that approximately two thirds of people dying from suicide were known to have experienced some form of mental ill health in their lifetime. One third were in active contact with mental health services.

#### Armed Forces Veterans

The working group was advised that the local data did not identify armed forces veterans as a high risk group. However, veterans represented a large group in Lincolnshire, so are a specific community of interest for suicide prevention. We were advised of support available, which includes *Op Courage*, the veteran mental health and well-being service. This service is designed to help serving personnel due to leave the military, reservists, armed forces veterans, and their families.

Aside from the Lincolnshire Suicide Prevention Strategy, we also focused on the services for veterans provided by the NHS. These services are provided in accordance with the Lincolnshire Armed Forces Covenant, which local providers of NHS services, such as LPFT, have signed.

Defence Medical Services is separate from the NHS and provides health care to the UK's 148,000 regular armed forces personnel. On leaving the armed forces, health care, including mental health care, is provided by the NHS to veterans.

The NHS services include the veterans' mental health transition, intervention and liaison service, which provides veterans with a comprehensive assessment of their mental health, including social needs and a physical health check-up. Family members, friends or significant others who have been supporting veterans on a regular basis are also offered an assessment of their needs. The service provides treatments which can range from providing access to early support to therapeutic treatment for complex mental health difficulties and psychological trauma.

In addition to the above, LPFT is the lead provider in the midlands of the veterans' mental health high intensity service, which from locations in Birmingham, Coventry and Lincoln. This service provides an intensive package of support to veterans in crisis and their families. These teams are highly experienced mental health clinicians and support staff with knowledge of working with the veteran and the armed forces community. Some staff are military veterans themselves and this enables the team to have a real understanding of the armed forces culture.

All these services can be accessed via a GP or directly through the mental health matters single point of entry phone line.

The Royal College of General Practitioners, in collaboration with NHS England, also operates an accreditation scheme to enable GP practices to become “veteran friendly”. Accredited practices have access to free online training; and support to identify and code their veteran patients. Each accredited practice must nominate a clinical lead for veterans, although the training content and activities are suitable for all general practice staff. As of 28 February 2023, 35 of the practices in Lincolnshire had received this accreditation.

Our remit covered the mental health support and services provided to veterans and their families. Whilst we are aware of other services, such as the national Veterans Welfare Service, as well as services provided by Lincolnshire County Council to veterans and their families, which are delivered in accordance with the Armed Forces Covenant, they were not considered by us, as they were beyond our remit.

#### Farming Community

The farming community has traditionally been identified as a higher risk group, although this risk has lessened in recent years. We were advised that the Lincolnshire Rural Support Network (LRSN) was an active member of the Suicide Prevention Steering Group. The LRSN provided a mental health nurse, and was also engaged in wider regional work around suicide prevention. In addition, Lincolnshire Partnership NHS Foundation Trust has a self-injury and suicide prevention lead, who had experience in the farming community.

#### Suicide Bereavement Service

We were also advised that, in accordance with one of the mental health ambitions in the NHS Long Term Plan, a suicide bereavement service was launched on 1 November 2022. The service is funded by NHS Lincolnshire Integrated Care Board and provides free support to individuals and families across Lincolnshire, as well as for professionals supporting the bereaved.

The service offer includes contact within 24 hours of a referral; one to one support from a named liaison worker; practical support liaising with Police and other agencies; support at the inquest; and counselling.

#### Survivors of Bereavement by Suicide

We were advised of a national organisation called *Survivors of Bereavement by Suicide*, whose members provide peer support to families who have suffered. This is a voluntary organisation that has support groups available in Lincolnshire.

## Toolkit on Suicide Prevention

The toolkit on suicide prevention is being updated and includes information on how to get support and advice for family and friends, or anyone who is worried about someone else.

## Cases of Attempted Suicide

We were advised that cases of attempted suicide were not recorded consistently; and individual case studies were not shared as a matter of routine, but we were advised that the council was working with partners to develop a better understanding of attempted suicides. We were told that it was a priority to explore how support can be developed for individuals and families following an attempted suicide, but that this was not something that could easily be resolved.

We concluded that when Lincolnshire's suicide prevention strategy is refreshed we would request further consideration to providing support for both the individuals who had attempted suicide and their families. This could be in the form of information easily available online, or provided in the form of a leaflet. This would include key contacts, and would be available in accident and emergency departments, as this is often where patients who have attempted suicide are initially treated. We have taken this forward as a recommendation.

## Training Offer for Staff

We were advised that seven training courses had been identified, covering mental health and wellbeing as well as suicide prevention.

- *Zero Suicide Alliance* (free online training):
  - Suicide Awareness Training – Gateway Module (five to ten minutes)
  - Suicide Awareness Training – Full Version (twenty minutes)
- *SafeTALK* is a three hour certified training programme that helps anyone over the age of 15 to identify persons with thoughts of suicide and connects them to suicide first aid resources. It is targeted at counsellors, teachers, NHS staff, community workers, and emergency service workers.
- *ASIST* (Applied Suicide Intervention Skills Training) is a two to three day training programme designed for people who are likely to come into contact with people who are at risk of suicide.

#### 4. The Use of Anti-Depressants

The National Institute for Health and Care Excellence (NICE) has a role in developing evidence-based guidelines on a range of treatments and medicines. One of these is NICE's guideline *Depression in Adults: Treatment and Management [last updated 29 June 2022]*.

##### *Types of Anti-Depressants*

We did not explore the various medication in detail, as there are several categories of anti-depressant. One of these categories is 'selective serotonin re-uptake inhibitors' (SSRIs), which include commonly prescribed medication such as fluoxetine and sertraline. There are at least five other categories of anti-depressant. It is not known for certain how they work, but it is understood they increase the levels of certain chemicals in the brain, such as serotonin and noradrenaline. As the NHS England website states: "While antidepressants can treat the symptoms of depression, they do not always address its causes. This is why they are usually used in combination with therapy to treat more severe depression or other mental health conditions."

##### *Less Severe Depression*

Traditionally, levels of depression have been put in four categories: sub-threshold, mild, moderate and severe. NICE's guideline uses the term 'less severe' depression to cover sub-threshold and mild depression. We were advised that the guideline advises practitioners not to routinely offer anti-depressant medication as a first-line treatment for less severe depression unless that is the person's preference. Further to this, the Royal College of Psychiatrists advises that anti-depressants should not usually be prescribed for mild depression, but are recommended, usually in combination with psychotherapies, for adults with moderate to severe depressive illness.

We understand that in many instances a GP will offer anti-depressants in circumstances of mild depression, because other forms of treatment such as talking therapies may not be immediately available. Even if someone can access services, such as *Steps2Change*, within four weeks, that might be too long for a person who wants relief from their symptoms immediately, through an anti-depressant.

##### *More Severe Depression*

NICE's guideline uses the term 'more severe' depression to cover moderate and severe depression. We were advised that the evidence strongly supports using medication for more severe depression, both before and during treatment. In many cases, people will be using medication long-term. We were reminded that it is not bad for people to take medication long-term, just as people would for diabetes or hypertension.

## Uses of Anti-Depressants

Anti-depressants are also prescribed for other conditions, such as generalised anxiety disorder, obsessive compulsive disorder, and post-traumatic stress disorder, where in each case separate NICE guidelines apply. Generalised anxiety disorder is a long-term condition that causes anxiety about a wide range of situations and issues, rather than one specific event. Symptoms can vary with severity, but people with generalised anxiety disorder feel anxious most days and often struggle to remember the last time they felt relaxed.

The NICE guidance on generalised anxiety disorder, which affects one in twenty five people in the UK, refers to the use of other treatments, as an alternative to, or complementary to medication, but unlike the NICE guidance on depression, does not advise against its use as a first-line or even a sole treatment for anxiety.

### **5. Recommendations**

**The working group recommends:**

- (1) That an item be included in the Committee’s work programme on the mental health in GP practices, including:**
  - (a) the development of dedicated mental health staffing roles in primary care;**
  - (b) the views of GPs and the NHS Lincolnshire Integrated Care Board on the prescribing of anti-depressants for people with sub-threshold and mild depression.**
  
- (2) That LPFT be thanked for their contributions to the working group’s activity and be invited to a meeting of the Committee to present an item on:**
  - (a) developments in LPFT’s services, arising from both the mental health transformation programme and other local initiatives;**
  - (b) progress with the planned reduction in average waiting times for LPFT’s services; and**
  - (c) how transition from one service to another at LPFT was improving for patients.**
  
- (3) That the Committee note the NHS services in support of mental health and wellbeing for armed forces veterans and their families.**

- (4) That Lincolnshire County Council and the NHS Lincolnshire Integrated Care Board be requested to include in the next Lincolnshire Suicide Prevention Strategy, which is due for revision during 2023, reference to the importance of support for both the individuals who had attempted suicide and their families, including consideration of readily available information both online and in leaflet, containing key contacts and details about services.

## 6. Contributors to the Working Group

We would like to thank the following contributors to the working group's meetings:

### Lincolnshire County Council

- (1) Lucy Gavens, Consultant in Public Health

### NHS Lincolnshire Integrated Care Board

- (2) Sara Brine, Head of Mental Health Transformation

### Lincolnshire Foundation Partnership NHS Foundation Trust

- (3) Eve Baird, Associate Director of Operations, Specialist Services  
(4) Nick Harwood, Associate Director of Operations, Adult Community Mental Health Division  
(5) Paula Jelly, Associate Director of Operations, Acute and Urgent Care  
(6) Dr Collins Esiwe, Clinical Director and Consultant Psychiatrist, Older People and Frailty Division  
(7) Gareth Price, Head of Service: Crisis Teams, Mental Health Liaison Service and Urgent Care Teams  
(8) Nicola Cooper, Service Manager, Crisis and Home Treatment

## Lincolnshire Partnership NHS Foundation Trust

### Extract from Quality Account 2021-22

The following table has been extracted from the Quality Account for Lincolnshire Partnership NHS Foundation Trust for 2021-22

Adult Community Mental Health Division	Specialist Services Division
<ul style="list-style-type: none"> <li>• Integrated Place-Based Teams</li> <li>• Adult Community Mental Health Teams</li> <li>• <i>Steps2Change</i> (Improving Access to Psychological Therapies)</li> <li>• Recovery College</li> <li>• Adult Social Care Team</li> <li>• Best Interest Assessors</li> <li>• Approved Mental Health Practitioners</li> <li>• Community Forensic Team</li> <li>• Perinatal Services</li> <li>• Individual Placement and Support</li> <li>• Holistic Healthcare for the Homeless</li> <li>• Criminal Justice Liaison and Diversion</li> <li>• Personality and Complex Trauma</li> <li>• Early Intervention in Psychosis</li> <li>• Community Rehabilitation Service</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Learning Disabilities Service</li> <li>• Autism Diagnostic Service (Adults)</li> <li>• Core Child and Adolescent Mental Health Services (CAMHS)</li> <li>• CAMHS Learning Disabilities Service</li> <li>• CAMHS Eating Disorder Service</li> <li>• CAMHS Crisis and Enhanced Treatment Team</li> <li>• Children and Young People Secure Unit</li> <li>• Healthy Minds Lincolnshire</li> <li>• Dietetics</li> <li>• Adult Eating Disorder Service</li> <li>• Sexual Advice Referral Centre</li> <li>• Independent Sexual Violence Adviser</li> <li>• Mental Health School Support Teams</li> <li>• CAMHS Diabetes (Psychology)</li> <li>• <i>Future4Me</i> Health Team</li> <li>• Veterans' Services</li> </ul>
Acute and Urgent Care Division	Older People and Frailty Division
<ul style="list-style-type: none"> <li>• Single Point of Access</li> <li>• Adult Acute Inpatient Wards</li> <li>• Mental Health Rehabilitation Wards</li> <li>• Crisis Resolution and Home Treatment</li> <li>• Low Secure Mental Health Inpatient Unit</li> <li>• Place of Safety (Section 136 Suite)</li> <li>• Psychiatric Clinical Decisions Unit</li> <li>• Mental Health Urgent Assessment Centre</li> <li>• Psychiatric Intensive Care Unit</li> <li>• Police Control Room Nurses</li> <li>• Out of hours Clinical Coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• Older Adult Community Mental Health Teams</li> <li>• Older Adult Mental Health Home Treatment Team</li> <li>• Specialist Older Adult Mental Health Inpatients</li> <li>• Dementia Support Service</li> <li>• Community Dementia Teams</li> <li>• Dementia Home Treatment Team</li> <li>• Inpatient Services for People with Dementia</li> <li>• Mental Health Hospital Liaison</li> <li>• Neuropsychology</li> <li>• Psycho-Oncology</li> <li>• Chronic Fatigue Syndrome</li> <li>• Older Adult Psychology</li> </ul>
Pan Trust Services	
<ul style="list-style-type: none"> <li>• Pharmacy and Medicines Optimisation Services</li> <li>• Infection Prevention and Control Services</li> <li>• Physical Healthcare Team</li> <li>• Volunteers</li> <li>• Prevention and Management of Violence and Aggression team</li> </ul>	

# Service Descriptions

## Mental Health Matters Helpline

Lincolnshire's 24/7 free help and advice line for adults over the age of 18. Run by third sector organisation Mental Health Matters, with support from locally based Crisis Teams as required, the helpline provides a listening ear for people who are struggling and need someone to speak to, signposting to local community support or escalation to crisis teams for professional support.

People can call without a referral on 0800 001 4331.

## Night Light Cafes

Safe, community spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also provide signposting advice and information on other organisations that may be able to help with specific needs, such as debt advice or emergency food parcels.

People can self-refer by calling 0300 011 1200 or via Instagram direct message or Facebook Messenger @NightLightCafeLincoln. Agencies and GPs can refer individuals with their consent by completing the appropriate online referral form.

## Steps2change Talking Therapies

Steps2change offers talking therapies for those with common mental health problems such as anxiety, stress or depression. It provides evidence based psychological therapies by specialist trained staff. People can self-refer via the website [www.lpft.nhs.uk/steps2change](http://www.lpft.nhs.uk/steps2change) or speak to their GP for a referral.

## Single Point of Access Contact Centre

All referrals into the Trust from GPs and other relevant professionals are sent to the Trust's central single point of access contact centre for triage and onward processing. The team can also help people currently accessing services to contact the relevant team.

## Health Based Place of Safety (also known as section 136 suite)

The suite provides a safe place for adults and young people found by Lincolnshire Police in a public place suffering from mental health problem, to be assessed in an appropriate environment, rather than a police cell.



## **Mental Health Urgent Assessment Centre**

Located on the Lincoln County Hospital site at the Peter Hodgkinson Centre, the centre takes referrals from ambulance services, A&E, Police and walk-ins from those that are medically fit but require an assessment of their current urgent mental health needs.

Staffed by experienced mental health practitioners, it provides a safe, lower stimulus environment for patients to receive further assessment of their need and risk. It is co-located with mental health services to enable onward referral and liaison – particularly when looking at alternative community support, or where hospital admission is required.

## **Mental Health Hospital Liaison**

The team work in local acute hospitals, alongside colleagues in A&E and wards to provide patients presenting at A&E with mental health concerns, with access to an initial assessment and onward signposting or referral to additional mental health support.

## **Crisis Team**

These teams are based in the community and provide quick access to assess individuals who are experiencing a mental health crisis. Following the assessment, the team will stay involved until the care the individual needs has been arranged.

## **Tier 2 Crisis Line**

Supports the Mental Health Matters helpline when further specialist mental health support is identified. Provided within the local crisis teams to assess need and put in place additional care that may be required.

## **Psychiatric Clinical Decisions Unit**

Available for people in severe mental health crisis who would benefit from a period of extra support in a unit staffed 24 hours a day by mental health professionals. The service is based on the Lincoln County Hospital site at the Peter Hodgkinson Centre and provides a safe space for patients to have a thorough assessment of their needs. Patients work with professionals to help decide the best treatment and support for them, whether this is returning home with intensive support from professionals, or being admitted to a specialist mental health ward.

## **Home Treatment**

The team try to avoid individuals being admitted into hospital by providing intensive home support for approximately six weeks. This supports any care that the individual may already be receiving from community mental health teams out of hours.

Treatment involves an assessment, plan of care and any other interventions which may be able to prevent the individual needing to go into hospital. The teams also work with individuals admitted to adult acute inpatient units to support discharge or support during agreed leave. Home treatment support is usually provided for up to six weeks, dependent on need.

## **Crisis Houses**

Situated in Boston and Lincoln, the crisis houses offer up to a 7 day stay for those at risk of admission to hospital to help stabilise their mental health. Similar to supported housing they have staff on site to talk to and provide support as necessary and are managed by third sector provider, Richmond Fellowship.

## **Ward Based Services**

### **Adult Acute Inpatient Ward**

The service provides assessment and treatment for people who are experiencing a severe, short-term episode of mental illness who can't be safely supported by a community based service. Patients can be admitted to the ward on a voluntary basis or detained under the Mental Health Act. Length of stay is usually an average of 28 days. There are wards in Boston, Lincoln and Sleaford and have between 19-22 beds per ward.

### **Psychiatric Intensive Care Unit**

Based in the Hartsholme Centre in Lincoln, this 10 bed male only unit provides care for men with severe mental health difficulties who have complex needs and require short-term intensive support to overcome a crisis in their mental wellbeing - similar to the level of support patients with a physical health need would receive in a hospital's intensive care unit. The level of support people need usually requires a closer focus from staff who can monitor and support individuals to a much greater extent than the Trust's acute mental health wards. Someone would usually only be in the unit for a short period of time whilst their risk reduces and would return to an acute ward as soon as appropriate for their ongoing treatment.

### **Francis Willis Unit**

Based in Lincoln on the Lincoln County Hospital site, this ward provides 15 beds for males with a severe and enduring mental illness, who exhibit challenging or high risk behaviours. This is seen as a low secure service, which means it is locked and there are restrictions on people being able to leave without permission. Patients have often had contact with the criminal justice system as part of their admission.

The unit provides assessment and treatment to stabilise people's condition and helps move them towards recovery or further rehabilitation. Reducing the risks posed and ultimately enabling the person to leave the secure environment for one less restrictive.

## Reablement

The Wolds at Discovery House in Lincoln provides a 16 bed mixed gender ward supporting people that do not require an extended period of treatment in hospital to build skills and confidence to live independently. Average length of stay on the ward is two months.

It focuses on what people can do, rather than what they can't do and aims to reduce or minimise the need for ongoing support after reablement. It addresses the needs of the whole person, including physical, social and emotional needs.

## Rehabilitation

### High Dependency Rehabilitation (also known as locked rehab)

Based at Discovery House in Lincoln the Trust manages two high dependency rehabilitation wards, one for males and one for females.

High dependency rehabilitation offers specialist rehabilitation for people with severe and enduring mental illness, who have previously had difficulty moving on due to their very complex needs. These services enable adults, who previously may have been considered too high a risk to live in community settings, an opportunity to step through with robust care planning and risk management.

Initially they are on a locked ward, as they may have restrictions through the criminal justice system, or just require additional supervision.

### Low Dependency Rehabilitation (also known as open rehab)

Provided in Ashley House in Grantham and Maple Lodge in Boston, the units care for patients with severe and lasting mental illness, who have likely had significant periods in hospital to help manage their symptoms.

The teams provide support in people's recovery just before they move back into their community to live. Support includes encouraging and supporting people to become as independent as possible, by building life skills such as cooking, budgeting, self-care, managing medication and finding activities and hobbies that can help them stay well.

The unit is not locked, and people can come and go as they please. Staff are on hand to monitor how people are getting on and are available to offer support with accessing their local community and working with other teams and partners to make sure everything is in place for discharge such as accommodation, benefits, and other support.

## Community Rehabilitation Service

Similar to the low dependency rehabilitation units in Boston and Grantham, the community rehabilitation team support people with severe and lasting mental illness, who have likely had significant periods in hospital.

The team support people following discharge from hospital and help people rebuild their confidence and control of living independently at home. They have smaller caseloads than some other community teams, allowing them more time to spend with individuals and work on specific rehabilitation goals. This service is available seven days a week, between 8am and 8pm.

The community rehabilitation team provide the care and support in people's own homes – they help people find strategies to help reduce stress and manage challenging circumstances whilst at home, as well as help finding and being part of activities, groups and events in the community. They also help people improve and maintain relationships with family members, carers or other support networks.

## Community Mental Health Teams

Community mental health teams provide care for people recovering from an ongoing mental health problem in their own home and the community. There is a team based in each part of the county to support in local communities, and they work closely with GP surgeries and place based teams to help people maintain their wellbeing in the community.

As part of the community mental health offer, there are also specialist teams supporting people with personality and complex trauma, psychosis, those in contact with the criminal justice system, perinatal mental health problems and the homeless.