



**Mental Health Crisis Care Provision Transformation  
Programme**

**Interim Evaluation Report – Executive Summary**

**Report of the Mental Health Crisis Transformation Challenge Award  
Steering Group**

**September 2016**

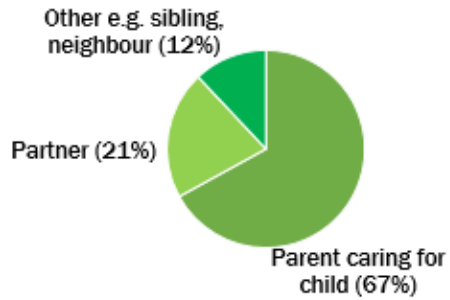
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# Mental Health Crisis Care Evaluation: Executive Summary Snapshot

The report presents the interim evaluation findings for the Mental Health Crisis Care Transformation Challenge Award programme. It is intended to inform commissioning discussions and capture lessons learned so far from the Safe Haven and Healios carers support pilot programme.

## Healios Carers Pilot



Over **two-thirds (67%)** of attendees were parents caring for a child or children



**97%** of those referred to the Healios pilot were contacted within two days of their referral, and **63%** attended their first session in five days or less



**49%** of Safe Haven visitors attend to prevent crisis symptoms from escalating further

## Safe Havens

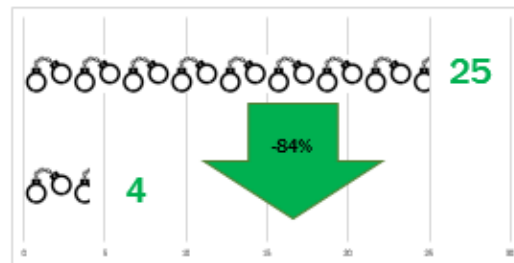


Safe Havens have opened in **5** locations across Surrey

Carers using the Healios pilot have reported reductions in **distress** and **burden levels** and improvement in their **ability to function day-to-day**



## Outcomes



There has been an **84%** reduction in people with mental health issues being detained in police custody



There have been **22%** fewer police deployments to mental health incidents

**99%** of visitors to the Safe Havens were either 'Satisfied' or 'Fairly Satisfied' with their visit



There have been over **4,000** visits to Safe Havens since they opened - this translates to **£1.2m** of potential costs avoided in A&E attendances and psychiatric liaison services



## Report summary

### Introduction

- a. This report presents the interim evaluation findings for the Mental Health Crisis Care Transformation Challenge Award (TCA) programme. It is intended to inform commissioning discussions and capture lessons learned so far from the Safe Haven and Healios carers' support pilot programmes.
- b. In November 2014, partners in Surrey were awarded £1.5 million non-recurring funding from the Department for Communities and Local Government TCA 2015/16. The programme aims to provide accessible alternative care and support pathways for people in mental health crisis and their carers that focus on preventing crises before they happen.
- c. The Single Point of Access (SPA) programme led by Surrey and Borders Partnership is excluded from the scope of this report as it is under development at the time of writing. A full evaluation report will be published in 2017 that will include the SPA along with the other TCA interventions.
- d. The key questions this evaluation aims to address are:
  - **How have Safe Havens and the Healios carers' service transformed the way Surrey's health and care system operates?**
  - **What relationship do Safe Havens have with stakeholders in the wider public service system (e.g. Surrey Police)?**
  - **What are service users', carers' and other stakeholders' perceptions of the Safe Havens and Healios carers' service?**
  - **How are they affecting the outcomes identified in the original TCA bid?**

### Safe Havens – headline findings

- e. Five Safe Havens opened across Surrey from November 2015 to April 2016, loosely based on the service model piloted in Aldershot. The Safe Havens' locations are Camberley, Epsom, Guildford, Redhill and Woking.
- f. There have been high levels of activity at the Safe Havens since they opened - there were over 4,000 visits to them countywide between November 2015 and July 2016. In financial terms, this translates to almost £1.2 million of potential estimated costs avoided in A&E and psychiatric liaison service resources. Most visitors tended to stay at the Safe Haven for three hours or more, which suggests they value them as a safe place for them to go. Results from the Safe Haven satisfaction surveys reinforce this as all respondents agreed that they provided them with places of safety.
- g. 4% of visitors attended the Safe Havens with someone in a caring role. There is little evidence to explain why it appears few carers have attended the Safe Havens. However, data from the user satisfaction survey suggests most people that responded would have gone to family and friends had the Safe Haven not been open. This implies the service has a wider role to play to ensure people within wider informal networks for

people with mental health issues are also supported.

- h. Nearly half of visitors said they were visiting primarily for preventative reasons. This aligns with a key aim of the project to prevent the symptoms of crisis escalating. The second most popular reason for people visiting was for the social aspect. While the social function is an important part of how the service works, and socialising can play a role in prevention, it is important to ensure that people are visiting the Safe Havens for the purposes of managing their mental health and wellbeing.
- i. 83% of users that completed the user satisfaction survey were very satisfied with their experience of the Safe Haven. Feedback from partners, such as GPs, has also been positive and recognised the value they added for people. While people said they were treated well by the service, some were unsure whether Safe Havens were able to help them to assess their treatment options or help them feel informed to make choices.
- j. Safe Havens are potentially at risk of becoming victims of their own success. Service users and carers have said that the popularity of the service means they are at risk of coming under pressure should visitor numbers continue to rise. Commissioners and providers should jointly develop plans that explicitly address how to handle rising demand.
- k. Safe Haven staff raised concerns about how they manage situations where their safety and those of other visitors could be at risk. Safety and security procedures should be reviewed for the Safe Havens, and common standards agreed to ensure consistency and clarity on how to respond to an unsafe situation.

### **Healios pilot – headline findings**

- l. The Healios carers pilot is an online-based programme of psycho-educational and skills training designed to increase the confidence and capability of carers that look after people with mental health needs. The pilot aimed to recruit 60 families to the programme to access support from a pool of 720 sessions with a qualified clinician.
- m. Early evidence suggests Healios is having a beneficial impact on the families and the people with mental health needs themselves. Notably, the programme has made a difference to carers' wellbeing evidenced by them self reporting reductions in their distress and burden levels and improvements to their ability to function well day-to-day in their work and social lives.
- n. Changes in carers' behaviour and the approach to their relationship with the person they care for was a key factor underpinning these improvements. Carers felt more capable in dealing with the challenges of caring, and that the service delivered a previously unmet need.
- o. Carers were positive about how accessible and responsive the service was. 97% of the families referred to the pilot were contacted within two days of their referral, and 63% attended their first session within five days or less.

- p. A review of the recruitment process has thrown up a key issue. Carer support organisations and Safe Havens were initially identified as key referral points for carers to enter the pathway. To date, the majority of referrals have been through carer support organisations, although Safe Havens are now starting to make more referrals. Going forward, the recruitment process for the service needs to be clear about who the key referring agencies are and ensure those agencies are clear about their role.
- q. A further issue to consider is long-term impact for the families and the people they care for. Any future specification should ensure a process for capturing medium to longer term impact of the Healios programme is explicitly set out. Commissioners can build an evidence base to assess whether the programme provides a sustainable solution for upskilling carers in Surrey and they use the techniques learned from their sessions to maintain their increased sense of wellbeing following the programme's completion.

### **Outcomes – headline findings**

- r. Early analysis of the outcomes identified by the programme shows a mixed picture in terms of demand. Outcome performance was compared for the period the Safe Havens were open for (November 2015 to July 2016) and with the same period in the previous year. Some services have seen a reduction in demand, while others have seen an increase, summarised as follows:
- 14% increase in the number of assessments and 23% increase in the number of admissions to section 136 suites. It is worth noting that Safe Havens and the Healios pilot were not primarily designed to address this issue – the Single Point of Access programme, currently in development, aims to reduce the numbers attending a section 136 suite;
  - 22% increase in the number of missing persons incidents;
  - 22% fewer police officer deployments to mental health incidents;
  - 13% fewer specialist police units, e.g. helicopters, being deployed; and
  - 84% reduction in incidents of people with mental health issues being detained in a police cell.
- s. At this stage, the data has thrown up more questions than answers and does not provide conclusive proof of the impact the Safe Havens and Healios have had on the TCA outcomes. The number of variables involved makes it very difficult on current data to determine to what degree changes in demand can be attributed to the TCA interventions. Further work should be commissioned into what the mental health crisis care system in Surrey looks like and what influence Safe Havens and the Healios pilots have over this system.

### **Conclusion**

- t. Overall, Safe Havens and Healios have been well received by the intended service users. Service satisfaction is high and they feel the services meet their needs. Partners' determination and passion for the interventions have contributed to high usage and quality of service.
- u. The impact on outcomes at this stage is unclear. Some services have been operational for a short time so are at an early stage of development, and there is room for

improvement in the quality of data and partner understanding of how public agencies' response to mental health crises is working. A priority is for partners to build a collective understanding of how mental health crisis services are responding in Surrey and identify where the TCA services can be deployed to best effect.

- v. A full evaluation of the TCA programme, including the Single Point of Access, will be produced in 2017, which will cover a more comprehensive analysis of the impact the TCA's interventions have had on the outcomes and on savings for partners.
- w. A summary of the report's recommendations can be found on page 5. Further details on the findings are available in the full report.

## Recommendations summary

Reference	Recommendation
<b>Safe Havens</b>	
S1	Commissioners and providers work together to ensure the crisis management and preventative aspects of the service are actively promoted.
S2	Commissioners and providers should work together with carers support organisations to raise awareness of the Safe Havens and review the service offer to ensure carers, friends and family can also receive the most appropriate support.
S3	Commissioners and providers continue to monitor activity levels and put contingency plans in place to help manage increased demand.
S4	Commissioners and providers should work together to develop plans to raise awareness with different Surrey communities, particularly those with protected characteristics under the Equality Act 2010.
S5	Providers and commissioners work together to develop a clear, consistent process and standards for all Safe Havens to enshrine their commitment to the safety of visitors and staff. New and existing staff should be briefed on the new policy as a priority.
<b>Healios</b>	
H1	Commissioners work with Healios to understand why referral rates from certain areas of Surrey are lower than average, and develop a plan to address this.
H2	Commissioners and Healios to co-design a systematic process for monitoring longer-term impact (six months plus) of the programme on carers.
H3	Ensure Healios awareness training and referral process is included as part of the standard induction for Safe Haven staff.
H4	Healios should agree a feedback process with Safe Haven managers so that they can monitor how many people are being referred to Healios and any inappropriate referrals identified.
H5	The TCA Steering Group would advise that commissioners develop a stakeholder engagement plan to increase awareness with partner organisations and potentially increase the number of access points into the Healios programme. It is of particular importance that this plan demonstrates how there will be engagement with communities more at risk of mental illness.



H6	The TCA Steering Group would suggest that commissioners consider reviewing different mechanisms for sustainable funding of the service.
<b>Outcomes</b>	
O1	The TCA Steering Group requests local Safe Haven commissioners pull together a countywide trend analysis to assess the difference made in local A&E attendances. This will include a breakdown for each acute hospital. This should then be fed in for discussion by the Steering Group at their meeting on 16 December 2016.
O2	The TCA Steering Group should request that Surrey Police review their data to understand the extent to which Safe Havens have made an impact on their outcomes monitored for the TCA programme. This should form part of an overall analysis of the outcomes where police have been deployed to deal with a mental health incident. They should then present an update report to the Steering Group at the meeting on 16 December 2016.
O3	The TCA Steering Group should request that partners work together to produce an analysis of police and ambulance data to assess the proportion of incidents where they brought people to a Safe Haven.
O4	The TCA Steering Group should request that customer journey maps should be developed to improve understanding of the user experience of Surrey's mental health crisis care system. The Steering Group should use the output of this exercise to inform how to improve the impact of the TCA interventions.

## Example case studies

### **Safe Haven: Supporting a couple to find the right solution for them to support recovery**

Callum attended Safe Haven when he was in crisis. He stated that he had heard of Safe Haven from a friend and wanted to come as he felt he could no longer cope. His partner had kicked him out of the house due to chaotic and challenging behaviour and self harm - he had been dealing with a psychotic illness for some time and had not identified his relapse triggers. He had stopped going to work as he was paranoid about work colleagues, was anxious all the time and had been aggressive to others, and felt "lost".

A member of staff worked with Callum to develop a crisis plan. They agreed he was to go to the doctor and request medication, to change GP as he was based outside the borough, and he was referred to local mental health services.

Safe Haven staff met with Callum and his partner to discuss relapse prevention, signs and symptoms of relapse and put a robust plan in place. They also worked on the relationship between Callum and his partner and developed house rules for them to both follow.

Callum returned to the Safe Haven weeks later stating that he had managed to "get my life sorted". His partner who had benefited from the session had allowed him back to the house and they were continuing the work on his crisis plan and following the "rules" that we had discussed in session. Having "house rules" and a crisis plan meant Callum's partner felt they were more aware of relapse signs and he felt more in control of his mental state, symptoms and more able to talk about how he was feeling without being scared of potential negative reactions. He had gone back to the GP and managed to have his medication reduced to a more therapeutic level and managed to get up early to attend to his job.

He was very grateful for the Safe Haven's input and felt that finally he had managed to return to work and manage his symptoms.

\*Case study supplied by Surrey and Borders Partnership staff. A pseudonym has been used to protect Callum's real identity.

### **Healios: Improving communication as a basis for moving forward**

Graham's wife, Janet, experienced severe bouts of anxiety and depression. These resulted in her feeling frustration, panic, insomnia, suicidal thoughts and feeling overwhelmed. She also suffered with extreme physical ailments. Janet's anxiety could escalate to a point where she had a complete meltdown, and resulted in both her and Graham feeling unable to know the best solution to help alleviate things. Graham said they were both emotionally drained and extremely tearful. He said he wanted to improve his communication and felt he often did not say the right thing.

Healios delivered family support and psycho-education. These sessions initially began with Graham, however, he later requested that Janet join him after they spoke about the benefits. The couple learned new skills and coping methods. They explored anxiety and depression in greater detail which enhanced their understanding, gave them a sense of greater control and confidence and gave them a platform from which to move forwards.

Both Graham and Janet completed their sessions with a far greater sense of positivity and confidence. Their outlook for the future was filled with optimism and excitement. They expressed their appreciation of each other's efforts and felt proud at how far they had come. The couple gained a sense of achievement by using their new skills.

Graham said:

*"Our lives were filled with negative emotion and I could not see that it would ever change. We now have a new lease of life."*

Janet said:

*"I felt guilty all the time that I was ruining mine and my husband's lives. Now that I know how, I've taken back control and feel excited for our future."*

\*Case study supplied by Healios. Pseudonyms have been used to protect Graham and Janet's real identities

More case studies on the Safe Havens and Healios are available in the full report.