Freedom of Information Request	FOI 22-357	24th August 2022

Please could you respond to the below questions under the Freedom of Information Act:

1. **Please describe the process through which individuals ought to seek emergency mental health care when experiencing a mental health crisis, such as an episode of psychosis or suicidal ideation.**
   There are a number of routes of access to support for individuals who are experiencing a mental health crisis. These include:

   - Mental Health (Wales) Measure 2010 – Under Part 2 of the Measure, patients have a care and treatment plan (CTP). Part of an individual's CTP will include a relapse signature and a crisis and contingency plan. This plan will set out a pathway which includes a range of options for the individual to follow to access support. Part 3 of the Measure provides eligible individuals, who have received support from secondary mental health services within the last three years and are now discharged from services, an entitlement to request an assessment should they feel their mental health is deteriorating. When individuals are discharged, they are provided with the necessary information about how to contact services if required.

   - Individuals who are not subject to Part 2 or Part 3 of the Measure are able to access support via their GP, who can make a referral into mental health services if they are experiencing a mental health crisis.

   - The Health Board has a psychiatric liaison service based at the Grange University Hospital (GUH) but is also able to in-reach into other Local General Hospitals. The liaison service is an assessment service across Gwent for individuals who attend A&E or Short Stay services and are presenting with a mental health problem. They will have a medical need such as self-harm, an overdose or a near miss suicide. The psychiatric liaison service also provides advice and support to other services and medical wards within the GUH. This includes in-reach into the Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH). Whilst this service is primarily for adults aged 18 to 65, they can provide support to older adults if required.

   - Gwent Police operate the police triage system which includes the function of specialist mental health practitioners within the police control room. These practitioners are able to liaise with the Health Board mental health practitioners to advise and expedite any mental health assessments required for individuals in crisis.

- Section 136 of the Mental Health Act (MHA) 1983 empowers the police to temporarily detain individuals who are suspected of being mentally ill in public places and convey them to a place of safety for an assessment of their mental health. Police can use these emergency powers if they think it is in the individual, or other people's, best interests. In 2010, the Health Board sanctioned a dedicated place of safety for those experiencing a decline in their mental health; this is now located in St Cadoc's Hospital in Caerleon and is called the 136 Suite. People experiencing a mental health crisis who are detained under Section 136 are assessed at St Cadoc's Hospital.

- The Health Board has developed an ambulance protocol which is intended to provide guidance to staff regarding the management of individuals assessed by WAST as an emergency (999), who have no evidence of physical health complications that require attendance at the Emergency Department (ED), but present with apparent mental health needs requiring crisis assessment or intervention. Individuals who are in need of physical intervention e.g., due to overdose, self-harm/self-injurious behaviour or heavy intoxication of substances, will need to go to ED directly. If the individual can Stand, Walk and Talk or the self-injurious behaviour does not require medical input at the ED, and it is thought they are able to be assessed, paramedics can seek guidance from the relevant Crisis Service.

- Early Intervention Service (EIS) – Anyone can refer to EIS, and self-referrals are accepted. This service encourages anyone who has concerns about an individual who may be developing psychosis to contact them at the earliest opportunity.

2. Please describe the remit and responsibilities of the health board's Community Mental Health Team (CMHT), and Crisis Team (if separate).

The Community Mental Health Team (CMHT) and Crisis Resolution Home Treatment Team (CR/HTT) are two separate functions.

The overall aim of the CMHT is to provide a multi-disciplinary comprehensive service, which will meet the needs of adults living in Gwent who require specialist interventions from the mental health team. The primary aim of the service is to help people to a more fulfilled quality of life and to assist the individual with the ability to remain within the community. The CMHT is comprised of staff from two agencies: the Health Board and County Borough Social Services. The skills within the team are essential to the provision of high quality and effective mental health service. The CMHT catchment area is based on the location of the individual's GP surgery. The CMHT is the main point of entry into the specialist secondary mental health services. The CMHT's remit includes, but is not limited to:

- Providing assessment/treatment and advice. This may include signposting to other organisations.
- Providing advice to the referrer on referrals that do not meet the CMHT criteria.
- Commission and arrange services with the primary aim of enhancing the

individual’s ability to remain at home.

A period of assessment may be offered to establish an individual’s needs. This period of assessment may be more than one session, it will need to be reviewed regularly via the Multi Disciplinary Team (MDT) process.

The eligibility criteria for the CMHT is as follows:

- Individuals eligible for aftercare under Section 117
- Individuals presenting with a degree of risk, distress or complexity that cannot be met by Primary Care Services or third sector organisations
- Individuals treated with Clozapine, and those prescribed Lithium who are not on a shared care protocol
- Individuals requiring specialist intervention from Specialist Eating Disorder Services, as well as those accessing Dialectical Behavioural Therapy (DBT)

Certain individuals may not meet the eligibility criteria, for example:

- Individuals who have a primary diagnosis of alcohol and drug misuse and the absence of a mental health problem.
- Where mental health needs would be best met within services provided by others such as Older Adult Services, Peri Natal Service, Forensic Services, Autism Spectrum Disorder (ASD) services or Learning Disability Services.

The CR/HTT is a needs led service and will work with those service users who find themselves experiencing an acute mental health crisis either in the community or through liaison services who may otherwise result in admission to an inpatient facility. The overall aim of the CR/HTT is to provide safe and effective community-based assessment and intensive treatment in the least restrictive setting, as an alternative to inpatient care. The teams triage and appropriately coordinate and arrange emergency assessments of those within the community who are felt by referrers to be at imminent risk of a mental health crisis. The CR/HTTs will work in conjunction with CMHTs within the locality to provide a range of supportive interventions for individuals who are in crisis and at risk of further deterioration of their mental health. The teams will "gate keep" admissions of all service users to inpatient services, ensuring that hospitalisation as an intervention is offered appropriately and uniformly. The CR/HTTs will work with service users residing in the geographical catchment areas of the CMHTs within the Health Board (Torfaen, Blaenau Gwent, North Monmouthshire, South Monmouthshire, North Caerphilly, South Caerphilly and Newport). An individual’s home address indicates the catchment area for accessing support/intervention. The absence of a permanent address within team catchment areas is not necessarily an obstacle to an assessment with the CR/HTT. The CR/HTT will aim to provide crisis assessments at their locality base between the hours of 9am and 9pm. Between the hours of 9pm to 7am the aim is for all assessments to take place at the Crisis and Assessment Support Unit (CASU) based at St Cadoc’s hospital. All crisis referrals will aim to be offered an assessment within four

hours of referral. In addition to this the liaison service provides in-reach to the GUH.

The CR/HTT's remit includes, but is not limited to:
- Developing a collaborative Crisis Resolution & Home Treatment plan with the service user, care coordinator and others involved in the service user's care
- Providing a point of contact for service user and their carers
- Ensuring that reviews of Home Treatment plans take place as agreed.
- Ensuring service user/ carer's involvement in discharge planning.

Referrals into the CR/HTT can come from a variety of routes, including:
- GPs/ OOH GPs/ ANPs in GP surgeries
- CMHTs
- Specialist Services within the Directorate
- Primary Care Mental Health Support Services
- Self-referral under Part 3 of the Mental Health Measure
- Police/ FME's/ Custody Nurse
- Ambulance/ Paramedics
- AMHPs
- Other Mental Health Professionals.

Intoxication of alcohol or illicit substances should not be identified as an exclusion criterion for assessment. Despite this, the individual should be able to engage in the assessment process. In the event that the individual's level of intoxication impairs the person's capacity, it is then the decision of the assessor/s as to whether the assessment proceeds.

Referrals cannot be accepted from voluntary and non-statutory services.

3. Is there a duty for the CMHT or Crisis Team to follow up on hospital admissions for patients who have attempted suicide?

The National Confidential Inquiry into Suicide and Homicide (NCISH) by People with Mental Illness state that patients are at highest risk during the first 48 hours following discharge from a Mental Health inpatient setting. The Health Board have considered this guidance and report on all discharges from an Acute Mental Health inpatient unit on a weekly basis so that the following measures can be monitored:

1. That there is a discharge plan for each patient
2. That there is follow-up with the patients within 48-hours of their discharge
3. That there is initial communication with the GP on the day of discharge

4. Please outline when and how these responsibilities were amended or eased during the coronavirus pandemic, and when/whether the pre-pandemic regime resumed.

CMHTs and CR/HTTs maintained a 'business as usual' approach during the Coronavirus pandemic.

5. How many urgent referrals have been received by the health board for individuals experiencing mental health crises in the last five years? Please provide figures broken down by year, quarter and month where available.

The following data includes all referrals into Crisis Assessment and Support Unit, Crisis Liaison Team, Community Mental Health Teams and Crisis Resolution Home Treatment Teams.

Year	Quarter	Month	Number of Referrals
2018	Qtr2	Apr	1194
2018	Qtr2	May	1366
2018	Qtr2	Jun	1313
2018	Qtr3	Jul	1315
2018	Qtr3	Aug	1250
2018	Qtr3	Sep	1160
2018	Qtr4	Oct	1278
2018	Qtr4	Nov	1242
2018	Qtr4	Dec	1126
2019	Qtr1	Jan	1248
2019	Qtr1	Feb	1114
2019	Qtr1	Mar	1264
2019	Qtr2	Apr	1230
2019	Qtr2	May	1223
2019	Qtr2	Jun	1240
2019	Qtr3	Jul	1256
2019	Qtr3	Aug	1226
2019	Qtr3	Sep	1302
2019	Qtr4	Oct	1325
2019	Qtr4	Nov	1172
2019	Qtr4	Dec	1052
2020	Qtr1	Jan	1292
2020	Qtr1	Feb	1272
2020	Qtr1	Mar	1037
2020	Qtr2	Apr	850
2020	Qtr2	May	1064
2020	Qtr2	Jun	1184
2020	Qtr3	Jul	1248
2020	Qtr3	Aug	1135
2020	Qtr3	Sep	1233
2020	Qtr4	Oct	1230
2020	Qtr4	Nov	1106
2020	Qtr4	Dec	1081
2021	Qtr1	Jan	1168
2021	Qtr1	Feb	1069
2021	Qtr1	Mar	1315
2021	Qtr2	Apr	1222
2021	Qtr2	May	1163
2021	Qtr2	Jun	1350

Year	Quarter	Month	Number of Referrals
2021	Qtr3	Jul	1237
2021	Qtr3	Aug	1175
2021	Qtr3	Sep	1267
2021	Qtr4	Oct	1274
2021	Qtr4	Nov	1299
2021	Qtr4	Dec	1107
2022	Qtr1	Jan	1184
2022	Qtr1	Feb	1158
2022	Qtr1	Mar	1288
2022	Qtr2	Apr	1186
2022	Qtr2	May	1249
2022	Qtr2	Jun	1243
2022	Qtr3	Jul	1302

6. How many urgent referrals have been received by the health board for individuals experiencing mental health crises in the last five years, where the patient has been recorded as homeless or of having no fixed abode.

The following data includes all referrals into the Crisis Assessment and Support Unit, Crisis Liaison Team, Community Mental Health Teams and Crisis Home Treatment Teams for those referrals recorded with a postcode as NFA/Homeless.

Year	Quarter	Month	Number of Referrals
2018	Qtr2	Apr	13
2018	Qtr2	May	17
2018	Qtr2	Jun	8
2018	Qtr3	Jul	20
2018	Qtr3	Aug	10
2018	Qtr3	Sep	7
2018	Qtr4	Oct	15
2018	Qtr4	Nov	8
2018	Qtr4	Dec	11
2019	Qtr1	Jan	11
2019	Qtr1	Feb	9
2019	Qtr1	Mar	12
2019	Qtr2	Apr	10
2019	Qtr2	May	<5
2019	Qtr2	Jun	11
2019	Qtr3	Jul	13
2019	Qtr3	Aug	13
2019	Qtr3	Sep	33
2019	Qtr4	Oct	21
2019	Qtr4	Nov	12
2019	Qtr4	Dec	10
2020	Qtr1	Jan	8

Year	Quarter	Month	Number of Referrals
2020	Qtr1	Feb	17
2020	Qtr1	Mar	11
2020	Qtr2	Apr	12
2020	Qtr2	May	14
2020	Qtr2	Jun	9
2020	Qtr3	Jul	15
2020	Qtr3	Aug	11
2020	Qtr3	Sep	10
2020	Qtr4	Oct	<5
2020	Qtr4	Nov	6
2020	Qtr4	Dec	6
2021	Qtr1	Jan	17
2021	Qtr1	Feb	<5
2021	Qtr1	Mar	18
2021	Qtr2	Apr	10
2021	Qtr2	May	<5
2021	Qtr2	Jun	17
2021	Qtr3	Jul	16
2021	Qtr3	Aug	15
2021	Qtr3	Sep	10
2021	Qtr4	Oct	14
2021	Qtr4	Nov	15
2021	Qtr4	Dec	9
2022	Qtr1	Jan	15
2022	Qtr1	Feb	18
2022	Qtr1	Mar	16
2022	Qtr2	Apr	14
2022	Qtr2	May	14
2022	Qtr2	Jun	13
2022	Qtr3	Jul	25

Please note where less than five (5) patients have been identified, Section 40 of the Freedom of Information Act 2000 has been applied as the Health Board cannot provide the exact numbers due to the low numbers of individuals involved (5 or less). The Health Board believes there is a potential risk of individuals being able to be identified, when considered with other information already available within the public domain, if this was disclosed. Therefore, the data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

7. How many urgent referrals for critical mental health support have been rejected in the last five years? Please list the five most common reasons a referral was not accepted.

The following data includes the inappropriate referrals into Crisis Assessment and Support Unit, Crisis Liaison Team, Community Mental Health Teams and Crisis Home Treatment Teams.

Please note the Health Board is unable to provide data on the reasons for referral not accepted as this is not recorded.

Year	Quarter	Month	Number of Inappropriate Referrals
2018	Qtr2	Apr	22
2018	Qtr2	May	30
2018	Qtr2	Jun	39
2018	Qtr3	Jul	43
2018	Qtr3	Aug	45
2018	Qtr3	Sep	42
2018	Qtr4	Oct	33
2018	Qtr4	Nov	27
2018	Qtr4	Dec	38
2019	Qtr1	Jan	24
2019	Qtr1	Feb	29
2019	Qtr1	Mar	35
2019	Qtr2	Apr	43
2019	Qtr2	May	39
2019	Qtr2	Jun	40
2019	Qtr3	Jul	32
2019	Qtr3	Aug	31
2019	Qtr3	Sep	36
2019	Qtr4	Oct	46
2019	Qtr4	Nov	35
2019	Qtr4	Dec	23
2020	Qtr1	Jan	65
2020	Qtr1	Feb	54
2020	Qtr1	Mar	64
2020	Qtr2	Apr	20
2020	Qtr2	May	29
2020	Qtr2	Jun	33
2020	Qtr3	Jul	35
2020	Qtr3	Aug	54
2020	Qtr3	Sep	49
2020	Qtr4	Oct	30
2020	Qtr4	Nov	18
2020	Qtr4	Dec	34
2021	Qtr1	Jan	39
2021	Qtr1	Feb	37
2021	Qtr1	Mar	43
2021	Qtr2	Apr	52
2021	Qtr2	May	25
2021	Qtr2	Jun	21

Year	Quarter	Month	Number of Inappropriate Referrals
2021	Qtr3	Jul	35
2021	Qtr3	Aug	23
2021	Qtr3	Sep	35
2021	Qtr4	Oct	30
2021	Qtr4	Nov	28
2021	Qtr4	Dec	22
2022	Qtr1	Jan	38
2022	Qtr1	Feb	23
2022	Qtr1	Mar	27
2022	Qtr2	Apr	26
2022	Qtr2	May	35
2022	Qtr2	Jun	27
2022	Qtr3	Jul	21
2022	Qtr3	Aug	<5*

*Please refer to Q6 - Section 40.

8. Please describe any specific thresholds or eligibility criteria that need to be met before a patient can receive support from the local crisis team.

Please refer to Q2.

9. What is the average response time for urgent referrals to the local CMHTs, for each of the last five years?

Year	Avg Wait (Hours)
2018	9
2019	9
2020	10
2021	11
2022	11

10. How many inpatient bed spaces are available in the health board for individuals suffering severe mental health crises? What is the average length of stay for mental health in-patients.

As of 15th August 2022, there were 85 adult acute inpatient beds, this includes the Health Board's Psychiatric Intensive Care Unit (PICU). The Health Board also has 4 beds in a support house setting.

The current average length of stay also of 15th August 2022 was 16.4 days.

11. Please describe the principles and approaches taken by mental health professionals, when supporting patients who use drugs or alcohol.

Gwent provide services for people experiencing difficulties in relation to substance use in conjunction with the local Area Planning Board (APB).

APBs were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'.

The APBs were intended to provide a regional framework, to strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy, and enhance and improve the key functions of planning, commissioning and performance management. APBs are, in line with the Welsh Government's wider collaboration agenda, combining resources for the development and management of substance misuse services across Community Safety Partnership (CSP) areas. This provides opportunities for strengthening service planning, commissioning, delivery and performance management whilst also achieving efficiencies. This regional approach has now been in operation for a number of years.

Locally, adult services for substance use are provided by the third sector, Gwent Drug and Alcohol Service (GDAS) and Gwent Specialist Substance Misuse Service (GSSMS) in partnership. GSSMS is the Health Board's service for substance use. Both services are highly inclusive and non-judgemental in their approaches, and work to challenge stigma associated with substance use, treatment is individualised based on needs assessed.

Part of GSSMS's criteria is to provide treatment and support to individuals who have a diagnosed or suspected diagnosable "serious mental illness" (SMI) who require support from secondary mental health services. GSSMS and GDAS meet on a weekly basis to discuss referrals in order to ensure service users are being supported by the most appropriate service, this is based on individual presentation, identified need and referral criteria for each service.

If an individual assessed by or working with local mental health services (for example, the CMHT) is identified as using substances, the clinician would discuss support available locally, and, if the individual consents, the professional can make a referral on their behalf. In the first instance this is usually to the central referral point operated by GDAS. If the individual does not consent then they are provided with the central referral point for substance use contact number and are able to self-refer. If the individual consents, the professional can make a referral to GSSMS, who are secondary referral only with a remit covering complex needs over several domains (social, physical health, mental health).

The approaches to treatment include comprehensive assessment and trauma informed care. GSSMS have a multi-disciplinary team (MDT) which includes consultant psychiatrists specialising in addiction, mental health and general nurses, support workers, occupational therapist, therapists and psychologists, peers, they provide consultation and work directly with local mental health services for individuals with co morbid mental illness and substance use. Where an individual may be assessed in crisis but is not suitable for secondary mental health care, then GDAS would be the service referred to. Where an individual identified as using substances who is supported by mental health services does not consent to a referral for

additional support GSSMS will provide consultation in relation to substance use support strategies to the teams working with individuals.

Both services provide evidence based pharmacological interventions to treat substance use, alongside practical support and individualised therapeutic interventions, they liaise with other services (providing consent is in place and if not based on risk assessment) in relation to individual progress. The services provided are done so in line with "Drug Misuse and Dependence, UK Guidelines on Clinical Management" 2017, and relevant NICE guidance.

GDAS and the Health Board also are currently working in partnership with Local Authority Supporting People and Housing in providing complex needs support (this provision varies across Gwent due to the demographic differences and needs), complex needs in this instance refers to substance use, mental health and homelessness/risk of homelessness. GDAS also operate an assertive outreach approach specific to complex needs, this is often for individuals who have been assessed as not requiring support from secondary mental health services but are at risk of becoming mentally unwell due to the impact of substance use on their health and wellbeing.

12. **How many patients have been refused mental health care, as a consequence of their use of substances, in the last five years?**
The Health Board does not collate this information and would have to review every patient record to determine this. Therefore, in order to comply with your request, the Health Board has established that this would exceed the appropriate costs limit under Section 12 of the Freedom of Information Act 2000 which is currently £450. As you will be aware this is not an exemption which requires us to consider the application of the public interest test. We have calculated that it would take in excess of 18 hours to review the record of each patient.

13. **How many patients have had mental health care withdrawn, as a consequence of their use of substances, in the last five years?**
Please refer to Q12.