



briefing

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Mental health and crisis care

Key points

- The Concordat is a joint statement, written and agreed by its signatories, that describes what people experiencing a mental health crisis should be able to expect of the public services that respond to their needs.
- Local partnerships between the NHS, local authorities, and criminal justice system should work to embed the Concordat principles into service planning and delivery by agreeing and delivering their own mental health crisis declaration.
- Local agencies should all understand each other's roles in responding to mental health crises.
- Local commissioners have a clear responsibility to put sufficient services in place to make sure there is 24/7 provision to meet local need.

This month, the Department of Health published the *Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*. The Concordat is a commitment from national organisations, as signatories to the document, to work together to support local system to achieve systematic and continuous improvements in crisis care for people with mental health problems across England.

This *Briefing* provides a summary of the key principles and commitments in the Concordat and highlights how stronger local partnerships can work together to deliver improved crisis care.

Background

A number of recent reports have demonstrated the need for health, social care and criminal justice agencies to work together to ensure that people with mental health problems get the care and treatment they need.

- An independent inquiry by Mind¹ found variable access to crisis care services around the country.
- A *criminal use of police cells*² highlighted the issue of people in crisis being detained by police officers and taken to custody cells, often because of a lack of capacity in the system.
- The Independent Commission on Mental Health and Policing³ made recommendations on how to prevent serious injury and deaths when police officers respond to incidents involving people with mental health conditions.
- There are continued high levels of detention of people from Black and Minority Ethnic (BME) communities, who are also over-represented on inpatient wards.⁴
- The Care Quality Commission's (CQC) review of the Mental Health Act highlighted that the number of people detained or treated under the Act has risen by 12 per cent in the last five years.⁵

“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.”

Taken from the Mental Health Crisis Concordat.

- The economic case for early intervention in mental health conditions to reduce escalation to more serious or enduring problems is well established.^{6,7}

Current service provision

It was recently reported that over 1,700 mental health beds have been closed since April 2011.⁸ Funding for mental health trusts has dropped by 2.3 per cent in real terms since April 2011.⁹

During November and December 2013, the Mental Health Network (MHN) conducted a member survey on activity in crisis services. 20 per cent of our 64 member organisations responded. While the results therefore should be treated with some caution, 92 per cent of respondents reported an increase in demand for crisis services in the last 12 months. 55 per cent of respondents reported there was an 11–20 per cent increase.

The majority of respondents said that there was a problem with crisis care in their organisation.

Reasons varied; some were not clear about the causes of the rising demand, a number cited lack of resources, and others said there was a need to accelerate the service transformation agenda around prevention and improve whole-system understanding of how to respond to urgent mental health issues. Cost improvement targets for the year 2013/14 ranged from 4 to 7 per cent.

Policy context

The NHS Mandate¹⁰ for 2014/15 sets out a number of objectives for the NHS to improve mental health crisis care. The Government expects:

- NHS England to make rapid progress, working with clinical commissioning groups (CCGs) and other commissioners, to ensure delivery of crisis services that are at all times as accessible, responsive and high quality as other health emergency services
- NHS England to ensure there are adequate liaison

psychiatry services in emergency departments

- every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the Concordat.

NHS England’s review of urgent and emergency care services recognises that the NHS urgent and emergency care system must be responsive to the needs of the most vulnerable people in society. This includes people suffering mental health crises.

Aims of the Concordat

The Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis outlines what needs to happen when people in mental health crisis need help. It establishes key principles of good practice that local services and partnerships should use to raise standards and strengthen working arrangements.

The Concordat is arranged around:

- access to support before crisis point
- urgent and emergency access to crisis care
- the right quality of treatment and care when in crisis
- recovery and staying well, and preventing future crises.

The Concordat contains an action plan and an annual ‘Concordat summit’ will take place to review progress and hold signatories to account on the delivery of the action plan.

Mental Health Crisis Care Concordat principles

The principles include:

A. Access to support before crisis point

- A1. Early intervention – protecting people whose circumstances make them vulnerable

B. Urgent and emergency access to crisis care

- B1. People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery
- B2. Equality of access
- B3. Access and new models of working for children and young people
- B4. All staff should have the right skills and training to respond to mental health crises appropriately
- B5. People in crisis should expect an appropriate response and support when they need it
- B6. People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the police must be supported by health services, including mental health services, ambulance services and emergency departments
- B7. When people in crisis appear (to health or social care professionals, or to the police) to need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect
- B8. People in crisis should expect that statutory services share essential 'need to know' information about their needs

- B9. People in crisis who need to be supported in a health-based place of safety will not be excluded

- B10. People in crisis who present in emergency departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support

- B11. People in crisis who access the NHS via the 999 system can expect their need to be met appropriately

- B12. People in crisis who need routine transport between NHS facilities or from the community to an NHS facility will be conveyed in a safe, appropriate and timely way

- B13. People in crisis who are detained under Section 136 powers can expect that they will be conveyed by emergency transport from the community to a health-based place of safety in a safe, timely and appropriate way

C. Quality of treatment and care when in crisis

- C1. People in crisis should expect local mental health services to meet their needs appropriately at all times
- C2. People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting
- C3. When restraint has to be used in health and care services, it is appropriate
- C4. Quality and treatment and care for children and young people in crisis

D. Recovery and staying well / preventing future crises

From April, NHS England will firstly carry out a gap analysis of current demand for services against available service provision. CCGs will use this to understand their baseline position and will then develop plans based on local needs and circumstances to move toward the Concordat.

Making it happen

Across England, local partnerships of health, criminal justice and local authority agencies are encouraged to agree and commit to:

- a jointly agreed local declaration that mirrors the key principles of the national Concordat – a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis
- development of a shared action plan and a commitment to review, monitor and track improvements
- improving performance in the key area of using police stations as places of safety – by reducing the number of such uses, and by working towards a fast-track assessment process whenever a police cell is used
- evidence of sound local governance arrangements.

The Department of Health and the Home Office, together with Concordat signatories and other partners, are planning practical ways to support and promote the development of these local arrangements. A programme in support of implementation is being developed, including:

- the opportunity to register local declarations online
- convening a national steering group to assure the implementation of the Concordat and its effectiveness
- at least four regional events across England and an annual summit to assess progress
- communications support to enable participation by professionals working with people in crisis.

Effective commissioning

Developing an effective local system that anticipates – and, where possible, prevents – crisis, and which ensures timely and supportive crisis care, is a commissioning responsibility. Local commissioners have a responsibility to ensure there is 24/7 provision sufficient to meet local need.

The Concordat supports a multi-agency approach to deliver excellence in commissioning. Health and wellbeing boards have a key role to play to bring health and social care commissioners together with the local community and wider partners.

Initiatives and interventions are planned to support commissioning arrangements locally. These include:

- the establishment of the Mental Health Information Network from April 2014 to ensure commissioners have the best possible information to support good decision-making about improvements to local services

- strengthening the social care contribution to commissioning
- support from NHS England to improve specialist leadership skills among CCGs
- working with pioneers in the integration of healthcare services for mental health, to demonstrate best practice and evaluate models of care.

There are also plans to support workforce development. This includes the development of NICE¹¹ guidance on safe and efficient staffing levels in a range of NHS settings, including mental health inpatient and community units. Health Education England is setting up a Mental Health Advisory Board that will advise on policies, strategy and planning of the future workforce for mental health.

Police and local government also have a key role. The Home Office is scoping the development of a web portal to enable exchange of effective practice for police, health service and local authority partnerships. Close partnership working will be needed to translate the models of urgent and emergency care being developed by NHS England into local solutions that work for the demographic needs of local areas.

Core principles and outcomes

The Concordat sets out principles and statutory requirements that all services involved in responding to mental health crises should follow. These are detailed in the box on page 3.

Initial steps for providers

Current service provision should continue while the improvements envisaged in the document are put in place. However, providers can start to:

- strengthen local relationships with key partners, ensuring roles and responsibilities are agreed and understood around mental health crisis care
- consider the best combination of early interventions services that would support local need
- record the frequency and use of police custody as a place of safety and review the appropriateness of each use to inform use in the future
- ensure staff are properly trained in effective and appropriate use of restraint
- consider local plans to deliver 24/7 crisis care, seven days a week.

Access to support before crisis point

Mental health services need to intervene early to prevent distress from escalating into crisis. Providers will want to consider:

- developing a single point of access to a multi-disciplinary mental health team, available to agencies across both the statutory and voluntary sectors
- delivering a joined-up response from services, for people of all ages, with strong links between agencies, for example social care teams and substance misuse services
- help at home services, including early intervention or crisis resolution/home treatment services
- respite away from home or a short stay in hospital as a voluntary patient
- peer support, including access to crisis houses or other safe places where people can receive attention and help
- access to liaison and diversion services for people with mental health problems who have been arrested for a criminal offence

and are in police custody or going through court proceedings

- suicide prevention – identifying those groups known to be at higher risk of suicide than the general population.

Each local area will need to decide the best combination of services that makes sense for their population.

Primary care, in partnership with others, has a key role to play in supporting people experiencing mental distress and in crisis. The Royal College of General Practitioners (RCGP) is leading work to support, develop and improve GPs' knowledge and experience of managing people with mental illness and physical health. This includes proposals for extending GP training to include mental health, child health and dementia work-based modules. The RCGP is also currently working to support primary care services to work collaboratively with other services, facilitating and coordinating access to specialist expertise and a range of secondary care services, including crisis and substance misuse services.

From April 2014, the Home Office will begin scoping work with police forces to explore quantifying the demand for responses for people in mental health crisis, recording Mental Health Act Section 135/136 needs related to mental disorder or drug and alcohol intoxication.

Urgent and emergency access to crisis care

By October 2014, based on its review of urgent and emergency care, NHS England will describe models of care that work for people in mental health crisis, and will provide commissioning guidance. The Concordat has ambitions for mental health services to be available 24 hours a day, seven days a week.

Equality of access

The Concordat supports Mind's guidance on commissioning crisis care services for BME communities¹² and recommends early engagement in the commissioning of services and person-centred care that takes cultural differences and needs into account, and access to advocacy services.

The Department of Health plans to work with voluntary sector organisations to understand and respond to inequalities in access to mental health services, particularly for BME communities.

Children and young people

Children and young people should have access to crisis care. The Concordat asks local commissioners to take steps to commission mental health services that meet the particular needs of children and young people, and specifically states that police custody should not routinely be used as a place of safety just because health services are not available. It makes it clear that adult places of safety should be used if necessary.

The focus on the interface between specialist children and adolescent mental health services (CAMHS) and primary care needs to remain a central policy issue in CAMHS planning.

Staff training

Local shared training policies and approaches should describe and identify who needs to do what, and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises. It is important that the training ensures that staff, from all agencies, receive consistent messages about locally agreed roles and responsibilities.

Appropriate and prompt response

The Concordat recommends that commissioners and providers should work towards NICE Quality Standards¹³ so that:

- people in crisis who are referred

to mental health secondary care services are assessed face to face within four hours in a community location that best suits them

- service users and GPs 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, seven days a week, regardless of diagnosis.

In addition, crisis beds, step-down and community services should be commissioned at a level to allow for crisis beds to be readily and locally available. Existing crisis plans and any advance statements should be followed, where possible.

Reducing the use of police cells as places of safety

NHS commissioners are required by the Mental Health Act to commission health-based places of safety so that any person a police officer believes is suffering from mental disorder, and who may cause harm to themselves or others, can be taken to a designated place of safety for assessment. It is essential that NHS places of safety are available and equipped to meet demand.

The College of Policing will be reviewing their curriculum to support frontline officers and staff receive sufficient mental health training. Improving recognition of vulnerability and risk will help the police decide whether individuals will be detained under Section 136, or whether they can be helped in some other way.

Providers and commissioners should record the frequency and reasons for using police

cells as places of safety. Local partnerships, while establishing local Mental Health Crisis Declarations, should improve performance in this area, reducing their use and set ambitions for fast-track assessments that minimise the time people spend in police custody because they are ill.

The Department of Health will monitor the national figures on the use of Section 136, and expects to see the use of police cells as places of safety to fall below 50 per cent of the 2011/12 figure by 2014/15.

The CQC is developing an approach to monitor the quality of health-based places of safety as part of future inspections.

An evaluation of the street triage pilot schemes is planned in 2014. These are partnerships between NHS organisations and the police, and involve mental health nurses providing advice to police officers to ensure people receive appropriate and timely care.

The Department of Health is updating the Mental Health Act Code of Practice. This will involve reviewing and updating local protocols on intoxication from alcohol and drugs. The Concordat states that intoxication should not be used as a basis for exclusion from places of safety, except when there are risks to the safety of an individual or staff.

Sharing need to know information

All agencies, including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals

Case study: A new vision for urgent mental healthcare in North West London

Shaping Healthier Lives is North West London's Mental Health Transformation Strategy, 2012–15. It involves collaborative work between eight CCGs and two mental health trusts.

The aim is to improve the experience of, and outcomes from, mental health urgent assessment and care. It provides the framework for improving mental health services across North West London, including increasing the management of the health and wellbeing of people with mental health problems in primary care. There is a need for rapid access to assessment and care for those in crisis, to be provided when and where the service user most needs it.

Initial approaches to improve crisis assessment and care include:

- roll out and embedding of a common Access and Care Standards Policy
- a review of the local skills mix, competency and training needs of staff
- progress to align mental health service to those in primary care – covering the period between 8am and 8pm as a minimum. Extension of home visiting for crisis resolution work providing 24/7 cover every day of the year
- simplification of the 'way in', with a single telephone number, available 24/7 every day of the year.

Taken from the Mental Health Crisis Concordat.

or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or to others.¹⁴

Within the requirements of data protection legislation, a common sense and joint working approach should guide individual professional judgements. If the same person presents to police, ambulance or emergency department repeatedly, all agencies should have an interest in seeking to understand why and how to support that person appropriately to secure the best outcome.

Improving emergency department care

Clear responsibilities and protocols should be in place between emergency departments and other agencies and parts of the acute and mental health and substance misuse service, to ensure people receive treatment on a par with standards for physical health. The NHS Mandate requires NHS England

to ensure there are adequate liaison psychiatry services.

Local mental health partnership boards can support the development of agreement of protocols and escalation of issues around suicide, self-harm and people with co-morbid physical and mental health problems.

The College of Emergency Medicine will be conducting an audit of mental health assessment rooms in emergency departments during 2014, with a view to ensuring service users experience a safe and improved environment and that staff safety is improved.

Improving the 999 system for people in crisis

The Concordat proposals include:

- the provision of 24/7 advice from mental health professionals to or in each 999 ambulance control room

- enhanced levels of training for ambulance staff on the management of mental health patients
- ambulance trusts to work flexibly across boundaries to ensure that an individual's safety (and treatment) is not compromised.

Transportation

To support parity of response to mental health emergencies with physical health urgent care, NHS ambulance services in England are planning to introduce a single national protocol for the transportation of Section 136 patients by April 2014. This aims to provide agreed response times and a standard specification for use by CCGs.

Regulating crisis care

The CQC will place a greater emphasis on inspecting and monitoring the care that people with mental health problems receive in the community,

including during a crisis. The accessibility and responsiveness of services to support people through crisis and prevent hospital admission, and the number of people who are admitted to hospital far away from their home area because of local bed pressures, will be a focus.

The Department of Health and CQC will review the effectiveness of the current approach to monitoring approved mental health professional (AMHP) provision and whether the CQC requires additional powers to regulate AMHP services.

The CQC will continue to monitor the use of the Mental Health Act. The CQC will take account of this Concordat when inspecting and monitoring the support people receive from agencies in response to their crisis, including inter-agency working at key points in the care pathway. Evidence that the least restrictive care has been provided and that mental health legislation and codes of practice are complied with must be ensured.

Restraint

The Code of Practice requires the organisation to make sure staff are properly trained in the restraint of patients. Adequate staffing levels are also required.

The Department of Health and other partners are working on a programme to ensure the use of appropriate and effective restraint in health and care services.

It recommends that physical interventions should only be used as a last resort.

Recovery and staying well/ preventing future crises

Following a crisis, NICE recommends¹⁵ that people using mental health services and who may be at risk are offered a crisis plan. Advanced statements, detailing a person's preferences for their treatment or care, can be drawn upon when a person in crisis cannot express their needs or existing arrangements.

The pathway of care between services should be integrated and organised around the patient. Health and wellbeing boards offer a forum for joining up local services and could coordinate the commissioning of services for people with multiple needs. Joined-up support is particularly important in criminal justice settings, and it is critical that the development of liaison and diversion schemes is closely tied in with existing custody based interventions, such as for drug misusing offenders to maximise their impact on this client group.

Mental Health Network viewpoint

We welcome the publication of the Concordat, and the efforts of all those involved to make meaningful improvements to the care available to people in mental health crises.

As a national signatory, the MHN is keen to support our members

make improvements for people in mental health crisis and share good practice. Many organisations are working hard to improve services and make them more accessible to the people who need them. By working in closer collaboration with commissioners and other partners to develop local action plans, there is real scope to ensure people get timely care in a crisis and prevent mental health crises occurring and escalating.

We are pleased to see that commissioners, GPs and the police are looking to develop the support and training they receive to improve the understanding of mental health problems and to develop services.

Local agencies working together will go some way to support people get the right care, in the right place, at the right time. However, in order to achieve real improvements in crisis care, mental health must be genuinely put on a par with physical health. It is critical that the Government's and NHS's commitment to address long-term under-funding of mental health services is delivered, before the sector experiences an irreversible crisis itself.

For more information on the issues covered in this *Briefing*, please contact claire.mallett@nhsconfed.org

Signatories to the Concordat

Association of Ambulance Chief Executives	Health Education England
Association of Chief Police Officers	Home Office
Association of Directors of Adult Social Services	Local Government Association
Association of Directors of Children's Services	Mental Health Network, NHS Confederation
Association of Police and Crime Commissioners	Mind
British Transport Police	NHS England
Care Quality Commission	Public Health England
College of Emergency Medicine	Royal College of General Practitioners
College of Policing	Royal College of Nursing
The College of Social Work	Royal College of Paediatrics and Child Health
Department of Health	Royal College of Psychiatrists

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Mental Health Network

The NHS Confederation's Mental Health Network is the voice for NHS funded mental health and learning disability service providers in England.

We work with Government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services and the importance of good mental health.

For more information about our work, please visit www.nhsconfed.org/mhn or email us at mentalhealthnetwork@nhsconfed.org

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