

Mental Health User Voice HOT TOPIC REPORT

Out of Hours Community Mental Health Teams

March 2019- June 2019

In March 2019, the County Mental Health Action Group asked for some further research to gain a better understanding of peoples demands on, and expectations of , 'out of hours' community mental health teams.

This became a 'hot topic' and over a 4 month period peoples' thoughts and experiences were proactively sought to inform this Hot Topic report, looking at

- Do CMHT hours need to be extended beyond 9am-5pm and, if so, which particular CMHT functions/services would be most needed during these extended hours?
- What are the barriers to currently being unable to engage with CMHT during the current operating hours?

This report has been prepared for discussion and consideration at the July 2019 County Mental Health Action Group. It reflects the comments received from service users and carers via our feedback system and discussion held at each of the local networking meetings, attended by 114 stakeholders from across the wider mental health system.

Do CMHT hours need to be extended beyond 9am – 5pm?

Longer hours

There was clear support for the idea of the hours being extended for community mental health teams.

- *'There is just not enough support'*
- *'We need specialists in drug-induced mental health issues available on extended hours'*
- *'For a physical illness or if a child is ill then they can get seen by services 8-8pm, this has become the usual. The same resource needs to be there for mental health over a 12-hour period'*

A Carers perspective:

'When a client is living in the community the whole ethos should be focused on recovery and preventing the individual from going into hospital. The community team and all therein are very much part of that ongoing care. But they only work 56 hours per week including breaks. There are 168 hours in the week...day and night including weekends. Their availability therefore is only 33.3%. In today's world of rapid response that would seem unacceptable'

Staff flexibility

Care co-ordinators taking part in the local networking meetings indicated that they would be willing to be flexible and respond to out of hours calls. There were some examples of this already happening: *'We (at the CMHT) currently have a Saturday clinic where we take on people newly referred to make assessments to try and manage demand'*

'I work at the CMHT and on Monday mornings there is follow up work from where the crisis team have been called at the weekend. If more were available, it would help'

The logistics of opening up buildings and lone working were recognised to be a challenge, but one that could be overcome.

People in employment

Each local networking group discussion reflected that the assumption is often that people in need of a Community Mental health team are not working, or that they don't have family commitments that keep them busy during office hours. People indicated that they would like to see more flexible access around working hours so people in work can come in for late appointments or weekend appointments.

Extended hours would also thought to benefit carers, as it would *'support them in holding down their own jobs as well as fulfil their caring role'*. One person working within a community mental health team said *'I have to call people beyond 5pm because they are working 9-5pm, and I come into the CMHT early to call people then too'*.

Expectations of other services

Staff from other services that have to provide flexible extended hours, for example housing service, drew comparisons *'we have to deal with things right there and then on our night shift'*. *'Why hasn't mental health caught up with other services around hours, Doctors open one late day a week or have opening hours on a Saturday. This approach might help ease the strain'*

How extended should operational hours be?

There were different suggestions about what extended hours could be, many people suggesting 8am- 8pm, reflecting the hours of the single point of contact. A number of people proposed evening clinics, perhaps reflecting predicted demands spikes, such as Friday nights.

- *'If they trialled one evening a week it would be a start and then they could see the evidence for themselves to see if it works'*
- *'If the CMHT extended its' hours it would it would take the pressure off police and other emergency services'*

However there were some notes of caution,

- *'We did engagement events for the CCG, there were 6 in total, 2 were held in the evening and they were poorly attended'*
- *'KCC out of hours is one number and that is for an absolute social care crisis. e.g. significant concerns about safeguarding. It is quite new, and numbers are low, however there are lots of referrals to the health side'*
- *'It would be interesting to see what percentage of people using the CMHT are in employment'*

What are people wanting from the CMHT?

'When someone is in crisis, they are not going to pick up the phone, it's the family'

Support for someone in crisis and / or feeling suicidal

The most frequently mentioned service that people are seeking out of core office hours is support from psychiatrist or a senior practitioner. Individual feedback from March to June highlights a pattern of people having difficulties in getting access to crisis team support for someone in distress / suicidal.

'The Home Treatment also referred to as the Crisis Team although 24/7 cannot be relied upon although they operate with the best of intentions.

They are not targeted on response times and cannot guarantee immediate bed availability. They have absentee levels through sickness.

When trying to Section they are dependant upon others...ASWs and Consultants as part of the formal/legal process.'

'We have sometimes found that customers who are known to CMHT struggle to get crisis team support and are told that they need to wait until the next day, when CMHT are open. The crisis team are clearly in high demand, and even if staff have observed a noticeable decline in their mental health, it can be a real challenge to get the appropriate support for the customer.'

'I tried to contact CHMT/Crisis team out of office hours due to feeling very suicidal, left a message waited to be called back which never happened'

'Street triage worked for us, as the nurse often knew the client(s) and could get access to their notes which the police cannot.'

Wanting someone to talk to

The second most frequently mentioned support that people were looking for after 5pm was wanting someone to talk to. Mental Health Matters, the Samaritans and 111 were frequently mentioned. There are a group of people who use these services as part of their regular social networks.

It was recognised that some people need coaching through each step of the day.

'On my son's care plan it says call the police when he is in crisis, when all he needs is someone to talk to. A cell is not the right course of action, alternative support should be available'

- *'If CMHT had people manning a phone through the night, a professional friend, virtual hand to hold that would be good'*

- *'Someone to listen, someone who cares'*
- *'A lot of the crisis tends to happen when we are closed at night or at weekends. The weekend is a very lonely time for people. People ask, "Where's my safety net?" For some a 20-minute conversation would see them through'*

Need to be clear about what the crisis team can offer

There was some discussion about the need to explore what services the CMHT offered and what the specific offer of the Crisis Team is. There was a general sense that this is not clearly understood.

- *'There is a big difference between someone who is anxious and someone who is suicidal and the service is catering for all'*
- *'What is the purpose of CMHT? We do have urgent care and we do have the crisis team'*
- *'There is a misconception that there is a "team" in crisis, when often the crisis team is just one person!'*

'The CMHT is fulfilling its function, with regard to my relative. Where the system of support is breaking down it will not be resolved by extending the hours of the CMHT. The weak area is the level of support from the Crisis team. The Crisis team should be a back up when things are not working. The Crisis team is not able to meet my relatives need for back up when things are not working.'

Wider system relationships

Wider system providers talked about their need for a duty system, a professional on the phone offering relevant advice and support to support their work with clients/ tenants/ service users.

- *'The ability to contact someone who would have access to information about the customer and who would be able to speak to them or to staff if there were concerns about the customer's mental health'*
- *'It would also be helpful for the duty system to have access to diaries so an appointment could be booked with a care co-ordinator'*
- *'Some of our customers lead quite chaotic lives and we have to make calls and follow things through when they are on site and engaging – this does not always happen during normal office hours'*
- *'I manage an out of hours housing service and it is scary not having the right referral points or contact with specialists'*

Signposting

There was a constant theme around providing some signposting to alternative support after 5pm. *'People come into the council buildings at 4:45pm on a Friday and feel that the wheels have come off and are unclear where to go'.*

Discussion reflected a sense that people don't understand what pathways are available and there is no clear way to get this information *'out there'*.

- *'There is a support and signposting service in Maidstone'*
- *'Rather than arrest people as the first option, give the police other alternatives'*

- *'Perhaps we need to promote Mental Health Matters number more efficiently'*
- *'Have people heard of the Staying Alive App?'*
- *'A&E Liaison is not 24/7 but moving towards it slowly but not there yet'*
- *'Psychiatric Liaison at hospital may reduce the need to extend the CMHT hours'*
- *'Better advertising needed for phone numbers for first contact with crisis team if not under CMHT'*

What are the barriers to accessing the CMHT?

The current situation

After 5pm the phones switch to a pager system, There is no *'internal magic system'*, even staff and managers calling in after 5pm have to wait for the pager to be answered. They feel the same frustration that services users and carers do. There was some discussion that this should be a free phone number as it currently has a high call charge.

Difficult to reach on the phone

There was a lot of feedback from wider system stakeholders, service users and carers that it can difficult to get hold of anyone *'on a Friday night and during the daytime too!'* one person commenting *'The current service is more like 9:30-3:30pm!'*

- *'I do find it hard to get through to CMHT over the phone, it is easier through email or the website SPA. Also, you get an automated email back to confirm that they have screened the email or will follow up with a phone call'*
- *'We had someone call recently at 9am only to be told to call back at 9:45am because of hand over'*
- *'I had one customer who came in at 5pm and was suicidal, they had been given a list of phone numbers, but all were going to voicemail. In the end the police came to his house, but because they can not do a section 136 on you in your own home, he walked out to the street so that they could'*
- *'I work in mental health and had to contact CMHT about a service user and if they talked to a service user the way they treated me I would have given up. It was a robotic response'*
- *'A lot of service users trying to contact services can't get anything, then they get annoyed, end up getting frustrated and make a complaint'*
- *'Support from CMHT is inconsistent both in and out of hours, some is good but staff often don't call back when they say they will'*

One person suggested that the ability to text care co-ordinators would be helpful.

People accessing services for the first time

It was suggested that a clearer pathway for someone struggling with mental health and accessing services for first time would be beneficial, to help them navigate their way around

Other issues

Wider system influences

Access to GP appointments has become more difficult and this the knock on effect of people not being able to address things earlier. This is compounded by lack of continuity of care, seeing different GPs within a practice and not enabling people to develop a relationship they can draw on when starting to feel unwell.

Disjointed system

Discussions recognised that the journey a person makes when becoming unwell, involves many different agencies and people and that this can contribute to a disjointed and unsupportive experience. There are a limited number of people available within the crisis team. The following example was shared via feedback and illustrates the points:

- *When dealing with a suicidal client at our crisis service (open 7 – 9pm) we called CMHT Crisis Team spoke to X.*
- *X was unable to do anything at the time due to handover, we were promised a call back in 10 minutes, this never came.*
- *Called again, same response. They told us to take her to A&E and ask for psychiatric liaison.*
- *The client went to A&E around 9.30pm.*
- *At hospital we were told there was no psychiatric liaison.*
- *Nurse there called CMHT, no one could come out until after midnight and could give no time.*
- *12.45am doctor called CMHT, again couldn't give a time 'depends where she is on the list'.*
- *1am we called Crisis Team again. Same person X very rude and unhelpful, raised voice. Said could be up to 4 hours before they might be able to come out.*
- *2am X and Y arrived from Littlebrook. They told service user that they would e-mail her care co-ordinator to see her on Tuesday.*
- *X said it was not their case, their system said she had been seen by the psychiatric liaison (she had not). Unsure as to who had put this on their system.*
- *Service user goes home at 3.45am.*

Improve system efficiency

A number of discussions focused on the need to look at how current resources were used, rather than just push ahead with increasing capacity.

- *'I had a client go there at 1pm, they were there until 5pm and then they were sent home. So, they need to sort it out first'*

- *'Problem is, if someone is suicidal you end up calling the police, as they are the only people you get a response from! They are then obligated to do a welfare check. This is why we must sort out the existing services first'*
- *There is recognition that the service is 'too stretched as it is, and needs extra funding'. 'We talk about a wanting to offer a gold standard service, but we are underfunded'*

Finally, there is recognition that in the current system *'people are having to wait a long time. While they are waiting to be seen they start to deteriorate', 'If you call SPA and they say that you are not urgent you have to wait and people start to go downhill'*.

The results of this are:

- *people are presenting with greater need and that in many cases, 'it is untrained people in the community that are picking up the issues'.*
- *Difficulty contacting Crisis Team out of hours means A&E is the only option*

Participant Suggestions

Night time support groups

- *'A night café or safe place to drop in or talk to someone is needed (in Ashford the Wellbeing Café is only open on Friday and Saturday evenings)'*
- *'A crisis group in Thanet on a Sunday night would be a good idea. But it needs funding. There have been successes in Canterbury and I think Ashford for this'.*

Crisis cafes

- *'Crisis cafes are not always run by professionals, I wonder what robustness there is'. During the discussion someone from KMPT said that they had been out to train and support some staff and volunteers.*
- *'Are crisis cafes just a sticking plaster approach'.*
- *'MIND has crisis support service which has seen an increase of people attending'.*

Peer Support

- *'If we've got a group of service users, someone in crisis – perhaps they could have a phone tree to support each other? - I am not sure whether to encourage this or not? I have seen it work in an umbrella centre'.*
- *'In Thanet, Speak Up run Night Owls service which is a closed Facebook group – so there is support when no-one else is around. Maybe more funding for this sort of service'.*

Joining up services

- *'If they bring in the urgent care centres and they treat mental health conditions, there will not be a need to extend the hours. But are they prepared to man it 24 hours a day? And at the moment we don't know what it is going to look like!'*
- *'Some nurses have added qualifications, maybe these nurses could be used'.*
- *'GPs could play a role'*