Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

National Review of Mental Health Crisis Prevention in the Community

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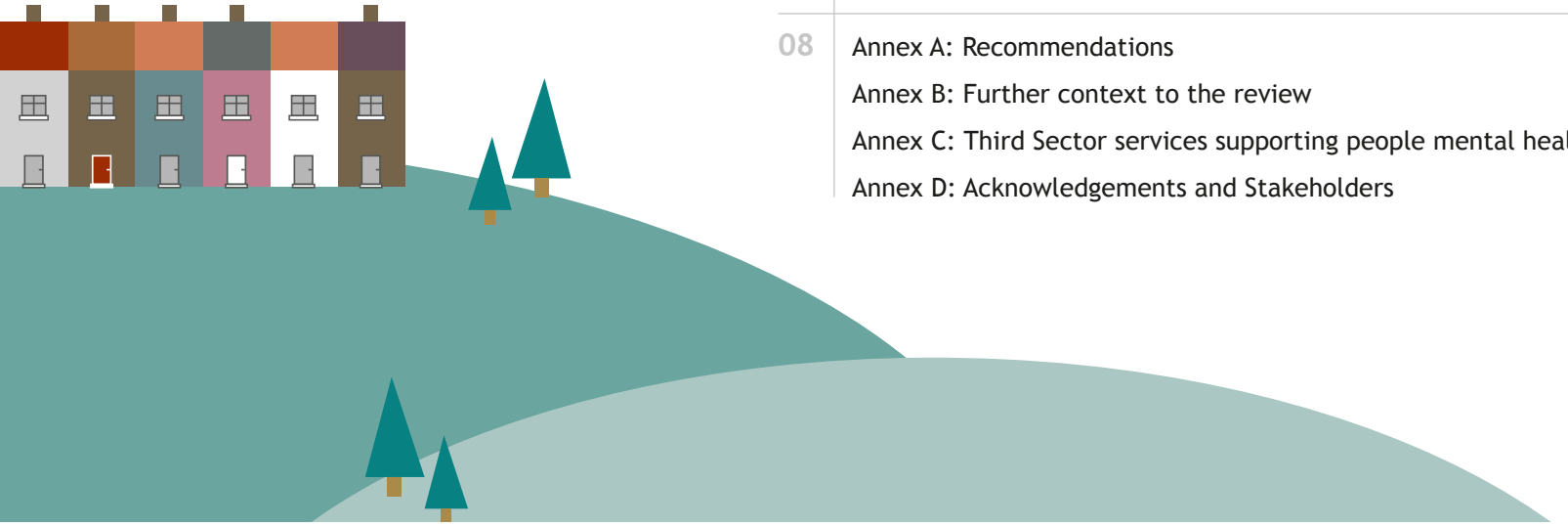


Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:
Provide an independent view on the quality of care

Promote improvement:
Encourage improvement through reporting and sharing of good practice

Influence policy and standards:
Use what we find to influence policy, standards and practice

01 | Foreword

Foreword

Alun Jones
Interim Chief Executive

I am pleased to be publishing this report which presents the findings from our National Review of Mental Health Crisis Prevention in the Community. The focus of this work was to identify how people at risk of, or facing a mental health crisis are supported in the community and how easily support can be accessed.

One of the seven well-being goals at the heart of The Well-being of Future Generations Act[1] is *a society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood,* this comes with a need to ensure that public services make a shift towards prevention and wellness in how interventions are funded and delivered.

The COVID-19 pandemic has been a significant challenge to society, and has presented logistical challenges to the delivery of healthcare services as we know them. Our work during this time has highlighted, more than once, that the way people access services has changed significantly. Whilst this has been necessary to reduce the risks of COVID-19 transmission, in some areas and for some health conditions, these changes may have caused complexities in accessing care and treatment to become even more difficult.

In such challenging times, maintaining good mental health and well-being has arguably never been more important. This review is important in that it provides a timely spotlight on what measures are in place to help prevent mental health crisis, and whether the provision of care is timely and appropriate.

I am pleased that our work has enabled us to identify areas for improvement, and to highlight areas of good practice. In this piece of work we again demonstrate how critical it is that all parts of a health service work together as seamlessly as possible and that opportunities to work with third sector partners are maximised to deliver better outcomes for people who need care and support. Prevention of mental health crisis and the availability of strong support to those who are in crisis, and immediately after a crisis has passed, is best achieved when services work closely together.

To close, I must once again take this opportunity to pay tribute to the staff working within the mental health sector in Wales. The tireless dedication and positivity of those we encountered during this work, is heartening and provides a strong and positive basis upon which to improve.

Alun Jones
Interim Chief Executive
Healthcare Inspectorate Wales

[1] See: A Healthier Wales – The Future Generations Commissioner for Wales

02 | Summary

Summary

This report sets out the findings from our National Review of Mental Health Crisis Prevention in the Community, which explored the experiences of people with mental health needs, and the adequacy of services available to support their mental health and well-being at the earliest opportunity.

The most effective method to prevent an individual from reaching mental health crisis is to ensure that adequate, timely and appropriate support services are available to that person at the onset of their mental health issues. This represents the greatest opportunity to avoid deterioration and lessen the risk of an individual reaching mental health crisis.

However, our review has found challenges across Wales inhibiting the ability of people to access timely mental health support. The absence of timely care or support when a person encounters a crisis in their mental health may lead to an increase in risk to their safety (or to others), which may result in a hospital admission or at worst; self-harm, suicide attempts or loss of life.

Those working within healthcare, emergency and third sector services and across Wales are committed and dedicated to providing support and care to people with mental health needs. It is clear that the various professionals working in primary care and community services, emergency services and within the third sector take great pride in what they do to support people with their mental health needs.

In general, we found that when a person is adequately supported by one service, such as a General Practitioner (GP), the risks associated with an individual's mental health needs are manageable. However, when a GP requires support from more specialist mental health services, this introduces complexity, uncertainty and risk, particularly if assessment by a specialist service is not completed in a timely manner. Whilst GPs endeavour to meet the mental health needs of an individual, when more specialist support is required, it is not always apparent whether suitable services are available, or exist, to refer into.

This is particularly relevant for those individuals who require an enhanced level of support above that which can be offered by a GP, but perhaps do not meet the criteria for the service being provided by their Local Primary Mental Health Support Services (LPMHSS) or the Community Mental Health Team (CMHT). GPs are not always aware of, or have been adequately informed of, the alternative services that may be able to provide enhanced support for these individuals.

Furthermore, referral processes into services can be cumbersome, with potentially lengthy waiting times, impairing the ability to ensure timely support to the individual. More needs to be done to address this gap in provision between services, with strengthened engagement between GPs and other primary and community care services and secondary mental health services.

Better engagement and communication is also required between services, to ensure clarity and consistency over what may constitute an 'urgent' referral, with the aim to minimise referrals being refused or passed back to the GP. This scenario can result in a patient not being assessed by another mental health service in a timely manner, potentially increasing the risk of deterioration in their mental well-being.

For those individuals who have reached the point of mental health crisis, more needs to be done to ensure that timely care, support and treatment is provided. Whilst we generally found that the initial response to crisis is adequate, with Crisis Teams responding promptly to provide care and support, ongoing support following intervention is perceived as less positive by both staff and patients. There are often delays in appropriate support and care being provided following a period of crisis, sometimes resulting in referral back to the GP, and starting the referral process once again.

Inefficiencies in process, or lack of ability to directly refer into services, is a key issue highlighted by our review, and can result in an individual being caught in a cycle, having to access their GP repeatedly in order to re-commence the referral process. For instance, some emergency services can directly access mental health crisis teams when necessary, which is a positive step in gaining timely assessments, care and/or treatment for people who require urgent support, however, others cannot. This may lead to additional demand being placed on already busy and highly pressured emergency departments, and most significantly delaying the urgent mental health care and support a person may need.

We found positive examples within emergency services call handling teams (Welsh Ambulance Services NHS Trust (WAST) and the police), where mental health professionals have been recruited to manage incoming calls from people needing support with their mental health. It was highlighted to us from staff that this allows for more timely support to people through prompt telephone advice for those struggling with their mental health, and who call emergency services in times of urgent mental health need.

This can have a positive impact by removing the need to dispatch emergency service resources to a person calling for crisis support, as a caller can be supported over the phone or signposted immediately to the most suitable resource to support them.

The service and support that can be offered by third sector organisations to individuals with mental health issues can be invaluable, and potentially lessen the likelihood of significant or rapid deterioration into mental health crisis, and may ease the demand on NHS services. There are clear opportunities to strengthen linkages and collaboration with the third sector in relation to crisis prevention, in particular for those individuals who require a greater level of support than a GP is able to provide. However, third sector support services are not able to refer directly into specialist mental health services when necessary, and this can make processes inefficient. The heavy reliance on GP involvement in referral processes may mean that the best interests of the individual arenot always met in a timely way.

We found that in some areas there are no defined processes in place to ensure that physical health assessments and monitoring of patients with a mental health condition is undertaken. The Mental Health (Wales) Measure 2010[2,3] sets out a requirement to undertake physical health monitoring for relevant patients. During our review we heard differing views from health board and primary care representatives on whether physical health assessment and monitoring should be undertaken by a Community Mental Health Team (CMHT), or whether this was the responsibility of primary care. During our interviews we heard concerns across Wales that there were no defined processes in place to ensure that these were undertaken.

Lack of clarity around responsibility for physical health monitoring can have significant consequences for a person's health, if monitoring is missed or not prioritised where required. For example, some psychiatric medication requires regular monitoring of a patient's blood pressure and heart monitoring, or blood tests for liver or kidney function. Clear processes must be in place to ensure that physical timely health monitoring is undertaken, and communicated appropriately between teams.

[2] https://www.legislation.gov.uk/mwa/2010/7/part/1
[3] https://gov.wales/sites/default/files/publications/2019-03/the-mental-health-wales-measure-2010.pdf

Our review has noted several positive initiatives across Wales. For example the implementation of a single point of access to ensure specialist mental health professionals are available to provide clinical triage, onward referral and effective signposting to individuals in crisis. We also found positive steps being taken with the introduction of local Mental Health Practitioner roles, Local Primary Care Mental Health Support Services that are located within or near healthcare services, and usage of 'safe places' to provide short term support, from a few hours or with some services enabling the person to stay overnight. However, many of these initiatives are either early in their introduction or not available in all areas of Wales. The benefits of such approaches need to be evaluated, with learning shared across Wales to ensure that health boards can adopt the most effective approach.

Whilst it is clear that those working within services are committed and dedicated to helping those individuals in need of support at all stages of their mental health illness, it is also apparent from our review that services are not always designed or working in the best interests of the individual, heightening the risk to that person of reaching mental health crisis.

03 | Context

Context

In our Operational Plan 2019-2020[4], we committed to a programme of national reviews, which included crisis prevention in mental health. The decision to undertake this review was based on concerns relating to people's ability to access timely care to prevent them reaching a crisis with their mental health.

Providing services to support people with urgent mental health needs, or to prevent people falling into crisis, is often not the responsibility of any one service or professional, and can require a number of professionals and/or a multi-agency response.

We have previously identified that initial access to mental health services is an area that requires improvement. Our report Joint Thematic Review of Community Mental Health Teams published in 2019[5], highlighted a lack of knowledge by some primary healthcare professionals of the range of referral services available for people suffering with mental health issues.

Our joint review on Substance Misuse Services in 2018[6], also identified significant challenges around holistic working within mental health services. The review identified issues of long waiting lists after referral to mental health services, and staff working in substance misuse services highlighting concerns that referral processes were sometimes overly complicated and inconsistent. In addition, it was recommended that improved co-ordination between substance misuse services and mental health teams was required in some areas of Wales.

What is mental health crisis?

A mental health crisis can mean a rapid deterioration of a person's mental or emotional state, such that a person no longer feels able to cope or be in control of their situation. They may experience or feel many emotions, although this may be different for each individual. This can include moderate to severe emotional distress or anxiety, to an extent that a person cannot cope with day-to-day life or work, or that a person may think about suicide or self-harm, or may experience hallucinations or hear voices.

A key challenge in defining mental health or well-being crisis is that each person's perception of crisis is individual to them. What one person may perceive as manageable problems, may cause another to feel completely overwhelmed. People may seek support for their mental health needs at different points of time, and as such, the required response from organisations supporting that person may vary and need to be individualised to the person, and their presentation at that time. Some will seek support for the first time when developing mild symptoms, such as anxiety, and others when they feel unable to cope, or even when they are at significant risk of harm to themselves or to others. Services should respond swiftly to enable the person to receive support appropriate to their needs and symptoms, and from the most appropriate professionals in the most appropriate place.

When someone requires support in a less urgent situation, they need to be reviewed by the most appropriate professional or service in a timely manner to prevent any further deterioration. Without early support, this may lead to them falling into a situation where they require more urgent and immediate support.

This review sets out to identify whether mental health crisis is being prevented in the community through timely and appropriate care. We considered the experiences of individuals who have accessed support for their mental health.

[4] https://hiw.org.uk/sites/default/files/2019-06/190412operationalplan1920en.pdf
[5] https://hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf
[6] https://hiw.org.uk/sites/default/files/2019-06/180725smen.pdf

We also explored the views of service providers on what services they provide, how they commission or access additional support from other services, and their experiences in doing so. Our review focused on mental health crisis, where the timeliness of support from one or many services is paramount to preventing further deterioration in people's mental health and well-being.

Mental health services available in NHS Wales

There are seven local health boards in Wales, and each plan, commission and deliver healthcare services in their localities, including mental health services. These are highlighted, along with a map of the localities, in Annex B.

The mental health services in each health board area provide a range of services to care for and support individuals according to their needs. Each has a set criteria to identify which service is most appropriate to treat or support a person, and are based on the severity of their condition and urgency of need.

The way in which health boards manage and deliver mental health services across Wales varies according to the locality and the population needs. However, regardless of how the services are managed locally, the services available are generally consistent, and include:

- **Tier 0/1 open access**, which provide non-clinical mental health support without the need of referral. This includes provision commissioned at a national level and support commissioned locally by health boards. This level of support incudes 24/7 access to the mental health advice line CALL (Community Advice and Listening Line)[7] and online resources.
- **Primary care services**, such as GP services, who manage mild or moderate mental health needs
- **Local Primary Mental Health Support Services (LPMHSS)**, which provide care and support for mild to moderate mental health symptoms, which usually require more support than can be offered from a GP service. Patient access to LPMHSS is through GP referral, and the service operates either within or alongside GP practices
- **Community Mental Health Teams**, which provide services for people diagnosed with, or are suspected of having moderate to severe mental illness or mental disorders, who for complex reasons, severity of condition and/or poor treatment response, will require specialist secondary care services with multidisciplinary team input
- **Crisis teams**, who provide short term rapid support in the community to help prevent hospital admission. They may also support those people attending emergency departments or have been brought to a Section 136 Suite[8].
- **Hospital teams**, who provide inpatient care for individuals needed more intensive support than is available in the community. People may receive care in hospital voluntarily or be detained under the Mental Health Act.
- **Liaison psychiatry** provide psychiatric care to medical patients. These include those people attending emergency departments, general hospital, they may also cover community and primary care medical services.

[7] https://www.callhelpline.org.uk/
[8] A Section 136 Suite is a designated 'place of safety' under the Mental Health Act that the police can take a person to receive a psychiatric assessment.

How do people access services for their mental health needs?

Primary care is usually the first point in the healthcare system where a person will seek support for their mental health. The GP is often the first point of contact for mental health concerns, and the care which they provide in local settings helps to treat mental health issues. The King's Fund study *Understanding Pressures in General Practice*[9] published in 2016, states that 90% of adults with mental health problems are supported in primary care. In 2011, Welsh Government published the *National Model for Local Primary Mental Health Support Services*[10], highlighting the aim of these services is to improve access and patient outcomes for mental health care within primary care settings.

90% of adults with mental health problems are supported in primary care

Additional mental health services available in the community

In addition to NHS services, there are numerous services provided by third sector organisations available to people in Wales, to support those who may be experiencing mental health problems or need urgent support. Further details of these organisations can be found in Annex C.

The third sector is a term used to describe a range of organisations that are neither public sector nor private sector. It includes voluntary and not-for-profit organisations such as charities, associations, self-help groups and social enterprises[11].

In Wales, many of these third sector organisations are members of the Wales Alliance for Mental Health, which has been the 'collective voice' in the field of mental health for many years[12]. Many members of the Alliance work directly with people in crisis, or with people seeking support or advice, as well as providing care services, undertaking research and surveys, working with families and carers and advocating for people with 'lived experiences'.

Mental health law

The main piece of legislation that covers the assessment, treatment and rights of people with a mental health illness is the Mental Health Act 1983[13]. The Act provides a framework for the compulsory hospitalisation and treatment of certain people with a mental disorder. However, only a very small minority of people with mental health problems need compulsorily treatment, and the majority of people never need to be treated compulsorily, and instead voluntarily seek treatment.

[9] Understanding pressures in general practice | The King's Fund (kingsfund.org.uk)
[10] http://www.wales.nhs.uk/sitesplus/documents/863/Mental%20Health%20Measure%20-%20Primary%20Care%20Model.pdf
[11] https://www.nao.org.uk/successful-commissioning/introduction/what-are-civil-society-organisations-and-their-benefits-for-commissioners/
[12] http://www.mentalhealthwales.net/voluntary-sector/#:~:text=The%20Wales%20Alliance%20for%20
[13] https://www.legislation.gov.uk/ukpga/1983/20/contents

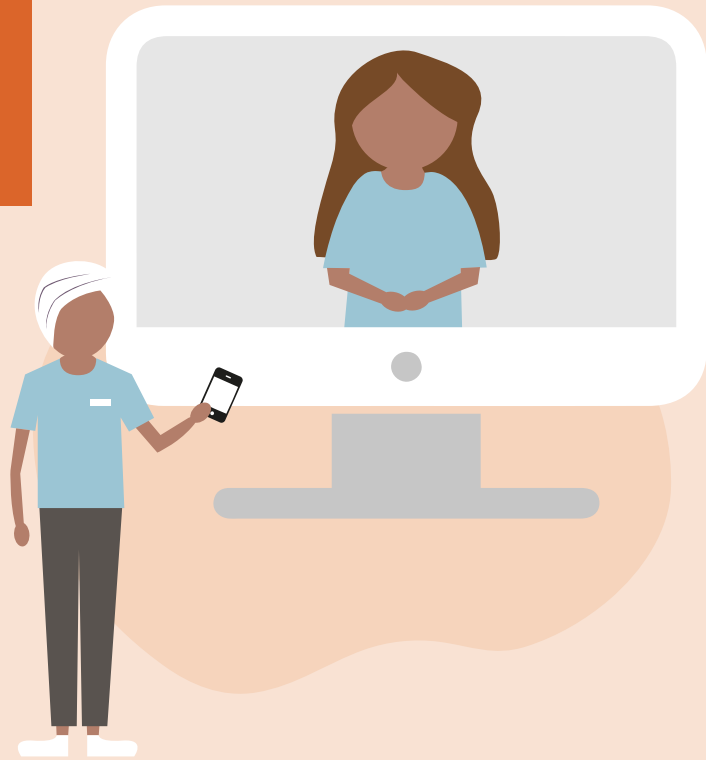
The Mental Health (Wales) Measure 2010

The Mental Health (Wales) Measure is different to the Mental Health Act, as it does not provide for the compulsory hospitalisation or treatment of people with mental health conditions. The Measure is a law made by the National Assembly for Wales, now Senedd Cymru, which introduced important changes to the support available for people with mental health conditions in Wales. It places legal duties on health boards and local authorities to improve support for people with mental ill-health, and also made provision for the expansion and strengthening of mental health services at primary care level. This includes the introduction of local primary mental health support services, which are delivered in partnership by health boards and local authorities, and which operate alongside existing GP practices.

In addition, the Measure:

- Requires a care and treatment plan be in place for all service users aged 18 and over needing care and treatment within secondary mental health services
- Allows people who have been discharged from secondary care mental health services, who believe that their mental health is deteriorating to such a point as needing care and treatment again, to refer themselves back to secondary services directly, without necessarily needing to first attend their GP or elsewhere for a referral.

The Measure also allows all inpatients in Wales, who are receiving assessment or treatment for a mental disorder are entitled to request support from an Independent Mental Health Advocate. Advocacy can lead to an improved experience of mental health services for individuals; it can create choice, improve involvement in decision making, and promote access to a range of different services.



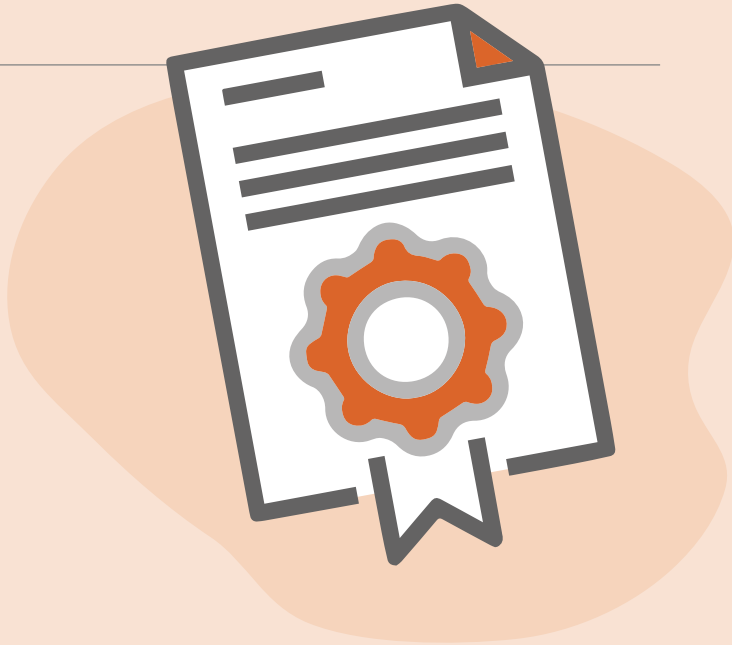
Together for Mental Health

Within its *Together for Mental Health Delivery Plan 2019-22*[14], Welsh Government highlights a number of priorities, which includes improved access to preventative measures and early intervention to promote recovery. In developing the delivery plan, the approach taken reflects the requirements of the *Well-being of Future Generations (Wales) Act 2015*[15] by emphasising the importance of preventative and integrated services whilst recognising the importance of taking a longer term approach. The emphasis in the plan is on early intervention so that longer-term harms are prevented before they occur, and also includes preventing exposure to adverse childhood experiences.

Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat[16], is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations can work together to deliver a quality response when people with acute mental health crisis have contact with the Police and are likely to be detained under section 135 or section 136[17] of the Mental Health Act 1983. It is under-pinned by Welsh Government's commitment to mental health policy, set out within its strategy and supported through its Code of Practice for the Mental Health Act 1983.

The Mental Health Crisis Care Concordat published by the Welsh Government and its partners in 2015, highlights a shared statement of commitment to improving mental health services in primary care, and is endorsed by senior leaders from organisations who are most involved in responding to those in mental health crisis.



[14] https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf
[15] Well-being of Future Generations (Wales) Act 2015
[16] https://gov.wales/sites/default/files/publications/2019-03/mental-health-crisis-care-concordat.pdf
[17] https://www.mind.org.uk/information-support/legal-rights/police-and-mental-health/sections-135-136/#WhatIsSection135

04 | What we did

What we did

Focus of Review

The focus of our review was to understand the adequacy of the measures in place across Wales, to help mental health crisis being prevented in the community, through timely and appropriate care.

Throughout the review we explored:

- **The experiences of people who access care and treatment** - to understand how services help people to manage their mental health condition and prevent crisis
- **Safe and effective care** - how GP and other NHS services available within the communities across Wales provide safe and effective services to help prevent mental health crisis, and what third sector organisations do to support this
- **Collaborative working** – how mental health crisis is being prevented in the community and across teams, to ensure care and support is provided by the right services, in the right place, and at the right time

Throughout, we considered the following key questions:

- Are there adequate services available in the community across Wales to help prevent people reaching mental health crisis?
- Are people in Wales receiving timely, safe and effective mental health care or support from multi-professional teams?
- Are mental health services in the community effective and sustainable?

Whilst planning our review, we considered mental health policy within Wales and reviewed a number of published documents, which included; The Mental Health (Wales) Measure 2010 and Mental Health Crisis Care Concordat highlighted earlier; *Together for Mental Health: A Strategy for Mental Health and Well-being in Wales*[18], which is a 10 year strategy for improving the lives of people using mental health services and of their carers and/or families; and the *Mental Health Delivery Plan 2019-2022*[19], implemented to improve mental health and well-being.

[18] https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf
[19] https://gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19_0.pdf

Scope and methodology

To review the areas outlined above, we requested relevant documents and key information regarding the services provided from each health board. We also considered local and national initiatives and developments and performance data and statistics, which included:

- Public Health Network Cymru[20]
- Mental Health Improvement Cymru[21]
- StatsWales data[22].

In addition, we coordinated with the NHS National Collaborative Commissioning Unit (NCCU), who carried out the review *Mental Health Urgent Care Access* and Conveyance Review concluding in the review *Beyond the Call*[23] published in 2020. We also engaged with the NHS Delivery Unit, who is undertaking an *All Wales Psychiatric Liaison and Crisis Care Review,* which is scheduled for completion around February 2022.

Understanding the planned and ongoing work by other stakeholders and partners within mental health crisis services was a key consideration in shaping the focus of our national review. This was to ensure our work could add value, and to prevent duplication of any ongoing or planned work in the area of urgent care or mental health crisis.

Over the course of our review we undertook a programme of interviews with a variety of staff within services which provide care and support to people with their mental health needs, and conducted an online national survey for both NHS and third sector staff. In addition, we conducted a national public survey jointly with the NCCU, to help inform both reviews.

Professional staff survey

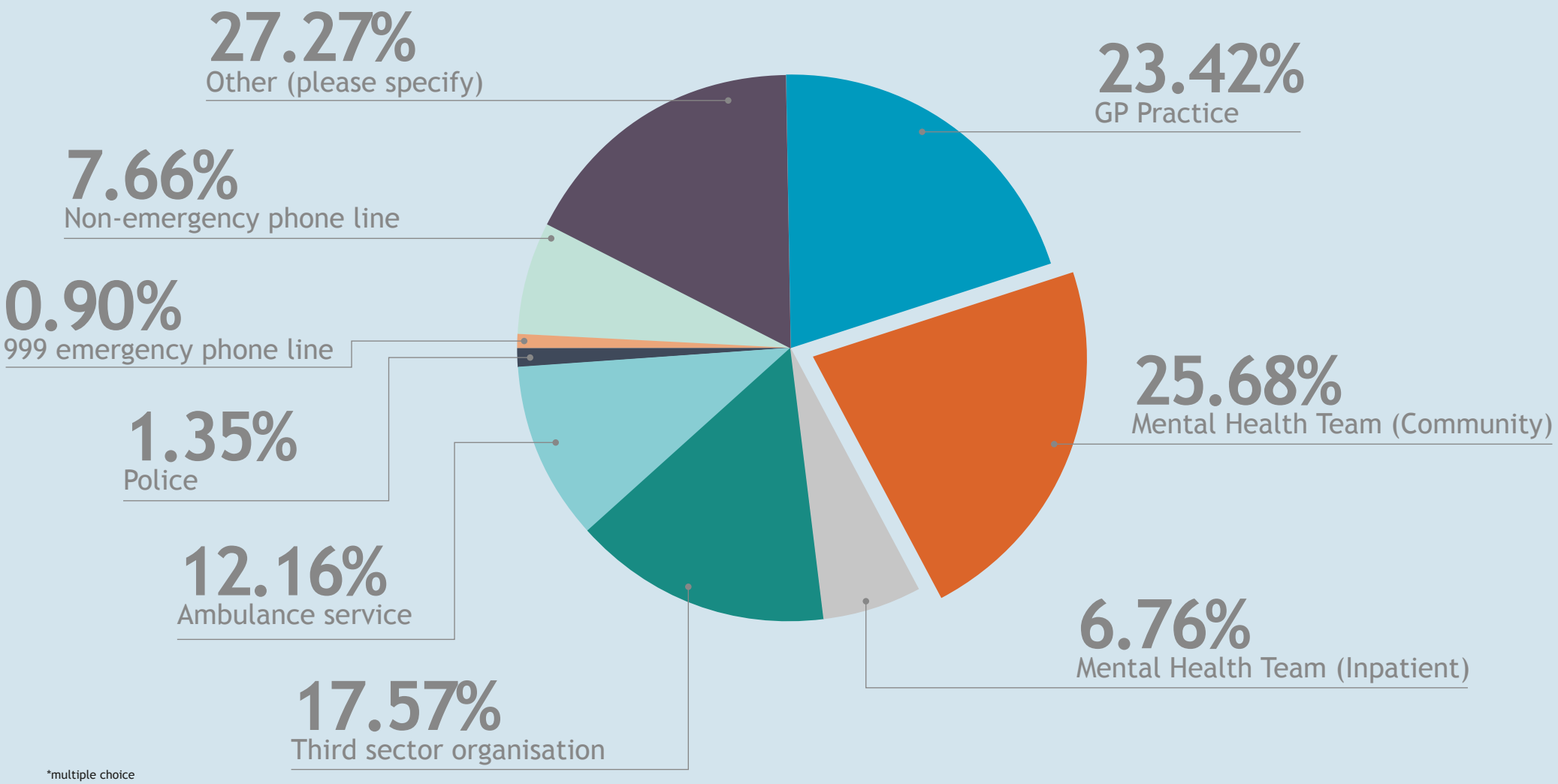
We developed and launched a survey of professionals to obtain the views of health board, emergency services and third sector staff on the mental health services they provide to people across Wales. This was to help us understand the services in place, staff perception of the services available (or not), and to help identify good practice or any areas for improvement.

We asked health boards, WAST, the Royal College of General Practitioners (Wales)[24], and the Wales Alliance for Mental Health[25] to distribute our online smart survey details to relevant staff, and we also promoted the survey through our social media channels.

We received a total of 222 responses across Wales, which included:

[20] https://publichealthnetwork.cymru/category/mental-wellbeing/
[21] https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/
[22] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health
[23] beyond-the-call.pdf (gov.wales)
[24] https://www.rcgp.org.uk/rcgp-near-you/rcgp-nations/rcgp-wales.aspx
[25] http://www.mentalhealthwales.net/voluntary-sector/#:~:text=Voluntary%20sector%20The%20Wales%20Alliance%20for%20Mental%20Health,Wales%20working%20in%20the%20field%20of%20mental%20health

Breakdown of staff responses per staff type:*



*multiple choice

Public survey

In addition to the survey of professionals, we also launched a national public survey to capture the views of people who have experienced mental health concerns. This was to gain an understanding of their perception and experiences of the services available to them.

The survey was jointly commissioned by HIW, NCCU and the charity Mind Cymru[26] and was appointed to, developed and analysed by Picker[27] (an international health and social care charity), to investigate service users' lived experience of accessing urgent mental health services in Wales.

We received a total of 1,265 responses from people across Wales, with 16% identifying as male, 79% as female and 5% of other identifications.

This included understanding:

- **Access to and effectiveness of crisis planning:** service users with a mental health diagnosis should be aware of an individualised crisis plan that they can activate in an urgent situation. Whether these are common within self-identified service users and what have been their experiences of the urgent care services that they have accessed?
- **Awareness and experience of support services that can be accessed in an urgent situation:** who or what is 'front-of-mind' as a contact point in an urgent mental health crisis situation?
- **Prioritisation of what is important to service users when accessing mental health services:** what do people value most when trying to access urgent mental health support?

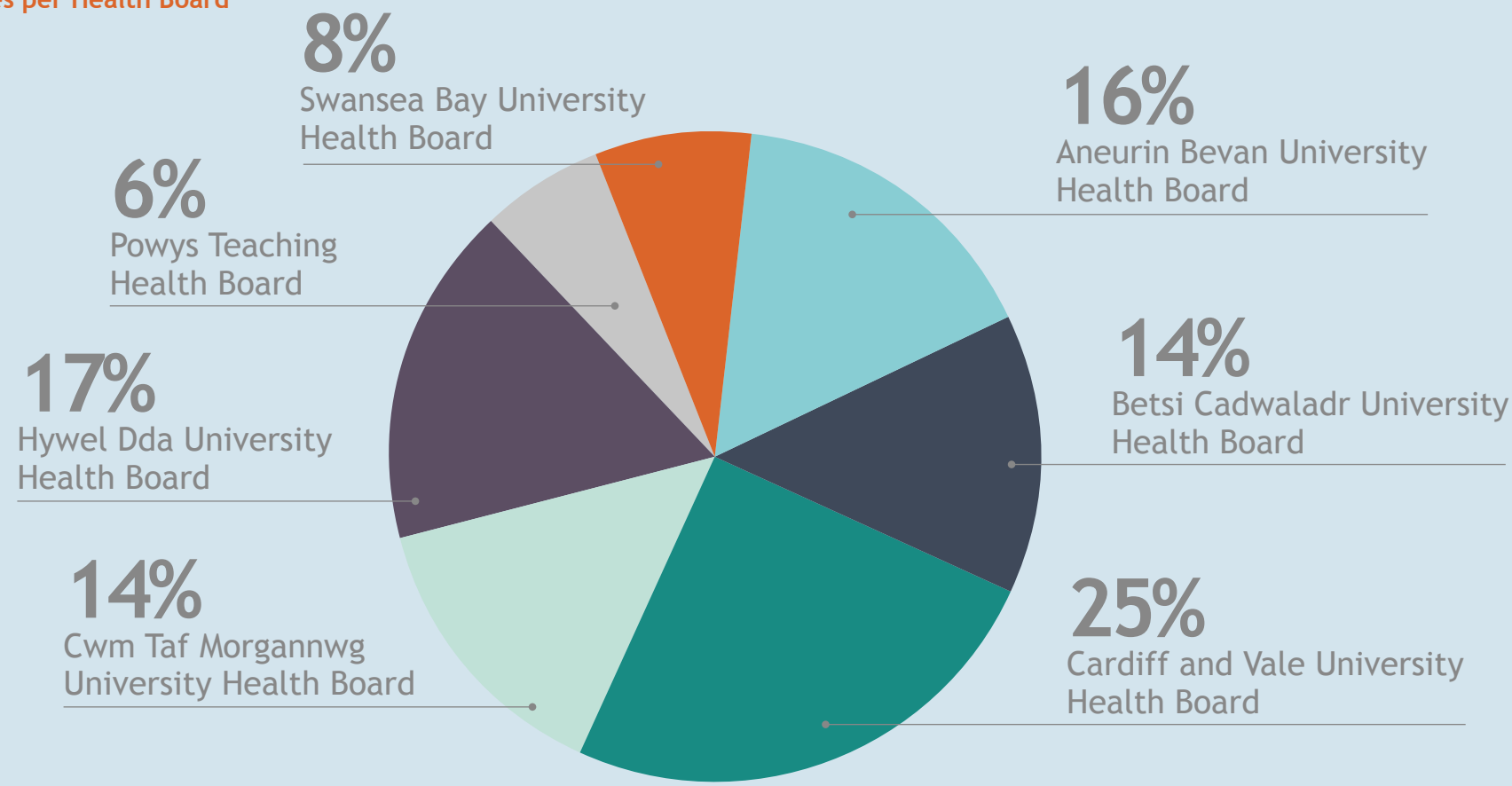
The survey was hosted on a third-party online survey portal Qualtrics. It was administered through an open link, and was distributed via social media channels and promoted by HIW. Paper surveys were also available upon request, as were easy read and alternative language versions.

The survey was available to complete between 4 March and 19 April 2021. It is therefore important to note that this period was during the COVID-19 pandemic, and could have potentially affected response rates and may have influenced how people responded to the survey questions. We received a total of 1,265 responses from people across Wales, with 16% identifying as male, 79% as female and 5% of other identifications. The ethnicity of respondents included; White 93%, Mixed/ Multiple ethnicity 1%, Asian/ British Asian 1%, and other ethnicity 3%. Respondents comprised of people who were receiving care or treatment for their mental health by their GP or mental health service, others not receiving treatment, and some who may have been experiencing anxiety disorders, but without a diagnosis.

[26] https://www.mind.org.uk/about-us/mind-cymru/
[27] https://www.picker.org/

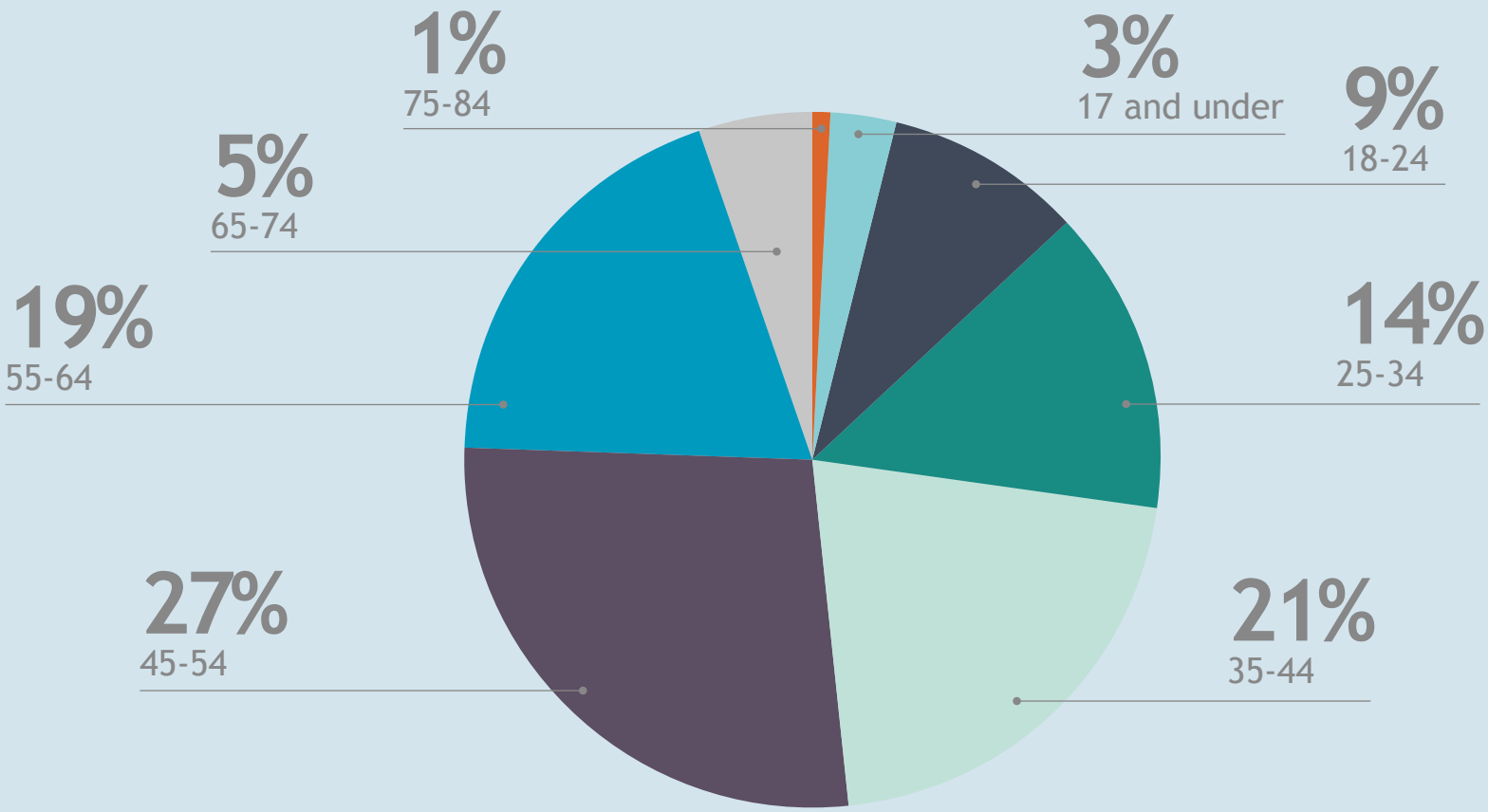
We received responses from across Wales and each health board, and this is highlighted in the chart below:

Public responses per Health Board



People from a range of age groups responded to the survey, as highlighted in the chart below:

Responses by Age



Staff Interviews

Due to restrictions in place relating to the COVID-19 pandemic, our fieldwork was completed remotely. This was to help minimise the risk of exposure to the virus to our team or those working within healthcare and third sector services across Wales.

We held 45 interviews with staff from acros Wales. This included staff from:

- Health boards
- General Practitioners
- Police
- WAST
- Third sector.

The staff we interviewed shared their views and experiences of working within the services providing mental health care or support, and the main challenges they faced in their day-to-day work. We also discussed their organisation's service provision, current service provision and plans for future developments to improve access to services, and discussions around the findings of both our public and professionals surveys.

Children and young people

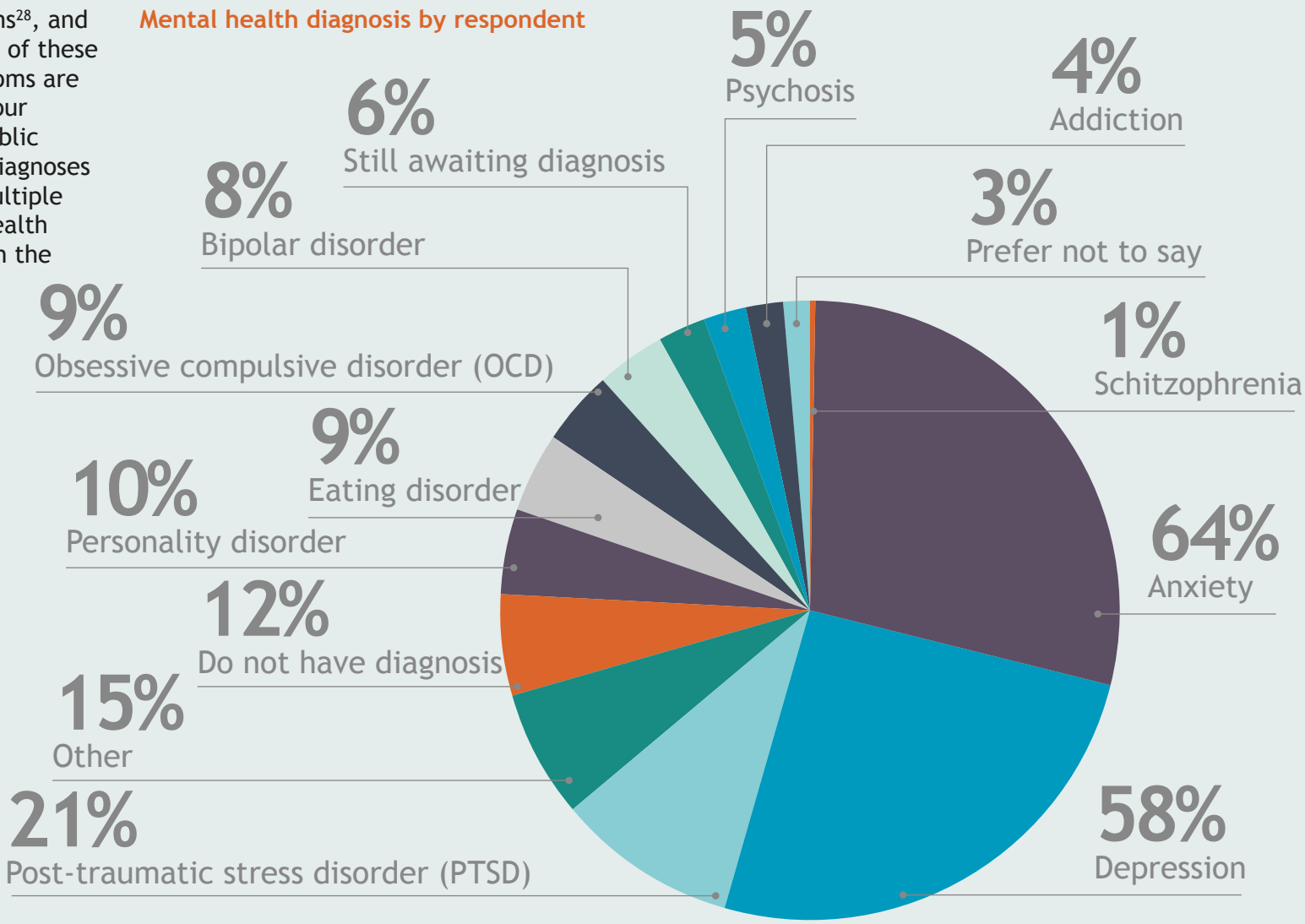
Whilst this review has focused on adult services, we have also gathered intelligence around children and young people's mental health services. This information will be used for planning future HIW activity. Whilst arrangements for children and young people will differ from that of adult services, there are clear messages and learning from this review that are also relevant to services for children and young people.

05 | What we found

Are there adequate services available in the community across Wales to help prevent people reaching mental health crisis?

There are many mental health conditions[28], and the term 'crisis' can cover a wide range of these conditions and situations, where symptoms are exacerbated for the person. As part of our review, we asked respondents to our public survey to identify their mental health diagnoses (the respondent was able to identify multiple diagnoses, as is common with mental health conditions), and these are highlighted in the chart to the right.

Mental health diagnosis by respondent



[28] https://www.nhs.uk/mental-health/conditions/

The chart clearly highlights that anxiety and depression are the main mental health conditions highlighted by the respondents in our survey, and the more complex conditions were less reported. This is consistent with the Mental Health Foundation[29], which suggests that anxiety disorders and depression are two of the most common mental health disorders in Britain, with anxiety affecting 16% of people in the UK. These are mental health conditions that can typically be managed within the community from services in primary care and/or third sector organisations.

Whilst the chart shows that 18% of people 'do not have' or 'are awaiting a diagnosis', we cannot determine whether this means that people have a suspected condition, are under mental health or GP services for this, or are self-diagnosing a condition, which has not been confirmed by a medical professional.

Focusing on prevention

The *Talk to me 2: Suicide and Self-harm Prevention Strategy for Wales 2015-2022*[30], suggests that mental health crisis, self-harm and suicide are largely preventable, if an individual's risk factors are effectively addressed.

Suicide is typically in response to a complex series of factors that are both personal and related to wider social and community influences.

There is no single reason why someone may try to take their own life, and suicide is more likely best understood by looking at each individual, their life and their circumstances. This, however, requires a public health approach, which is broader than focussing on services for mental health service provision. It demands a collective action by individuals, communities, services, organisations, government and society as a whole.

Prevention and promotion of positive mental well-being are key features in the *Together for Mental Health Delivery Plan*, highlighting actions at both individual and community level. The delivery plan also includes a specific focus on preventing suicide and self-harm through the *Talk to Me 2 Strategy*, through early intervention to prevent longer-term harms, which includes preventing exposure to adverse childhood experiences.

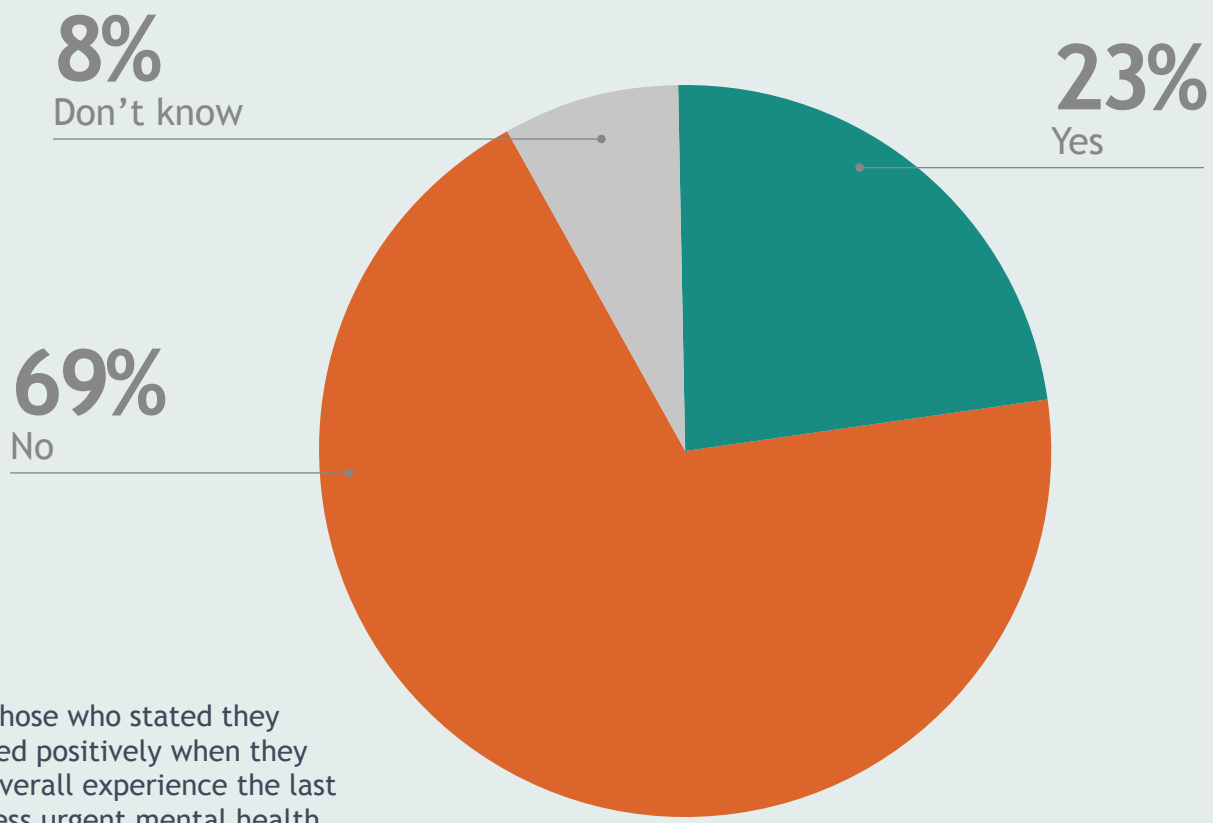
In our public survey, we asked whether respondents had a crisis plan in place to deal with an urgent mental health need.

Under Part 2 of the Mental Health Measure, a care and treatment plan should be in place for all service users aged 18 and over who need or receive care and treatment within secondary mental health services. However, whilst a crisis plan may be developed as a requirement of specific legislation, it may also be a document that has been developed by a person with services that may include health services and/or third sector organisations.

Over two thirds indicated that they did not have a plan in place (69%), compared to only 23% that did and 8% that were not sure.

[29] https://www.mentalhealth.org.uk/
[30] https://gov.wales/suicide-and-self-harm-prevention-strategy-2015-2020

Respondents that had a crisis plan



It is of note that 50% of those who stated they had a crisis plan responded positively when they were asked about their overall experience the last time they needed to access urgent mental health support. This compares with 21% of those who didn't have a crisis plan or unaware if they did.

Recommendation 1

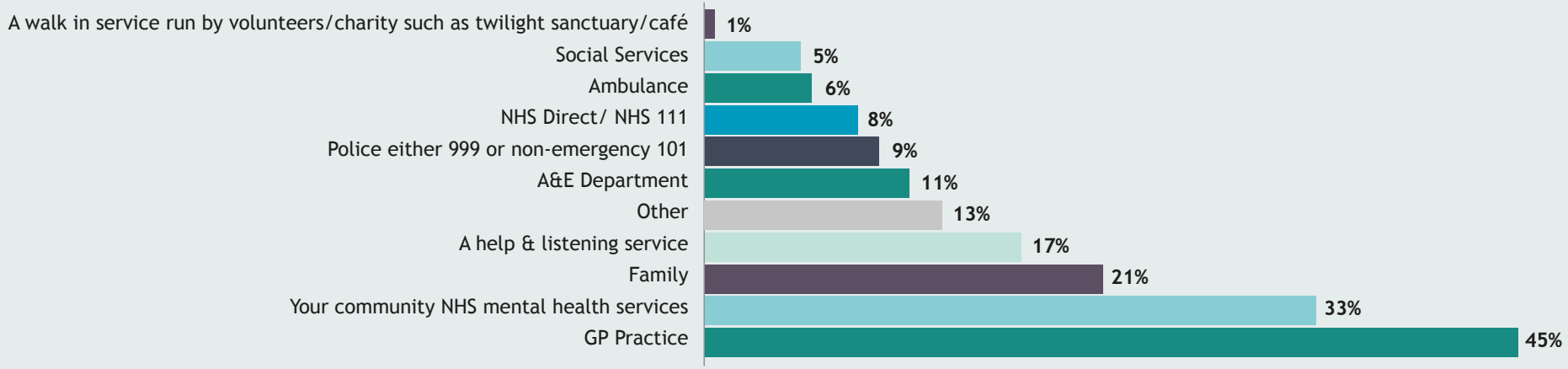
Health boards must support people to develop an individual crisis plan to aid them in seeking further support when required.

From where do people access urgent mental health support?

Our review identified that people who attend services within the community for support with their mental health condition, may have a wide range of needs, and in some cases will require urgent support. Support or care can be sought through services, such as GP Surgeries, LPMHSS, local CMHTs and third sector organisations.

In our public survey, we asked people who or what service they would contact when requiring urgent care and support for their mental health needs. The chart highlights the responses:

Service which people contacted when requiring urgent care and support:*



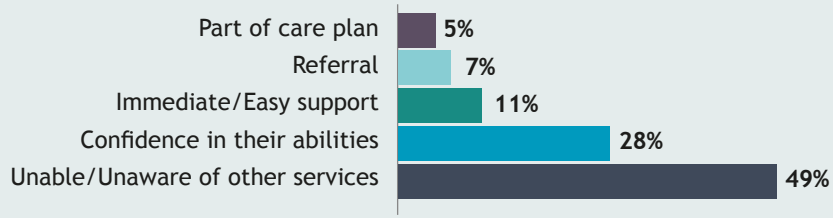
The chart above indicates that 45% of respondents would seek urgent care and support from their GP in the first instance.

In line with the response to the above question, the survey then prompted the respondent to state the reason why they contacted the service that they did.

The responses presented in the chart below highlight the most common five reasons.

*multiple choice

The five most cited reasons given for accessing the GP (in the free text responses):



This chart illustrates that whilst 5% accessed their GP as part of their care plan, almost half (49%) were unaware or unable to access support from other services. It suggests that greater public awareness to alternative support to GP services is needed.

Some examples of comments explaining why respondents accessed a GP practice the last time they needed urgent mental health support are displayed below, by the themes highlighted above.

Unable/Unaware of other services:

Confidence in their abilities:

Immediate/Easy support - many people perceived the GP practice as being the quickest and easiest to arrange support available in an urgent situation.

Referred - relates to those that were referred to the GP practice or who hoped to be referred to another service and identified this service as the way to gain that referral.

Part of care plan - many considered this the first step on their care plan.

Through our national public and professional surveys we identified a number of views regarding the experience of accessing support from GPs. Overall, the consensus is that GPs endeavour to meet the mental health needs of an individual, albeit with very limited time available during a GP consultation appointment[31]. In such consultations, there is often insufficient time to fully explore the mental health needs of a person.

It was also highlighted that mental health needs are not always the main reason for a person attending a GP consultation. During our interviews, staff reported that patients often request a consultation with a physical or medical concern, and their mental health needs may only become apparent to a GP during their conversation with the patient.

We also found that it is not uncommon for people to attend a GP consultation to seek support for their mental health quite late into their symptoms, and often at a point when they feel no longer able to manage themselves without additional support.

As highlighted earlier, there are also social factors that can contribute to a person's mental ill-health, which cannot be addressed by a GP or other healthcare services, but which impact upon people's mental well-being; these can be varied and numerous, and include personal or family issues with finance, housing, relationship and addiction.

Local Primary Mental Health Support Service (LPMHSS)

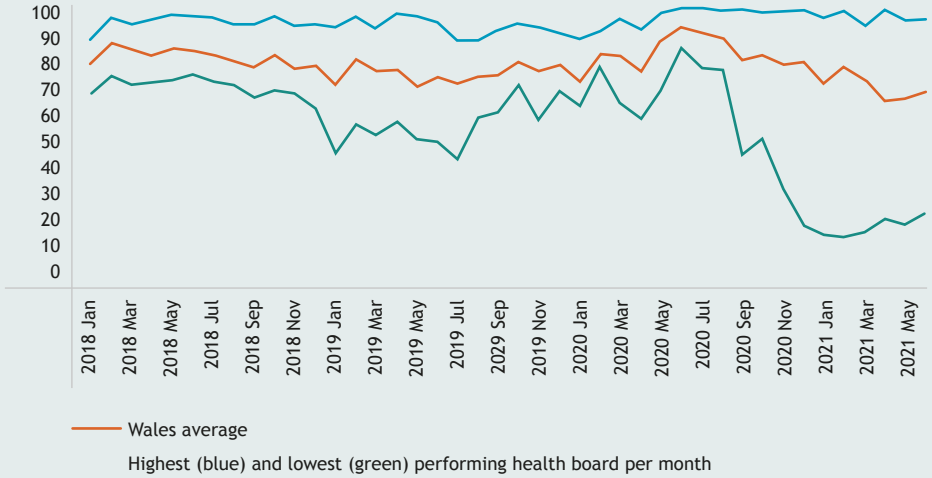
Another service that people may use for their mental health needs is the LPMHSS which provides care and support to people with mild to moderate mental health symptoms. Access to LPMHSS is through primary care services, and the service operates either within or alongside GP practices. LPMHSS undertake assessments and offer the provision of structured short-term mental health therapy and support for people in the community, along with information and advice. The provision of LPMHSS services across Wales varies between each health board, where teams are configured differently; some are hosted in GP practices, some in community hubs and others on health board premises.

The referral to assessment times from GPs to LPMHSS are monitored by each health board, and the data is submitted to Welsh Government. This is one of three Mental Health Measures monitored by Welsh Government. Part 1 relates to a referral to assessment target time of 28 days. Part 2 refers to a 28 day target monitored for LPMHSS assessment to the start of a therapeutic intervention, and Part 3 relates to the assessment of former users of secondary mental health services, and measures the percentage of outcome of assessment reports which were sent within 10 working days and over 10 working days, after the Part 3 assessment had taken place.

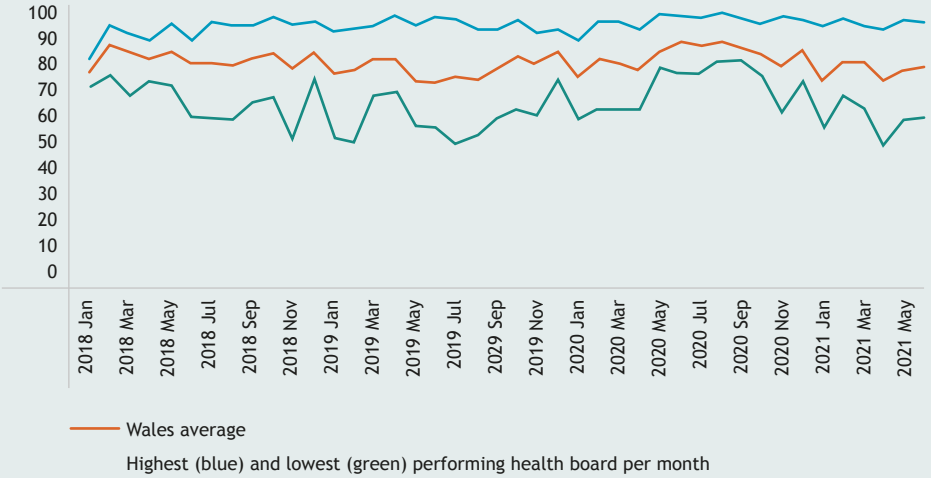
[31] The average GP appointment is eight minutes.

LPMHSS National Performance across each health board

Percentage of LPMHSS assessments undertaken within 28 days of referral.



Percentage of therapeutic interventions started within 28 days following a LPMHSS assessment



Compliance with these targets fluctuates for each of the health boards depending on demand and capacity of the services. The data demonstrates a significant impact during the COVID-19 pandemic as lockdown requirements were implemented and referrals to LPMHSS reduced significantly during the first wave in spring of 2020. As a result, whilst activity continued in LPMHSS, health boards had to adapt the priorities and workforce to meet the challenges of the pandemic and the effect it had on the availability of the workforce.

That said, even prior to the pandemic there was a large variation of compliance with both the LPMHSS assessment and intervention timescales. With assessments within 28 days typically varying between 60-100% and interventions starting within 28 days typically ranging between 50-100%. This highlights a variation in assessment times and in commencing interventions, and this is dependent on the geographical location across Wales.

Whilst feedback from healthcare staff suggests that referrals to LPMHSS and subsequent interventions were reasonable, we heard some concerns around these timescales from a patient perspective. As highlighted earlier, it is not uncommon for people to attend a GP to seek support for their mental health after struggling for some time, and subsequently may need a referral to other services, such as LPMHSS. The negative comments we heard were related to further waits for LPMHSS assessment and intervention of between four and eight weeks respectively, therefore prolonging a person's waiting time to seek specialist care or support.

Following our review of the national LPMHSS data, we found that on average there are 6,000 referrals each month for assessments across Wales. Of these, around 3,000 assessments are ultimately completed, and of these, 1,700 therapeutic interventions are started. The data therefore highlights that from referral to assessment, the number undertaken is halved, and again almost halved for intervention. Therefore almost three quarter of referrals to LMPHSS do not result in the uptake of interventions, and people are either referred back to the GP for ongoing support or they may disengage from services.

Community Mental Health Teams (CMHT)

Referrals to a CMHT are generally made for people who have been diagnosed with or are suspected of having moderate to severe mental illness or mental disorder, who for complex reasons, severity, or lack of treatment response, will require specialist secondary care with multidisciplinary team input. Unless a person is already engaged with NHS secondary mental health services, referrals must be made by a GP into the CMHT.

Our *Joint Thematic Review of Community Mental Health Teams*[32], published in 2019, identified a lack of clarity amongst healthcare teams regarding the referral criteria into CMHTs, and also a lack of knowledge of the range of other, alternative mental health support referral services available to GPs. This was again highlighted during this review through our staff interviews and our national survey of professionals. One comment included:

"CMHTs don't provide a service, they will only see people if they are actively suicidal. They have required a GP to provide very specific details regarding patient's suicidal intention."

[32] https://hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf

Through discussions undertaken as part of our review, we identified that caseloads in some CMHTs across Wales are very high, and consequently responses to referrals and assessment times vary considerably. This issue was also identified during our Joint Thematic Review of CMHTs, suggesting little progress in improvement. Within that review we found response times varied from same day assessment (within four hours), up to the Welsh Government target of within 28 days. Just over half the respondents to our survey in the joint CMHT thematic review said they waited four weeks or longer to be seen by a CMHT following referral.

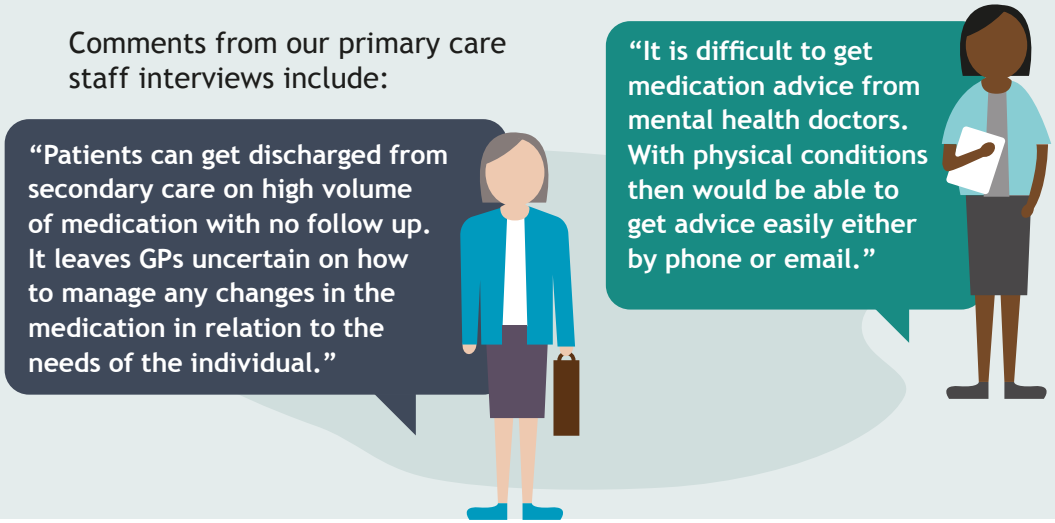
Within our public survey, we noted mixed views regarding CMHT services, with comments stating:

Recommendation 2

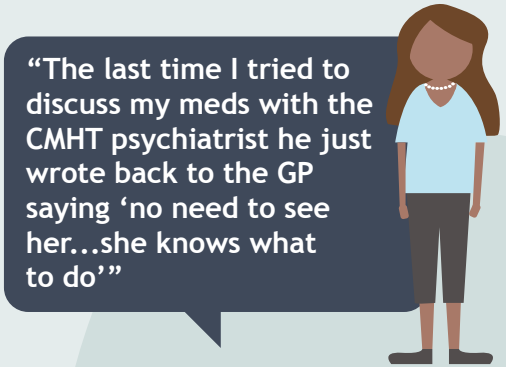
Health boards must take steps to improve the timeliness of assessment or intervention following referral to mental health statutory service (such as LMPHSS and CMHT) whilst also considering how people are supported in the community whilst awaiting assessment or intervention.

Outside of this review, we have previously received concerns from a small number of people discharged from their CMHT without knowledge of the arrangements in place for any continued needs or prescribed medication. During our interviews with primary care representatives we found similar concerns regarding ongoing prescribed psychiatric medication, and the lack of clarity on how to proceed with these specialist medications post-discharge from CMHTs, which can be unfamiliar to GPs.

Comments from our primary care staff interviews include:



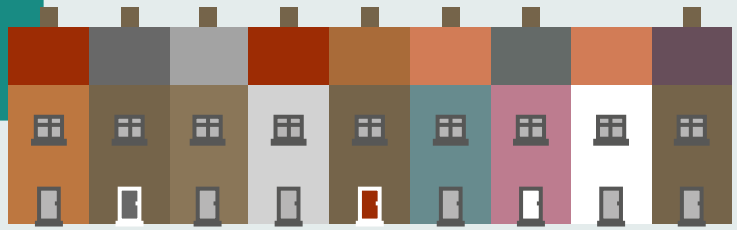
In addition, within our public survey we found comments that include:



For patients subject to the Mental Health Measure, specific arrangements need to be in place to support and manage relevant patients of all ages with mental health needs complicated by a physical health problem, sensory impairment or a physical or learning disability. This also includes a requirement to undertake physical health assessment and monitoring. Through our interviews, we found differences across Wales in the provision of ongoing physical health monitoring, and whether this was undertaken by CMHT teams or primary care teams.

Our review has highlighted concerns that there was not always a clear process in place to ensure that physical health assessments and monitoring of patients is undertaken. Some health board representatives we interviewed were unable to provide assurance that arrangements were in place to ensure that these were undertaken. Other professionals we interviewed stated that physical health checks were not being undertaken as required.

Lack of physical health monitoring can have significant consequences to a person's health. For example, some psychiatric medication requires regular monitoring of a patient's physical health, and this may include blood pressure and heart monitoring, along with the need for blood tests for liver or kidney function. It is therefore essential that clear processes are in place to ensure that physical health assessment and monitoring is undertaken.



Recommendation 3

Health boards must ensure that clear processes are in place to ensure that physical health assessments and monitoring is undertaken for relevant patients under the Mental Health (Wales) Measure 2010.

Throughout our review we found inconsistency in the communication processes and relationships between primary care services and CMHT services. In some areas we heard communications and relations were weak, often resulting in slow advice and slow uptake of referrals. However, in others this was reported as good, and allowed the fostering of good working relationships and a better experience for patients. We found examples where primary care staff who had experience of working in mental health services, had developed good relations between the teams, and in turn aided communication for advice and referrals.

One positive initiative for developing good working relationships amongst different teams was highlighted by Cardiff and Vale University Health Board, where a psychiatrist working within a CMHT allocates time each week to offer advice and support to GPs within their area. This has allowed for the development of a stronger work relationship between teams, in the interest of both patients and staff.

Where health services are cooperative or interlinked with each other, it has been highlighted how this aids the individual by strengthening the provision of services available in the communities across Wales to help prevent people reaching mental health crisis. Health services across Wales must review their own service provision and reflect on how to improve joint working and wrap-around services with other health colleagues and organisations.

Recommendation 4

Health boards and GP services must consider how communication between different teams in primary care can be improved and strengthened, to ensure prompt mental health advice and efficient and timely referral processes.

Recommendation 5

Health boards must consider how arrangements can be strengthened to ensure primary care professionals are able to access timely specialist advice on mental health conditions, appropriate treatments and medication.

Recommendation 6

Health boards need to consider how they can strengthen links between services to improve access and provision for individuals needing support for their mental health and well-being.

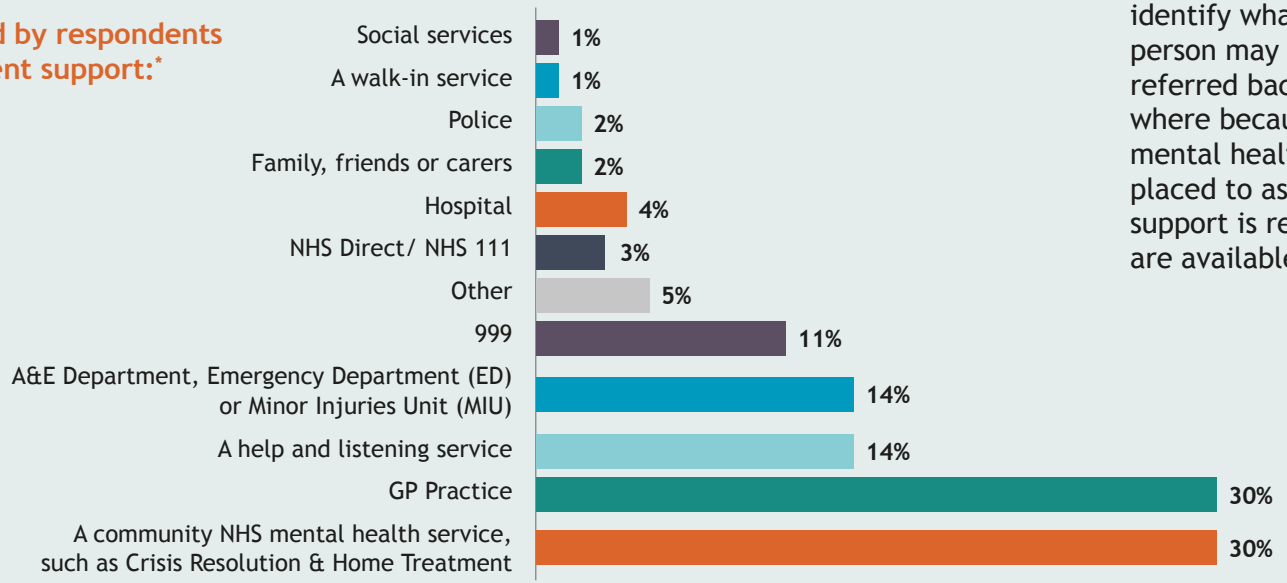
Mental Health Crisis Teams

For people who feel that they may have reached a crisis point with their mental health and therefore need urgent support, there are a number of services that may be contacted. In our public survey, 505 respondents were able to report a service that they would contact in an urgent situation. Just under a third (30%) of these respondents listed a community NHS mental health service or their GP Practice (including out of hours services), as who they would contact in an urgent situation. The responses are highlighted in the chart below:

In situations where any healthcare or emergency service feels that referral to a mental health team is very urgent and requires immediate support, they would usually contact the health board Mental Health Crisis Team for advice, guidance or support. We found overall that Crisis Teams respond promptly, and will provide care and support to the person in need, to address the immediate concerns.
Whilst the referral process and prompt treatment from Crisis Teams are positive steps in the process, the ongoing support following the crisis team intervention is perceived by service users as less positive. For example, following the period of crisis, if a patient is not admitted to hospital and they instead require mental health support within the community, there was not always a structured pathway to facilitate this. This process, instead of admission to hospital, was described by one mental health professional as “a lottery”, meaning the level of support they may receive back in the community is inconsistent.

We found that in some circumstances, a patient may be referred from the Crisis Team to a community mental health service, and others may be advised to attend their GP for them to identify what ongoing mental health support the person may need. However, where a person is referred back to the GP, we heard examples where because the GP is not a specialist in mental health that they are not always best placed to assess what ongoing mental health support is required, or what alternative options are available.

Services contacted by respondents when seeking urgent support:*



*multiple choice

When exploring this in our public survey, one person noted:

> **"Crisis team are useless, they didn't take any details and said to go to my GP in the morning. When I explained I was under CMHT and gave them my care coordinators name, they said that there was no point contacting them as they were off work."**

We also found that in some instances, where a person is referred by a Crisis Team on to a community mental health service, there are often prolonged waiting times to access these services. This subsequently places the pressure back on to the patient and the GP to manage their ongoing mental health concern whilst awaiting support by specialist teams in the community.

Recommendation 7

Health boards and GP services must ensure that there are clear and robust follow up processes in place to ensure timely and appropriate follow up for people who have received crisis intervention, and are not subsequently admitted in to hospital.

Alternative services to the NHS

In addition to the care and support offered by NHS healthcare services, there is a significant opportunity to make greater and more efficient use of the range of other resources available to people through third sector organisations. Services provided by the third sector can help manage and provide timely support for an individual's mental health and well-being, and can be beneficial in supporting someone to prevent further deterioration or exacerbation of their symptoms.

It is essential that people can clearly identify how they can access mental health support to meet their needs, and it is also essential that healthcare services are able to respond promptly with a *No Wrong Door*[33] approach, to ensure that a person gets the right support from the right people at the right time.

There are many third sector services in Wales and across the UK, where people can access support for their mental health, such as Samaritans or Mind Cymru. Our interviews with third sector, healthcare and other staff, highlighted the importance of third sector services, and how such organisations can provide a responsive service for people who require support for their mental health needs, and also provide support to NHS mental health services.

[33] No Wrong Door approach means that every door in the public support service system should be the right door with a range of services being accessible to everyone from multiple points of entry. This commits all services to respond to the individual's needs through either providing direct services or linkage and case co- ordination, rather than sending a person from one service to another.

Within our national public survey, we asked people who or what service they contacted when they last required urgent support for their mental health, by providing options for the respondent to choose from. Only 95 out of 872 responses said they contacted a third sector organisation. This suggests that people are less likely to seek urgent support from third sector organisation when requiring more urgent support. Instead, the results were that 751 people used their GP, community mental health services, or in more extreme circumstances, emergency services, when seeking urgent or crisis support. Their reason(s) for choosing these services when they needed urgent mental health support, was access to medical professional (64%), a quick response (59%), access to support 24 hours a day (47%).

Some third sector services can provide crisis support for individuals when they are staffed by mental health professionals, however, understandably going to a third sector organisation may not be appropriate if the individual also required significant medical support, such as following an incident of self-harm. We believe that greater use of third sector services can play a role at an earlier stage of a person's mental health issues, potentially averting any rapid deterioration into a mental health crisis. We will expand on this later in the report.

As highlighted earlier, where services have strong working partnerships better outcomes for the person accessing support have been demonstrated. A key challenge for services, is how they identify whether preventative measures are in place and if they are successful. Taken in isolation, it is difficult to identify whether the support accessed has prevented a person requiring any further support, either short term or long term.

Recommendation 8

Health boards need to consider how they can strengthen the role and involvement of the third sector to improve the range of provision for individuals needing support for their mental health and well-being.

Are people in Wales receiving timely, safe and effective mental health care or support from multi-professional teams?

Challenges in referring to other services

During our review we spoke with professionals from a range of services, including GPs. It was evident that whilst there are a range of options available to support people with their mental health needs, this often required separate referrals and assessments to different mental health teams or services.

We also found that some GPs have less experience than others in managing the mental health needs of people, and therefore may not be able to effectively meet a patient's needs, and may not always possess knowledge of all the services available to refer a patient to.

In addition, even once an appropriate service is identified, the referral processes can vary depending upon the location of the service within Wales which further complicates matters for GPs. This is not a helpful situation and more needs to be done to ensure that GPs are aware of the services available to refer to in their areas, and that referring into those services is efficient and timely.

We identified that the typical options available to GPs in managing people's mental health needs are to prescribe medication to ease symptoms, such as antidepressant or anxiolytic[34] medications, and/or to refer to mental health services if a greater level of support is required, such as a LPMHSS or CMHT, or to therapies, such as psychotherapy or counselling services. However, referrals to services such as these may result in prolonged waits for assessment(s) and any subsequent care or treatment. Our interviews with staff across Wales, and some responses to our public survey, highlighted a level of discontent in relation to the outcome of a GP appointment. There were two prominent themes with this, which included the GP consultation not meeting the patient's expectations for support with their mental health, and if a referral is made to other mental health services then the length of wait for assessment and support from these services was very long.

Understandably it is common for a person to attend a GP appointment with an expectation of the outcome, which may be a prescription for medication and/or referral to mental health services. A GP will seek to identify the most suitable option for the person, and in doing this they should consider the views and expectations of the patient. Whilst the outcome of the GP appointment may not meet the person's original expectations, it is important that GPs explain the reason for their decision.

Recommendation 9

To prevent the requirement for multiple referrals, health boards must ensure that referral processes are clear to all services, and when appropriate, a single point of access to the range of health board mental health services is implemented to support referral and patient options.

[34] Medication that reduces anxiety.

Gaps in provision and inefficient process

Whilst our review has found some positive developments between primary care and mental health services, some GPs and senior primary care managers we spoke with suggested that when a referral was considered 'not required' by a mental health team (for instance by the LPMHSS or CMHT), this would be referred back to the GP with limited or no information on alternative options for the GP to manage a person in need of further mental health support. This was also a finding in our Joint Thematic Review of Community Mental Health Teams in 2017-18, suggesting a lack of improvement over the last three to four years.

We also found that in some cases, where referrals are declined with advice that a referral to a different service should be made, the process then requires the GP to make yet another referral to the advised team, rather than an onward referral process. This impacts further on timely access to additional support to services, pointing clearly to gap in provision and inefficient process. This can negatively affect a person's experience and impact significantly upon their mental well-being.

Within our public survey, one comment included:

"After experiencing extreme high and low moods along with many other bipolar symptoms for some time I hit extremely low to where I was seriously considering suicide but reached out to my GP who was great and saw me immediately, gave me medication and referred me to my local community mental health team to be assessed. After 6 months waiting I was told they put me back to the bottom of the waiting list as they needed more information from my GP. Another 6 months go by heard nothing so contacted CMHT who said they won't be assessing me but with no reason given as to why, have referred me back to my GP and advised them to what medication to prescribe me; antipsychotics, mood stabilisers and antidepressants! "

This differing of professional opinion and referral back to the GP can result in a patient not being assessed by other mental health services in a timely manner, and potentially increases the risk for deterioration in a patient's mental well-being, during which time a GP may feel unable to appropriately support them. This is not acceptable and improvement in this area is required. This interface between GPs and other mental health services requires attention, to ensure that there a clear understanding of acceptance criteria, and a smooth and seamless process of onward referral into alternative options, should it be necessary. Addressing both of these issues would result in a better experience for the individual awaiting care and treatment.

The majority (65%) of respondents to our public survey highlighted a poor or very poor experience, with only a quarter stating it had been positive. The comments included:

"Mental health assessment done, no contact since. Was told would make contact within a week, that was months ago, I'm still waiting."

"Initial contact with my GP has been brilliant, with an excellent level of support and understanding. However, there is an 8 week wait to be able to access counselling support and during this time there is nothing able to be offered, leaving my situation to deteriorate."

"I have found the services I have used to be extremely helpful and find my personal surgery very supportive around issues of mental health and a quick, appropriate response has been given."

"I've been very lucky to speak to the same doctor regularly throughout my crisis. He has also rung me to follow up, if I haven't rung the surgery. This has made a huge difference, meaning I haven't had to explain my issues to multiple people and he has been able to monitor and assess my progress. This has helped build my confidence. I think this is an important offer to patients, as long as they are not building a dependency on one person."

Our discussions across Wales identified a number of frustrations held by staff, such as GPs, regarding the delays in the referral process to other services.

We explored this dissatisfaction further with GPs and other healthcare staff during our interviews. We heard mixed views from professionals within primary care of their experience when requesting urgent support from mental health services. We were told by some staff of the difficulties they often encountered when requesting support, with staff often required to contact a number of different mental health teams within their health board, to identify which team would be best placed to support the person in need. In addition, our interviews with primary care staff and responses to our professional staff survey highlighted negative views. This included the perception that when requesting further care and support from mental health teams, that those services were looking for a reason to exclude a person from their service. This was based upon the experiences of specific cases where some mental health services have strict acceptance criteria with no flexibility to meet the current situation, therefore if a person did not quite meet the service criteria they would be excluded.

Our interviews at Cardiff and Vale University Health Board highlighted a positive initiative aimed at preventing issues around assessment criteria, with the implementation of a multidisciplinary Primary Care Liaison Service. We were told that this service provides an invaluable resource to aid the connection between primary care and mental health services. GPs and other primary care professionals can have direct access to the service, including for advice, guidance and support. One member of primary care spoke positively about its introduction, and stated that it has *"been a life saver"*. We believe that initiatives such as this should be considered across other areas of Wales.

Recommendation 10

Health boards should review the community mental health services available in their localities, to ensure that services focus on individualised needs of people to prevent a deterioration in mental health, and to provide timely care and support in all community services when required.

Recommendation 11

Health boards and Welsh Government should consider benchmarking mental health services across Wales to identify good practice and positive initiatives and to share learning.

Emergency Services

In 2019 Welsh Government commissioned the National Collaborative Commissioning Unit (NCCU) to undertake a national review of access to emergency services for those experiencing mental health or welfare concerns. The NCCU review's scope was to achieve greater understanding of the issues leading the public to access emergency services when experiencing mental health and/or welfare concerns.

The review *Beyond the Call* highlighted that emergency services (999 call handlers) across Wales receive, on average, 300 calls a day from individuals requiring mental health support. Separately, research by the Royal College of Psychiatrists[35] also found that two-fifths of patients across the UK, who are waiting for mental health treatment, contact emergency services or crisis services for support, with one-in-nine (11%) ending up in Emergency Departments (EDs). This is also highlighted in our review's public survey, where 13% of respondents contacted emergency services and 14% contacted or attended an ED or Minor Injury Unit. EDs may not be the most suitable place to access mental health support, but can be where individuals present once in a crisis, often not knowing how else accesssupport, or as a consequence of not having had more support before their crisis developed.

Direct referral by emergency services

Emergency service staff from the police and WAST can also be the first point of contact for a person in crisis. We interviewed staff from WAST and each of the four police forces across Wales. Our discussions identified variation across Wales in the arrangements in place for emergency services to assist a person to seek urgent support for their mental health.

We were provided with some positive examples where police and WAST staff in some areas are able to directly contact mental health crisis teams, when there are significant concerns for an individual's mental well-being. This enables emergency service teams to establish whether the person is already known to mental health services, and if so, allows them to discuss the current situation with mental health professionals and help identify the most appropriate actions to take.

We were also informed that emergency services within Aneurin Bevan, and the police within Cwm Taf Morgannwg are able to directly take a person to the local NHS mental health team for support even if they are not known to these teams rather than into an ED which has historically been the required pathway across Wales. This was highlighted as a positive step in gaining timely assessments, care and/or treatment for people who require appropriate urgent support for their presenting mental health condition.

Our review also found examples where crisis teams in some health boards offer advice to emergency service workers and/or speak to the person in mental health crisis over the phone. This process allows for the crisis services, in some instances, to provide sufficient support to prevent the person being transported to a Crisis Team or hospital at all.

These processes allow for good working relationships between emergency services and mental health teams. Such positive measures can have a favourable impact for a person requiring urgent support, and help healthcare services involved with the person to provide a more timely and smoother passage to the most appropriate service for the individual.

999 call handlers across Wales receive, on average,

300 calls a day

from individuals requiring mental health support.

[35] Two-fifths of patients waiting for mental health treatment forced to resort to emergency or crisis services (rcpsych.ac.uk)

Unfortunately the good examples set out above were not seen across Wales. In some health board areas, the police cannot directly access mental health crisis teams. Therefore, the police may need to transfer a person to an ED or to an Out Of Hours GP[36] service. This may add an additional burden to an already busy and highly pressured ED and delay the urgent mental health care and support a person may need. This impacts negatively upon the individual in crisis along with EDs and other services and professional engagement required during this process.

We found that an inability to gain direct access to mental health crisis teams is further complicated when a police service covers a number of local health boards. Where this is the case, there may be different processes in place across different boundaries. For instance, South Wales Police aligns with three health boards and it can directly access Cwm Taf Morgannwg University Health Board crisis teams, however, it cannot directly access the teams in Cardiff and Vale or Swansea Bay University Health Boards.

On the occasions when people require transportation to EDs, we found concerns from some healthcare and third sector staff that a person's dignity may be compromised. This is because of the stigma associated with people being transported in marked police vehicles, and also with them being escorted through hospital buildings by uniformed police, particularly within public areas of a hospital.

In many instances, the police will usually remain present with a person (in a public area), until they are assessed by a mental health team. In addition, this can impact upon police resource within the community, when they are required to remain with a patient for many hours until assessment or allocation to a bed (or discharge) has taken place. This may further add to the distress of the person requiring urgent mental health assessment or intervention.

This was also highlighted as an issue in a comment within our national public survey, which included:

"When a person is in crisis, the last thing they need is the police... It is disgusting sending police to a person in mental health distress. This just makes a person be seen by the police and others as though they are criminals."

Whilst the aim of services is to prevent someone reaching a crisis, there will unfortunately be situations where this occurs. We have seen clear examples where health boards and emergency services can co-ordinate to provide an easier passage for the person and the services involved.

Recommendation 12

All health boards should consider how mental health crisis teams can be more accessible to emergency services, to help provide advice and/or timely care and support to people with urgent mental health needs.

[36] Out of Hours GP services provide urgent primary care when GP surgeries are typically closed.

Skills and knowledge of emergency service staff

Our interviews with emergency service staff also highlighted concerns around their skills and knowledge in assisting people in mental health crisis. Whilst they receive training in how to provide support to people in crisis, they cannot be experts in this area, and do not always have the appropriate or more specialist skills to fully support all people, and manage their risks in the most effective way.

To help mitigate against such situations, police and WAST staff highlighted the positive measures in place with the introduction of experienced mental health professionals available within their call handling teams (when people dial 999). There are different models across Wales, where the post holders can be employed by either a health board, WAST or police forces.

This role allows for appropriate mental health professionals to provide telephone support and advice to people contacting emergency services who are seeking urgent care or support for their mental health. This can have a positive impact for the caller, who can be supported over the phone and/or signposted immediately to the most suitable resource to support them. In such instances, this could prevent a delay in seeking the help required, reduce the demand for emergency ambulances, or remove the need to transport a person to other mental health services (or EDs), to improve outcomes and experience for the public.

In some health boards mental health call handlers within emergency services have access to some electronic health board and local authority records. This enables them to access the background information of a caller with urgent mental health needs, or in crisis, such as crisis plan or medical history. This can often have positive outcomes in managing people promptly, particularly when they are already known to mental health services.

Whilst this was highlighted to us as a positive measure, there was a consensus nationally that the resources within each organisation are very limited, and are not sufficient for the demand.

Recommendations 13

Health boards, emergency services and primary care services should consider how mental health staff can be incorporated within emergency call handling teams across Wales, to enable early advice and support to people who need urgent care or support for their mental health.

Engaging with third sector organisations more effectively

As highlighted earlier, we believe there are opportunities for NHS healthcare services to better engage with third sector organisations to help ensure timely care and support for people with mental health needs. This could help minimise the incidences of people reaching a crisis with their mental health, by providing early support to some people to manage the symptoms of their mental health condition(s). However, at times, people will require more intensive support, therefore it is important for third sector services to have effective links into specialist mental health services when necessary.

When more specialist support is required, third sector organisations across Wales cannot directly refer individuals into health board mental health teams. During our review, we found examples where registered mental health professionals within third sector organisations have supported people through their service, sometimes for many months, and later identified a deterioration in their mental well-being which requires further support from other specialist health board mental health teams. However, with no direct access to refer in to health board mental health teams, third sector staff are forced to direct a person to contact their GP to facilitate access to health board mental health services, to attend ED, Out of Hours GP services, or to call 111 (or even emergency services in severe cases of urgent need). This is a cumbersome process that may delay timely access to the right team, and also negatively impact on ED and or emergency services.

Our interviews identified concerns from some staff around the commissioning arrangements between health boards and the third sector. We were told that contracts were often only short term which impacted negatively upon third sector organisations in recruiting and retaining staff for their service because people would prefer to seek employment opportunities affording longer term security.

It is clear that third sector mental health services are an invaluable resource for people seeking help, support or advice when living with mental health illness. Therefore, all health boards should consider how they build on their current third sector partnerships to improve and strengthen arrangements for more effective and productive collaboration. This would benefit both the people using the services and staff working within mental health care, as well as potentially allowing more timely provision of mental health and well-being support to people, and lessening the likelihood of deterioration into a mental health crisis.

Recommendation 14

Health boards should ensure clear advice and information is available and promoted to people with mental health needs, to help maximise their knowledge about additional support services available within the community including the third sector.

Recommendation 15

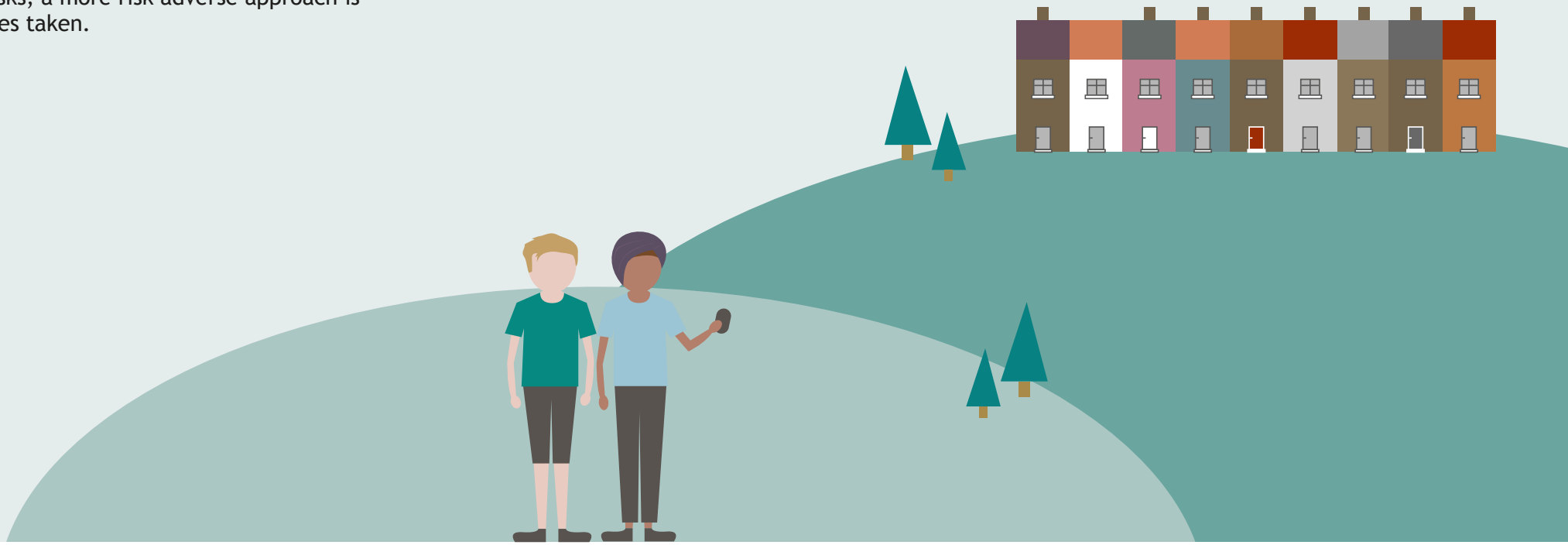
Health boards should consider how they can strengthen collaboration with third sector organisations to enable appropriate direct referrals in to NHS mental health services when required.

Management of risk

The process of managing and balancing risk for an individual with mental health needs can be complex. Each person's symptoms can vary significantly and as a result each situation will require a tailored response to manage the risk and meet that person's needs. Our review found that staff who are experienced in managing more risky behaviours are able to draw on their expertise to enable them to manage a situation without fully removing the risk. However, for staff who do not routinely support people with higher risks, a more risk adverse approach is sometimes taken.

During our interviews we were informed of examples where a person's mental health has resulted in risky behaviours, however, staff seeking support from specialist services (such as from primary care to specialised mental health professionals) may receive a slow response, or be informed that the situation did not meet the referral criteria. In these situations, the professional(s) supporting the person may not be those with the greatest expertise in how best to manage the person's risks.

This re-affirms and supports our earlier findings regarding the need to improve referral arrangements between organisations so that the risk is managed by the most appropriate service at the earliest stage.



Are mental health services in the community effective and sustainable?

Developments and initiatives

Single Point of Access

Within the *Beyond the Call* review, it is highlighted that implementing a single point of access can ensure specialist mental health professionals are available to provide clinical triage, onward referral and effective signposting to individuals in crisis, and also provide authoritative advice to primary care staff, the police and ambulance crews.

The review recommended that NHS Wales should facilitate access to specialist mental health professionals through a single point of entry, such as the NHS Wales 111 Service. Additionally, that the service should have robust links to the third sector and self-help support as well as providing referral pathways to primary care, police and emergency medical personnel. In addition, the review recommends that all organisations should engage with the 111 pilots, to ensure that people of all ages with an urgent need have 24/7 access to mental health support, and that clear referral or signpost pathways are available for people where required, such as 'out of hours' social services, welfare support, finance/debt support and domestic abuse support.

We support this approach, and through our review, we discussed the current plans in progress to implement a single point of access service across Wales. The service is currently being piloted in some health boards to address issues with different healthcare teams needing to navigate different contact arrangements for a range of support or referral services. The aim is to simplify the process of contacting the most appropriate support or other service in a timely manner. Once the pilot is complete, the service will be implemented across Wales, which is planned for winter 2021-2022.

The majority of staff we interviewed were positive about this new process. We were provided with positive examples by GPs who had used the service allowing them to contact or refer to the most appropriate mental health team in a timely manner. Overall, feedback from staff was positive, indicating that these arrangement help in identifying the most appropriate referral pathway promptly.

In addition to supporting staff, the single point of access will also be accessible to anybody requiring mental health support, to help guide them promptly to the most appropriate service.

Within our public survey, we asked people what their priority is when seeking help or support.

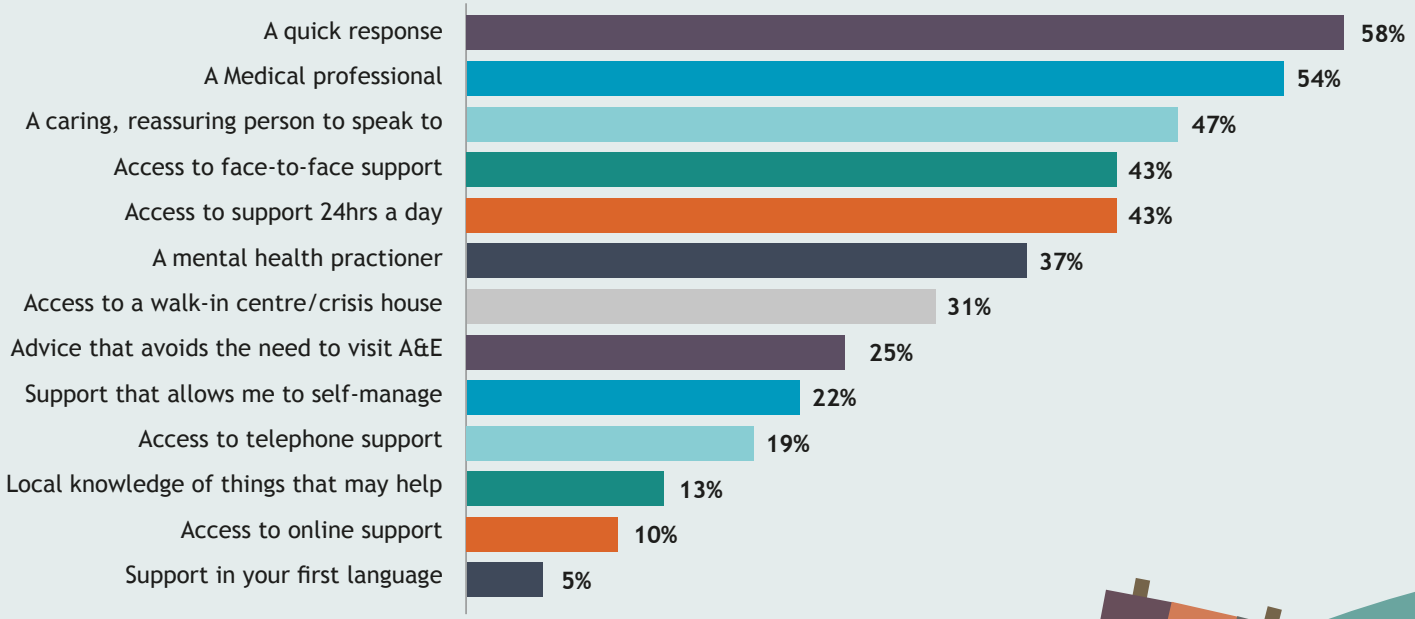
The top three responses were to have 'a quick response',

'to speak with a medical professional',

or 'to speak with a caring, reassuring person'.

The implementation of a single point of access could provide 'a quick response' from 'a medical professional' with 'access to support 24 hours a day'.

People's priorities when seeking help or support:*



*Respondents were able to choose up to five options.

Our public survey also asked people who they would contact in an urgent situation. 45% of the respondents indicated that they were not sure of who to contact, with comments including:

Other respondents indicated that they would contact a range of services, including primary care teams, mental health services, third sector organisations, emergency services, or that they would attend an ED.

Whilst we generally received positive views about single point of access, we heard concerns regarding whether the single point of access service has the capacity to meet the demand,

and without significant resources it is therefore likely that a large proportion of public calls will still continue to progress to emergency services call handlers.

As highlighted earlier, the third sector cannot refer directly into NHS mental health services. However, the implementation of a single point of access, supported by improved and strengthened joint working arrangements, may help to simplify transition from third sector organisation support, to NHS mental health services, without the requirement for review or referral by a GP or attending EDs. This could be beneficial for both the patient and healthcare services involved. It is too early at present to make a judgment on how effective this service is until it is fully implemented across Wales and is operational to all professionals and public.

Recommendation 16

Health boards should ensure that single point of access services are implemented across Wales and is accessible to all professionals and public to help facilitate prompt support and care for people with mental health needs.

Local Mental Health Practitioners

Another development highlighted to us during our review is the development and implementation of the local Mental Health Practitioner role (albeit with a variation in title across Wales), with the purpose of implementing mental health expertise closer to primary care. The practitioner is typically responsible for carrying out comprehensive mental health assessments with patients in surgeries and community mental health units, and identifying patient needs. The practitioner also works closely with multidisciplinary teams, and can receive referrals directly from GPs, and sometimes self-referral from a person known to mental health services. The role provides short term interventions for individuals with mild to moderate mental health illness, and additionally they work closely with teams within secondary care and other specialist mental health services, as well as third sector organisations and statutory agencies.

Across Wales we found variation in the role and how it has been established into primary care teams. Some health boards have recruited registered mental health practitioners and others mental health support workers. In some health boards, we also found the support available from practitioners was not solely healthcare orientated, and included help and advice on social factors, allowing for a more holistic approach to addressing a person's concerns and social circumstances which may be impacting upon their mental well-being. In utilising this type of approach, the practitioner can utilise their expert knowledge and skills and socially prescribe[36], and/or signpost to other services appropriate to the individual's needs.

The way in which this role was accessed also varied across Wales. In some health boards, people can make a direct appointment with a practitioner, however, others would need a referral through their GP. Direct access into practitioners can be more beneficial for the person, and may ease demand for GP appointments relating to ongoing mental health needs.

In some health boards, the service is co-located within GP practices, whilst in others they are located in other community facilities or services. We noted positive feedback where the service is co-located with a GP, with ease of working relationships between GPs and the mental health practitioners and patients having familiarity and easy access to the service. However, whilst we heard the benefits of the mental health practitioner being co-located with the GP service, this was not always possible or practical due to the physical space or office availability. We found examples where the location of services in some community locations allowed an improved access to that service, since their operating hours were not tied to those of a GP practice.

However, in contrast to this, during some interviews there was a suggestion that patients may perceive themselves as not having equitable services when the appointment is with a practitioner not located within their GP practice. In addition, some staff suggested that the risk of non-attendance at appointments may increase if people have to attend an appointment at a different location after consultation with the GP, due to anxiety about finding and attending an unfamiliar location.

[37] Social prescribing is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses. Recognising that people's health and well-being are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. What is social prescribing? | The King's Fund (kingsfund.org.uk)

A response in our public survey echoed this and stated:

> **"Please don't just give a person a leaflet and send them on their way, I felt like I was wasting their time and I was told to attend a well-being course which meant 3 buses there and 3 back when my very being was I can't deal or interact with people. I was crying out for help and all I was worth was two sheets of paper and an address and time for a well-being course, I couldn't think of anything worse."**

This highlights the importance of including the person in the decision about what support they can or are able to engage with.

Whilst local mental health practitioners in general are having a positive impact, the practitioners had no authorisation to refer into other heath board mental health services for those people with more complex or severe mental health needs. Therefore, if a person requires additional psychiatric support or intervention above that provided from the local mental health practitioner, a person would be required to have a consultation with a GP for an onward referral to other services. This is again time consuming for a patient and may place them at the beginning of the process for seeking more specialist support or care, which may have a significant or detrimental impact on their mental well-being.

We believe that the mental health practitioner roles are providing beneficial support to individuals within the community, and health boards must consider how to support and embed these roles further and ensure that the role can link directly into a seamless mental health pathway.

Recommendation 17

Health boards must consider how to support and embed mental health practitioner roles further and ensure that they can link directly into a seamless mental health pathway.

Safe Places

During our review we learnt of a number of initiatives being established or piloted in some health boards across Wales to provide an alternative and/or additional range of services for people who require urgent support with their mental health. As highlighted earlier, in some urgent cases of crisis, people may need transportation to EDs or by police to a Section 136 suite in hospital. However, the provision of alternative services in the community, such as a 'crisis house', 'sanctuary', 'safe haven' or 'crisis café', has in some instances minimised the need to attend a hospital in these circumstances.

The aim of these safe places is to provide a calm, safe space in a less clinical setting for adults experiencing mental distress, as an alternative to hospital admission. The safe places would typically provide short term support, usually for a few hours, to enable a person in crisis to talk through their concerns, and if required, to be supported to take appropriate action. Some services can offer overnight accommodation, although numbers are minimal.

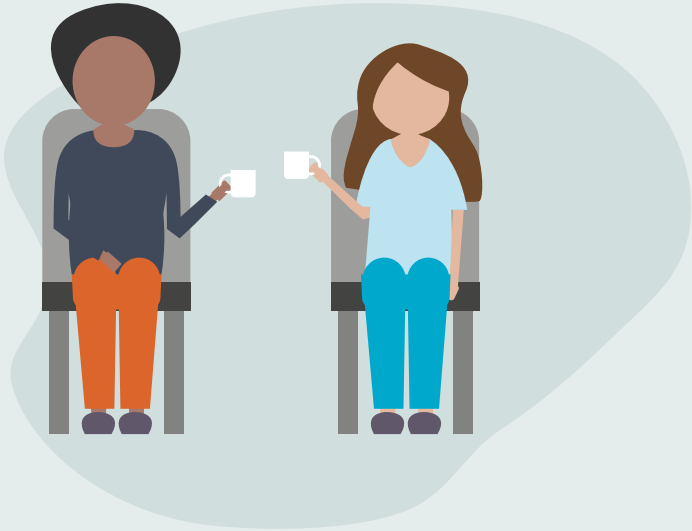
Whilst these services are not always open 24/7, the focus is on specific times of the day or days of the week where health board data suggests people are more likely to access their services in times of mental health crisis. Within *'Beyond the Call'*, the authors found that people seek help for their mental health at all times of day.

However, the majority seek help outside of normal office hours, and that different crisis triggers had certain patterns of demand. The review presented evidence that providing dedicated advice and support at these times, and providing support for issues such as relationships, housing, debt, and substance misuse, may avoid the use of emergency response services, and attendances at EDs or at Section 136 detention suites.

Our review noted that safe places may be managed by the NHS, independent organisations such as charities, or both of these together, although in most cases they are commissioned by health boards and operated by third sector organisations. Overall, the safe places were regarded by staff as a positive resource for people with acute mental health needs.

The usual criteria to access these services is that the person is not a risk of harming themselves or others, and that they do not require medical assistance or treatment. Whilst these services would not exclude someone if they had consumed alcohol and/or illicit substances, the person would need to be compliant and have the ability to engage with the service.

The way in which these safe places are accessed varies across Wales. Some provide open access, allowing people to self-present, whereas in others, a person would require a referral by their GP or other service to gain access, or must already be known to the safe place.



Some of the safe places were implemented prior to, or during, early stages of the COVID-19 pandemic, and people could access these face-to-face. However, as a result of increased impact of the pandemic, the operational model had been adjusted in some to offer a more remote access service, through video or telephone calls. However, the intention is for these services to resume face-to-face access when safe to do so.

Overall, our review identified positive feedback regarding the implementation of safe places. However, some concerns were raised about their accessibility, particularly for those living in more rural locations across Wales. We also found that at present, WAST staff are unable to take someone to these safe places, although some safe place premises are looking at how this could happen in the future.

When we interviewed police working in localities that offered safe places, the feedback was again positive. However, not all health board localities allowed for the police to support a person in accessing a safe place, and in those areas the police would be required to access more traditional NHS options to support the person.

Whilst most of these services were being piloted and developed at the time of our review, it was not possible for those third sector organisations that provide safe places, which may be staffed by mental health professionals, to access direct support from NHS mental health teams. As highlighted earlier, there was no specific pathway for the third sector to directly refer into some mental health teams or a Crisis Team, therefore they would need to follow the same process as a member of the public in order to gain access to further support.

It is important that clear pathways are established to enable people to access safe places, with or without support from other services, rather than a mental health crisis team or an ED. It is equally important that if staff at a safe place identify that a person requires more specialist mental health support, they are able to access this in the most effective manner.

Our review also identified another project which was developed by the South East Wales Shared Lives Scheme in partnership with Aneurin Bevan University Health Board, and is known as the Shared Lives for Mental health Project. The project has been praised by the World Health Organisation (WHO) for its best practice.

The programme operates by matching someone who needs care with an approved carer, so as to support them with their mental health needs. The carer shares their family and community life with someone who needs support to live independently, and was piloted as an alternative to hospital admission, or to facilitate early discharge from in-patient psychiatric care.

Whilst some programmes across the UK offer daily visits for a few hours, others allow people to stay with a carer overnight and for a longer set period of time. In Aneurin Bevan, the programme offers arrangement for up to two weeks which provide the person with homely support in the community. This is a positive initiative and consideration should be given to replicating this arrangement across Wales.

Recommendation 18

Health boards should consider how adults with urgent mental health needs, and who are experiencing mental distress, can easily access safe places in the community, which can provide a calm and safe space in a less clinical setting as an alternative to hospital admission or contacting emergency services.

Engagement with the male population

Only 16% of those responding to our national public survey identified themselves as male. In 2020, data published by Samaritans[38] regarding suicides in Wales, highlighted that males are almost four times more likely to take their own life compared to females.

During staff interviews across Wales, we discussed the low male response rate to our survey, and whether it may be reflective of engagement with GP or mental health support services. The overwhelming consensus is that male engagement within healthcare and third sector services is consistently lower when seeking support or help for their mental health.

Our review considered the measures undertaken across Wales to engage with males who may be, or are, suffering with mental ill health, to encourage them to engage and seek support from services or talk about their mental health needs. We identified a number of initiatives to help males (and others), to open up and seek help with their mental well-being in more relaxed and informal circumstances. These included healthcare and third sector staff targeting specific areas, and implementing regular social groups which included sporting activities and craftwork.

For instance we found examples of health board and third sector organisations identifying some work places and offering to target these areas to offer support, such as industrial settings, or places where people may work in more isolated locations, such as agriculture, and being available and visible to people like farmers at agricultural markets. In addition, we noted third sector services, such as the David Cotterill Foundation[39] (based in Wales), which has professional footballers and a life coach and motivational speaker as ambassadors, and aims to promote mental health well-being through football associations and clubs, which is a male dominated sport.

We also found developments in the use of social media and mobile phone apps. There is an ever increasing number of options available to the public to use these resources to help monitor and support their own needs. In Betsi Cadwaladr and Powys health boards, working in conjunction with the third sector, have developed an app for those who can access a smart phone or tablet, which provides links with established online services to provide self-help resources for individuals.

In addition, we found examples where training is provided in workplaces or to members of the public to help people identify mental health distress in other people. Some examples included training people, such as barbers or hair stylists, which may at times be a person that an individual is likely to share issues with around their mental health rather than with someone from a medical or clinical background. Such initiatives highlight the positive measures in place to help support people with their mental health needs, and to help signpost people on how to seek support for their mental health and well-being.

Recommendation 19

Health boards, and Public Health Wales, should consider what additional steps can be taken to raise mental health support awareness in men, to support their mental well-being and signposting to support services.

[38] Suicide_Stats_Wales_2020_FINAL.pdf (samaritans.org)
[39] https://www.thedavidcotterillfoundation.com/

06 | Conclusion

It is clear from our findings that those working within primary care and community services, emergency services and third sector services across Wales, are committed and dedicated to providing support and care to people with mental health needs. It is also clear that they take great pride in what they do to support people.

For over a decade, Welsh Government policy and guidance has set out clear expectations for health boards and local authorities to improve support for people suffering with mental health problems across Wales; there is a clear will to meet and achieve these expectations across primary and community care services.

However, it is evident that there are continuing issues across Wales in relation to people accessing timely care and support, to prevent a deterioration in mental well-being, and reduce instances of mental health crisis.

Services need to be designed and focussed around the needs of the individual with prevention being the most effective way for services to avert mental health crisis. Whilst avoiding mental health crisis can never be guaranteed, it is clear from our review that there is a need to ensure that more is done at an earlier stage to ensure that people receive appropriate, and timely care suited to their needs. These needs aren't always directly health related. There is a significant opportunity for the NHS and third sector to work more closely, effectively and efficiently to provide support for individuals, the benefit of which would be to enable people to maximise their well-being.

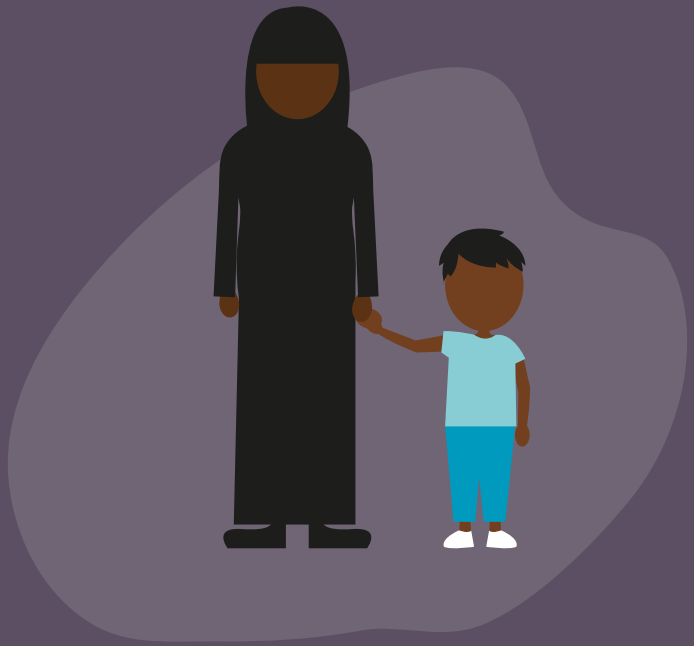
Our review has highlighted the 'gap' that can exist between primary care and secondary mental health services, with people falling between the criteria of different services that can provide support. Similarly, there is a need to strengthen understanding of alternative services that provide support for individuals to prevent their mental health and well-being from deterioration.

Furthermore, it is clear that there are efficiencies to be gained in ensuring that professionals, the third sector and emergency services, are able to directly refer into the service most appropriate to the individual's needs. The 'hub and spoke' route which currently has to be taken, whereby nearly all paths lead back to the GP for onward referral, needs to be addressed in order to ensure that those in need of timely care and treatment are able to receive it.

Our review identifies several positive initiatives and approaches that are being taken to improve the provision of mental health services, and there is learning for health boards, emergency services and third sector organisations in considering the benefits of these. We also endorse the benefits of introducing a single point of access for the public and professionals attempting to access services.

Whilst it is clear that there are positive experiences for some people when accessing support for their mental health or well-being, we also heard frustration about timeliness and ease of access to services, particularly when a referral is required from one service to another. It is clear that more can be done to ensure that mental health services work together effectively in order to provide the appropriate support to people at the earliest opportunity, and prevent mental health crisis through timely and effective care.

07 | What next



We expect all health boards to carefully consider the findings from this review and our recommendations set out in Appendix A.

We hope that this review will be used to further improve mental health services being provided across Wales, and to help inform further work in this important area of health care.

Our recommendations are also highlighted throughout the report and can be found within Annex A.

Organisations are required to submit an improvement plan in response to the review's recommendations. This is to ensure that the matters raised by our review are being addressed.

The findings throughout our review and highlighted in the report will enable us to consider what further work HIW will undertake.

08 | Annex

Annex A: Recommendations

Recommendations

1	Health boards must support people to develop an individual crisis plan to aid them in seeking further support when required.
2	Health boards must take steps to improve the timeliness of assessment or intervention following referral to mental health statutory service (such as LMPHSS and CMHT) whilst also considering how people are supported in the community whilst awaiting assessment or intervention.
3	Health boards must ensure that clear processes are in place to ensure that physical health assessments and monitoring is undertaken for relevant patients under the Mental Health (Wales) Measure 2010.
4	Health boards and GP services must consider how communication between different teams in primary care can be improved and strengthened, to ensure prompt mental health advice and efficient and timely referral processes.
5	Health boards must consider how arrangements can be strengthened to ensure primary care professionals are able to access timely specialist advice on mental health conditions, appropriate treatments and medication.
6	Health boards need to consider how they can strengthen links between services to improve access and provision for individuals needing support for their mental health and well-being.
7	Health boards and GP services must ensure that there are clear and robust follow up processes in place to ensure timely and appropriate follow up for people who have received crisis intervention, and are not subsequently admitted in to hospital.
8	Health boards need to consider how they can strengthen the role and involvement of the third sector to improve the range of provision for individuals needing support for their mental health and well-being.
9	To prevent the requirement for multiple referrals, health boards must ensure that referral processes are clear to all services, and when appropriate, a single point of access to the range of health board mental health services is implemented to support referral and patient options.
10	Health boards should review the community mental health services available in their localities, to ensure that services focus on individualised needs of people to prevent a deterioration in mental health, and to provide timely care and support in all community services when required.
11	Health boards and Welsh Government should consider benchmarking mental health services across Wales to identify good practice and positive initiatives and to share learning.

Annex A: Recommendations

12	All health boards should consider how mental health crisis teams can be more accessible to emergency services, to help provide advice and/or timely care and support to people with urgent mental health needs.
13	Health boards, emergency services and primary care services should consider how mental health staff can be incorporated within emergency call handling teams across Wales, to enable early advice and support to people who need urgent care or support for their mental health.
14	Health boards should ensure clear advice and information is available and promoted to people with mental health needs, to help maximise their knowledge about additional support services available within the community including the third sector.
15	Health boards should consider how they can strengthen collaboration with third sector organisations to enable appropriate direct referrals in to NHS mental health services when required.
16	Health boards should ensure that single point of access services are implemented across Wales and is accessible to all professionals and public to help facilitate prompt support and care for people with mental health needs.
17	Health boards must consider how to support and embed the mental health practitioner roles further and ensure that they can link directly into a seamless mental health pathway.
18	Health boards should consider how adults with urgent mental health needs, and who are experiencing mental distress, can easily access safe places in the community, which can provide a calm and safe space in a less clinical setting as an alternative to hospital admission or contacting emergency services.
19	Health boards, and Public Health Wales, should consider what additional steps can be taken to raise mental health support awareness in men, to support their mental well-being and signposting to support services.

Annex B – Further context to the review

What do we know about mental health and well-being in Wales?

In the 2015 Welsh Health Survey, 13% of adults (aged 16 and over) living in Wales were found to be currently receiving treatment for a mental health problem[40].

Within its Together for Mental Health Strategy[41], Welsh Government highlights a number of mental health statistics that includes the following:

- 1 in 4 adults experience mental health problems or illness at some point during their lifetime
- 1 in 6 of us will be experiencing symptoms at any one time. At a time of recession when levels of stress and anxiety inevitably rise, more people will be affected and suicide rates are likely to increase
- 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder at any one time
- 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues. There is evidence this is increasing
- Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age, demonstrating that mental illness can affect people across the course of their lives
- Between 1 in 10 and 1 in 15 new mothers experience post-natal depression
- 1 in 16 people over 65, and 1 in 6 over the age of 80, will be affected by dementia. Current estimates are that approximately 43,000 people in Wales are experiencing dementia and this is predicted to increase by over 30% in the next 10 years
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

The strategy also highlights that mental illness has a significant impact on life expectancy and is a key cause of health inequalities. The most deprived communities have the poorest mental health and well-being. Many mental health problems can start early in life, often as a result of deprivation, and can include poverty, trauma, loss or abuse. Not only can the impact of mental health illness be distressing to the individuals, but also to their families, friends and carers.

The Welsh Government document *Talk to me 2: Suicide and Self-harm Prevention Strategy for Wales 2015-2020*, highlights that there is a stigma associated with mental health conditions, and this is a cause for concern, and is also an area where improvement is needed.

The stigma around mental illness can cause isolation, and may stop those struggling with their mental health or those in crisis from seeking help, which in turn may result in self-harm or even suicide, consequently preventing those affected by suicide from accessing appropriate services and post-suicide bereavement support.

Who manages NHS mental health services in the communities across Wales?

There are seven local health boards in Wales, and each plan, commission and deliver healthcare services in their localities, including mental health services. These are listed below and highlighted on the map.

Local Health Board Mental Health Services:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board.

[40] http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en
[41] https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf

Annex B - Further context to the review

There are also three NHS Trusts in Wales, each with an all Wales focus, and who also engage with patents who have mental health needs. These are Public Health Wales[42], Welsh Ambulance Services NHS Trust[43] and Velindre NHS Trust[44].

The provision of NHS mental health services in the community can include the following:

- GP practices
- Local Primary Mental Health Support Services
- Community Mental Health Teams (CMHT)
- Social services (such as joint services with CMHTs)
- Clinical Psychologist
- Psychiatrist
- Psychotherapists
- Counsellors
- Occupational Therapists
- Social Workers
- Approved Mental Health Professionals
- Crisis Resolution and Home Treatment Teams
- Early Intervention in Psychosis Teams
- Third sector (when commissioned by the NHS)

[42] https://phw.nhs.wales/
[43] https://www.ambulance.wales.nhs.uk/
[44] https://velindre.nhs.wales/

Annex C - Tier 0/1 and Third Sector services supporting people mental health

There are numerous services in Wales where people can access support for their mental health, and these include those listed within the NHS 111 (Wales) helpline leaflet[45], and those listed below.

- NHS 111 Wales[46]
- Hafal[47]
- Samaritans[48]
- CALL (Community Advice and Listening Line)[49]
- Mind Infoline[50]
- SANE[51]
- Meic Cymru[52]
- Childline[53]

There is also a service available for healthcare professionals; Health for Health Professionals (HHP) Wales[54]. HHP Wales offers a free, confidential service that provides NHS staff, students and volunteers in Wales with access to various mental health support. The service offers self-help, guided self-help, peer support, and virtual face-to-face therapies with accredited specialists.

[45] https://111.wales.nhs.uk/pdfs/Helplines_leaflet.pdf
[46] https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealthandwellbeing/
[47] https://www.hafal.org/
[48] https://www.samaritans.org/
[49] https://www.callhelpline.org.uk/
[50] https://www.mind.org.uk/
[51] http://www.sane.org.uk/
[52] http://www.meiccymru.org/
[53] http://www.childline.org.uk/
[54] https://hhpwales.nhs.wales/

Annex D: Acknowledgements and Stakeholders

HIW is grateful for the public and staff that completed our national surveys and all those met with us during the national review. Our stakeholder group included representation from:

Care Inspectorate Wales

Community Health Councils Wales

NHS Wales Delivery Unit

NHS National Collaborative Commissioning Unit

Welsh Government

Health Board

Welsh Ambulance Service NHS Trust

Police

Local Authority

Third Sector

Royal College of General Practitioners

Royal College of Psychiatrists

National Coordinator for the Crisis Care Concordat

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