Hywel Dda University Health Board

The Status Quo of Mental Health and Learning Disabilities Services in Hywel Dda

Technical Document to inform the Transforming Mental Health agenda.
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Introduction
The following section provides a narrative on the status quo; or current provision (as of December 2016); of adult mental health services in Hywel Dda University Health Board (HDUHB) area. This also includes those services being delivered by the Health Board, Local Authority and Third Sector. This narrative will accompany the map of services, to explain what the various services do, and how they operate. The focus is on the core adult mental health services (as is the map), as these services will be the ones that experience the greatest impact in the proposed redesign of services. However, it should be made clear that mental health services provided by and in conjunction with Hywel Dda University Health Board span a person’s whole life and do not discriminate on the basis of age. Further information on specific specialist mental health services for people over 65 years or older adults, learning disabilities, substance misuse and children and young people is available on request.

Historically adult mental health services were designed to help people with difficulties ranging from mild anxiety, depression and stress through to those with severe and enduring mental health problems, for example Schizophrenia and Psychosis. We often refer to this as the person’s level of need. Usually individuals are referred to adult mental health services through a G.P, or sometimes if a person is already known to the service they can refer themselves. Once referred, an individual can either be seen in the community, or within an inpatient setting, depending on their level of need. The community and inpatient services have been separated under different headings for the purposes of the narrative, but it should be stated that often both inpatient and community services work closely together to provide a good quality of care. However, it has also been noted that the process for patients, to gain access and then see the most appropriate member of staff, is not always straightforward. We often refer to this as the clinical pathway. The quote below from a work-stream report highlights this:

“A piece of work was conducted to obtain a snapshot of pathways for different clinical conditions (within mental health only) from different specialties. Analysis of the information gathered revealed that pathways are complex and did not join together in a cohesive way. Attempting to join these up in a flow chart resembled a
“diagram of the London Underground. A series of assessments between (and within) services, to access services, were evident.”

Report for the Mental Health Project Group from the Clinical Pathways Work Stream, (16th July 2015), Clinical Pathways Minutes.

These pathways are often complex, historical and some have not been updated. Where pathways have been updated they have often developed within a ‘siloh from the wider service and the wider system. There is also inconsistency in some service pathways in the different counties. This can then involve a series of assessments as the service user moves from one service to another or whenever a service user receives an additional service. It has been concluded by the work stream that, in general, clinical pathways require improvement and should be more accessible, simplified and with a reduced need for multiple assessments.

Further, as well as explaining the range of services this chapter will also touch on some of the current pressures and challenges on the adult mental health service. The information presented has not been described in huge detail, in the interests of keeping the report brief and to the point.

Psychological Therapies - Overview

Many of the services discussed below have various psychological therapies at the heart of their treatment programme. We felt that it would be helpful to give a brief overview what we mean by “Psychological Therapies”.

Psychological therapies are a variety of non medicine based treatments. They are derived from psychological theory and are designed to help people with a variety of mental health problems. They can involve brief psychological interventions as well as more formal psychological therapy. They are sometimes referred to as ‘talking therapies’ and are delivered in structured sessions. The ones used in Hywel Dda have research evidence that suggests some of these are better for helping people with specific problems. These are also recommended in national best practice (NICE) guidelines. Cognitive Behavioural Therapy, for example, is probably the most widely used; however other evidenced based talking therapies are used according to an individual’s needs.
Community Services
Community mental health services aim to work with people within a range of what is often referred to as severe and enduring problems. This means that their needs are often longstanding and complex. These patients are more often than not seen in community settings. Generally the services operate from named premises, such as identified mental health buildings (please refer to map) or will outreach to people’s homes, or other places of convenience the community.

Community Mental Health Services
Community Mental Health Services (CMHS) provide assessment and treatment for people with severe and enduring mental health difficulties, either outreaching to individual's homes or in seeing people in a clinic or office setting. CMHS are staffed by mental health and social care professionals including Community Psychiatric Nurses, Psychiatrists, Psychologists, Occupational Therapists and Social Workers.

The CMHS service operates with the hours of 9am-5pm, Monday to Friday. There are a total of 7 Community Mental Health Services in Hywel Dda; 2 in Pembrokeshire, 2 in Ceredigion and 3 in Carmarthenshire (please refer to map for exact locations).

There is an on call psychiatrist providing medical provision 24 hours, seven days per week, across the three counties. However, this only offers assessment during the out of office hour’s periods.

Early Intervention for Psychosis (EIP)
The Hywel Dda University Health Board EIP service offers specific assessment, support and treatment to adolescents and adults between the ages of 14 and 25 who are (or at risk of) developing symptoms of psychosis.

The team is comprised of mental health practitioners made up from nurses, occupational therapists and social workers. The practitioners work with individuals and their families/carers in various clinical or community settings providing psychological and physical health monitoring interventions with a recovery/employment focus to the work.
The EIP service works Monday to Friday 9am to 5pm but is able to offer interventions outside of those times.

**Crisis Resolution Home Treatment (CRHT)**

Crisis Resolution Home Treatment teams (CRHTs) were initially developed to provide a service for adults who have severe mental illness and experiencing an acute episode of this illness. They have since developed to include those people that feel in crisis and may be at an increased risk of suicide. CRHT services include assessment and treatment, assistance to resolve emotional distress, intensive support, guidance on medication, problem solving strategies and relapse prevention. The CRHTs work out of a base but carry out the majority of assessment and intervention work within the community at a convenient and appropriate venue for the individual in crisis e.g. people’s homes, A&E, G.P Surgeries.

A wide range of mental health professional’s work within the CRHTs including psychiatrists, mental health nurses, social workers, occupational therapists and mental health nursing assistants.

There are a total of four CRHTs in Hywel Dda, 1 in Pembrokeshire, 1 in Ceredigion and 2 within Carmarthen. The team in Hywel Dda works between 9.00am and 12.00pm (in Ceredigion on a 24 hour basis), 7 days per week, 365 days a year, however all teams are expected to start working 24 hours a day, every day, before the end of 2017. The contact with service users is short-term up to six weeks.

**Local Primary Mental Health Support Services**

Local Primary Mental Health Support Services (LPMHSS) provide services to adults who are experiencing mild to moderate mental health problems such as depression and anxiety. The LPMHSS is not designed for people requiring urgent assistance or long term support. This service is required to contact those referred to the service within 28 days for an initial telephone assessment/screening and then 28 days after for treatment, or intervention.

The LPMHSS undertakes short term (6-8 sessions) low intensity psychological interventions as well as advice and health information for clients and their carers. Further, the service provides support and education for primary care teams, social
and community services, and other statutory, voluntary and third sector organisations that provide care to people with mental health needs. LPMHSS offers various group treatment programmes; such as stress management in community venues, as well as one to one psychological intervention at GP surgeries throughout the Hywel Dda area.

The teams are staffed by mental health nurses, occupational therapists, social workers and mental health support workers. Referrals are primarily from GP’s with some coming from CMHS and CRHTs. They primarily operate on a 9am – 5pm basis with some groups and assessments being offered in the evenings and some Saturday mornings.

Integrated Psychological Therapy and Intervention Service (Incorporating Psychotherapy and Therapeutic Day Service)
The Therapeutic Day Service (TDS) was set up in 2013 to provide a variety of individual and group low intensity psychological interventions aimed at helping people to manage and cope with emotional distress. Dialectical Behavioural Therapy (DBT), which is a more intensive intervention, is also provided for patients whose mental health problems might best be met this way. These teams were developed across the three counties with interventions primarily offered through various therapeutic groups. Similarly, the psychotherapy service has for several years been offering individual longer term high intensity psychological interventions for a similar patient group. The latter of these services is only available in Carmarthen.

The new (September 2016) service is an amalgamation of the two services described above and now offers various psychological interventions, for the same patient group. Group work is delivered across the three counties and includes Emotional Coping Skills (ECS) – derived from Dialectic Behavioural Therapy (DBT), self-esteem, and anger management. The majority of the individual therapies offered include CBT, Eye Movement Desensitisation and Reprogramming (EMDR), Psychodynamic Psychotherapy (one group only), systemic / family therapy, interpersonal psychotherapy (IPT) and Schema Focused Therapy.
This Integrated Psychological Therapy Service is staffed by mental health nurses, psychiatrists, occupational therapists, mental health support workers, cognitive behavioural therapists and psychotherapists. The service primarily operates on a 9am to 5pm, Monday to Friday with some groups available early evenings and Saturday mornings.

**Psychology Services (Adult Mental Health)**
The Adult Mental Health Psychology Service is a long established service that offers highly specialist consultation, training, supervision, specialist assessments (including cognitive / neuropsychological assessments), case formulations (that help understand that causes and maintaining factors for people’s difficulties) and psychological treatment. These would generally be offered to patients with severe and enduring mental health problems. This service is offered across the three counties using individual formulated CBT interventions as well as other integrated approaches. The service is staffed by clinical, counselling, assistant and trainee psychologists as well as cognitive behavioural therapists and psychotherapists. The service operates on a 9.00 – 5.00 basis. Referrals are accepted from LPMHSS and the CMHS.

**Veterans NHS Wales Service (VnhsW)**
VnhsW is a specialist service that offers an outpatient psychological therapy service with signposting and/or referral onwards to other NHS services, veterans welfare agencies and veteran charities for additional support and intervention. The service user group are ex-military personnel who have mental health and social difficulties related to their military service.

There are two staff members in this service covering the whole of the health board with clinics in Lampeter, Carmarthen and Haverfordwest.

Referrals can be via self-referral (through website or over the phone) or from any professional involved in that persons care e.g. GP’s, mental health staff and veterans agencies.

The service hours are Monday - Friday 9am - 5pm.
Autistic Spectrum Disorder Diagnostic and Pre/Post Counselling Service (ASDD)
The ASDD service for adults offers pre and post diagnosis counselling as well as ASD assessments and appropriate sign posting. There are no follow up interventions offered after a diagnosis.

This service is staffed by one specialist nurse with appointments being offered in Llanelli/Carmarthen with part time Psychiatrist input.

Referrals are accepted from GP's and specialist mental health and learning disability professionals.

Mental Health Social Services
Carmarthenshire, Pembrokeshire and Ceredigion Local Authorities support the Community Mental Health Services through the provision of specialist mental health social work and support staff. Specialist mental health social workers work as part of a multi-disciplinary team supporting individuals with mental health needs. This includes case management, assessment and care and treatment planning. The specialist social workers are responsible for considering the patients social welfare which can include support with housing, employment, social inclusion as well as specialist accommodation needs when appropriate.

The local authority has a statutory duty to meet specific legal requirements which include a structure for the provision of Approved Mental Health Professionals (AMHP’S) which is a statutory function within the Mental Health Act (MHA) 1983. In identified cases local authority staff can act as care co-ordinators under the Mental Health (Wales) Measure 2010 and care managers in terms of care and support planning under the Social Services and Wellbeing (Wales) Act 2014. In some areas Social Workers and Managers act as Designated Lead Managers and Investigation Officers in line with Adult Safeguarding procedures as identified in the Social Care and Wellbeing (Wales) Act 2014. These functions are provided both during office hours as well as out of hours.

Specialist mental health social workers are required to undertake a wide range of statutory duties that include completing and reviewing Mental Health Act assessments, including Community treatment Orders (CTO) and Guardianship
applications, providing social circumstances reports for and attending Hospital Managers Hearings and Mental Health Review Tribunals; representing the department in the development of Section 117 aftercare plans; undertaking statutory visits and leading on applications to the Court of Protection, best interest assessments in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.

Street Triage Service
The Mental Health Triage service has been in place since January 2015 and is a joint venture between Hywel Dda University Health Board and Dyfed-Powys Police. A police officer and mental health practitioner are co-located in the Force Communication Centre at Police HQ. The service is available from Thursday to Sunday 4pm to 12 midnight. Its primary role is to provide assistance to persons in mental distress or crisis and the team are able to respond to calls utilising purpose bought unmarked vans when possible throughout the three counties of Dyfed. The service will run until the end of 2017. Any learning from this service will be adopted into new practice for our 24/7 CRHT teams.

Perinatal Service
The Perinatal Service offers support to new mothers, who have, or are at risk of developing, a mental illness. This is a new service that is being rolled out across the three counties in three phases. With Pembrokeshire as phase 1, Carmarthenshire as phase 2, and Ceredigion as phase 3.

The team is made up of mental health nurses, occupational therapist, a psychologist and a psychiatrist with links with midwives, health visitors and the relevant third sector organisations.

As of December 2016 the perinatal service offers assessments and treatment only in Pembrokeshire with only urgent assessments being done in the other areas. Treatments include group work and face to face treatment sessions.

The service runs on a 9am – 5pm, Monday to Friday basis.
Inpatient Services

Inpatient units are the small hospital like buildings that provide a specialist assessment and treatment service where adults with a range of illnesses and/or challenging behaviours can best be supported. People referred to the service may present a risk to themselves or others, making it difficult for them to live at home at times of crisis or to make use of other services or community facilities.

Morlais, Bryngofal and St. Caradog

There are three adult short term inpatient units in Hywel Dda. Morlais in Carmarthen, with 9 beds, Bryngofal in Llanelli, with 18 beds, and St Caradog in Pembrokeshire, with 15 beds. Currently, there is no mental health inpatient provision for people in Ceredigion. Morlais ward in Carmarthen is used as the closest admission point.

The wards are staffed by psychiatrists, mental health nurses, occupational therapists and mental health nursing assistants all day every day.

Psychiatric Intensive Care Unit and the Low Secure Unit

There are two the specialist inpatient units. These are based in Carmarthen. The 6-bedded Psychiatric Intensive Care Unit (PICU) provides short-term intensive assessment and treatment for those service users with acute mental health problems, whose behaviour and presentation presents or potentially appears too disturbed to be managed safely on an open acute locality unit.

The Low Secure Unit (LSU) provides a 14 bedded unit for men aged 18 and above with a severe mental illness, detained under the Mental Health Act (1983 amended in 2007) and whose risk of harm to others and risk of escape from hospital cannot be managed safely within other mental health settings.

Third Sector Services

This refers to the voluntary sector or community sector organisations that are not-for-profit and non-governmental. This is in contrast to the public sector and the private sector. For the purposes of this report we will refer to it as the third or voluntary sector.
For the purposes of the Transforming Mental Health Services project we have only mapped and are referring to the third sector services that are funded by the local authority or health service. The majority of these are registered charities with the Charity Commission (please see map for more details). Some of these organisations are jointly funded by the health board and the local authorities. Historically there has been a lot of variation in which organisations have been funded and what for. Consequently there is a lot a variation across the three counties with duplication in some areas and not being equitable in others. Also some of these old arrangements and agreements may not meet the current needs of the population.

We would like to acknowledge that there are many groups and services provided by the wider voluntary and community sector. These are a vital and an important part of the range of support that helps individuals and families recover from mental health problems.

*Please note that those third sector organisations not commissioned by the NHS or LA can be seen on the Dewis System map.*

**Current Challenges**

**Accessibility – Transport and Location**

The Hywel Dda geographical area has a mix of rural and urban settings and a significant part of this is classed as rural. This can mean there are challenges across the population with accessing services. People may have to travel long distances either for routine appointments or to see someone in a crisis. This can be made very difficult given limited rural public transport and the costs of doing so especially for those in our communities living in financial hardship.

More specifically in the mental health services there are a number of challenges with the transportation of patients to attend scheduled appointments as well as out of office hours and emergencies in which inter-ward transport might also be required.

For example:

- It can often be the case that crisis team (CRHT) practitioners can be spending considerable time transporting service users during times of crisis. This is neither the best use of time or clinical skills for crisis
team practitioners and given the time taken in transportation they can find it difficult to meet the demands of the service.

- In Ceredigion there is currently no adult in-patient provision which means people in crisis; and their families; have to access inpatient services in Carmarthenshire. This again poses challenges not only service users and carers but also to staff having to travel long distances in times of extreme distress.

For further information, please refer to the Transport technical document.

**Service responsiveness**

This refers to how we are able to respond to the needs of service users with such a wide and varied range of difficulties and needs. Core community mental health services are usually only available between 9am-5pm, Monday to Friday (there are exceptions to this with the CRHT’s and some groups being offered early evening and Saturday mornings). However, it stands to reason that our mental health needs do not fall neatly into 9 – 5 five days a week. Clearly people can and do need access to services outside of normal office hours. For example, if we look at the work of the CRHT’s across the three counties for the financial year 2015 – 2016, 35.1% of new referrals and 54.9% of contacts with service users were at the weekend and between the hours of 5pm and 8am. Similarly between 1st April 2016 and 30th September 2016, 35.7% new referrals and 58.5% contacts with service users were at weekends between the hours of 5pm and 8am.

All adult mental health inpatient beds are at present running at above full capacity which is a serious and difficult situation for the Health Board (please refer to technical data for a full breakdown of figures). Whilst units are running at such a high demand it can be difficult to find people beds within their own locality. Consequently some service users may be transferred between the inpatient wards as the demand for beds continuously changes. Within the short to medium-term stay inpatient units (which excludes LSU) there have been a total of 327 transfers between wards in Hywel Dda, from 1st of June 2015 to the 31st of May 2016.

A number of people had to access beds out of Hywel Dda due to a lack of available beds in the last year. If people have to be cared for out of Hywel Dda area, this not only impacts on them being away from a support network of family and friends but
also means that discharge from inpatient settings can be delayed. If an individual is in an out of Hywel Dda inpatient bed, staff will need to travel long distances to carry out the required assessments before they able to be discharged. This takes time and impacts upon the local service delivery as qualified staff have to spend hours travelling out of area and back to attend to local services users who have had to be cared for in, for example, other parts of Wales.

Service User Outcomes and Experience

It is generally accepted that the gathering of outcome data; that is the information that helps a service try to find out if what they are doing is actually helping and benefitting the people that are using the service; is important to help set and maintain necessary standards. Although there are a number of ways of doing this; and many of the teams and services above do use these (with good results); there is currently no consistent and joined up method or approach for doing this across the different services.

Demand

One of the difficulties in trying to predict what services we will need to provide in the future is the high level of temporary and transient residents there are in the HDUHB area. Both Ceredigion and Carmarthenshire have universities. These are based in Aberystwyth, Lampeter and Carmarthen. Pembrokeshire also has a large further education college in Haverfordwest. All of these attract high numbers of out of area and overseas students. A number of these will have need for some sort of support of the mental health services whilst in one of these areas. All three counties, particularly Pembrokeshire, attract high numbers of tourist visitors throughout the year. Numbers of these can also have need for the local mental health services. All of these factors can make predicting population needs difficult.

Equality

“People who experience mental health conditions are likely to experience a range of inequalities. Research has identified that people who experience inequality or discrimination, such as BME or disabled people are more likely to have poor mental wellbeing and develop mental health problems. In addition some people can experience inequality when trying to access services, and when they do access
services their experiences may not be as positive as the wider population or their outcomes may be less successful. There are a number of reasons why this may happen, such as language barriers, lack of cultural sensitivity and training among health professionals, lack of engagement with certain groups or communities etc.” (“Together for Mental Health Strategy”, Welsh Government, 2012)

The specific needs of young people, older adults, lesbian, gay, bisexual and transgender service users, carers, veterans, pregnant women, new mothers and others vary widely and care needs to be taken to ensure that they are appropriately met.

People living in the most deprived areas of Wales are more likely to experience the highest rates of poor mental health and a higher incidence of mental illness. We know that there are pockets of deprivation within our three counties and socio-economic deprivation may contribute to difficulties in accessing services.

There were a number of equality and human rights issues which emerged during the development of the Welsh Government Together for Mental Health Strategy which equally may apply locally within Hywel Dda. The list below helps illustrate some of these,

- There is a lack of data on mental health which can be interrogated to give information on people with protected characteristics to measure the impact of services on them.
- There is a lack of cultural awareness training on equality and human rights issues among service providers.
- The language used in the provision of mental and health services is predominantly in the style of the medical model of disability.
- Stigma and discrimination is still directed at people with mental health conditions and for some people with protected characteristics this is amplified.
- There is a need to safeguard the independence of older people.
- General awareness by the public of mental health and equalities issues needs to be improved and the prejudicial and discriminatory views need to be challenged when they arise.
Viability

Finance and Affordability

There are currently a number of challenges around staffing such a variety of services all helping to meet the overall mental health needs of the HDUHB area population.

One of these is the high use of agency, bank and locum staff in the mental health services. These are qualified health professionals and doctors who are employed on a temporary or short term basis to fill the staffing gaps where staff are sick or the services have not been able to recruit permanent staff into particular jobs. This potentially impacts on the continuity of familiar staff for service users and is very costly on top of the current permanent workforce pay costs. For example, the total cost for these additional staff from April 2016 to 31st October 2016 is £2,145,121.00 and this is before the end of the financial year 2016 – 2017. This is compared to the financial year 2014 – 2015 where the total for these additional staff was £2,029,158.00.

Further details on these costs can be seen in the Technical Data section of this document.

Workforce and Sustainability

As mentioned above there are a number of challenges around staffing our services. The Health Board have challenges with the recruitment and retention of staff in order to run our services in a safe and effective manner. This is particularly the case for some of the outlying inpatient units. These units are relatively isolated and staff are managing patients’ high level of mental health needs without a large concentration of services around them to support during busy times. Recruitment in these areas continues to be a significant challenge. These recruitment difficulties impact upon the finances of the Health Board, as a significant amount of the budget is being spent on bank and agency nursing and medical staff.

Staff might also work in roles where it is difficult for them to fully use their training and skills. For example, Occupational Therapists (OTs) working in some community mental health teams might not be able to use their specialist skills if they spend the majority of their time doing generic duties with non OT specific needs. This can impact on a service user’s recovery journey and restrict their access to support that
would enable them to manage their condition, stay in or return to employment and explore leisure and social activities within their local communities. Furthermore we have an aging workforce, meaning that a significant number of mental health professionals are due to retire within the next 15 years. New staff must be recruited and retained in post if we are to sustain a viable service in the future.

**Partnership**

**Delivery/joined/integrated**

There are some areas of challenge about delivering joined up and integrated mental health services. If we take the example of how this works with the health services (NHS) and the social care (social workers working for the local authorities). Here we can see challenges in that the electronic record keeping systems used by the two organisations are not integrated. Although for the social workers working in the CMHS teams this is not an issue as they access the same information as their NHS colleagues. However there can be times when a service user is being cared for by HDUHB mental health workers as well as others parts of social care and they do not have easy instant access to the relevant information.
Map of current services