healthwatch Richmond upon Thames

Richmond's Mental Health Crisis Care

February 2020

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Introduction

In the UK, mental health is a key public health issue both nationally and locally.

Due to the subjective nature of mental health, there is no one definition of crisis care. Nonetheless, according to the Mental Health Foundation *"a mental health crisis is an emergency that poses a direct and immediate threat to your physical or emotional wellbeing"*. Great emotional distress may arise from crisis, including suicidal or self-harming thoughts. It is widely accepted that crisis care ought to be a person centred service, able to recognise and adapt to service users and their assets, whilst ensuring immediate, personalised and short-term support. Long-term planning is also important and must encourage service users' independence and self-management. According to MIND, only 14% of people in crisis currently get the support they need, meaning that steps need to be taken to improve service provision.

From our work with patient groups and reviewing other mental health services it is clear that some people in Richmond experience difficulties with accessing or receiving good quality care during a mental health crisis.

Therefore, this project aimed to capture the views and experiences of mental health staff, patients and carers. By forming a snapshot of the care provided by the Richmond services for those enduring mental health crises, we seek to inform providers' service development and the CCG's commissioning activity.

National Context to Mental Health Crisis Care

The Mental Health Crisis Care Concordat sets out how organisations like the NHS are working together to make sure people get the help they need when they are experiencing a mental health crisis. It was first set out in February 2014, and it is an agreement between 27 national bodies involved in health, policing, social care, housing, local government and the third sector focusing on:

- 24/7 access to support before crisis point;
- Urgent and emergency access to mental health crisis care;
- Good quality treatment and care when in crisis, including being treated with respect and dignity in a therapeutic environment;
- Preventing future crisis by referring people to the right services.

After accessing crisis support, patients with more serious or complex mental health needs will be supported by community mental health teams. According to NHS England in 2015/16, approximately 1.8 million people were seen at least once by community mental health teams, which equates to 3.4% of the adult population. In Richmond, this service is provided through the Richmond Recovery & Support Team (RST) which is run by South West London & St Georges' NHS Trust (SWLStG).

The Independent Mental Health Taskforce published its Five Year Forward View for Mental Health in 2016, clearly setting out the strategies for "*improving availability of care and treatment for people with mental health problems - to improve their outcomes and wellbeing but also to tackle the wider costs of mental ill health to the health service and society as a whole*". Since then, more people than ever are talking about mental health and improvements have been made. However, there is much to do to bridge service gaps that are still seeing a portion of the population's needs being unmet.

Experiences of Mental Health Crisis Care in Richmond

In 2017, Richmond CCG commissioned Healthwatch Richmond to run a public event to explain the transformation of mental health care. A total of 109 people, including service users, carers, interested members of the public and professionals contributed to discuss mental health, prevention, wellbeing and crisis services. In terms of crisis care attendees felt that crisis line, 999 and A&E represented the main first point of access however, they were not always deemed as appropriate. People spoke positively about crisis cafes but wanted them to be more locally situated. Finally, it was suggested that a mental health equivalent to 999 would be useful and better service provision was sought after discharge.

In 2018/19, Healthwatch Richmond undertook a review of local mental health services including: Lavender Ward, the Early Intervention Service, the Wellbeing Service, the Home Treatment Team and the Recovery Support Team. In reviewing these mental health services we also heard from people about the problems that they'd experienced with crisis care. The crisis care system didn't seem to work for some service users or their support networks.

Richmond Crisis Care Services

At the time of publication we were working with partners from across the system to finalising a map of the Crisis Care services in Richmond as part of the wider Mental Health Transformation work. The map will be published on our website when it is available.

The following list portrays some of the Richmond services mentioned in this report.

- **NHS 111.** Staffed by advisers who offer medical advice and information; you can call '111' if you or someone you know needs urgent care, but it is not life threatening
- **A&E**. Emergency care can be accessed by calling 999 or you can visit A&E in person, if you are experiencing a mental health emergency. For most of Richmond the closest A&E departments will include:
    - West Middlesex University Hospital- Twickenham Road, Isleworth, TW7 6AF
    - Kingston Hospital- Galsworthy Road, Kingston-Upon-Thames, KT2 7QB
- **General Practice.** You can contact your GP surgery and ask for an emergency appointment. In a crisis, you should be offered an appointment with the first doctor available.
- **Mental Health Support Line (Crisis Line)** is available to existing patients of South West London and St George's Mental Health Trust Monday to Friday 5pm-9am; 24 hours on Saturday, Sunday and bank holidays. Contact by calling 0800 028 800.
- **Crisis Cafes.** At the time of publication a new Crisis Café called the Journey Recovery Hub was opening in Richmond and Kingston offering a free, safe, inclusive and welcoming space for adults who are struggling to cope with their mental health. Referral only for 3 months from January 2020 it can be accessed at:
    - 32 Hampton Road, Twickenham, TW2 5QB, Tuesday, Thursday & Friday: 6 – 10 pm, Sunday: 2 – 8 pm
    - Alfriston Centre, 3 Berrylands Road, KT5 8RB, Monday and Wednesday: 6 – 10 pm, Saturday: 2 – 8 pm (from 1st February 2020).

    Contact recoveryhub@rbmind.org / 020 3137 9755

- **The Samaritans** provide 24/7 confidential and emotional support. You can call them at 116123 or email jo@samaritans.org**.**

The following services do not represent a first point of contact for patients in crisis however, they may be part of a mental health patient's pathway to recovery:

- **Richmond Wellbeing Service.** This is an NHS Service that offers adults (aged 18+) free psychological therapy for conditions including: depression, trauma, panic, social anxiety, OCD, preoccupation with health or body appearance and stress. Ask information or self-refer by calling 020 8548 5550.

- **Primary Care Liaison Team.** Is an integrated part of the Richmond Wellbeing Service that provides outpatient mental health triage and assessment of common mental health problems. It also has a role in liaising between primary and secondary care mental health services. The team accepts referrals from GPs and other statutory/non-statutory services.
- **The Recovery & Support Team** offers a specialist and multidisciplinary service for patients suffering from serious and/or complex mental health problems. Referrals come via GPs, local health professionals, the Liaison Psychiatry department, A&E and the local Home Treatment Team. They are open Monday to Friday and are based at Barnes Hospital, SW14 8SU. Contact: 020 3513 5000.
- **The Home Treatment Team (HTT)** aims to treat and support people aged 18-75, experiencing severe mental health problems or crisis. Patients are usually referred from A&E, the RST, GPs, Police, social services and the mental health support line. They are based at Queen Mary's University Hospital and can be contacted on 0203 513 5000 or ssg-tr.RichmondHTT@nhs.net.
- **Lavender Ward** is an acute admissions inpatient service for adults 18-65 who live in Richmond-Upon-Thames. It treats people with psychosis, schizophrenia, depression, anxiety, bi-polar disorder, substance misuse, psychosis, personality disorder, self-harm and organic disorders. Admissions require assessments by a HTT care coordinator or by A&E. They operate 24/7 at Queen Mary's Hospital and can be contacted at 0203 513 5000.

Please note that this is not an exhaustive list of crisis care services available in Richmond-Upon-Thames. Further information on how to get help for yourself or someone you are helping is available on swlstg.nhs.uk under the 'Support in a crisis' heading.

RUILS has also created 'Bridging the Gap', a thorough guide to Richmond's mental health services. You can download it for free at ruils.co.uk or request a printed copy by contacting them at 0208 831 6083 or emailing info@ruils.co.uk.

Method

In order to help shape, challenge and improve local health and social care services, Healthwatch Richmond routinely gathers the views and experiences of people who use them. Between 2017 and 2019 we focused on reaching out to adults who have experienced mental health crisis and engaged or have attempted to engage with the local mental health services through outreach to the community, a public event and focussed projects. In total, Healthwatch Richmond spoke to 586 patients and carers about their experiences, collecting 150 statements that were relevant to crisis care. The 438 patients who did not share an experience about crisis care had either not experienced crisis care or chose not to tell us about their experience.

A total of 5 major mental health services in Richmond were reviewed and in each of these we asked people about their experience of crisis care:

- Lavender Ward, located at Queen Mary's Hospital and run by South West London and St. George's NHS Trust (2017 & revisited in 2018);
- The Home Treatment Team (2018);
- Early Intervention Service (2018);
- The Wellbeing Service (2018);
- The Recovery and Support Team (2019)

In addition, Healthwatch Richmond collects experiences from members of the public through outreach to the community and through our signposting line. Experiences of mental health patients or their carers were recorded anonymously and incorporated into this project. Our team conducted the following outreach visits:

- Mental Health events;
- Engagement fund events;
- Local peer groups offering support and understanding to people experiencing mental health issues;
- Drug and Alcohol service;
- Other settings such as pharmacies, community centres or hospital waiting areas.

Strengths and Limitations

Overall, this report covers a wide range of services, individuals and stages of crisis. Patients, carers and staff who contributed to our findings provided valuable insight and experiences. However, this research project was not designed nor does it claim to provide a representative view of the staff, patients and carers within the Richmond Crisis Care services.

It was decided that it would not be appropriate or feasible to collect experiences from people currently receiving crisis care. Some patients shared their experiences at a time when they actively experienced mental health symptoms whilst others spoke of events that happened some time ago. Therefore, recall bias (a systematic error that occurs when participants do not remember past events or experiences accurately or omit details) might have occurred in the accounts of patients who had already recovered but drew on experiences that took place at a time when they were unwell. Other patients were being treated for an acute episode of mental illness at the time they were interviewed and may not have had the motivation or capacity to fully engage with us.

The majority of the experiences were collected opportunistically through reviews of other services or via unsolicited routes over a significant length of time. It was not possible to use standard questions and there is a risk that this report will not have captured all of the important details of people's experiences.

Qualitative analysis was solely used in this report which allowed us to identify key themes. Whilst the number of comments collected was high, the range of services within crisis care is wide and as a result some areas have relatively low bases, making it difficult to draw strong conclusions. Nonetheless, qualitative analysis allowed us to capture subtleties, details and complexities about the research subjects, discovering topics that would have otherwise been missed by taking a quantitative approach.

Whilst the limitations of this report are not insignificant, we have confidence in its results because we were able to achieve saturation within the data (the point at which no new information is gained from further data collection) and because findings were corroborated from data collected from different people over different times.

Findings

Accessing Support Before Reaching Crisis Point

Around a third of the 150 comments about support in crisis related to difficulty accessing care when people needed it. People spoke about reaching out to services when they began to deteriorate, but of not receiving the help that they needed.

Difficulties Contacting Services

One of the problems people face is the difficulty with contacting services. People described making multiple attempts to seek support from several agencies.

"I have spent the past four days trying to get help & feel like there is none as I've been passed around from one place to the next."

Our review of the Recovery and Support Team showed that 83% of patients and 57% of carers had experienced difficulties with contacting South West London and St George's Mental Health Trust. Whilst this does not relate to crisis care alone, it is clear that the same issues would affect people who are trying to contact the Trust, when they enter a state of crisis. The Trust undertook actions to make improvements to their contact system and we are hopeful that this will lead to improved experiences for people calling and reaching out for services offered by the Mental Health Trust.

Service thresholds

Of the 150 statements about crisis care, 1 in 6 (25) highlighted difficulty accessing care. People felt that the threshold for accessing care when approaching a crisis was too high. There was a sense that, because of high thresholds for accessing care, crisis care services are generally prepared to deal with emergency situations but were focussed on managing a person in crisis, rather than supporting them as they deteriorate and thereby prevent a crisis.

"You have to escalate really bad to get the HTT to help. However, once I got it, it was very helpful, kind and understanding"

"Unless you are suicidal you can't see anyone"

"Until you are at crisis point, even if you know and recognise your illness there is nothing anyone will do for you."

People also told us about difficulties with accessing care as a result of thresholds even after being referred for support. The common theme within these experiences was around referrals not being accepted by a provider because of previous treatment, a

pre-existing mental health condition or problems with substance misuse and addiction. This can cause significant delays in accessing care:

"There is little or no help. I went to my GP who referred me to the Recovery & Support Team, who had discharged me, they referred me to the Wellbeing Service who never bothered to contact me. I went back to my GP who referred me again to the Recovery & Support Team and then referred me to the Kingston & Richmond Assessment Team who gave me a phone interview followed by another interview then I was phoned to say I would be referred back to my GP. This whole process took 4 months."

People described gaps between services where they did not meet the threshold for one team, but are deemed too high risk for another service.

"I was under a local Recovery & Support Team and would have liked counselling through IAPTs at Richmond Royal but was refused because I was a Recovery & Support Team patient. As I missed out on this intervention, this led me to crisis point, which culminated in being arrested"

Conflicting service thresholds are especially significant for people with dual diagnosis as it can be impossible for them to access care. This can be extremely detrimental for people in crisis and have significant implications for patients.

Anonymised case study

"Jane" was admitted to hospital following a suicide attempt. On her discharge the hospital referred Jane to community mental health services who assessed her and decided that they couldn't see her because of a substance misuse issue which meant she did not meet the criteria for their service.

Jane's GP referred her to a substance misuse service for help with this but they were not able to provide support because of a significant underlying mental health condition.

For the final weeks of her life, Jane bounced back and forth between unsuccessful referrals and her GP.

Accessing Care Out-of-Hours

Of those who had experienced difficulty accessing care in a crisis, around one in four spoke about the problems they'd experienced with accessing care out-of-hours.

"The night time is the most difficult time period for people but there is no support offered at this time and no one to come and give support."

"There is nowhere in Richmond apart from A&E that can help people with their mental health issues."

"There should be 'no wrong door' but I'm not confident that [a relative] would find the right help at 2am"

"On the weekend when I was deeply depressed & suicidal I contacted the Crisis line twice who told me to contact the Patient Advice and Liaison Service. I also contacted the Samaritans who suggested I play golf. I have spent the past four days trying to get help & feel like there is none as I've been passed around from one place to the next. Now I'm getting terrible side effects from medication including sweating, burning, trembling & insomnia. I'm exhausted & fed up"

Waiting for Treatment

The problems associated with accessing care were especially significant for those who were waiting for treatment or had fallen through a gap between services.

"I am fed up of waiting for support. I can feel myself headed for mental health crisis and potentially becoming unemployed"

"I have received good support from the Retreat- local crisis house- which should have been offered earlier."

Conversely, in our review of the Crisis & Home Treatment Team, patients reported excellent access to care in and out-of-hours. This was due to a combination of good communication with staff at regular intervals, and the availability of a 24/7 contact number that was answered by qualified senior healthcare assistants. We therefore recommend that these positive outcomes will be used to improve care for patients engaging with other services involved in crisis care.

Please note that the Home Treatment's good practice is not confined to "Waiting for treatment time", but it has significance to other areas of the report.

Barriers to accessing care

Finally, it is notable that a significant number of people spoke about avoiding presenting to services as they approached a crisis because of stigma or because of their concerns over the impact of being labelled as having a mental health condition. A number of people aligned this concern about stigma with their ethnicity and one group of BME mothers told us that they avoided engaging with mental health services for fear that their children would be taken away. This suggests that there may be a disproportionate barrier to BME women accessing mental health care.

Recommendations:

People in crisis need a responsive service, including out-of-hours care, timely access to community care and alternatives to A&E. It is clear that the current system does not sufficiently meet these needs.

Contact Centre

A major recommendation of this work was to improve the contact system for patients. Therefore, through the process of collecting this data we shared the challenges that people have experienced in contacting services with South West London & St Georges Mental Health Trust.

RESPONSE- The Trust have taken steps to improve their contact centres and assured us that access for patients has improved. Changes included:

- The deployment of a new software in the Contact Centre;
- Stakeholder workshops which identified the need to reduce call waiting times and improving call transfers;
- The development of Key Performance Indicators, holding the contact centre service to account;
- The provision of customer service training to the Contact Centre team and revision of their scripts.

Thresholds, Capacity and Access

Our findings highlight that thresholds for accessing care do not allow all patients who need support to access it in a timely way. This means that some patients are not able to access support when they begin to enter a crisis, leading to more patients having higher needs when they do access services and requiring in turn more treatment. We asked Richmond CCG and the Trust to consider how it can act as a commissioner to creating services that can intervene at a lower level, preventing crisis and reducing the burden both on patients and on the services that support people in crisis.

RESPONSE- The CCG and South West London and St George's Mental Health Trust noted that:

- They are working together to reduce the number of service users entering unscheduled mental health care in crisis and of those entering secondary care, who could receive effective services in the community
- GPs are being encouraged to refer people to the Richmond Wellbeing Service and the Primary Care Liaison service

- The newly opened Richmond Crisis Café may give people quicker access to support on a lower level or to step up intervention as required (for more information on the latter please find the dedicated section below).

OUR FOLLOW UP- In six months we will ask the Trust and the CCG to let us know whether these interventions have improved outcomes for mental health patients in Richmond.

Substance Misuse and Access

It is vital that people are not left without care when their needs cannot be met by a single service. We asked Richmond CCG and the London Borough of Richmond upon Thames how they would work together to ensure that people who misuse substances are able to access mental health care.

RESPONSE- Richmond CCG and Richmond Council told us that:

- The London Borough of Richmond-Upon-Thames will set up a "Substance Misuse Providers Forum" similar to that in Wandsworth;
- Richmond CCG takes part to a local multi-agency substance misuse Group organised by the LA and have endorsed their responsibility in commissioning mental health services whose thresholds include individuals with both a substance misuse and a mental health condition.

The substance misuse provider have adopted a multi-agency approach that includes:
- Working with IAPT to allow patients presenting with substance misuse to step into the IAPT programme.
- Attending the weekly "Interface Meeting" to discuss individual support to patients with complex needs, who are presenting to local services.

Whilst this is positive we are aware that the contract is changing hands in April 2020 and we are keen to see this progress continued and built on by the new provider.

OUR FOLLOW UP- Healthwatch Richmond is very pleased to find that steps are being taken to ensure that all patients are able to access mental health services. However, our report highlighted that more work is needed to allow people misusing substances to access mental health services. We now ask the CCG to clarify the nature of challenges currently being faced and how barriers can be further broken down.

We also recommend that the Substance Misuse Providers Forum patients' will invite patient representatives and advocates to their meetings, to ensure that the views of patients, carers and families are taken into consideration when planning or developing services.

General Practice

Among the people we spoke to, 1 in 5 described their GP's role as crucial in managing crises. According to our findings, most service users have easy access to GPs who can provide quick and effective advice to patients who regularly experience altered states or emotional difficulties. According to service users, these symptoms may affect their relationships with family, friends or mental health professionals; therefore GPs can be an effective option for support if others are not available.

60% of people said that GPs helped them cope before, during and after a crisis. One person, whose relationship with secondary crisis care professionals had broken down, felt the only support they could access was from their GP. Another mental health patient experienced deep feelings of isolation and mistrust towards others after their father's death. However, when their anxiety grew and the felt suicidal, they were promptly able to talk through their feelings with the GP, preventing a crisis from escalating. A further person who felt socially isolated and struggled to engage with mental health services found that "*when the GP got involved the crisis team took more actions*".

Although each of these experiences differ greatly, people valued their GPs because they could be trusted, actively listened to patients' concerns and could be accessed in a timely manner:

"I don't really think I will kill myself at these times but I need someone to support me and listen. Calling my GP helps me feeling listened to."

"My GP is good at listening and has calmed things down before. It's good to be heard, it's not all about efficiency."

Conversely, 40% of patients told us that GPs do not offer viable support at times of crisis because their practice did not give emergency appointments for people with urgent mental health needs. They found that GP reception staff misunderstood the urgency of their mental health crises, which could be frustrating and sometimes led to not being able to get an appointment for several weeks. One patient was told to "*pull their socks up*", whilst another disengaged after being asked to share the reasons for requesting a GP appointment. A carer suggested that GP surgery clerks could ask "*is it private?*" when booking an appointment, removing barriers to engagement for those struggling to discuss their symptoms.

Recommendations:

We recognise that primary care services, specifically GPs, provide a substantial amount of care to people with mental health needs. Whilst most patients are content with the care received from their GPs, access for people with urgent or emergency needs is inconsistent.

We recommend that Richmond CCG put in place a system to ensure consistent, timely access for patients with urgent mental health needs. This should include same day appointments in primary care. Training for staff may be required, to ensure that urgent mental health needs are recognised and that urgent booking systems work. Consideration could also be given to the use of the primary care liaison service, to ensure that all practices are maximising the quality of care that they provide to their mental health patients. We agree that GPs provide great quality care, but access to general practice for people with mental health needs remain inconsistent.

RESPONSE- The CCG noted:

> *"The mental health commissioners in Richmond will work with Primary Care CCG colleagues to ensure that patients with mental health issues have the same access to urgent appointment as people with physical long term conditions. The CCG will work with the Primary Care Liaison Team and SWLSTG to understand how these two providers can meet the needs of people requiring urgent care."*

The CCG emphasised that urgent care or emergency GP appointments can be achieved through the NHS111 service and we were pleased to find that steps are being taken to promote this opportunity.

In terms of mental health training for staff, the CCG have provided several learning opportunities, including Health Education England (HEE) online training resources on mental health.

OUR FOLLOW UP- In order to understand whether the system proposed by Richmond CCG works well, we are now asking the CCG to update us on the training's attendance rates and staff's feedback.

Accident & Emergency Department

Our findings highlight that a mental health emergency may be life-threatening and should be taken as seriously as a medical emergency. Patients and carers that we spoke to generally agreed that during a crisis people feel their lives are endangered, and tend to seek immediate medical attention. Almost 1 in 8 people had done this by attending the Accident & Emergency department one or more times. In some cases, they were directed there by the NHS 111 or taken in by an ambulance.

Whilst use of A&E in mental crisis is reasonably common, only two people felt that attending A&E was the best way of managing their mental health crisis:

> *"Has gone to A&E several times in crisis where the doctor has been able to increase his medication to stop him further deteriorating."*

Patients almost unanimously told us that the setting was not ideal for providing mental health crisis care. Some patients told us that they felt that their needs were not viewed as urgent by A&E. For some this resulted in waiting times, in one case as long as 8 hours, criticisms of the environment and criticisms of the care that they received.

> *"Would never use A&E again - hours and hours of waiting in extreme distress, only to be told that were no psychiatric staff available. I just wish somebody could have sat me down and explained what was happening to me."*

"I would never go to go A&E again as I did not feel treated compassionately or taken seriously and the loud environment was very distressing."

"2017 was the worst year of my life and I feel my suffering was intensified by the poor standard of care offered to me.

Some people told us that call takers, paramedics or A&E staff did not treat them compassionately or take them seriously.

"I called an ambulance three times whilst in crisis. Both the paramedics and the nursing staff told me that 'nothing was wrong and to calm down, stop being silly' – this made me feel worse."

"I felt staff were irritated by my presence as I wasn't physically ill."

As a response to increasing demands, emergency departments are adapting their service provision to patients in crisis. In August 2019, we visited West Mid A&E where staff told us that a mental health nurse is appointed to each shift. Two dedicated mental health rooms were observed to provide a quiet and private space for patients being assessed or waiting for a bed to be assigned. These were being improved to include comfortable chairs, mood lighting, WIFI and a clear window for staff to regularly check on the patients. According to one patient, they also "*shield from the occasional chaotic atmosphere [of A&E] better than a bay*". This person attended A&E after calling 999 and said:

"Reception staff and the triage nurse were genuinely friendly and caring. I am very satisfied with the level of support offered, which mitigates the long time I have to wait for the psychiatry team".

This person said this is always the case, as they visited the department several times in the previous three months. The only thing they would change was improving the availability of the psychiatry liaison team, as this person felt they "*needed more staff*".

Shortly after our Enter & View to West Middlesex Hospital we toured Kingston Hospital A&E's Mental Health Unit (MHU). Although we did not review the service or speak to patients during the visit, this appeared equally positive. It provided a large and comfortable space separate from the main A&E area with a small number of cubicles with comfortable reclining chairs, mood lights, WIFI, and mental health specialist staff, available to support patients at all times. During our visit to Kingston Hospital's MHU

we found that additional support was given to patients to coordinate their mental health and wider support. We heard that this had led to reduce acute admissions and repeat A&E attendances, and to increase recovery rates. Unfortunately funding for this initiative was short term and as a result the additional support is no longer available.

Recommendations:

It is really positive to see A&E departments developing dedicated space for patients presenting with a mental health crisis, so that they can undergo assessment and treatment in a calm, quiet and reassuring environment this area. We hope that this will be sustainable. Improvements have also been made to supporting patients who attend A&E to access dedicated care and avoid unnecessary admissions, which appeared to lead to better recovery. We therefore asked Richmond's CCG how it will learn from the experiences in this report and how it will work with A&E providers to ensure that emergency services for people in a mental health crisis continue to improve.

RESPONSE- Richmond CCG told us that these services will be funded on a recurrent basis making them financially sustainable.

The CCG said that issues for mental health patients attending West Middlesex Hospital are being addressed by the monthly Associates Contract meeting with West London Mental Health Trust and Commissioners. The hospital's Team Manager is now involved in the Richmond Crisis Care concordat meeting to improve patients' crisis care pathway.

Finally, we were made aware that both Kingston Hospital and West Middlesex want a more integrated crisis care pathway. Please see the appendix for more details on how they are engaging with local agencies to achieve this.

Mental Health Support Line (formerly Crisis Line)

Around 20 people shared their experiences of the Mental Health Support Line, formerly known as 'Crisis Line'. There were mixed views about the effectiveness of the service with more negative than positive experiences of it.

Four patients said that it was a useful resource, leading to them receiving help when needed:

"An individual found that calling the Crisis Line helped because staff "picked up on it straight away". When this occurred it was Christmas and did not want to "bother" her support worker."

"[A lack of appropriate support] culminated in the patient feeling very distressed and ringing a local crisis line where, thankfully, they received immediate intervention from the community mental health team the next day"

"We have called only once for crisis support following a psychotic episode and the response was good, with an appointment to see our psychiatrist within 48 hours"

Negative comments about the crisis line were twice as frequent as positive comments. . They related to the quality of the support that the Mental Health Support Line provided and were also more strongly worded than the positive comments:

"I feel the out-of-hours crisis line needs to be overhauled and more support needs to be put in place. When I spoke to anyone on the line I felt very unsupported and the advice given out was useless."

"Not responsive, not even after repeated calls. They said they are too busy, understaffed, use distraction techniques, do some colouring or have a bath or go to A&E. Staff are patronising."

"Staff on the crisis line are too quick to press a red button. Staff need more training so they don't call the emergency services and send you straight to A&E."

"On the weekend when I was deeply depressed & suicidal I contacted the Crisis line twice who told me to contact the Patient Advice and Liaison Service. I also contacted the Samaritans who suggested I play golf. I have spent the past four days trying to get help & feel like there is none as I've been passed around from one place to the next".

"Crisis line should have training in dealing with a crisis."

"Staff are patronising. What is the professional background of staff within the Crisis Team? Is the training rigorous, appropriate? Very few Community Psychiatric Nurses"

"A carer described that she often does not known what to do to care for her daughter- the crisis line needs to be 24/7. Also the crisis line staff should be able to access your records - otherwise how can they help?"

9-5pm Helpline is good and would like to see this rolled out to a 24hour local line rather than be referred to Crisis Line.

Two people suggested that if staff were able to access patient records and knew the patients' background, the quality of care provided by the crisis line would improve. In

case of emergency and with patients' permission, this system would also allow family members to be contacted directly.

The overall impression that patient experience of the Mental Health Support Line service gives is that of inconsistency. Some people receive prompt support while others who reach out do not receive the help that they need in a crisis.

Recommendation:

Whilst the number of people in this section is relatively small, it appears that patients approaching or in crisis are not consistently receiving the care that they need to manage their mental health via the Mental Health Support Line. We asked Richmond CCG and South West London & St Georges NHS Trust to evidence whether the Mental Health Support Line is meeting the needs of people in or approaching a crisis.

RESPONSE- The CCG and the Trust told us:

- The CCG works with the Sustainability and Transformation Partnership and South West London Integrated Urgent Care to commission a Mental Health Pathway with the NHS111, via Vocare;
- The CCG has supported bids funding the Trust to improve the Crisis response across Richmond;
- The Trust is working on a transformation plan to further address the issue.

They also explained that the support line is staffed by personnel who have mental health experience and should be able to manage the call appropriately. During the day, callers can access the Recovery & Support Team for help, whilst the Mental Health Support Line can redirect callers to the appropriate out-of-hours service. However, this is only for patients known to the Trust; for those who are not already known to the service, the expectation is they contact voluntary sector help lines, the NHS111 or attend A&E.

OUR FOLLOW UP- Whilst the developments in crisis care are positive and we support them, we do not have data that would address our concerns about the service. Therefore, we ask the CCG and the Trust to update us in six months, on the progress of their work and to provide us with indicators on the Mental Health Support Line's success. We also recommend that a crisis care pathway will be developed and distributed to inform the public on the options available at first point of contact.

Crisis & Recovery Cafes

Amongst the 34 statements regarding community mental health services, 12 expressed support for Crisis & Recovery Cafes. One person in particular highlighted that "*these services seem to fill a gap in the crisis care system*", giving a safe and friendly place for those who may need advice and support at times of vulnerability. Another indicated that "*relaxed criteria*" have allowed more people to be assisted, regardless of the level of support needed.

Despite the support for Crisis Cafés, only 3 out of the almost 600 people that we spoke to had used them. There was strong consensus that the opening hours and difficulty of

traveling to Crisis Cafés limited patients' access to them. Some people in fact, said that the closest Crisis Cafes to Richmond are in Wimbledon and Tooting, which are covering the whole of South West London.

"Could we please have a Crisis Café in Richmond. How about "Hampton Road"?"

"Why are there no Crisis Cafes in Richmond?"

"I feel that there should be more of them, as currently there are only two in South west London and it can be hard for people to access."

"Recovery cafe is a good idea but too far away."

As one person said: *"a mental health crisis does not wait until that individual is in that Borough to use a crisis café – it can happen at any time"*. Moreover, those who do not have the confidence, the means or fitness to travel long distances are incapable of benefitting from these services. Consequently, some patients are left without support.

Recommendation:

We understand that Richmond CCG has launched a Recovery & Crisis Cafe in Richmond and one in Kingston. We sought information on how these have been set up and on how this new service is being communicated to potential service users and referrers, to maximise its value.

The CCG has confirmed that the Richmond site has opened in December 2019 at32 Hampton Road, whilst the Kingston facility is launching at 55 Canbury Park Road, in January 2020. Both premises are managed by Richmond Borough Mind and offer specialist input from the Mental Health Trust, Substance Misuse and Homeless Services. A Crisis Café Steering Group is represented by a range of stakeholders who are likely to refer to this service, together with service users who have experience of similar facilities. Further information on the Kingston and Richmond Recovery & Crisis Cafes and their progress is available respectively on Kingston and Richmond Mind websites.

Community Care

This section covers an intricate system of services that support people with a wide range of mental health conditions and complexities. Just over a quarter of the experiences that we collected (34) relate to community services such as the Crisis and Recovery Cafe, The Retreat, the Home Treatment Team and the Recovery & Support Team (previously the Community Mental Health Team). Specific details on the last two services can be found on our published reports, whilst this review focuses on the quality and impact of community services on crisis care. Where people spoke positively about services (12 comments), they referred to positive relationships with staff, described as compassionate, responsive and helpful.

"All staff seemed genuinely caring and interested in her mental state, and took time to have a proper conversation with her to check that she was feeling safe and supports in place"

"Staff there have been very compassionate and responsive"

"Support was organised the next day and patient received immediate intervention through a social worker under the Recovery & Support Team."

In particular, several people felt that the right support for their needs is available, but that there is insufficient capacity in the system.

Lack of Capacity in Community Care

Some people attributed the difficulty of accessing care when they reached out for it to a lack of service availability or capacity:

"Services feel full with not enough resources or facilities to help people all the time. I had to be at the point of dying to receive help"

"Assessment procedures are horrendous and are often there to reduce the numbers accepted for therapy, treatment or assistance. This system needs to be a bit fairer for people who really do need the benefit of those treatments to help their circumstances with other services like Social Services."

"The NHS cutbacks have seriously affected people with mental health problems. There is little or no help."

"There is no interim support available in Richmond apart from A&E and the Samaritans which are not specialised enough to meet my needs... I often have to rely on my own resources and feel like I'm slipping through the net."

"Mental health services feel full, not enough resources or facilities to help people all the time and felt they 'had to be at the point of dying' to receive help."

"Early Intervention does not exist! After reporting issues to my GP it took the community mental health team 7 months to give me an appointment for re-assessment."

Eight statements associated these issues to a lack of multi-agency work. In particular, patients who have multiple and complex mental as well as physical needs, struggle to receive the tailored support needed to manage their symptoms.

"I feel left in a vicious circle as services are not integrated to assist each other- everyone is carrying out similar work, but slightly differently".

These experiences suggest that coordinated multi-agency work could increase service capacity and avoid people being passed from service to service, therefore receiving early help and sometimes, avoid reaching point of crisis. One person suggested the appointment of a link worker who would assist individuals to access the right types of interventions and prevent worsening mental health. Another pointed to a joint approach including carers and services users in designing care plans.

Recommendation:

Patients' experiences suggest that capacity within the current system is under significant strain. Our wider reports of community services have also identified capacity issues arising within these services, not least because of workforce pressures.

We asked Richmond CCG to consider whether there is sufficient capacity within community care or whether there may be other ways of working, such as multi-agency work or taking a prevention approach that could improve the use of existing capacity.

RESPONSE- The CCG said:

"The CCG has consistently met its responsibilities under the mental health investment standard, trying to ensure parity of investment between mental health and physical health commitments. However, the CCG recognises that some benchmarking initiatives have suggested that the overall level of investment is low, compared to similar CCGs. In response, additional in year investment was made in 2019/20 and the CCG is currently working closely with the Trust on capacity and demand investments. The CCG has made it clear that any additional funding will depend on service transformation; the CCG intends on doing things differently rather than piecemeal or ad hoc investments that perpetuate the status quo.

Therefore, the CCG is working actively with the Trust on a South West London Transformation Plan. The focus of this work surrounds Access and Recovery, Crisis care, Community and specialist services. Expected outcomes include consistent evidence based clinical models, effective processes for referral and discharge and an overall service model that is financially viable.

The CCG has constantly funded the expansion of the Richmond IAPT service to meet the Five Years Forward View trajectory for the Richmond Borough. This has enabled more people than before to access psychological help for common mental health condition."

OUR FOLLOW UP- We thank the CCG for their valuable work and we look forward to seeing further developments.

Acute Care and Detention

Five people shared their experiences of being detained as part of their mental health crisis.

Under the Mental Health Act 1983, being detained (or sectioned) for a patient means being kept in hospital when their health or safety -or that of others- are at risk. According to Rethink Mental Illness, service users can be detained against their will, but they still have a right to appeal the decision, to be supported by an independent mental health advocate. The people who shared their experiences felt that stigma, staff attitudes and shortages may affect whether these rights are respected or not. One patient under detention asked a member of staff for the *"rule book"*, to better understand their status and what to expect. With surprise, they later found on their records that staff described them as *"disruptive"*, when all they asked for was better communication. The patient commented:

"In prison everyone is given information on rules and next steps however, at hospital you are not. This should change and everyone should have a right to information".

Another patient asserted that they did not feel safe as *"staff seemed overstretched and could not monitor all patients adequately, thereby increasing the risk of potential abuse from other patients"*. One more person thought that staff attitudes convey a mental health stigma on the wards. They felt this has mildly improved, yet persisted throughout the years:

"They are not nurturing and the environment is not therapeutic, my friend is being sectioned now and they constantly feel out of control".

It is understandable that experiences of being detained under the Mental Health Act, may not always be positive however we do not have sufficient information on which to form conclusions or recommendations on this issue.

Use of voluntary sector support

One in ten people (15) told us that they had used voluntary sector support (e.g. the Samaritans) at a time of crisis, because they felt they were not able to access any form of support, other than A&E.

"I am unsure about where I would go for crisis support apart from A&E or the Samaritans."

"I struggled to find the care I need for my PTSD. There are no interim services/support available apart from A&E and the Samaritans."

"For people in crisis there are no real alternatives beyond going to A&E or calling the Samaritans."

Whilst people said that the Samaritans may be a useful addition to NHS services, they did not feel that the service was sufficient in a crisis. One person said *"[I do] not feel they are a genuine option, as none of the staff are mental health specialists or have lived experience of mental health."* People also did not feel that operators are specialised enough to know how to support someone with serious mental health needs. A patient emphasised the importance of being able to talk face to face with someone who is mental health trained or that has lived experience of mental health issues. Patients did not feel that the Samaritans are consistently equipped to *"talk them down"* in a crisis situation.

This use of the voluntary sector is a result of a lack of timely access to appropriate care for people experiencing a crisis.

What Matters in Aftercare

From about a third of our findings it is clear that the right support must be put in place for patients recovering from mental health crises. This helps avoid further crises and facilitates patients' rehabilitation to full independence. People wanted "*to function again*" and wished to be guided on how to live with their conditions. Most people who underwent a crisis said that they could not do all the things that they did before, but appropriate signposting and practical support had helped their recovery.

Managing Symptoms After a Crisis

Thirteen statements indicated that social connections and the provision of community groups could help patients get better.

"Having friends and family contacts at hand keeps my journey stable."

At one group that we visited, the majority of the 31 people there said that they managed to live independently and get back to work after a crisis, thanks to the group's guidance. People strongly agreed that finding purpose and maintaining good health can help to prevent relapse. Many people said that the voluntary sector support had helped them to address the wider determinants of health through providing a peer network and helping them to gain employment.

Education was also highlighted as important to recovery, with several people describing being better able to manage their conditions as a result:

"I used my CBT skills to teach my friends how to spot relapse warning signs."

"Our family got an information pack on how to recognise relapse signs, key contact numbers and how to refer in or out-of-hours from the Home Treatment Team. We found this very helpful and we have not had a problem being referred and getting the support we needed."

"If there was education available to recognise symptoms I would not have gone into crisis."

People identified the changes that they had made to stay well as a result of their education and support, such as getting better sleep, complying with medication, cultivating hobbies and spirituality, participating in family life or spending time in nature. Whilst the benefits of this education and support are clear to patients, 22 people described difficulties in accessing the resources needed to enable them to better care for themselves after discharge.

Continuity of Care

Sometimes, family and peer support, education and self-management tools are not enough to ensure a patient stays well. High staff turnover and inconsistent care are the main problems for Richmond's mental health patients whilst recovering from a mental health crisis.

Almost 1 in 10 people (14) told us the care they received after a crisis lacked continuity in the support received after a crisis and about the missed opportunity to tailor it around their individual needs. This causes a range of problems for patients, making it difficult to develop trust and report, causing delays to treatment and requiring patients to repeat their history to each new member of staff, interrupting their progression and sometimes, bringing back traumatic memories and therefore exacerbating crisis.

"Continuity of staff is key to build a rapport. There's no continuity of staff so users have to repeat their story again and carers have to get to know the new staff."

As well as continuity of staff, people spoke about problems with continuity between services. People frequently told us that this left them waiting to see community mental health professionals. These gaps in care can leave individuals and their families feeling vulnerable and GPs alone may not be able to prevent further crises.

"Once I was discharged from Springfield Hospital I was referred to community services however, there was nothing to bridge the gap in between the wait. I

was left feeling extremely vulnerable while I waited to see the Community Mental Health Team. After discharge I was not seen by the CMHT 8 weeks."

"Who bridges the gap when the services stop? The service stops, but my mental health needs don't?"

Recommendation:

It is commendable to link patients to appropriate self-management and community group services after a crisis has occurred. However, too many people recovering from mental health crises do not have access to the support, resources and information that they need to support their recovery. We therefore asked the Mental Health Trust how they will ensure that all patients discharged from their services are signposted to the support that they need to continue their recovery after receiving medical care.

RESPONSE- The Trust reported that Richmond Adult Community Services and the Richmond Wellbeing Service have held a series of meeting to step down more patients from Secondary Mental Health to the Primary Care Liaison Service. They told us that closer working relations with Richmond Borough Mind and with Adult Social Care Staff will allow more patients to better access their Wellbeing Centre before and after discharge from the Trust's services. Finally, the Trust holds quarterly Stakeholder meetings with representatives of any community group supporting those with mental health difficulties, as well as promoting Social Prescribing initiatives, before and after discharge from a Recovery Support Team.

Conclusion

Crisis care is an issue of significant importance with around 1 in 4 of the people that we spoke to as part of our service reviews or outreach work raising it. The largely unsolicited nature of this data adds weight to the importance of crisis care and it is clear from the descriptions that people have given us, that the quality of crisis care has a significant impact on their lives and their wellbeing.

Despite the importance of the issue people told us that they struggled to access crisis care when they needed it. It is excellent that significant steps were taken by South West London and St George's Mental Health Trust to improve the contact system since our work began. We were happy to receive assurance that this has led to meaningful improvements in access for patients.

Not all of the access issues that people have reported to us arise from the contact system. Many people experience problems with accessing care because of the thresholds for referral into services. This means that people approaching a crisis are unable to get help to avoid it escalating. An inevitable result of this is that more people will experience a crisis and that more of the people who do access care will have higher levels of need.

The CCG and the Trust are aware of these issues and are working together to improve services capacity. This in turn will allow people approaching crisis to access services at an earlier stage which in turn may help to reduce the mental health and wellbeing cost to patients.

Accessing care at an earlier stage would help many people approaching a crisis however people who misuse substances have particularly limited access to mental health care and crisis care. People told us about being referred to services, but of not being seen because they do not meet the criteria, or because they are not considered appropriate for the service. Not receiving care can result in sever, even tragic, long-term implications for people and is a significant concern – albeit one that not entirely restricted to crisis care. We hope that Richmond CCG will continue to seek solutions based on a multi-agency and cooperative approach to ensure that everyone, no matter their diagnoses and level of needs, receives mental health support in a timely, complete and continuous way.

The requirement for enhanced out of hours care was another strong theme emerging from the feedback. This was evident through the lack of services that people have access to out-of-hours support, but also through the expectations placed on it and the feedback that people gave on the Mental Health Support Line (Crisis Line). The Mental health Support Line was viewed as a caring service, but ultimately one that is not always responsive or able to provide the support necessary to meet the needs of people who use it. Conspicuous by its absence are NHS 111 or 999 and the need for a robust point of access for urgent mental health support.

GPs play a vital role in supporting many people with mental health needs. The value of the care that they are able to provide both as professionals and as a service that can see people urgently, was clear from patient's comments. Improving urgent access to

GPs for people approaching mental health crisis is a low cost but high impact way of improving crisis care for large numbers of people that the CCG has taken on board. We look forward to seeing the results of current plans to improve Richmond's mental health patient's access to their GP's support.

Improvements to the environment and care provided in A&E during the lifetime of this project are likely to have a significant impact on the patients who present there. It is reassuring to see that these improvements are sustainably funded and that more will be done in this area to further enhance these improvements, through better links with mental health, community services.

Finally, it is clear that during recovery, and to prevent relapse, people need support to rebuild their lives after a crisis. Where people get the support they need they talk about making meaningful changes to their lives to secure their recovery. Too many people however experienced difficulties with finding the support they need to better care for themselves. The newly emerging Social Prescribing service has a role in promoting wellbeing after a mental health crisis and we watch the development of this service.

We recognise the Trusts' and CCG's efforts in responding to our recommendations in a timely way. The collaborative approach taken by the CCG, the Local Authority and other relevant agencies is clearly in evidence in the response to this report. This is particularly heartening because collaboration between the CCG and the Trust will be essential in successfully addressing the concerns that patients have raised about their care through this report.

Appendix 1 Recommendations and Responses

As a result of our findings we made a number of recommendations to St. George's Mental Health T Group and South West London Health and Care Partnership. Their actions should be aimed at patients undergoing crisis or those recovering from it.

Healthwatch Recommendation	Resp
1) People in crisis need a responsive service, including out-of-hours care, timely access to community care and alternatives to A&E. It is clear that the current system does not sufficiently meet these needs. A) We ask the Trust to provide us with an update on the extent to which the contact centre's changes are addressing these concerns. B) We ask the CCG to consider how it can act as a commissioner to creating services that can intervene at a lower level, preventing crisis and reducing the burden both on patients and on the services that support people in crisis.	A) Since this report was drafte • Procured and deployed a Centre; • Held Stakeholder worksho reduce call waiting times • Developed KPIs to hold account; • Provided customer service team and their scripts hav B) Wave 2 Transformation f England to enhance the Psychi Hospital: additional Pharmac Occupational Therapist and Ps As part of the Transformation with South West London and St commission services which red entering unscheduled mental number of those entering sec effective services in the comm The CCG is encouraging GPs t Primary Care Liaison services, Service (staffed by East Londo for assessment or review if pec mental health distress. The crisis café in Richmond wi 19 and extend its access in Feb access to support on a lower le step up intervention if require
2) It is vital that people are not left without care because their needs cannot be met by a single service. We ask the Richmond's CCG and the London Borough of Richmond upon Thames how they will work together to ensure that the services that they commission do not leave people with substance misuse or addiction needs, unable to access mental health services.	The Local Authority is the Le misuse and addictions services its responsibility to ensure th commissioned in Primary Car exclude individuals with dua substance misuse and a mental part of the Contraction round

	that Contracts do not excl specifications or operational p The local IAPT services has b Grow Live) to prepare people p to step into the IAPT programm psychologist of the new service has already made links with IA substance misuse not being a b not totally straightforward. In addition, the CCG has agre agency local substance misuse Authority. This is the Strategy from now onwards. Richmond' a "substance misuse providers service and partners (i.e. ou health practitioners etc.), simi The local provider CGL also meeting as part of the Richmon convened by the CCG, which s with complex needs who are However, this does not fit into the expertise from others se secondary care. CGL also run a fit IAPT criteria. This Group individuals are abstinent from go on to receive ongoing suppo
3) It is recognised that primary care services, specifically GPs, provide a substantial amount of care to people with mental health needs, including those in emergency situations. We wish to clarify how Richmond CCG will put in place a system to ensure consistent, timely access for patients with urgent mental health needs. Including same day appointments, urgent booking systems and training for primary care staff. We would also like to know whether consideration will be given to the use of the primary care liaison service.	The mental health commission Primary Care CCG colleagues mental health issues have appointment as people with ph CCG will work with the Primary to understand how these two p people requiring urgent care. U through the NHS 111 service. The CCG have provided Richmo England (HEE) online training There is also a quarterly Richm event and Richmond's GPs Additionally, from time to tim Service provides workshop for subjects.

4) Positive developments in A&E departments have provided reassuring results. We ask Richmond's CCG how it will learn from the experiences in this report and how it will work with A&E providers to ensure that emergency services for people in a mental health crisis continue to improve. How will changes be implemented sustainably?	Representatives from Kingsto University Hospital have r membership of the Crisis Café the whole crisis care pathway the CCG is represented on the meets monthly and aims to en crisis services. This includes A& alternatives to hospital admiss Additional funding has ensure services meet the Core 24 Plan; Kingston have achieved George's are not there yet. It received the funding, both wil The Liaison Team works clos improve the interface with the (MHAU), placed next to the Em has had a positive impact on hour standard for patients Department and referred to L due to increase from 3 to 6 funding also allows the Liaiso Hospital MHAU's interface. within the Team provides r interventions for service users undergoing assessment in the the management of medicat completing medication review This releases Consultants' tim other tasks. These services a going forward. There is also a monthly Associa London Mental Health Trust address any issues for Richmo Middlesex University Hospital. Manager, from the Hounslow invited to attend the Richmon has been involved in crisis pat Providers, to improve the cris their acute services.
5) It appears that people approaching or in crisis do not appear to be consistently receiving the care that they need to manage their mental health via the Mental Health Support Line.	The mental health support line types of calls depending on the implies that the support line is crisis response. During the day

We ask Richmond CCG and South West London & St Georges NHS Trust to evidence whether the Mental Health Support Line is meeting the needs of people in or approaching a crisis. We also wish to ask Richmond CCG and South West London & St Georges NHS Trust to evidence whether people approaching a crisis are consistently receiving the care they need via the Mental Health Support Line. If it is agreed that improvements are necessary, we request to set out what will be done to ensure that callers in crisis can access to 24/7 care, that meets their needs.	& Support Team for support; support line is able to redir service. The support line is mental health experience an provide appropriate informati service that can meet their ne The CCG is aware that Richmor crisis services are not consis need. However, the mental he known to SWLSTG Trust. For th to the service, the expectation help lines, the NHS 111 or atte The CCG is working with STP ar Urgent Care to commission a M NHS 111, via Vocare. This will 24/7 access to services whilst bids funding with SWLSTG to in Richmond and achieve 24/7 in on a transformation plan to add Core 24 service in A&E and a Health Assessment unit are to b for people presenting with a m
6) It is understood that Richmond CCG is planning to launch a Recovery & Crisis Cafe in Richmond, in the RBMIND premises in Hampton Road. We would welcome information on how this is being set up and on how this new service is being communicated to potential service users and referrers.	Plans are well developed to ope and Kingston. The Richmond 2019 at the Hampton Road site January 2020. Support and Pe recruited and there will be sp Health Trust, Substance Misus services will be managed by working closely with the CCG a comprehensive communicati Richmond Mind website is upda The Steering Group has repres of stakeholders who are likely a service user sub-group, con attended similar facilities.
7) Patients experiences suggest that capacity within the current system is under significant strain. Our wider reports of community services have also identified capacity issues arising within these services, not least because of workforce pressures.	The CCG has consistently me mental health investment stan investment between mental commitments. However, the benchmarking initiatives have of investment is low, compare

Richmond CCG should give consideration to whether there is sufficient capacity within community care or whether there may be other ways of working, such as multi-agency work or taking a prevention approach that could improve the use of existing capacity.	additional in year investment CCG is currently working closel demand investments. The CC additional funding will depend CCG intends on doing things di or ad hoc investments that per Therefore, the CCG is workin South West London Transforma surrounds Access and Recover specialist services. Expected evidence based clinical models and discharge and an overall s viable. The CCG has constantly funded IAPT service to meet the Fiv trajectory for the Richmond E people than before to access mental health condition; mov term plan, the CCG has com 2019/2020 to 22% and to the 2
8) It is commendable to link patients to appropriate self-management and community group services after a crisis has occurred however too many people recovering from mental health crises do not have access to the support, resources and information that they need to support their recovery. We therefore ask the Mental Health Trust how they will ensure that all patients discharged from their services are signposted to the support that they need to continue their recovery after receiving medical care.	Richmond Adult Community Richmond Wellbeing Service h increase the number of patient and 2018, stepped down from Primary Care Liaison Service. Closer working relations were Borough Mind, so that patien Centre more readily in adva SWLSTG. Regular liaison meeti from the Local Authority also r SWLSTG holds quarterly representatives of any commu mental health difficulties. Finally, SWLSTG is working wi Richmond GP Alliance to ensu Social Prescribing are utilised discharge from a Recovery Sup