

## Improving outcomes for people experiencing mental health crisis in England

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### Concordat - the joint statement :

*“We commit to work together to improve the system of care and support so people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.*

*We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery.*

*Jointly, we hold ourselves accountable for enabling this commitment to be delivered across England.”*

## National Context : evidence and policy

Urgent and Emergency Care Review End of Phase 1 Report  
(Willets)  
November 2013

“We are particularly conscious that any new system must be responsive to the needs of the most vulnerable people in society who rely on the urgent and emergency care system: people at the extremes of age, people with troublesome long-term health problems, people from deprived communities and **people suffering mental health crises.** ”

CQC : A fresh start for the  
regulation and inspection of  
mental health services (November 2013)

Year 1 priority :

“themed work on the experience and outcomes for people experiencing a **mental health crisis**.

This will help us to build tools and develop methods to incorporate in our new inspection approach to ensure that consideration is given to the quality, safety and responsiveness of care provided to people experiencing a **mental health crisis** in the future.”

Patient suicide: the impact of service changes  
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness  
November 2013

“The five service changes associated with the biggest fall in suicide rates in implementing relative to non-implementing trusts are:

- crisis resolution/home treatment or
- assertive outreach teams
- information sharing with criminal justice agencies
- removal of low lying ligature points, and
- policy for dual diagnosis patients.”

## Policy :



- Policy "... parity of esteem between physical and mental healthcare<sup>(1)</sup>"
- Policy "...more people will have a positive experience of care<sup>(1)</sup> & <sup>(2)</sup>"
- Campaigns & reports - Mind Crisis Inquiry<sup>(3)</sup>
- Independent Commission on Mental Health and Policing
- Increase in S136...and MHA compulsion...
- Cuts to police budgets and to social care/NHS 'flat cash'

(1) No Health without Mental Health, HMG 2011)

(2) Dashboard (link) DH Dec 2013

(3) Listening to Experience, An Independent inquiry into acute and crisis mental healthcare, MIND 2011)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/265388/Mental\\_Health\\_Dashboard.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265388/Mental_Health_Dashboard.pdf)

## Govt 'Mandate' to NHS England :

"By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services.

Recent reports have highlighted a particular challenge around mental health crisis intervention. Only by working with key partners, including the police, can we ensure that people with mental health problems get the care they need in the most appropriate setting. To bring about the transformational change necessary, we expect NHS England to make rapid progress, working with CCGs and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services.

This includes ensuring there are adequate liaison psychiatry services.

**We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the soon to be published Mental Health Crisis Care Concordat."**

<https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

## Concordat principles : Partnerships and co-production as a way forward

Focus – a set of agreements, with :

- Agreed national leadership statements
- One vision and principles for ensuring there is an effective emergency mental health response system
- Operational expectations to review and improve local systems
- Examples of best practice to spread (case studies)
- Timescales for each change

**Local declarations - who needs to improve outcomes ?  
(Statutory responsibility or duty of care)**

Health and Wellbeing Board	Commissioners	Criminal Justice	Local concern
Local Social Services Authorities	Local Authorities	Police service	Healthwatch
NHS Trust (s) : -Mental health -Ambulance trusts -Medical Trusts (A&E) -Community Trusts (drug & alcohol services) -Primary Health care Teams  -NHS/LSSA contractors	Clinical Commissioning Groups  NHS England (GPs)  Public Health England via DPHS	Police and Crime Commissioners  Probation services  Youth Offending Teams  Liaison and Diversion services	Advocacy  Royal Colleges, ADASS and professional bodies  College of Policing  Care Quality Commission  HM Inspectorate of Constabulary

**What processes are we trying to improve ? :**

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well / preventing future crises

The service user's perspective (1) : What should I expect if I, or the people that depend on me, need help in a mental health crisis?  
(developed by Mind)

### **Access to support before crisis point**

- When I need urgent help to avert a crisis I, and people close to me, know who to contact 24/7.
- People take me seriously and trust my judgement, and I get speedy access to a service that helps me get better.

The service user's perspective (2) : What should I expect if I, or the people that depend on me, need help in a mental health crisis?  
(being developed by Mind)

### **Urgent and emergency access to crisis care**

- If I am in mental health crisis this is treated as an emergency, with as much urgency as if it were a physical health problem. If I have to be taken somewhere, it is done safely and supportively in suitable transport.
- I am seen by a mental health professional quickly and do not have to wait in conditions that make my mental health worse. I then get the right service for my needs, quickly and easily.

The service user's perspective (2) cont.../ : What should I expect if I, or the people that depend on me, need help in a mental health crisis?  
(being developed by Mind)

### **Urgent and emergency access to crisis care (cont.../)**

- Every effort is made to understand and communicate with me, to check any relevant information that services have about me, and to follow my wishes and any previously agreed plan.
- I am safe and treated kindly, with respect, and in accordance with my legal rights.
- If I have to be held, this is done safely, supportively and lawfully, by people who know what they are doing.
- Anyone at home, school or work that needs to know where I am has been informed and I am confident that arrangements are made to look after anyone who depends on me.

The service user's perspective (3) : What should I expect if I, or the people that depend on me, need help in a mental health crisis?  
(being developed by MIND)

### **Quality of treatment and care when in crisis**

- I get support and treatment from people who have the right skills and who focus on my recovery, in a setting that is suited to my needs.
- I have support to speak for myself and make decisions about my treatment and care.
- If I do not have capacity to make decisions about my treatment and care, any statements of wishes, or decisions, that I made in advance are checked and respected



The service user's perspective (4) : What should I expect if I, or the people that depend on me, need help in a mental health crisis?  
(being developed by MIND)

### **Recovery and staying well / preventing future crises**

- I, and people close to me, have an opportunity to reflect on the crisis, and to find ways to manage my mental health in the future, that takes account of other support I may need, around substance misuse for example.
- We have an agreed strategy for how I will be supported if my mental health gets worse in the future.

Implications for NHS and LSSA  
commissioning :  
a pathway approach

## Background to local declarations work – local data

- What does the JSNA tell you ?
- S136 assessments, locations and outcomes
- beds (acute, CAMHS, recovery, PICU ?)
- Support at home – CR/HT, crisis house ?
- Mental health presentations at A&E (frequent attenders ?)
- Crisis plans/WARPs/Rainy day plans/Advance statements (% for those on CPA ? Co-produced ?)
- User feedback on continuity of care ?
- Audit programme (e.g. CORE participation)
- Data gaps and data quality

## NICE Quality Standard QS14 (3)

- People in crisis referred to mental health secondary care services are seen within 4 hours;
- Service users have access to a local 24-hour helpline staffed by mental health and social care professionals;
- Crisis resolution and home treatment teams are accessible 24 hours a day, 7 days a week, regardless of diagnosis.;

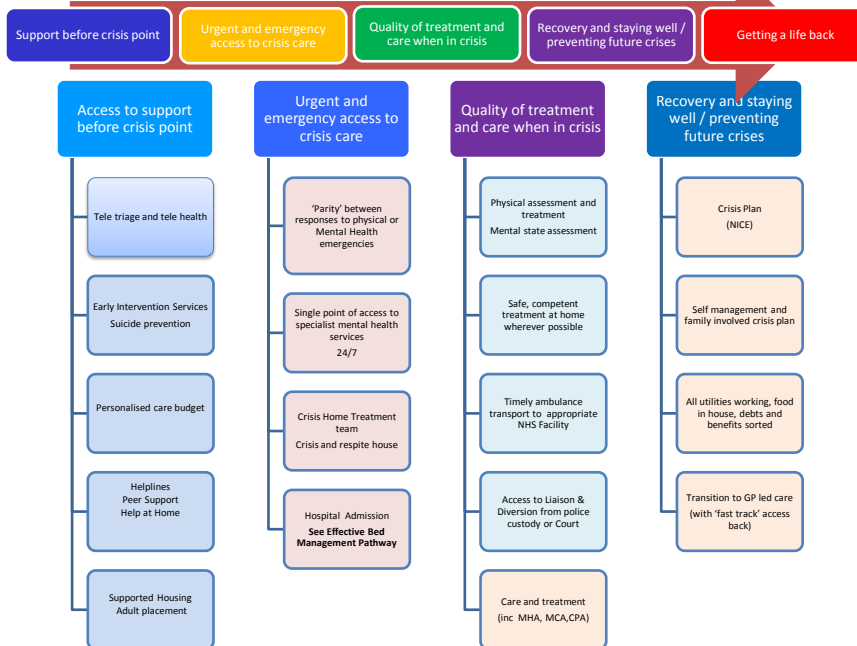
(3) NICE : Quality standard for service user experience in adult mental health, Quality Statement 6, Access to services

## Also, Follow law and existing Guidance

- Hospital, step-down and community services should be commissioned at a level that allows for beds to be readily available in response to a person in urgent need, as required by statute (Section 140 MHA)
- Police custody used in ‘exceptional’ circumstances (S136)
- For people already known to mental health services, crisis plan and any advance statements should be available and followed where possible (CPA).

(3) NICE : Quality standard for service user experience in adult mental health, Quality Statement 6, Access to services

### An effective pathway to improve crisis care responses



## Support commissioned by the 22 national Concordat partners

### Co-ordination and support to the Concordat signatories

- Bi-annual meetings to track progress on joint statement ambitions
- Review and refresh of continuous improvements action plan
- Advise Government on issues e.g. S135/136
- National annual conference to celebrate progress and problem solve
- Evaluate and report impacts of Concordat

## Concordat website

- Host local Declarations and action plans
- Share and spread effective practices
- Provide templates and links to evidence
- Help local Declaration networks (FAQs, and updates)

## Work to :

- Support concordat signatories in working with their members and partners
- Improve the understanding of “need to know” information exchange esp. with 999 services
- Support the development, evaluation and spread of effective and new models e.g. Uptake of crisis plans, RAID, NT&W models, Bristol commissioning specification use of digital dictation

Thank you

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