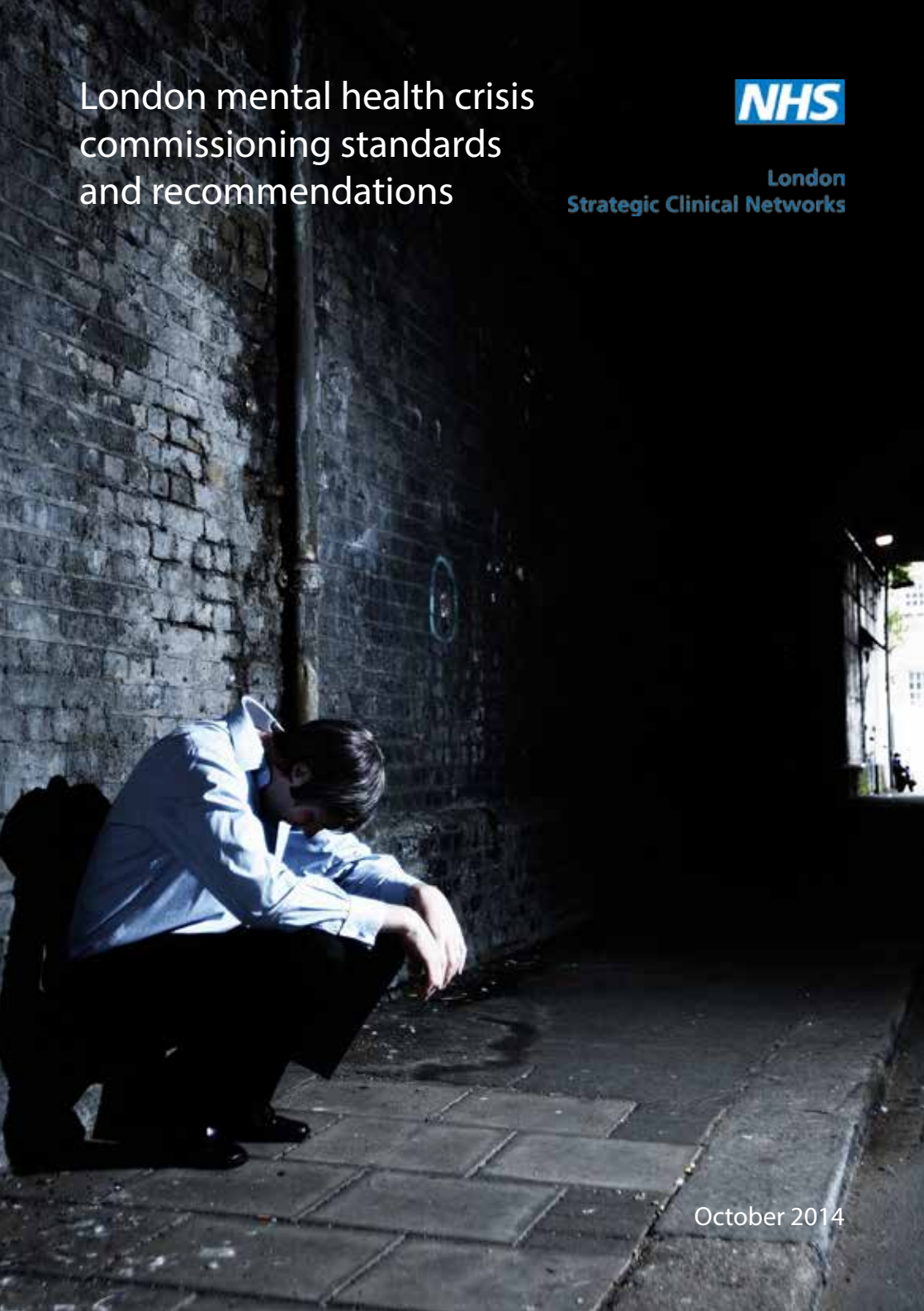
London mental health crisis commissioning standards and recommendations

NHS

London
Strategic Clinical Networks



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Improving mental health crisis care

The Mental Health Strategic Clinical Network has produced a set of standards and recommendations for commissioning mental health crisis services across London. To develop the standards, the network has analysed existing mental health crisis provision, reviewed literature, cross referenced against other guidance such as that produced by NICE, identified case studies and consulted people with lived crisis experience.

The commissioning standards therefore were devised to reflect what people should expect from London's mental health crisis services. They are embedded within twelve subject areas, mirroring the Crisis Concordat approach including:

- **Access to crisis care support**
- **Emergency and urgent access to crisis care**
- **Quality of treatment of crisis care**
- **Recovery and staying well**

The following standards are to be refreshed in the future and are our first initial step to improving mental health crisis.

Access to crisis care support

Area 1: Crisis telephone helplines

A local mental health crisis helpline should be available 24 hours a day, 7 days a week, 365 days a year with links to out of hour's alternatives and other services including NHS 111

Crisis helplines should be staffed by qualified, competent and compassionate mental health professionals who are appropriately trained, supervised and supported Crisis helplines should be well publicised among people with mental health problems, carers, health and social care professionals, emergency services and the wider public

Crisis helplines should be profiled within the Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate

Feedback provided within 24 hours to all relevant agencies following assessment or following a decision being made not to assess

People should expect to have a single crisis helpline telephone number across London in the future

Area 2: Self-referrals

People have access to all the information they need to make decisions regarding crisis management including self-referral

A range of self-referral options should be available for people in mental health crisis

Mental health crisis services provide information in various formats, detailing opening hours, referral procedures and eligibility criteria

Mental health crisis information should be available in different languages and take into account different cultures and religious beliefs

Mental health crisis information should be available and easy to obtain via provider trust websites; this should be accurate and up to date

Access to crisis care support

Area 3: Third sector organisations

Commissioners should facilitate and foster strong relationships with local mental health services including local authorities and the third sector

Commissioners should work with organisations representing black and minority ethnic groups to ensure that all services are delivered in a culturally appropriate manner

The involvement of the third sector should be routinely considered in service design

Local third sector services should be mapped relevant to the management and support of those in crisis and ensure that mental health crisis teams are aware of these

An accurate and up to date database of local services should be available to people with mental health problems and their carers Commissioners should ensure that third sector organisations are appropriately profiled within the NHS 111 Directory of Services

Area 4: GP support and shared learning

Training should be provided for GPs, practice nurses and other community staff regarding mental health crisis assessment and management

GPs should be aware of mental health crisis services within the locality

Ensure out of hours services know referral routes for those in mental health crisis

Commissioners should take steps to further develop the skills of CCG mental health leads in the commissioning of mental health crisis services

Training delivered to primary care staff should ensure that staff from all agencies receive consistent messages about locally agreed roles and responsibilities

GPs should be routinely consulted and involved in investigations following serious untoward incidents related to crisis presentations to ensure that learning is embedded systemically

GPs and other community staff should receive training regarding the potential precipitants for crises, including the role of substance misuse and social factors, in order to ensure early identification and intervention when possible

Emergency and urgent access to crisis care

Area 5: Emergency departments

Emergency departments should have a dedicated area for mental health assessments which reflects the needs of people experiencing a mental health crisis

Dedicated areas should be designed to facilitate a calm environment while also meeting the standards for the safe delivery of care

Resources should be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate

All emergency departments' front-line staff should be trained in the assessment and management of mental health crisis

Emergency departments and local mental health providers should work closely to ensure safe effective care pathways between services

Systems should be in place to ensure that people who regularly present to emergency departments in crisis are identified and their care plans appropriately reviewed

Arrangements should be put in place to ensure that crisis plans are accessible to emergency departments and ambulance staff

Emergency departments should have immediate access to psychotropic medications routinely used in the management of mental crises including intramuscular preparations

Although an intervention of last resort, intramuscular tranquilisation , when necessary, should be administered in emergency departments in accordance with accepted guidance

Mental Health Act assessments undertaken in emergency departments should be completed within 4 hours of the person's presentation to the emergency department in order to ensure parity of esteem

Area 6: Liaison psychiatry

People should expect all emergency departments to have access to on-site liaison psychiatry services 24 hours a day, 7 days a week, 365 days a year

Liaison psychiatry services should see service users within 1 hour of emergency department referral to ensure a timely assessment and minimise risk

Clinicians in the emergency department should have rapid access to advice from a senior clinician following emergency department crisis assessments

Emergency and urgent access to crisis care

Area 7: Mental Health Act assessments and AMHPs

Arrangements should be in place to ensure that when Mental Health Act assessments are required they take place promptly and reflect the needs of the individual concerned

An urgent assessment in the community, not necessitating police intervention, should be completed within a maximum of 4 hours from referral whenever possible

Assessments should not be delayed due to uncertainty regarding the availability of a suitable bed. To assist in this it is recommended that a pan-London protocol for the management of psychiatric beds is developed

To ensure the prompt attendance of AMHPs and section 12 approved doctors at Mental Health Act assessments, particularly out of hours, sector wide rotas should be developed

The provision of AMHPs across London should be increased in order to ensure that Mental Health Act assessments are completed within the agreed timeframe

Assessing doctors and AMHPs should have up to date knowledge of what local alternatives to admission to hospital (e.g. crisis houses) are available, these should be considered as part of the assessment

Assessments should consider the individual's crisis plan when available including any advanced directives

For Mental Health Act assessments of children and young people arrangements should be in place to ensure that at least one of the assessing doctors has CAMHS expertise or that the assessing AMHP has expert knowledge of this age group

Emergency and urgent access to crisis care

Area 8: Section 136, police and mental health professionals

Police and mental health providers should follow the London Mental Health Partnership Board section 136 Protocol and adhere to the pan London section 136 standards

The police should be provided with a single number to access mental health professionals for advice and they should ideally use this facility before using their section 136 powers

When people are detained under section 136 they should be taken to a NHS place of safety. If under any circumstances police custody is used as an alternative, arrangements should be made to understand why this has happened and a full partnership review should take place to avoid further incidents of this nature occurring

Organisations commissioned to provide places of safety should have dedicated 24 hours, 7 days a week, 365 days a year telephone numbers in place. The police or any other service transporting people should always use these numbers to phone ahead prior to arrival at any place of safety

People should expect appropriate contingency plans to be in place in the event of multiple section 136 assessments. If a trust has no immediately available designated places of safety for a section 136 assessment arrangements should be in place to access an alternative within the trust or by arrangement with a neighbouring organisation

Follow up should be arranged for people in their area of residence when they are not admitted to hospital following a section 136 assessment and their GP informed in writing regarding the crisis presentation and the outcome

Quality of treatment of crisis care

Area 9: Crisis houses and other residential alternatives

Commissioners should ensure that crisis and recovery houses are in place as a standard component of the acute crisis care pathway and people should be offered access to these as an alternative to admission or when home treatment is not appropriate

Crisis houses should be considered as an alternative to early discharge from wards

Crisis houses should be appropriately staffed and supported; this should include regular psychiatric input and out of hours cover

Area 10: Crisis resolution teams / home treatment teams

People should expect that mental health provider organisations provide crisis and home treatment teams, which are accessible and available 24 hours a day, 7 days a week, 365 days a year

Assessment by the mental health team following a crisis referral should take place within:

» 4 hours in an emergency
» 24 hours if urgent

In extreme circumstances, when the risks are immediate, flexible and responsive services will be required

The eligibility criteria for crisis teams should be readily accessible and shared with referrers to ensure referrals are appropriate; this should include guidance as to what constitutes an emergency referral

Information regarding alternative services (including for example how primary care can better support the individual) should be provided when a person is assessed as not meeting eligibility criteria for a crisis team

Feedback should be provided to service users and referrers regarding the rationale in the event of a service user not meeting the eligibility criteria for a crisis team

Initial assessment must be undertaken by suitably trained and supervised mental health clinician

A summary should be sent to the referrer within 24 hours of assessment completion which should include detail of all actions to be taken

Mental health crisis teams should use the CORE Crisis Resolution Team Fidelity Scale criteria for benchmarking best practice

Recovery and staying well

Area 11: Crisis care and recovery plans

All people under the care of secondary mental health services and subject to the Care Programme Approach (CPA) and people who have required crisis support in the past should have a documented crisis plan

Those people not on CPA should have a crisis plan as part of their primary care local care plans for vulnerable people where appropriate

Arrangements should be put in place to ensure that crisis plans are accessible to GPOOHs and NHS 111 teams

Crisis care plans should be co-produced by the person with mental health problem, his/her carer(s) and the mental health professional(s)

Mental health professionals should understand the use and purpose of crisis care plans and be trained in their design

Crisis care plans should:

- include information regarding the 24 hour help line and how to access crisis care services out of hours
- be accessible to health professionals immediately when a service user presents in a crisis (including GPs, ED Staff, LAS, NHS 111, GP OOHs)
- focus on individual strengths, networks of support and service user defined recovery outcomes
- be reviewed regularly and kept up to date, particularly following any crisis presentation, admission or significant change in an individual's circumstances
- identify factors which potentially could precipitate a crisis and what steps can be taken to reduce the likelihood of a crisis in such circumstances

Area 12: Integrated care

Services should adopt a holistic approach to the management of people presenting in crisis. This includes consideration of possible socioeconomic factors such as housing, relationships, employment and benefits

Provider trusts should work closely with local authority partners Bridging support should be provided between crisis services and wider community services e.g. mentoring, befriending, mediation and advocacy

Provider trusts should work with partner agencies to compile and maintain a directory of local services which can provide support for service users in crisis e.g. women's aid, drug and alcohol services and welfare advice services

About the Strategic Clinical Networks

The London Strategic Clinical Networks bring stakeholders -- providers, commissioners and patients -- together to create alignment around programmes of transformational work that will improve care.

The networks play a key role in the new commissioning system by providing clinical advice and leadership to support local decision making. Working across the boundaries of commissioning and provision, they provide a vehicle for improvement where a single organisation, team or solution could not.

Established in 2013, the networks serve in key areas of major healthcare challenge where a whole system, integrated approach is required: Cardiovascular (including cardiac, stroke, renal and diabetes); Maternity and Children's Services; and Mental Health, Dementia and Neuroscience.

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