November 2005

Review of mental health crisis services In Lambeth and Southwark

Authors:
Patrick Gillespie and Isobel Morris, South London and Maudsley NHS Trust
November 2005

Content

1. Introduction

Providing prompt, appropriate and effective care in a crisis is one of the standards in the National Service Framework (NSF) for Mental Health. Being confident that responsive crisis services are in place is a major concern of a wide range of stakeholders including service users, carers, mental health service providers, primary care, acute hospitals, voluntary agencies, the police and the public. In the last four years there has been significant investment in crisis services in both Southwark and Lambeth. South London and Maudsley NHS Trust (SLaM) initiated a review to consider how well these services are working as a system, to identify how effectively they meet the needs of key stakeholders and to consider options for service improvement.

The review was conducted between July 2004 and September 2005 and has involved a wide range of stakeholders. Members of the steering group included SLaM, service users, acute trusts, joint commissioners from Southwark and Lambeth Primary Care Trusts (PCTs), current service providers, the police and emergency duty social workers.[1] There has therefore been extensive participation in the process of the review prior to moving forward to a phase of formal consultation.

In the course of the review the Steering Group commissioned work which included:

- an external review of crisis services in Southwark commissioned by Southwark PCT;
- a detailed audit of presentations to crisis services across both boroughs in a two week period in November 2004;
- a stakeholders' event in January 2005 to consider the components of a good crisis service;
- a service user led questionnaire to canvass the views of service users.[2]

This document reviews existing service provision and outlines options for service improvement. The options have been discussed by the steering group. The proposals are now out for a period of formal statutory consultation, which will take place from 1 December 2005 until 17 March 2006.

[1] See appendix 4: Steering group members
[2] These documents are available on www.slam.nhs.uk or from Jane Courtney on 020 7919 2438

2. Reasons for the review

The review was carried out for the following reasons:

- with the development of the 24/7 mental health services at King's and at St. Thomas' there is the risk of duplication of services across the system which does not represent the best possible value for money;
- the current system includes multiple points of entry. This can be confusing for service users and referrers and can lead to multiple assessments and lack of continuity in care planning;
- the current service configuration is complex and does not always function effectively as a whole system;
- there is duplication in the current configuration of services, with 24 hour, walk-in services located in close proximity to one another at both King's and the Maudsley.
- Community Mental Health Teams (CMHTs) need to develop a more sophisticated approach to relapse prevention to reduce the numbers of known service users presenting in crisis and distress. There needs to be more emphasis on preventing crisis rather than managing crisis once it has occurred. It is felt that the availability of the Maudsley Hospital Emergency Clinic (EC) as a 'back-up' works against CMHTs developing a crisis prevention approach;
- the EC has a number of functions which can lead to a lack of therapeutic focus;
- current services are based on a more traditional medical model and a wider choice of services based on social and psychological models of care would be desirable;
- the support of service users with complex needs awaiting admission or further assessment can result in the EC being closed to walk-in presentations;
- facilities for service users with complex needs awaiting further assessment, or waiting for a bed out of hours are inadequate;
- there may be risk of unlawful detention under the Mental Health Act as the EC cannot accept section papers.

Both Southwark and Lambeth PCTs indicated at the start of the review that the exercise was not initiated by a need to find savings. However, it has been stated by Southwark and Lambeth PCTs that any recommended consultation option needs to be achievable within existing resources. The final outcome of the consultation process will need to take account of the resources available in 2006/07.

Developments underway

In the course of the review, funding was secured to move the 136 suite from the Emergency Clinic to Eileen Skellern 1 (ES1) - the psychiatric intensive care unit on the Maudsley site. This move will go ahead independent of the consultation process on any changes to the configuration of the EC. The move has been planned with the ES1 staff and the police. The expertise and critical mass of ES1 staff will provide a safer environment for 136 assessments.

Funding has also been secured from Southwark PCT to refurbish the blue room at King's to create interview facilities that offer more privacy. The Psychiatric Liaison Nurse (PLN) Team has also moved to a base closer to the Accident and Emergency (A&E) Department to further promote joint working and collaboration with King's A&E staff.

Overview and Scrutiny

The process of statutory joint health scrutiny is discrete from the participation and informal consultation that took place throughout the course of the review. Members of Lambeth and Southwark health Overview and Scrutiny Committees (OSCs) were informed of the intention to review crises services. Both OSCs have also been kept appraised of a broad timetable for the start of the formal consultation period. Having decided that any proposed change to crisis services represents a substantial variation for each borough, Lambeth and Southwark have formed a joint OSC which will scrutinise the review process and proposals between December 2005 and March 2006.

3. Overview of current mental health crisis services

3.1 Summary of services and investment

In both Southwark and Lambeth there are a number of access points to mental health care in a crisis. These include:

- emergency mental health services at St.Thomas' and King's A&E Departments;
- the Emergency Clinic at the Maudsley Hospital;
- out of hours primary care service, SELDOC;
- Lambeth and Southwark Social Services Emergency Duty Teams;
- section 136 suites at Lambeth Hospital and the Emergency Clinic for the assessment of patients brought in by police under section 136 of the Mental Health Act;
- urgent assessments carried out by community mental health teams between 9.00 and 5.00 in Southwark and by the Rapid Response Teams in Lambeth;
- telephone advice from NHS Direct.

In addition to these services, both Southwark and Lambeth have Crisis Resolution/Home Treatment Teams that will assess service users who present via one of the above routes. These teams provide intensive treatment at home should that be appropriate. The services are not available directly but can be accessed by A&E Departments, the EC and CMHTs.

Current investment in crisis services is summarised in the table below.

Service	**Lambeth**		**Southwark**	
Emergency Clinic		202,474		404,949
Home Treatment/Crisis Resolution	Home Treatment Team North	700,000	CREST North	597,972
	Home Treatment Team South	680,000	CREST South	581,586
St. Thomas' A&E	Psychiatric Liaison Nurses (24 hour)	£400,146	King's A&E (24 hour)	385,086
		1,982620		**1,969,593**

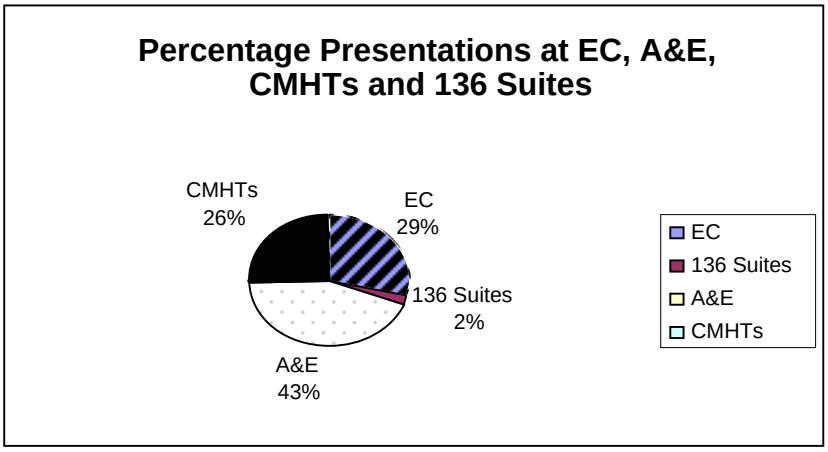
The current investment in crisis services in Lambeth and Southwark is £3,952,213. Of this, in the last four years there has been £1,780,146 additional investment in Lambeth and £1,564,644 in Southwark. This includes two Home Treatment/Crisis Resolution Teams in each borough and expansion of the mental health services in King's A&E and St. Thomas' A&E. There has therefore been significant investment in Southwark and Lambeth in the last four years and it is important to review how well services are working together.

3.2 Current use of services

The current use of mental health emergency services was audited in November 2004.[3] The audit included:

- presentations to the A&E Departments;
- presentations to the Emergency Clinic (EC) at the Maudsley;
- urgent requests to the CMHTs;
- referrals to Crisis Resolution /Home Treatment Teams;
- crisis resolution / home treatment caseloads;
- patients brought in by the police on section 136 to Lambeth Hospital and the Emergency Clinic;
- admissions to psychiatric wards.

During the two weeks of the audit, 440 people presented in crisis, on 649 occasions, to A&E departments, the Emergency Clinic or CMHTs. A&E departments and the Emergency Clinic can be accessed directly by service users and by GPs. CMHTs can be accessed directly by service users known to the service and by GPs. There were 371 presentations to services that can be accessed directly by service users and GPs in the two-week period of the audit.



It can be seen from the chart that the largest single number of presentations, 43%, went to the A&E Departments. Twenty-nine per cent presented at the EC and 26% at CMHTs. Nearly 2% presented at the Lambeth Hospital 136 suite.

Many presentations to crisis services were by people known to local mental health services. Forty-four percent of presentations to the EC, 21% of presentations to A&E Departments and 92% of presentations in crisis to CMHTs were by current CMHT patients. Thirty-four percent of crisis presentations to the EC, 41% of those to A&E and 1% to CMHTs were first presentations to mental health services.

The services offered by A&E Departments, the EC, home treatment/crisis resolution teams and CMHTs will now be described in more detail.

[3] See appendix 5: summary of crisis care audit findings. Full document available from www.slam.nhs.uk or from Jane Courtney on 020 7919 2438

3.3 A&E mental health liaison teams

Accident and Emergency Departments throughout the NHS provide services to patients needing urgent care in an emergency. This includes assessment and treatment for people with mental health problems. Although historically A&E Departments have been poorly resourced to provide specialist services to people presenting with a mental health crisis, both Southwark and Lambeth PCTs have invested significantly over the last five years to improve the specialist services for people with mental health problems presenting at St. Thomas' and King's.

SLaM mental health liaison teams provide a comprehensive mental health service to King's and St. Thomas' A&E and a liaison service to inpatient wards in accordance with the NSF framework for adult mental health and emergency care standards as set out in Reforming Emergency Care. The mental health liaison teams provide assessment for all deliberate self-harm patients, mental health intervention for patients presenting to A&E, and education on issues involving mental health to general hospital staff in A&E and the wards.

At both St.Thomas' and King's psychiatrists and experienced psychiatric liaison nurses (PLNs) are available 24/7 to provide mental health assessment and treatment to people in need of urgent mental health care. Both services have dedicated consultant psychiatrists to support the liaison and A&E services.

In the November 2004 audit, the highest single number of presentations, 208, was to A&E Departments. One hundred and eight presentations were to King's and 100 to St. Thomas'.[4] This represented 43% of all presentations to the A&E Departments, the EC and CMHTs. The 208 presentations were by 156 service users as 38 service users presented more than once. The A&E Departments therefore provided a service to the single largest group seeking mental health care in a crisis.

	A&E	**EC**	**CMHT**
Total Presentations	208 (44.2%)	139 (29.5%)	124 (26.3%)
Total patients	156 (46.2%)	87 (25.8%)	94 (27.9%)

Who presents at A&E?

- 54%, the single largest group attending the A&E Departments, presented with deliberate self-harm. They are therefore likely to need physical interventions as well as mental health care.
- In comparison with the EC more patients presented with suicidal ideation, co-morbid physical problems, alcohol misuse.
- 12% were from a Black and Minority Ethnic (BME) group.
- 18% lived outside the SLaM catchment area.
- 26% presented with psychosis, fewer than the number of service users presenting with psychosis at the EC.

[4] A set of 42 casualty cards at St. Thomas' could not be located which meant that this data could not be included in the analysis.

3.4 The Emergency Clinic

The Emergency Clinic provides emergency mental health care 24/7 throughout the year. The unit is based at the Maudsley Hospital and is staffed by psychiatric nurses, a staff grade psychiatrist and a psychiatric senior house officer. The clinic is supervised by a part time consultant psychiatrist. It provides a specialist contained environment that service users value. In 2004/05, 3503 service users attended the EC. Attendances during 2004/05 are listed in the table below. The majority of attenders are from Southwark and Lambeth.

	Number of attendances	**% attendances**
Southwark	1831	52
Lambeth	1095	31
Lewisham	91	2.6
Croydon	57	1.6
No local connection	95	2.7
National services	47	1.3
Out of area	170	4.9
Other/not known	117	3.3
	3503	

The Emergency clinic has a number of functions. These include:

- assessment of self presentations;
- assessment of patients sent by their GPs;
- follow up brief treatment and assessment;
- 136 presentations brought in by the police (until March 2006 when this facility will transfer to ES1 ward, the Maudsley Hospital).
- support for service users waiting for admission;
- move-on for more complex presentations from King's waiting for assessment by Home Treatment Teams or admission.

Who presents at the EC?

- people more likely to be under the care of a CMHT and be known to services;
- a greater proportion of service users were likely to be suffering from psychosis and required safe containment during assessment;
- service users were more likely to be admitted from the EC – 42% of presentations were admitted compared with 16% from A&E and 14% from CMHTs;
- a higher proportion of BME service users presented at the EC, 22% compared with 12% at A&E;
- more likely to be a regular attender at crisis services - 38% compared with 18% at A&E and 7% at CMHTs;
- less likely to be experiencing a severe crisis - 38% compared with 48% in A&E and 71% in CMHTs;
- more likely to require safe containment. Ten per cent required safe containment compared with 4% presenting to A&E.

3.5 Crisis resolution / home treatment teams

In Southwark and Lambeth, home treatment/crisis resolution teams assess people with serious mental health problems who have been assessed in A&E, the EC or by community mental health teams. The teams provide an alternative to admission for service users who require intensive mental health care in their own homes. The teams also work with ward teams and support early discharge by providing intensive support at home to service users who have been stabilised during a brief in-patient admission. The teams can visit service users up to three times a day, supervise medication, provide social and emotional support, work with families and offer practical help. All the home treatment/crisis resolution teams are staffed by experienced psychiatric nurses, social workers and support workers. They also have dedicated support from consultant psychiatrists and junior medical staff.

During the two-week audit of crisis services carried out in November, 128 service users were referred to the home treatment/crisis resolution teams - 28 of whom were accepted into intensive home care. Fifty-three patients were already on their caseloads. Therefore during the two-week period, 81 patients were under the care of home treatment/crisis resolution teams.

Who receives services from the home treatment/crisis resolution teams?

- 94% of the service users were currently registered with CMHTs;
- 78% had a diagnosis of psychosis;
- 96% were in a severe crisis;
- by comparison with the EC and CMHTs, service users expressed suicidal ideation more often, were more likely to have been violent in the previous week and showed higher rates of alcohol and substance misuse.

3.6 Community Mental Health Teams (CMHTs)

In both Southwark and Lambeth, Community Mental Health Teams (CMHTS) are the hub of the services. In both boroughs, GP's and other agencies can refer service users for urgent assessments. In Southwark urgent referrals will be seen the same day or within 48 hours. In Lambeth, urgent referrals will be seen by the rapid response teams within 6 hours. Service users known to the services can also self present by contacting the teams to arrange an appointment or a home visit. During the two weeks of the crisis services audit 124 service users presented in crisis to the CMHTs.

Who presents in crisis to community mental health teams?

- 92% of the crisis presentations to CMHTs were service users known to the service;
- 65% of the CMHT presentations involved a psychotic disorder;
- 76% of the crisis presentations were contained within the CMHTs, 10% were admitted to a home treatment/crisis resolution team and 10% were admitted to an acute psychiatric ward; 13% also presented to the Emergency Clinic or A&E.
- 71% of the presentations were rated as severe crisis;
- 50% of crisis presentations were from a BME group.

4. Key points to consider

In considering the future of mental health crisis services the following points need to be taken into consideration.

- There were a large number of crisis presentations in the two-week period of the audit. Fifty-four percent of these presentations were currently known to a CMHT. Twenty-one percent of presentations to A&E were known to CMHTs and 44% of EC presentations were known to CMHTs. This raises the question of whether these reflect deficiencies in on-going care. By improving relapse prevention interventions within the CMHTs and by promoting joint working between the home/treatment teams and CMHTs, it should be possible to prevent crises or intervene at an early stage, reducing the need to present to A&E or the EC. The availability of the EC - which sees 44% of service users known to CMHTs - may act as a disincentive for the development of this kind of preventative work. Any reconfiguration of services should therefore enhance the crisis prevention work of the CMHTs.
- Twenty-three percent of service users presented to more than one crisis service in the two week period, suggesting more focussed therapeutic work is needed to support these service users to manage their crises in a more systematic way.
- There is a difference in the population being seen in A&E and at the EC. The EC is more likely to see service users who have psychotic symptoms and who are known to services. These service users are more likely to be admitted and half will have been seen by A&E and the CMHT during the crisis episode. This suggests some duplication of services and lack of continuity of response in a crisis or that services other than the EC have difficulties providing safe containment.
- Home treatment / crisis resolution teams assess a high percentage of service users in A&E and in the EC, yet relatively few are taken on for treatment. This indicates significant time taken in assessment that does not result in intervention by the teams.
- There are significant ethnic differences in service use. These may be explained by the increased frequency of psychotic illnesses in service users from BME groups presenting to emergency services. More BME service users are seen in the EC.
- The EC provides a valuable service supporting seriously unwell psychotic patients while they await assessment by home treatment / crisis resolution teams or await admission. However, the environment is not suitable for direct admission, and this may cause unlawful delays for patients awaiting detention under the Mental Health Act as the EC in its present form cannot accept section papers.
- At the Stakeholders' Day a gap in the provision of social and psychological care was noted. Service users expressed a wish for more out of hours day care, a help line and access to out of hours counselling services.

From these considerations any future configuration of services should:

- Support CMHTs to reduce the frequency of relapse and prevent crisis. This could be achieved by closer working between the CMHTs and home treatment / crisis resolution. This would reduce the number of crisis presentations of service users known to services;
- Support King's and St. Thomas' A&E Departments by providing a safe contained environment for psychotic patients requiring a complex assessment, assessment by Home Treatment or support while waiting for admission;
- Identify frequent attenders at multiple crisis services to improve the sophistication of care planning and promote self management;
- Improve joint working along a complex care pathway.

5. The future of crisis care

5.1 Options considered

In the course of considering the issues set out in section (2), a number of options for the future have been considered during the course of the review. These are as follows:

Option	Comments
Retain services in their current configuration	This option does not resolve any of the service problems identified at the start of the review
Convert the EC to a 5-bed Clinical Decision Unit to manage more complex presentations and service users waiting assessment or admission. Further analysis of this option is set out in **appendix 1**	This would focus the function of the EC, would support King's in the management of more complex presentations but would mean that direct access to the EC ceases
Convert the EC to a 3-bed Clinical Decision Unit, while maintaining the self-referral aspect of the service for clients known to mental health services in Lambeth and Southwark. Further analysis of this option is set out in **appendix 1**	This option was proposed by the Lambeth and Southwark service user campaign group.
Close the EC and develop Clinical Decision Unit beds at King's and St. Thomas'	Not supported by King's and St. Thomas'. Space constraints in existing A&E Departments
Retain current services and invest in crisis helpline, crisis café or social support out of hours to provide more choice for service users and an alternative to the medical model. Further information about this proposal is set out in **appendix 2**	Although there was widespread support for this option, including the A&E Departments and service users, the PCTs indicated that additional investment in new crisis resources is unlikely to be available in the short term. However a long-term service aim is to develop a wider range of options including more out of hours social interventions.

5.2 Discussion

In the process of the review, service users and other stakeholders drew attention to service components that are not available in the present configuration of services. The option presented by local services users included these components, which contribute a wider range of service models and choice. Service users also made it clear that they could not support an option that did not retain the walk-in service provided by the EC. It was pointed out in the review that the existing services, A&E, the EC and Community Mental Health Teams were all predominantly based on the traditional medical model and there is a need for services offering social and psychological intervention in a crisis. It was suggested that services such as crisis beds, crisis counselling, access to out of hours social support and a crisis helpline would offer a wider range of service options. It is acknowledged that this is a service gap and further development of crisis services should focus on these services as resources allow.

However it is clear from the work done in the course of the review that retaining the current configuration of services is not a viable option from a service management perspective. It does not address the problems identified in the course of the review, it results in a duplication of services and perpetuates the situation whereby patients with complex needs have to wait over-night for further assessment in an environment that does not allow adequate privacy and dignity. It does not take into account the trend indicating that one third of additional service users with complex needs are being cared for over night in the EC as a result of supporting King's A&E Department to manage people with mental health problems within the government's four hour target.

The preferred option of the Trust is the proposal to convert the EC to a 5-bed Clinical Decision Unit. This means that the EC will not close but will be reconfigured to provide a specialist area for more complex assessments. This will involve refurbishing the EC to provide an area that provides better facilities for service users who have complex needs and might have to wait overnight to be assessed by home treatment/crisis resolution Teams or to be discussed with their CMHT consultant in the morning.

It is acknowledged that this option does not include the walk-in EC service which is highly valued by service users, GPs and wider agencies since it opened in the 1950s. Service users, while acknowledging the need for CDU beds, were clear that their priority is the preservation of the self referral walk-in function. However, it would be difficult to ensure that a satisfactory level of service can be provided to service users with complex needs in CDU beds while at the same time carrying out assessment of self referrals to the clinic. In addition, in order to meet obligations under the Mental Health Act, the area to receive walk-in patients would have to be separated from the CDU area. Although it is not impossible to provide this physical separation it would be problematic to manage two distinct areas in the clinic safely with existing staffing levels.

Service users, the Trust, the PCTs and other agencies have worked hard to agree a proposal that all parties could endorse before undertaking a formal consultation about the future configuration of services. Despite much effort and goodwill, it has not been possible to develop such a consensus. However it is the view of SLaM that the proposed option for change offers the best solution to the issues set out in section (2).

5.3 How the proposed option affects key stakeholders

GPs

- will have access to specialist mental health services at A&E 24/7.
- will be able to refer patients known to services for urgent assessment by CMHTs with responses the same day if necessary or within 48 hours
- will have access to the Home Treatment/Crisis Resolution Teams via A&E or CMHTs to provide support for crisis assessment or intensive home treatment

Service users

- will have access to specialist mental health assessment at King's and St.Thomas' A&E on a 24/7 basis;
- if known to services, will have access to their CMHTs via the duty desk from 9.00 to 5.00 Monday to Friday;
- if known to services will have a crisis plan that will have been agreed with them and where appropriate with their carer;
- will have access to the CDU beds in the reconfigured EC if a longer period of time is necessary for assessment or if they are very unwell and finding it difficult to wait in A&E;
- will have access to assessment and, if necessary intensive treatment at home to support them through a serious relapse or crisis.

Police

- will have access to the relocated 136 suite in ES1, the Maudsley Hospital. This will provide a specialist assessment facility for service users, backed up by a large team of experienced intensive care nurses.

King's and St.Thomas' A&E

- will have access to CDU beds for more complex cases and longer assessments;
- will have access to a safe, contained waiting area for patients who are disturbed and find it difficult to wait in A&E.

It is noted that the reconfiguration of crisis services will mean a major change of practice in South Southwark and East Lambeth and a detailed implementation plan will be developed with key partners to monitor the wider impact of these changes within the system as a whole.

5.4 Conclusion

If the proposed option is implemented following the period of formal consultation, a full evaluation of the service will take place after 12 months.

Formal consultation regarding the proposed change to the Emergency Clinic will run from 1 December 2005 until 17 March 2006. Comments on the recommendation that the EC should be reconfigured to provide Clinical Decision Unit beds for complex presentations and assessments should be sent to:

Jane Courtney
South London and Maudsley NHS Trust Headquarters
9th Floor
Tower Building
11 York Road
London SE1 7NX

Appendix 1

Further analysis of Clinical Decision Unit options

Option 1: put forward by Lambeth and Southwark service user campaign group

This option was agreed by Southwark and Lambeth Service Users Campaign Group. It acknowledges the need to develop CDU beds in the Emergency Clinic but proposes that the clinic continues to accept self referrals. This preserves the open access facility which would remain available 24 hours a day seven days a week. The service users have pointed out the open access service is also highly valued by local GPs and by King's A&E.

The service users' option proposes a three bed CDU with the additional space being used to provide a comfortably furnished waiting area for patients who self present. It is proposed that the CDU beds should move patients on within 24 hours to ensure that patients are moved to the most appropriate facility as soon as possible and beds are reliably available out of hours. The key advantages of the option proposed by service users are:

- 24 hour access 365 days a year;
- bureaucracy doesn't need to be negotiated to access the service;
- preservation of a service which is recognised and trusted by users, carers and their families;
- contributes to prevention of suicides in Lambeth and in Southwark;
- supported by GPs, police, NHS professional;
- reduces workload in A&E.

The users' option also includes a telephone advice line available to services users, carers and professionals and other agencies. The advice line operators should be able to offer telephone counselling and support and should be able to give time to service users on a Freephone number.

Option 2: proposed by SLaM

This option retains the Emergency Clinic but refocuses it on the needs of service users who have complex needs and are awaiting further assessment or awaiting admission. The EC would then cease to take emergency presentations and would act as a back-up to the A&E Departments to provide services for patients awaiting admission, who need more complex assessments or who are restless and distressed and are finding it difficult to wait in A&E. In this option the EC would be refurbished to provide space to allow service users to sleep there at night and be supported in facilities offering greater privacy and dignity than is possible at present. Focussing on service users with more complex needs is an appropriate use for the EC which is based on the Maudsley site, has access to support from the Maudsley Emergency Team and has a critical mass of staff experienced in dealing with major mental health problems.

The EC can also operate a 24-hour professional helpline which will offer GPs and service users support and advise users on the appropriate service to access. If it is felt that an assessment is required with the PLN then a timed assessment could be arranged to avoid unnecessary waits in A&E.

Implementing this option will require careful planning in order to both improve the acceptability of A&E to service users presenting in an emergency, and to ensure a safe transfer to the new configuration. In particular it will be important to phase the implementation in collaboration with King's to ensure that King's A&E has the capacity to cope with any increased workload.

The advantages and disadvantages of these two options are considered further in the tables below.

Option 1	
Advantages	**Disadvantages**
Retains Emergency Clinic as a specialist mental health walk in facility. Service users, local GPs and King's value this facility. Provides a well-known safety net, which is valued in both boroughs.	Does not solve the problem of an over complex system that results in multiple transfers and assessments.
Provides safe, contained environment, which is more supportive for service users who find waiting in A&E difficult and service users who breach the A&E four-hour wait target.	Through managing crisis presentations of patients who are known to CMHTs the EC acts as a disincentive to improve the management of crises and reduce the frequency of relapse.
Provides more choice for service users, carers and other agencies.	Although this option allows for both CDU beds and a walk in facility it is not clear that staffing levels will be adequate to cover both these services within the funding available.
Takes some pressure from A&Es to manage routine presentations.	Under the conditions of the Mental Health Act Code of practice the CDU beds would have to be separate from the walk in facility. This would be difficult to manage within existing staffing levels.
Advice line to support service users, carers, professionals and other agencies to identify appropriate services.	Does not solve the problem of providing services in parallel with A&Es and possible duplication of services. Not good value for money.
Availability of immediate telephone counselling in a crisis.	EC continues to have too many functions and lacks therapeutic focus.
CDU beds available for patients who present out of hours and are awaiting admission or assessment by home treatment/crisis resolution teams. The current facilities are inadequate and do not offer adequate privacy and dignity.	The configuration of A&Es, EC and CREST means that service users can experience multiple assessments. This is a waste of resources and it is not a satisfactory experience for patients and carers.
	Doesn't fit into the NSF configuration of Emergency services which includes specialist psychiatric support at A&E backed up by home treatment and crisis resolution teams.
Financial implications	**Service implications**
Does not allow any savings or funding to reinvest in services that provide a different model of care or would strengthen relapse prevention in the CMHTs.	
Continuing to run the walk-in self-referral service alongside the CDU beds is likely to incur additional staffing costs.	

Option 2	
Advantages	**Disadvantages**
Provides Clinical Decision Unit beds for complex patients transferred from King's and for patients waiting to be admitted. Appropriate use of the EC focussing on the most complex presentations.	Loss of valued walk-in function of the EC. Not the preferred option of service users, GPs and acute Trusts
Provides the opportunity to refurbish the clinic and provide more privacy and dignity for patients waiting in the Clinic out of hours.	Additional pressure in A&E departments.
Allows the CDU to accept section papers in circumstances in which preserve patients' privacy and dignity thus removing the risk of unlawful detention or violating the Mental Health Act Code of Conduct.	Reduces the choice available to service users.
Provides safe, contained area for service users who are restless and find it difficult to wait in A&E.	
Less complex system with A&Es and CMHTs working closely with Home Treatment/Crisis Resolution Teams to manage and prevent crises in service users known to services.	
Incentive to support CMHTs to develop a more sophisticated approach to relapse prevention.	.
More active role of CMHTs and Home Treatment Teams in crisis resolution provides more continuity of care.	
Provides facilities for patients with complex problems at King's who might breach the four-hour A&E target.	
Financial implications	**Service implications**
Allows minimal savings to reinvest in services that provide a different model of care or would strengthen relapse prevention in the CMHTs.	Systems improvement by simplifying the system, more focussed use of the EC and emphasis on relapse prevention.
Likelihood that some funding will be available to provide additional support to the A&Es	
Some capital required to refurbish the EC to create CDU facilities	

Race impact of option 2

It is important to consider the impact of any changes in services to Black and Ethnic minority communities given the high rates of mental health morbidity in these groups. Emphasis in service development has been on preventing crises arising by more effective treatment and engagement. There is evidence that service users from BME communities who present to mental health services by emergency services rather than being referred by their GPs have poorer outcomes than those who are referred through primary care. Evidence also indicates that the shorter the period of time between onset of psychotic symptoms and delivering treatment the better the long-term outcomes. In both Southwark and Lambeth there is evidence that more services users from the BME communities use the Emergency Clinic. However, in both boroughs there are new services in place to engage younger people with psychosis in services as early as possible and to work more closely with GPs to identify service users in the early stages of a mental illness. These developments include:

- OASIS, a service working with primary care in both Lambeth and Southwark to identify young people who are vulnerable to serious mental health problems and where appropriate to engage them in treatment at as early a stage as possible;

- Lambeth Early Onset (LEO). This service is the most developed early onset service in the country offering a specialist approach to service users experiencing their first episode of psychosis. In Southwark, the Southwark Early Onset Team offers intensive multi-disciplinary and multi-agency support to young people experiencing their first onset of psychosis.

- Both Southwark and Lambeth are Focused Implementation Sites for the implementation of Delivering Race Equality (DRE) in mental health services. This includes a detailed action plan to improve and develop services for the BME community in both boroughs. It will involve working closely with BME community groups. The Community Development Worker (CDW) programme will also be implemented in both boroughs.

- These service initiatives are designed to identify and engage service users more effectively in the early stages of their mental health problems and to prevent deterioration and mental health crises which are likely to result in hospitalisation. In Lambeth research is indicating that these services have been effective in reducing deterioration in mental state and the need for admission and crisis presentations. This focus is consistent with the DRE aim to reduce the admission and sectioning rates within the BME community.

- As well as developing these services which have been shown to improve outcome, reduce rates of hospitalisation and prevent relapse, various services including the Cares of Life Project, Maroons, and Peckham Befrienders are being brought together to provide a spectrum of specialist services for BME groups in Southwark. In the Lambeth 10 year review services are being reconfigured to improve accessibility for BME groups and a number of BME-specific services are also available.

- In addition to the above changes it should be noted that the 136 suite is being moved from the EC to Eileen Skellern 1 ward at the Maudsley. This will provide better and safer support for patients – many of whom are from BME groups - brought in by the police.

Appendix 2

Option for consultation proposed by Lambeth and Southwark service users

The central tenet of this option is the retention and improvement of the EC as is consistent with the campaign jointly undertaken by user groups in Lambeth and Southwark.

In addition, to take the opportunity to create a cohesive network of crisis and prevention services in both Southwark and Lambeth.

The Emergency Clinic is vital to both Lambeth and Southwark Mental Health service users who have reached the agreement that the EC must remain an open access service to anyone with psychiatric and emergency needs 24 hours a day 7 days per week, but in order to be more effective it should be improved by:

- Ensuring that the EC remains **a prior and safe gateway to other psychiatric services**, e.g. Acute services, CMHTs, Home Treatment teams and so on.
- Creating a **Clinical Decision Unit** within the EC for users who need a longer period of time for assessment, who are waiting for a bed or who are restless and distressed.
- **Expanding the EC network and referral program to other services** such as advocacy, day centres, counselling, careers and education programs, etc.
- **Reducing waiting time** by providing additional and qualified staff
- **Relocating 136 suite** to ES1 in order to avoid crowding and confusion
- Installing **drinks and sandwich machine** and a **pay phone**.

Improvements to other Crisis services which *do not* necessarily require a great deal of additional funding would help the EC to sustain its current role and improve its efficiency such as:

- Developing **crisis beds in the voluntary sector**
- Establishing a **closer relationship between Crisis services, Home Treatment teams and CMHTS**, so that these teams could intervene more intensively to prevent crisis and improve co-ordination out of hours by developing a hand-over system for urgent issues. This would also enable users who are not known to these services to consider the EC to be their main point of access and support, and reduce the burden of A&E departments already over-crowded without Mental Health users.
- Extending funding available to voluntary organisations to provide a **24-hour mental health crisis line** in Lambeth and Southwark.

SUBJECT TO THE AVAILABILITY OF SUFFICIENT RESOURCES, the A&E departments to also be improved to more appropriately assist those mental health service users who do present to them in crisis, as the departments are currently unsuitable and not safe:

- Creating **a separate and safe waiting area fitted with a one-way door** and refreshments to host mental health users, and help to reduce excessive waiting times when in crisis so that they are not tempted to check out without being seen by a clinical professional and commit suicide.
- Providing **qualified staff specifically trained in mental health** to assist mental health service users on these premises at which a psychiatric consultant to be available at all times ***to both Lambeth and Southwark users*****.**

Such revisions of current services would provide users in crisis with a more appropriate response to their needs, and establish an effective prevention of suicide in Lambeth and Southwark; closing the EC would necessarily lead to a higher level of risk in that regard and

multiply the chances of relapse which means longer treatments will have to be provided by ICTs and community teams, and on the other side that the community's safety will be at risk.

Notes

However, all users have agreed that these proposed improvements and possible revision of crisis services in the two boroughs *should only be looked at if the EC funding is secured*. Their general feeling is that a wider and thorough consultation must be key to future decisions regarding these services.
In order to promote real choice and in addition to the present option focusing on retaining the EC, users see this future consultation as an opportunity to include a wider network of services which are not necessarily focused on the 'medical model', such as:

- The option of **crisis houses instead of hospitals** (like Dove house for women). The development of places of real sanctuary (homely, human-scale, non medical).
- The option of **non-drug 'treatments' or approaches to mental health/distress** as a RIGHT for all users in the community.
- Support or services that are **truly user-centred or user-run**
- The option of **counselling or therapy with shorter waiting lists**, even in crisis (immediate crisis counselling).

There is indeed a strong desire for these kinds of alternative approaches to the medical model of service provision among many of us, and among none users too when they consider the eventuality of having to relate to the crisis services at some point in their lives. Users feel that the idea of these alternatives approaches could get lost if a proper and wider consultation isn't proposed with regards to these other choices including a crisis cafe and crisis houses, as well as a 24 hours help-line; this kind of consultation may take a while but users feel that no final decision should taken until this consultation is achieved. That only would reflect **an ethic of choice** when assuming that what some users want and what works for them when they experience mental distress or crisis is not necessarily suitable for others; this is particularly true and with regard to the high level of diversity of these two boroughs.

Thank you for your attention

LAMBETH and SOUTHWARK Service Users.

Southwark Mind response to final Emergency Clinic Review Group options

This document is Southwark Mind's formal response to the final options for the Emergency Clinic produced by the EC Review Group. These options are scheduled to be incorporated into the Emergency Clinic consultation process this summer, subject to feedback from the Group.

1) Firstly, we question the points awarded to the CDU options 2 and 3

i) The CDU options, which would mean users would present to the A+E depts, has been given maximum points for being a stigma-free option. Having to present to an A+E department is NOT stigma-free.

The fact is if a user goes to the EC tomorrow they can walk in without being seen, as the entrance is tucked away.

This is very different from walking past a load of people waiting at A+E reception, walking up to a nurse on the desk and saying "Hello, I'm here for the nut-nut room" which is effectively what you are expecting us to do.

ii) The CDU options have also been given maximum points for safety. Safety for who? If a user walks out of A+E and then kills themselves that is not ‘safe’ for them.

2) Many users see the Walk-In facility at the EC as it’s defining benefit. Both the CDU options (2 and 3) mean losing the Walk-In service at the EC.

3) Furthermore, CDU option 3 involves two assessments and respectively two sets of waiting times:

i) You would have to wait to be assessed at the A+E department, and if transferred to the new CDU unit you would then have to

ii) wait again at the CDU for them to assess you there.

4) You can walk out of the A+E departments, even the new M/H units, as they will not have a one-way door. This will greatly increase the number of suicides

5) Having to go to the A+E departments first will still subject users to unacceptable delays, especially as some people will not realise they have to ask for a special M/H assessment and will wait in the general A+E area.

6) People will rely more heavily on the already overburdened GP system, as GPs are more private than going to an A+E department with a mental health problem. These patients will include people with serious and enduring conditions who should more rightly be seen by mental health professionals from the first onset of their problems/symptoms. Having to go through the GP system first, with it’s incumbent delays, will inevitably accelerate early onset.

Appendix 3

Full text of option within the resources available prepared by Southwark and Lambeth Service Users' Campaign Group

Emergency Clinic Campaign Group
Recommendations regarding the future of the EC
Redrafted from the original 'User Option' due to budgetary constraints.
Final version. November 05.

As stated in our previous draft, the Emergency Clinic is vital to both Lambeth and Southwark Mental Health service users. We are determined to retain the open access facility the existing service provides psychiatric users, which should be available 24 hours a day 7 days a week.

We also remember the sample survey done by Southwark GPs, and remind you that the walk-in service is highly valued by local GPs and their after-hours call-out services. It is also highly valued by the local NHS hospitals (Kings etc).

However we also appreciate the possible benefits of establishing a CDU on the Maudsley site, particularly the CDU's ability to accept section papers.

The foundation of an integrated CDU within the Emergency Clinic was in fact fundamental to our original draft (see main paragraph in previous 'Option 5').

However the establishment of a CDU should **NOT** exclude the continuing provision of a walk-in or self-referral service.

We are now suggesting a combined solution:

A CDU that also accepts self-referrals from Southwark and Lambeth service users.

We are suggesting a combined unit that has three beds, not five, with space saved made into a large, comfortably furnished waiting area for patients who self-present.

This would offer many advantages to the client group, and, according to the costings we have seen, has no visible financial implications over and above the available budget (c£600k pa) which allows 3 shifts a day, 3 staff per shift. We understand that legally 3 staff could cater for up to approx 9 people, depending on circumstances (the patient's level of distress), so the new unit could accommodate 3 people in beds plus up to 6 self-referred clients.

A Flexible Solution

The new **combined CDU** could sleep up to 3 people, while also providing an essential sanctuary for a limited number of self-referred clients in a separate waiting area.

This would solve the problem of accommodating a small number of clients overnight when there are no ward beds immediately available, while still providing the essential life-saving self-referral aspect of the current service.

Additional Notes

Telephone Advice Line

The proposed telephone advice line (as in original User Option and in 2nd version draft 8) should be open to users and their family members as well as professionals, and, where needed, should offer users emergency counselling as well as admissions advice.

Consequently the Advice Line operators should be especially training in crisis counselling and suicide prevention.

The operators should allow user time to talk, and should be in a hurry to end the call if a distressed user need to talk things through before deciding whether to come in.

This Advice Line should be on a 'Freephone' 0800 number.

Maximum Stay

Users should not be held in the new Self-Referral CDU unit for longer than 24 hours. This is to ensure that patients are assessed swiftly and moved on to the appropriate service. This measure will also avoid bed-blocking.

Advantages of retaining the self-referral service

24 hour access, 365 days a year

You do not have to negotiate a bureaucracy to get help

Recognised service, trusted by users, their carers and families

Effective prevention of suicides in Southwark and Lambeth

Supported by GPs, NHS Health Trusts, the Police etc

Reduces workload and costs to already overstretched A&E Departments.

Summary

In both formal and informal discussions, the ability of the EC to accept self-referrals was identified by users and its greatest asset.

We would welcome the CDU's ability to accommodate a small number of users overnight, but not at the expense of losing the self-referral service.

Appendix 4

Steering group members

The Steering Group met between July 2004 and September 2005. From July 2004 to February 2005 it was chaired by Isobel Morris. From February 2005 to September 2005 it was chaired by Zoe Reed, Director of Developing Organisation and Community.

Representatives of the following agencies and organisations were invited to the steering group.

Guy's and St. Thomas' Hospital Accident and Emergency Department
King's College Hospital Accident and Emergency Department
Lambeth Directorate SLaM
Lambeth Mental Health and Disabled Persons Action Group
Lambeth User Voice
Lambeth Police
Lambeth PCT/Social Services
Lambeth and Southwark Emergency Care Network
Southwark Carers
Southwark Directorate SLaM
Southwark Police
Southwark PCT/Social Services
Southwark Social Services Emergency Duty Team
Southwark MIND User Council

The following organisations sent observers to some meetings

Lambeth Overview and Scrutiny Committee
Southwark Overview and Scrutiny Committee
Southwark Council

Members of the steering group

Nicola Ainsworth, Southwark Police
Sue Bowler, General Medicine, Kings College Hospital
Sonia Burke, Assistant Director, Lambeth, SLaM
Paul Calaminus, General Manager, Lambeth, SLaM
Cllr Denise Capstick, Southwark Lib Dem Health Councillor
Michael Casey, CREST South Team Leader, SLaM
Beth Christian, Consultant, Accident & Emergency Dept, Kings College Hospital
Dr Steve Church, Consultant Psychiatrist, St Giles Team 1, SLaM
Alex Clark, Southwark MIND User Council
Lynne Clayton, Southwark MIND User Council
Dr Eleanor Cole, Clinical Director, Southwark, SLaM
Andrew Dawe, Lambeth User Voice
David Dawson, Project Manager, Kings Modernising Healthcare Team
Colin Dickson, Team Manager, North West Sector Management Team, SLaM
Susan Field, Joint Head of Mental Health Commissioning, Lambeth PCT
Tricia Fitzgerald, Joint Head of Nursing/Service Manager, A & E, Kings
Patrick Gillespie, Service Director, Lambeth, SLaM
Vicky-Glen Day, Senior Nurse Practitioner, A & E, Kings College Hospital
Les Elliot, Service User Liaison, Maudsley Hospital
Dr Ed Glucksman, Consultant, A & E, Kings College Hospital
Anne-Marie Hellier, Emergency Services & Day Surgery, SELSHA
Tamsin Hooton, Southwark Joint Commissioner, Southwark PCT
Anna Jebb, A & E Delivery Manager, Guy's and St Thomas' Trust
Lynda Jessopp, Urgent and Emergency Care Network Manager

Dr Hugh Jones, Consultant, Lordship Lane Locality, SLaM
Sue Jones, General Medicine, A & E, Kings College Hospital
Ben Morgan, Southwark Carer
Isobel Morris, Service Director, Southwark and CAMHS, SLaM
Stephen Mott, Manager, Emergency Clinic, Maudsley Hospital, SLaM
Denis O'Rourke, Lambeth PCT
Cha Power, Southwark Crisis Services Manager, SLaM
John Pryer, Lambeth Mental Health and Disabled People's Action Group
Aloyse Raptopoulos, Service User, Lambeth
Barry Reed, Deputy Director of Commissioning, Southwark PCT
Zoe Reed, Director Development Organisation and Community Service, SLaM
Mary Roberts, Lambeth Mental Health and Disabled People's Action Group
Catherine Seymour, Guys' and St Thomas Trust
Margaret Shapland, Southwark MIND User Council
Aiden Slowie, Accident and Emergency, Kings College Hospital
Vanessa Smith, Emergency Services Manager, Maudsley Hospital, SLaM
Dr George Szmukler, Dean, Institute of Psychiatry and Consultant, Emergency Clinic, SLaM
Kathy Thorpe, User Development Worker, Lambeth User Voice
Suzanne Wallace, Chief Inspector, Community and Partnership
Phillip Watson, Partnership & Planning Manager, Guy's and St Thomas Hospital
Liz Wells, Clinical Site Management Team, Kings College Hospital
Tracey Williams, Clinical Charge Nurse, Emergency Clinic, Maudsley Hospital, SLaM
Jane Williamson, Manager, START Team, SLaM
Dr Charlotte Wilson-Jones, Liaison Consultant, Kings College Hospital
Kate Windows, Southwark Social Service Emergency Duty Team
Silvio Coutino, Chair of PPI Forum, Maudsley Hospital

Observers (did not attend all meetings)
Cllr Denise Capstick, Southwark Executive Member for Health and Adult Care
Elaine Carter, Lead Scrutiny Officer, Lambeth
Cllr Angie Meader, Chair of Health Scrutiny Committee, Lambeth Council
Cllr Sarah Welfare, Vice Chair, Southwark Health and Social Care Scrutiny Committee

Papers sent for information

Southwark Consultants
Dr Jane Fryer, Medical Director, Southwark PCT
Sarah Hanchet, Director of Commissioning, Southwark PCT
Ann Marie Hellier, Emergency Services and Day Surgery, SELHA

Appendix 5

Summary of crisis care audit findings

	A&E 208	EC 139	CMHT 124	OVERALL
Male	54%	66%	57%	58%
Ethnicity				
Black and minority ethnic groups	12%	22%	42%	28%
Lives outside SLaM area	18%	11%	0%	11%
No Fixed Abode	6%	7%	10%	7%
First Presentation to Services	41%	34%	1%	28%
Current CMHT patient	21%	44%	92%	54%
Regular attender at emergency services	18%	38%	7%	21%
Broad diagnostic group				
Psychosis	26%	58%	65%	47%
Non-psychotic major mental disorder	30%	38%	26%	31%
Personality Disorder	15%	10%	7%	11%
Deliberate Self Harm	54%	18%	16%	32%
Suicidal ideation in the last 4 weeks	48%	27%	24%	38%
Violent behaviour in the last 4 weeks	5%	11%	8%	10%
Alcohol misuse	34%	20%	5%	22%
Substance misuse	14%	15%	7%	13%
Category of presentation				
Requiring safe containment	4%	10%	0%	5%
Severe Crisis	48%	38%	71%	51%
Comorbid physical health needs	15%	1%	0%	7%
Self referral not severe crisis	0%	4%	0%	1%
Referral from GP, not severe crisis	7%	19%	8%	11%
Between service no where else to go	3%	1%	0%	3%
Psychosocial crisis, no major mental disorder	6%	12%	20%	11%
EC follow up		12%		
Outcome of presentation				
Admission	9%	23%	10%	14%
Home Treatment	4%	4%	10%	6%%
Referral to CMHT	11%	27%	NA	
EC follow up	11%	27%	NA	
Referral to GP	10%	4%	4%	1%
Referral to other agency	15%	0%		5%
Transfer to medical ward	7%	0%	0%	3%
Self discharge before assessment complete	10%	2%	0%	6%
No follow up specified	13%	13%	0%	9%