

# Mental Health 111 Press 2

## Pilot Evaluation Report

Version 3.0

Document Author: Danielle Hooper

Date: April 2022

## Introduction

### Background

In May 2019 the Welsh Government, through the National Crisis Care Concordat Group, commissioned the Director of Quality & Mental Health/Learning Disabilities at the NHS Wales National Collaborative Commissioning Unit to undertake a National Review to achieve greater understanding of the issues leading the public to access emergency services when experiencing mental health and/or welfare concerns. In October 2020 the 'Beyond the Call' National Review was published by Welsh Government. Some of the findings of the publication were:

- In Primary Care one of the biggest gaps in provision reported by GPs is the increasing number of people who do not fit a clear referral pathway because of the complexity of their needs. Increasing complexity is one of the major factors responsible for the 'rising workload' in general practice.
- A recent review of Community Mental Health Teams in Wales found many areas of good practice in Wales but also 'variability' in access to crisis care. This Review found that 51% of people receiving care from these services did not know who to contact when in crisis 'out of hours' and 57% were 'not satisfied' with the 'help' offered 'out of hours'.
- The Welsh Ambulance Service answered nearly 112,965, '999' calls in the first three months of 2020, 202,053 and internal reports show 'mental health demand' to be between 7% and 10% of calls, with about third of calls resulting in conveyance to a hospital or emergency department.
- In Wales the NHS 111 service is not currently designed to provide specialised mental health support but, during the in the first three months of 2020, circa 1% of the 170,875 calls received, in the areas where the NHS '111' service is available, were classed as mental health calls.

Evaluation of pilot projects have found that having mental health professionals as part of the NHS 111 service resulted in '25% fewer' people needing to attend an emergency department for mental health concerns. Another pilot evaluation found that, of the people triaged by mental health professionals through a NHS 111 Service, 3% needed a police or ambulance response, 17% needed a 'face to face' crisis assessment and the other 80% were signposted to third sector partners, crisis sanctuaries or were referred to primary or community services.

### Assessment

In May 2021 a project group was formed for MH111 in CTM with the objectives to implement a Mental Health 111 service. This project works in collaboration with the National 111 Programme team. This project will be delivered in 3 phases.

### **Phase 1 – Planned Pilot Go Live**

Weekend Out of hours 111 MH Service.

- Friday 18:30 – 22:00
- Saturday 14:30 – 22:00
- Sunday 14:30 – 22:00

### **Phase 2 – Extend hours to include week day evenings**

As above but include: -

- Monday to Thursday 18:30 – 22:00
- Recruit substantive staff

### **Phase 3 – Implement 24/7 model**

Phase 1 pilot expectations.

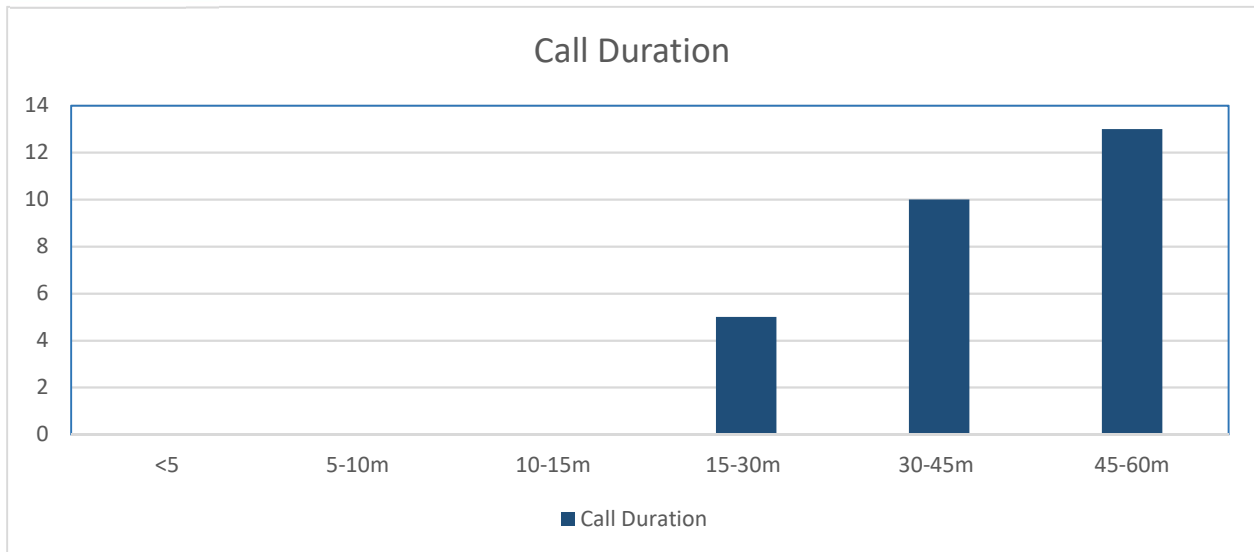
- Improved Patient Experience / Patient Centered Approach
  - No Wrong Door – When a person contacts CTM 111 MH Service they will receive an inclusive response and assisted with their current presentation and arrangements made for further/different support if needed.
  - Right Help, Right Time – By working towards a 24/7 approach, we will respond effectively to urgent mental health needs.
  - Reducing Duplication – Users of CTM Mental Health Service should not have to repeat their story. The person completing referrals will be a trusted assessor, therefore further assessments should only be additive to the patients care.
- Correct care for the current CTM 111 Mental Health users
  - CTMs current 111 call center is not skilled to deal with calls categorized as Mental Health, meaning the majority of Mental Health categorized calls are referred to Mental Health Crisis Teams, Hospital Emergency departments or GP Out of Hours teams. The pilot CTM 111 MH service will be able to correctly deal with the current CTM 111 Mental Health calls freeing up resources in the current referral pathways.

The pilot commenced in November 2021 with shifts being covered by Mental Health staff already in existing substantive roles. Working closely between the 111 call centre staff and Mental Health practitioners, calls with an identified mental health issue were transferred to the 111 (press 2) service. Prior to the pilot calls would have been directed to Mental Health Crisis teams, Hospital Emergency departments or GP Out of Hours teams. This evaluation report presents data collected during the pilot period in order to inform the Project Board and support them in the development of the 111 (press 2) project.

## Statistics – Call outcomes

An outcome evaluation was developed to help us understand the nature, frequency, need of calls & the outcomes of the pilot between November 2021 – March 2022.

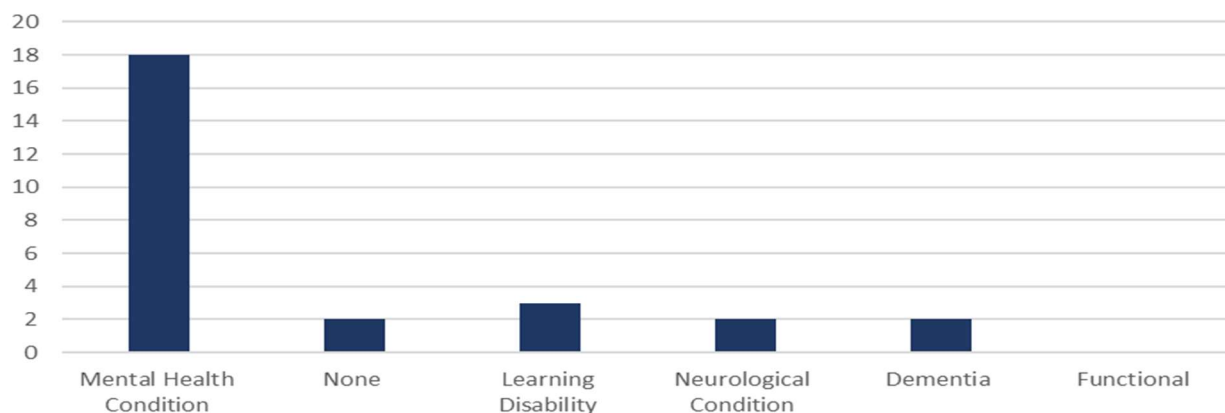
### Call Duration



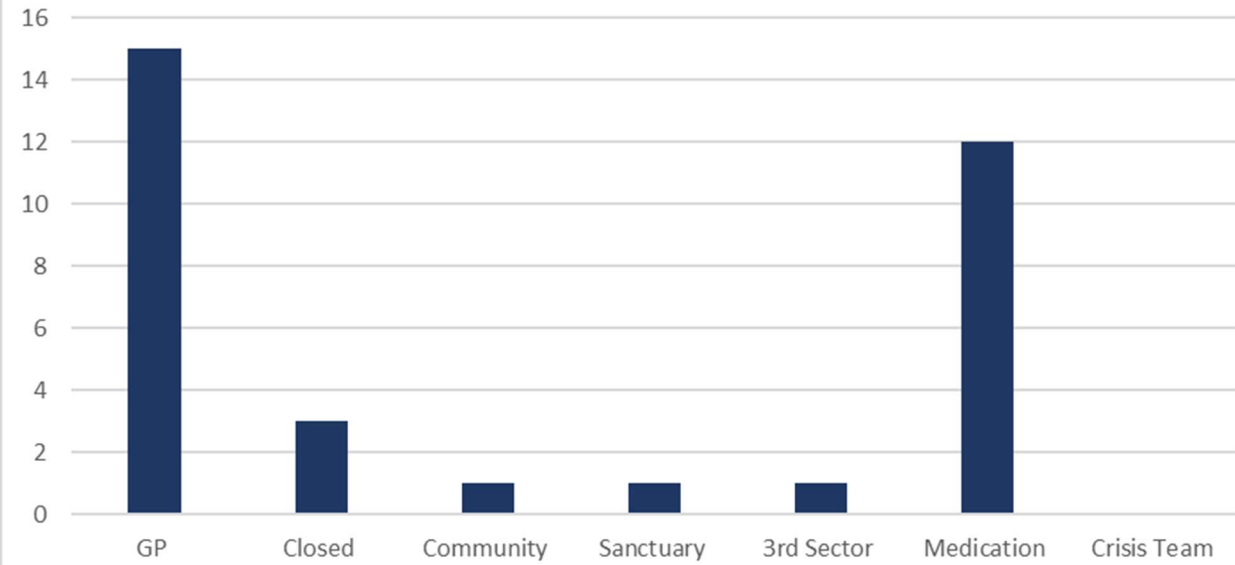
### Call Peak Times

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>14:00-18:00</b>						Low	Low
<b>18:00-22:00</b>					Low	High	High

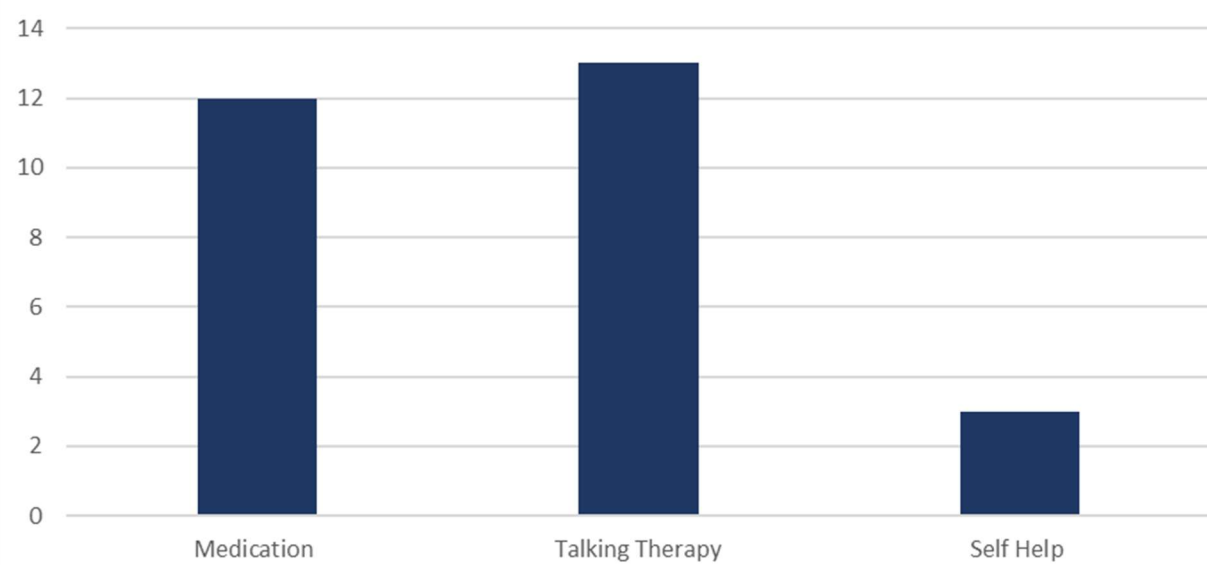
### DEMOGRAPHICS: PREMORBID DIFFICULTIES



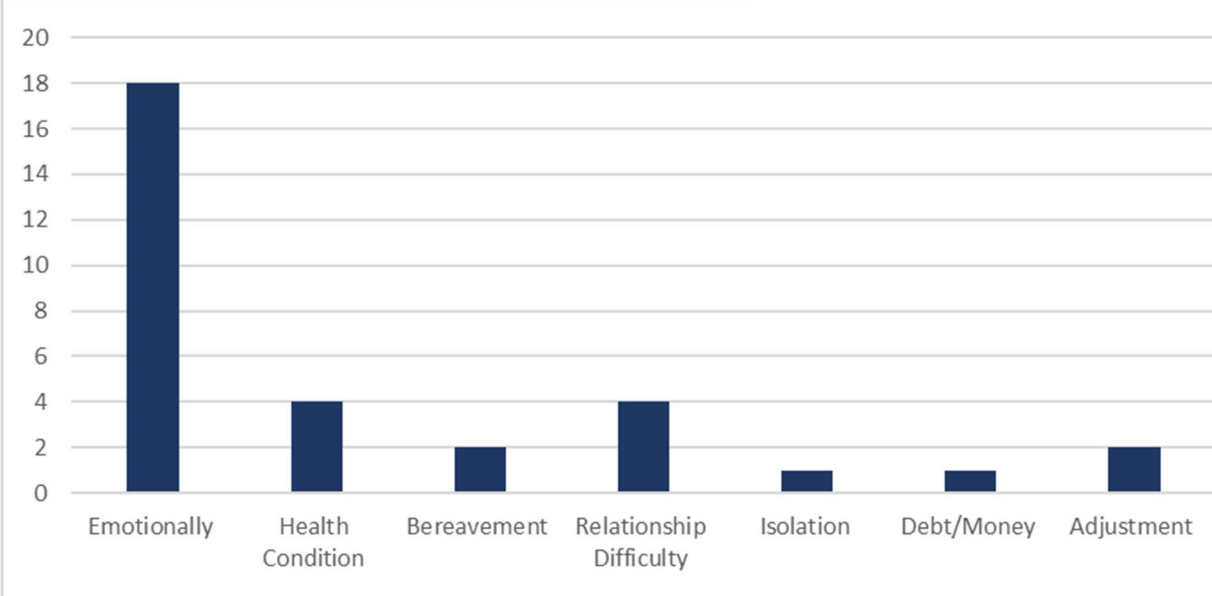
### Call Outcomes – what happened next?



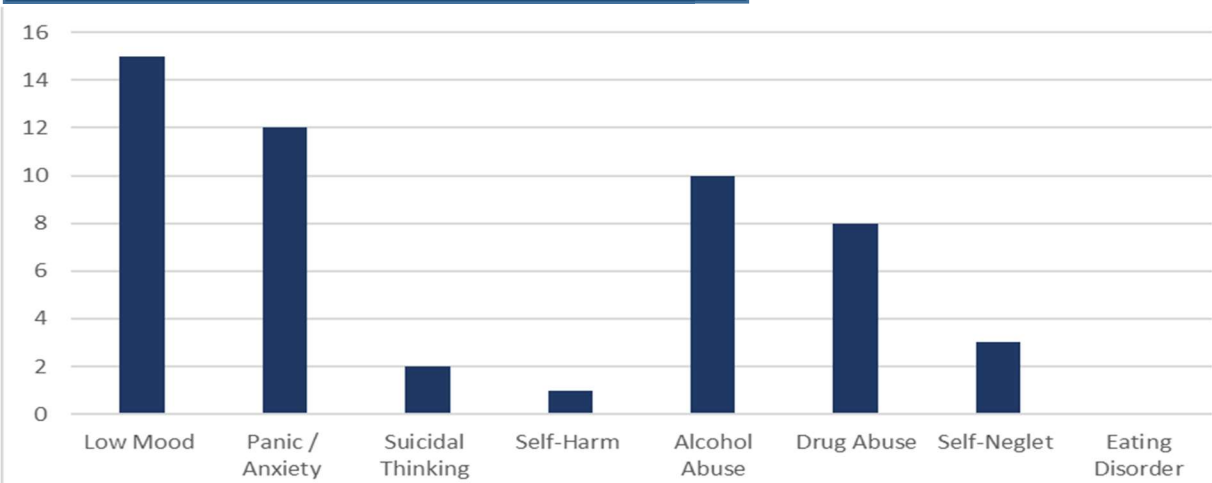
### Treatment & Interventions



### FORMULATIONS OF DISTRESS: THREATS

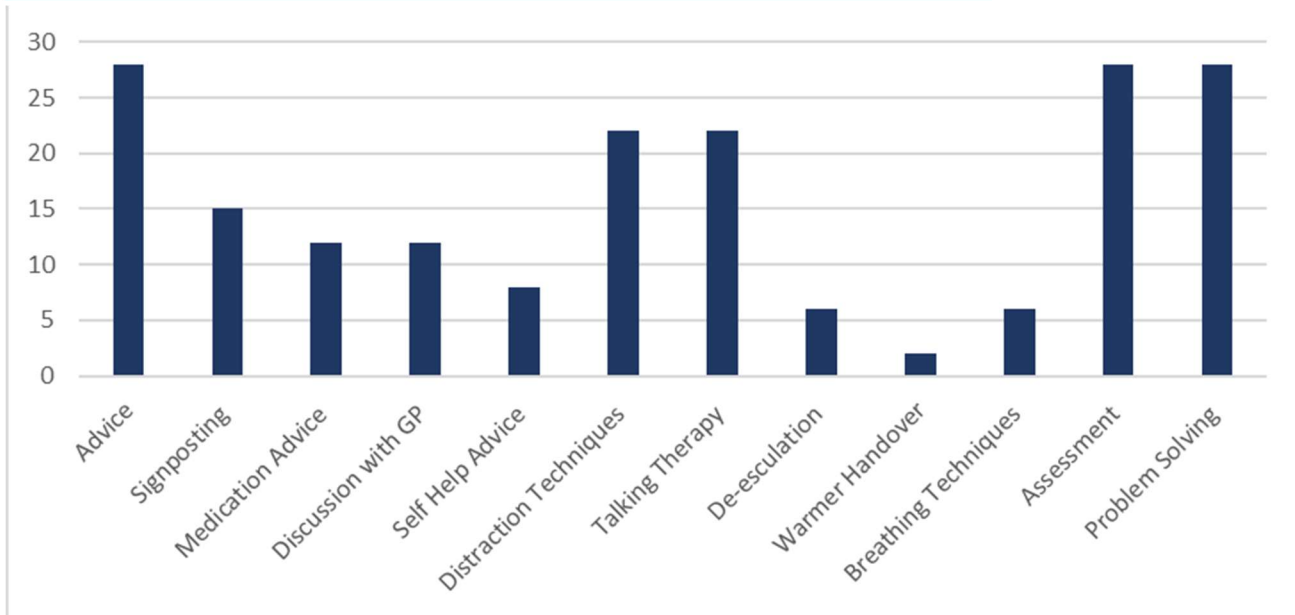


### FORMULATION OF DISTRESS: THREAT RESPONSES



Threat responses refer to 'symptoms' or reactions to the threats that people experience. Multiple responses were applicable to callers. Many callers described difficulties with low mood and anxiety.

## OUTCOME OF CALLS: SKILLS NEEDED BY MENTAL HEALTH PRACTITIONERS



## Discussion

Whilst the data represents a relatively small sample of people requesting mental health support, the data suggests that the role of a 111 (press 2) mental health call handler is more involved than following any pre-defined algorithm and then diverting calls to the most appropriate service for further help. Key findings from the pilot shows the majority of calls last between 30 – 60 minutes, knowledge of pharmacology and psychological therapies are essential skills together with the ability to support people who present in distress. Of note, the national evaluation also supports the finding that call handlers are needing to support people in distress who sometimes do not require further support but are helped by the call handler.

Given the above findings, an agreement is needed on a staffing model and whether this is made up of unqualified staff with clinical support, qualified staff only or a mix of both.

With regards to outcomes, a significant number of these are directed to the GP. It is not clear from the data what is the 'ask' of the GP but we would need to be assured that people are not being directed to primary care to access other services. For example, Local Primary Mental Health Support Services. Given the pressures primary care services are currently under, a better understanding is needed of this outcome. Particularly if demand is being shifted from one clinical area to another, i.e. Emergency Departments to Primary Care.

## Recommendations

The author requests that this evaluation report is submitted to the next Project Board meeting to form part of the wider discussion to decide on the staffing model of the 111 (press 2) service which is due to go live in the summer of 2022.

In addition, approval is needed to move into 'Phase 2' of the pilot. Phase 1 of the pilot was a weekend only service which members of staff worked;

Friday: 18:30-22:00

Saturday & Sunday: 14:00-22:00

Phase 2 will extend the service providing the following;

Monday-Friday 18:30-22:00

Saturday & Sunday 14:00-22:00

If approved, Phase 2 will commence in May to allow the project team enough time to do further evaluations and work to ensure our 24/7 service will be robust and run to its best potential.

We are very grateful to those who have taken part in this pilot to allow us to gain the knowledge and understanding of how a Mental Health 111 service with run. We are thankful for their skilful and compassionate response to each caller.