

Alternatives to Crisis Programme Individual Service Profile

– North and Mid Hampshire Safe Haven



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1. Introduction

This Individual Service Profile expands on the information provided in the accompanying Final Report slide set. It looks at each Alternatives to Crisis (A to C) services in more detail, exploring service set up; how the service is staffed; what challenges the service has faced; what has worked well; and what has changed for the service over the lifetime of the evaluation. It also presents activity data for the service for the period 01 April 2022 – 30 June 2023, along with feedback from people who used the service, which was collected via the online and postcard surveys.

2. Methods

Information on each of the A to C services has been collected since July 2021, when scoping for this evaluation began. The evaluation team met with service managers and members of staff on multiple occasions during the data collection period (01 April 2022 – 30 June 2023), and where appropriate, service visits were also arranged, so that the service could be seen in person.

Service managers and staff were also invited to attend and feedback through the Rapid Insight Events held in June 2022 and April 2023. At the end of the data collection period a follow-up meeting was arranged with each service to reflect on the challenges the services had faced, what had worked well, and how the services have changed during the evaluation period. This meeting also provided an opportunity to check that the evaluation had up-to-date information on the service set-up and staffing structure. Discussion logs were kept for each service meeting.

Feedback from the people who used the services was collected via interviews, online surveys, and data collection postcards. The online surveys were circulated between March 2023 and June 2023. The postcards and ballot boxes were distributed to the services in March 2023 and collected in June 2023. Both the survey and the postcard included short multiple choice style questions and free text questions, where people could provide further comments about their experience of the service. This Individual Service Profile includes the feedback from both the online survey and the data collection postcards. The findings from the interviews are presented separately in Appendix V.

The service meeting discussion logs, the findings from the Rapid Insight events, the feedback from the multiple-choice survey questions, and the quantitative activity data collected through the Standardised Data Collection Tool, has fed into the information presented below.

3. Data reported

The evaluation can only report against the data fields that were provided. Furthermore, if the quality of data submitted was insufficient for analysis to be performed, it was not included. Please see slides 25 -29 in the Final Report slide set for further information on evaluation challenges and data issues.



4. Service information – North and Mid Hampshire Safe Haven

North and Mid Hampshire Safe Haven

North and Mid Hampshire Safe Haven, Basingstoke, RG21 5NL



4.1. Service overview



- **Safe Haven** - for **adults aged 18+** experiencing mental health crisis. **Drop-in, face-to-face, virtual or over the phone.** Open access, no referral or prior appointment required.



- **Open 18:00 to 22:00**, 7 days a week, **365 days a year**, including bank holidays.



- The service predominantly serves residents of **Test Valley or Basingstoke and Deane**, however the service will not turn people away based on where they live.



- **The service is staffed by Andover Mind and Peer Support Practitioners.**

4.2. North and Mid Hampshire Safe Haven in more detail

The service which launched in September 2021 is run by Andover Mind. It is set up as a drop-in service and people can contact the service by attending in person, calling on the telephone or by making a virtual appointment. It adopts a person-centred approach, aiming to offer emotional and practical help to individuals experiencing mental health crises, in a calm, safe and confidential space. The service prioritises face-to-face drop-ins; signposting on the door and on the answer-message states that “face-to-face drop-ins are always the priority”. The team at the service use breath work, meditation, and grounding techniques to help the person de-escalate. The setting is designed to be informal. It has one large communal area, a one-to-one room, and additional one-to-one space upstairs if needed. The facilities are also set up to be wheelchair accessible.

The service is focused on ‘in-the-moment support’; it does not carry out follow-up calls. Each attendance is recorded on Charitylog, along with details of the presentation and a record of where the person was signposted. The team aim to keep each interaction to within an hour as they have found that this time limit is important for boundary setting. The service asks each new attendee to sign an ‘Expectation and guidelines contract’ to show they are aware of what is expected of them and the boundaries that are in place. For instance: “We will not discuss specific medication as this is not a clinical setting and it is



not appropriate for us to advise on this.” Sarah O’Driscoll, North and Mid Hampshire Safe Haven Service Manager.

Staffing model

The service always has a minimum of three people on shift:

- Team lead or service manager (Andover Mind)
- Andover Mind Practitioner trained in mental health
- Peer practitioner with lived experience of mental health

There are 16 members of staff in total, including bank staff, 12 of whom are permanent staff. Two more team members were due to join in late 2023, bringing the total to 18. All staff have regular supervision meetings. Every six to eight weeks for Mind practitioners and team leads, and monthly for peers.

The team is made up of people of different ages, genders and backgrounds. Previous roles held by the team include psychiatric nurse, social worker, psychologist, housing officer, and experience of working with adults with learning difficulties.

The service does not have any clinical staff on site. If the Safe Haven needs to escalate someone they are supporting, then they call the Southern Health Crisis Team for support on a direct phone line.

Staff training

All staff are Mental Health First Aid trained, and they all take part in an internal training programme. Training topics include:

- Self-harm
- Trauma-informed care
- Obsessive Compulsive Disorder (to be added to the training package in late 2023)

The service manager proactively looks for further training opportunities with Community First and through Eventbrite, to ensure the team stays up-to-date and informed.

4.3. Challenges experienced by North and Mid Hampshire Safe Haven

The service manager Sarah O’Driscoll described several challenges that the service has faced:

Breakdown in the escalation pathway

The intention was for the service to have an assigned member of staff from the Southern Health Crisis Team on site for each shift: however, in practice this is not what has happened. Instead, the Safe Haven has a direct phone line to use when escalation is required.

“After 9pm the Southern Health Crisis Team are staffed by a reduced night staff. When we escalate to the Crisis Team they often tell us to call an ambulance or the police. The police will not attend as the Safe Haven is not a designated place of safety, and instead they redirect us to call for an ambulance. Because the call is

not a priority the ambulance often won't attend until gone midnight, which is after the service closes and the team's shifts have ended." Sarah O'Driscoll, North and Mid Hampshire Safe Haven Service Manager.

Running the service from a shared space

The Safe Haven uses the Andover Mind Wellbeing Centre to run the service in the evenings. This means they operate out of shared space, which limits what they can do within the space.

Data reporting

The service has a limited capacity for 'additional' administrative tasks. This means that meeting NHS data reporting requirements can be challenging for the service, as these activities are time-consuming and take resources away from other areas.

Accessing Electronic Patient Records (EPR)

The service only has limited and unreliable access to the NHS Electronic Patient Records (EPR) system: Rio. This results in an increased administrative workload for the service's manager and has the potential to limit the service's ability to support continuity of care. Only Sarah as service manager has access to Rio. The Team Leads were also intended to have access, but this has not been put in place. Access to Rio can be intermittent. Sarah works from a laptop provided by Andover Mind, which has interoperability issues with the NHS-based Rio system. This frequently results in Sarah being 'kicked off' the system.

Ensuring diversity when recruiting

Challenge of recruiting to ensure you have diversity within the workforce.

Service supports a significant number of people with complex support needs, specifically emotionally unstable personality disorder (EUPD)

People with a diagnosis of EUPD are often particularly unwell and vulnerable, and the service has found that this group make up a high proportion of their regular attendees.

Mistrust of the healthcare system and a need for long-term support

"There has been a breakdown in trust between the people who use mental health services and the healthcare service so they turn to the Safe Haven. This can be challenging as the Safe Haven is not designed to offer long term support." Sarah O'Driscoll, North and Mid Hampshire Safe Haven Service Manager.

4.4. What has worked well for North and Mid Hampshire Safe Haven?

- The service offers a non-clinical approach, which means people who have developed a mistrust of the NHS feel more comfortable seeking support there.
- The team have dedicated time for 'debrief and reflective practice' at the end of every shift, to stop people carrying what they have heard home with them.

4.5. How has North and Mid Hampshire Safe Haven changed over the evaluation period?

- To build stronger links with the Crisis Team, a team member from Safe Haven now joins the monthly Crisis Team meetings. This provides the opportunity to discuss complex cases as well as the Safe Haven team's training needs.
- Due to the Safe Haven team working across different evening shifts, the service manager has introduced team reflection meetings to ensure the team comes together on a regular basis.

5. Service activity data - North and Mid Hampshire Safe Haven

The following data was collected between 01 May 2022 and 30th June 2023 by North and Mid Hampshire Safe Haven via the evaluation's Standardised Data Collection Tool. Due to delays with implementation of the data collection tool, the service commenced data collection a month after the other A to C services. The service managed to collect NHS numbers for 85% (1,270/1,491) of contacts. The remaining 221 contacts were anonymous.





Between 01 May 2022 and 30 June 2023 ...



- North and Mid Hampshire Safe Haven **supported over 147 people, across 1,491 contacts**, with an average of 114 contacts per month.



- The service saw 28 to 44 people each month.



- **47% of the contact** with North and Mid Hampshire Safe Haven **was face-to-face**, 49% was via telephone and 4% was recorded as virtual.



- **Eleven individuals contacted North and Mid Hampshire Safe Haven on more than 25 occasions each.**



- **50% (747/1491) of the contacts made with North and Mid Hampshire Safe Haven was people wishing to either prevent escalation into crisis (20%, 262/1491) or de-escalate from a crisis (30%, 484/1491).** 16% (241/1491) were contacting the service to maintain recovery after a crisis, a further 16% were looking for someone to talk to, to reduce isolation/loneliness.



- **67% (98/147) of the people in contact with North and Mid Hampshire Safe Haven were in contact with secondary mental health services.** 19% (28/147) were not known to mental health services; and the status of the remaining 14% (21/147) was recorded as unknown.

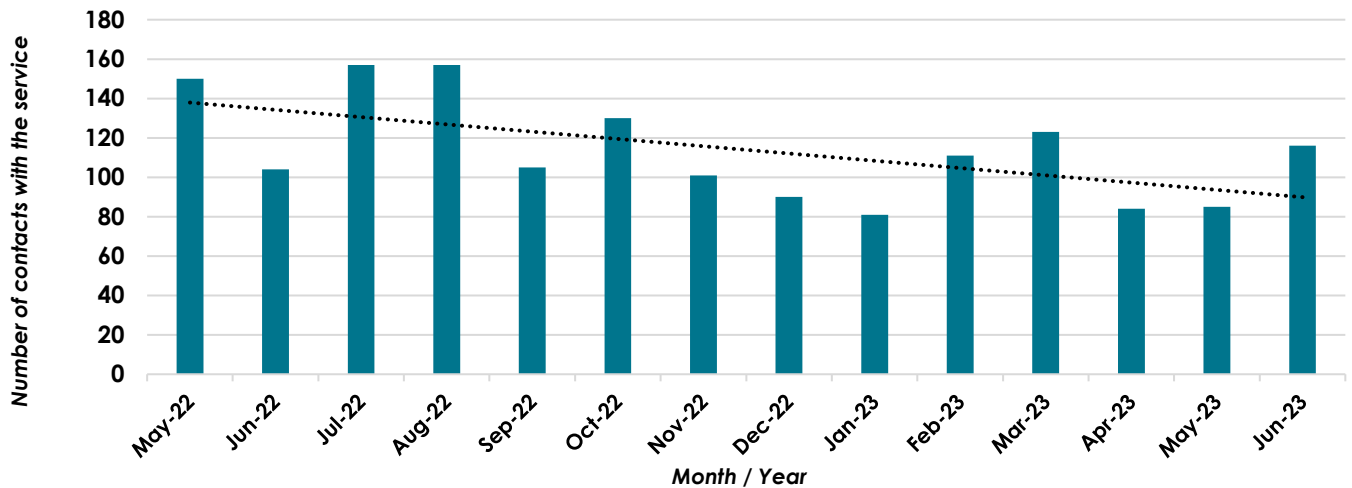


- The service was **contacted on 35 occasions by carers or family members** who were concerned about someone they care for and / or were seeking information and advice about mental health services.



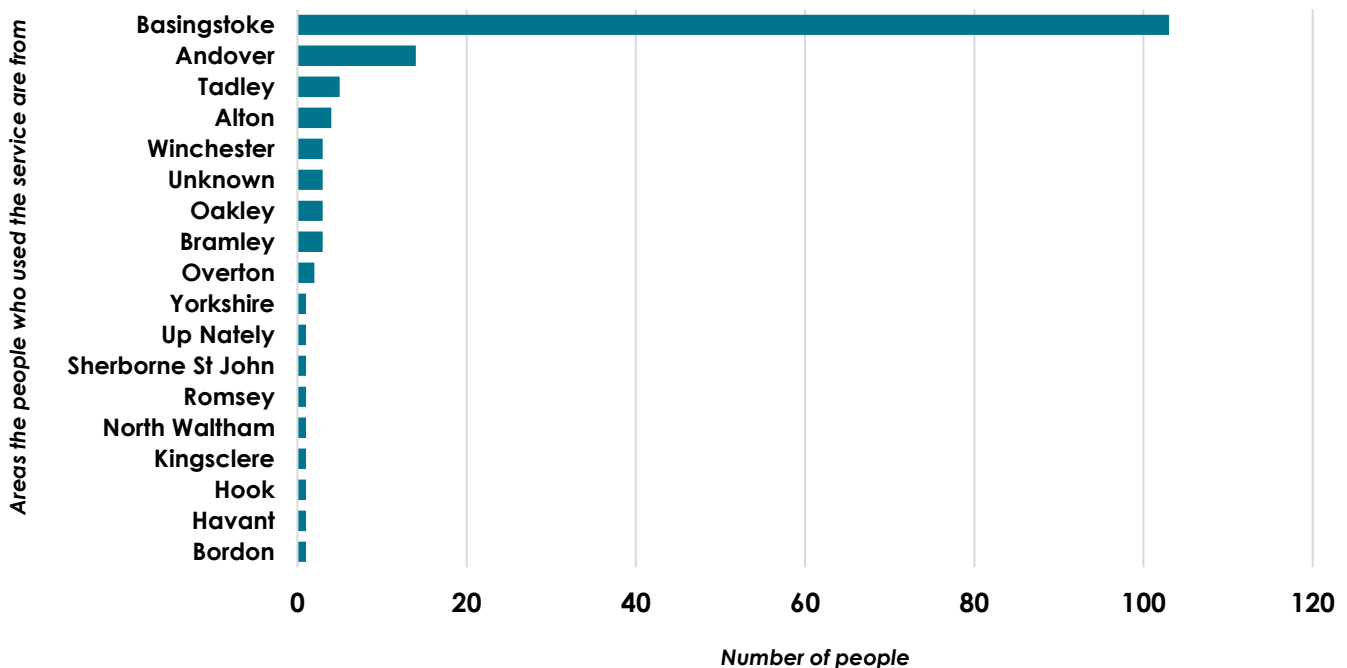
The following graph (figure 1) shows the number of contacts with North and Mid Hampshire Safe Haven by month over the evaluation data collection period. The trendline indicates there has been a decrease in demand for the service over the evaluation period, however the monthly variation within the data limits the significance we can place on the trend.

Figure 1: Number of contacts with the North and Mid Hampshire Safe Haven between 01 May 2022 and 30 June 2023, by month



For each contact with North and Mid Hampshire Safe Haven the service recorded the area the person was from. Figure 2 shows a list of the areas people reported. The graph shows that most people using the service were from Basingstoke.

Figure 2: Shows which area each person who contacted the service was from



6. Personal characteristics data – North and Mid Hampshire Safe Haven

The data reported by the North and Mid Hampshire Safe Haven against the personal characteristic fields in the Standardised Data Collection Tool was unfortunately incomplete.

Disability and sexual orientation were not recorded by the service. Gender identity was captured only as preferred pronouns and converted to male/female for this analysis. Religion or belief returned 23% (34/147) blanks or 'unknowns'.

The remaining fields of age, ethnicity and military status had null or missing values for 15% of the data fields due to the number of contacts with the service that were made anonymously. Nonetheless Health Innovation Wessex can report the personal characteristics of 147 individuals for whom NHS numbers were recorded.

Out of the 147 people who contacted the North and Mid Hampshire Safe Haven between 01 May 2022 and 30 June 2023 ...



- **61%** (89/147) **identified as female.**



- **84%** (124/147) **identified their ethnicity as White.**



- The **average age** was **42 years old** (see figure 3 for a breakdown of age band by gender identity).



- **67%** (98/147) said they **had no religious beliefs**; 10% (15/147) said they were Christian, while the religious beliefs of 23% (34/147) of the people contacting the service were recorded as 'unknown'.



- **1%** (2/147) said they **were military veterans**, 89% (131/147) stated that they were not military veterans, while 10% (14/147) were recorded 'military status unknown'.



Figure 3: Age band by gender identity for the people who contacted North and Mid Hampshire Safe Haven between 01 April 2022 and 30 June 2023

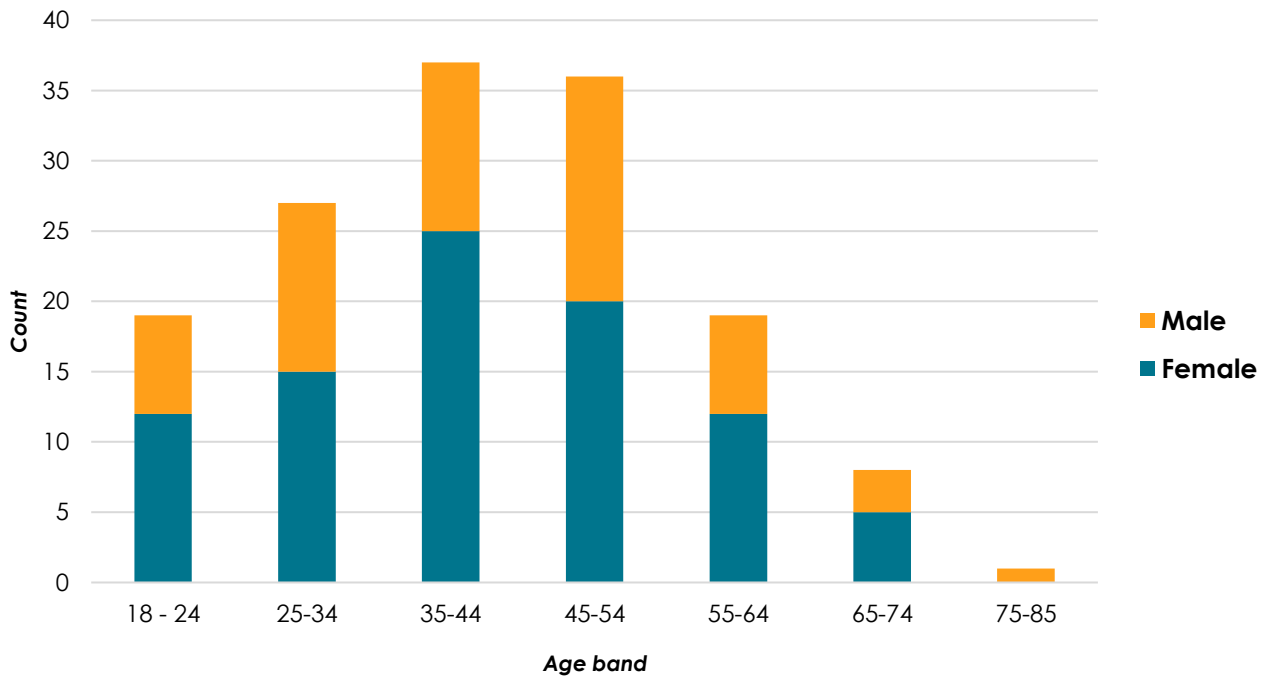
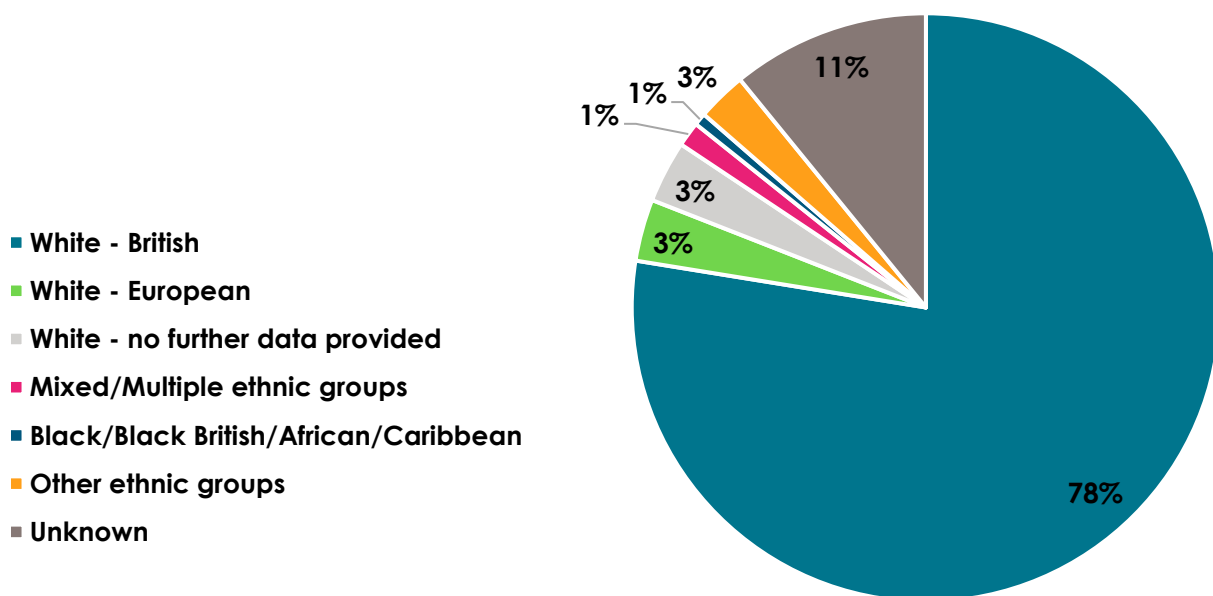


Figure 3 shows that the largest proportion of people who contacted North and Mid Hampshire Safe Haven during the data collection period were people aged 35 to 44 years for people who identified as female and people aged 45 to 54 years for those who identified as male.

Figure 4 below provides a breakdown of who contacted the North and Mid Hampshire Safe Haven by their ethnicity,

Figure 4: Ethnicity breakdown for the people who contacted the North and Mid Hampshire Safe Haven between 01 April 2022 and 30 June 2023



7. Impact of the service on the people who use it – North and Mid Hampshire Safe Haven

7.1. Adapted Subjective Units of Distress Scale (SUDS) for North and Mid Hampshire Safe Haven

The Subjective Units of Distress Scale (SUDS) is a 10-point scale that was developed by psychiatrist Joseph Wolpe in 1969 to measure the subjective intensity of distress experienced by an individual. SUDS is measured based on the response given to the following question:

“On a scale of zero to ten, where zero is the best you can feel and ten is the worst, how do you feel right now?”.

Health Innovation Wessex and the Hampshire and Isle of Wight Integrated Care Board Lived Experience Lead adapted the scale, providing a colour coded printable tool with supporting statements to reflect escalation of crisis (please see figure 5). Each service was asked to use the scale at the beginning and end of each interaction with a person, as a measure of the service's impact on emotional distress. Please see slides 21 and 22 in the Final Report for more information around why the Adapted SUDS was selected for this evaluation.

Figure 5: Adapted Subjective Units of Distress Scale

10	Unbearable	<i>The worst distress, anxiety, fear or discomfort you have ever felt.</i>
9	Extreme	<i>“I am finding it hard to cope”</i>
8	Very distressed and uncomfortable	<i>“I am so upset that I am struggling to think about anything else”</i>
7	Strong feelings of distress	<i>“I am so upset that I am finding it difficult to function”</i>
6	Moderate - strong	<i>“How I am feeling is affecting my ability to focus on other things”</i>
5	Moderate	<i>“I feel uncomfortable, although I can still focus on other things”</i>
4	Mild - moderate	<i>“I am feeling more anxious than usual, and I am worried about how I am feeling”</i>
3	Mild	<i>“I am feeling anxious, and it is upsetting me”</i>
2	Minimal	<i>“I am feeling a little anxious or upset”</i>
1	Neutral	<i>“I am feeling OK”</i>
0	No distress or anxiety	<i>“I am feeling calm and relaxed”</i>

North and Mid Hampshire Safe Haven reported Adapted SUDS scores for 67% (997/1,493) of the contacts made with the service. 50% of the scores were directly reported by the person themselves. However, the service found it challenging to ask every person in crisis to provide a score, therefore on 50% of occasions the staff used the words the person was saying to describe their crisis as an indicator of their distress and assigned the score on their behalf using the scale and descriptors in figure 5.

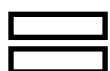
Figure 6 on the following page shows Adapted SUDS scores on arrival at North and Mid Safe Haven versus departure.

Figure 6: Adapted SUDS on arrival vs departure

		Level of distress on departure										
Level of distress on arrival		0	1	2	3	4	5	6	7	8	9	10
0	No distress or anxiety	5										
1	Neutral	9	11									
2	Minimal	6	9	18								
3	Mild	4	5	6	7							
4	Mild - moderate	6	11	18	8	9						
5	Moderate	9	8	22	30	13	15	1	1			
6	Moderate - strong	4	14	45	33	31	9	15				
7	Strong feelings of distress	3	6	16	12	33	23	20	18	2		
8	Very distressed and uncomfortable	1	6	17	24	30	25	41	40	24		2
9	Extreme	2	9	8	8	12	12	19	39	28	19	
10	Unbearable	2	6	16	15	7	9	5	12	12	16	16



- **84% (834/997) of the Adapted SUDS scores showed a decrease in level of emotional distress.**



- 16% (157/997) reported no change in their level of emotional distress.



- <1% (6/997) of the Adapted SUDS scores showed an increase in level of emotional distress.



- The average **change in Adapted SUDS score following contact with North and Mid Hampshire Safe Haven was a decrease of 2.7**. Average score on arrival was 6.9, whereas at departure the average score was 4.2.

7.2. Feedback from the people who contacted North and Mid Hampshire Safe Haven

Online surveys and data collection postcards were used to collect feedback from people using North and Mid Hampshire Safe Haven for support. The survey and postcard combined both short answer (multiple choice) questions and longer free text questions.

The online surveys were circulated between March 2023 and June 2023. The postcards and ballot boxes were distributed to the services in March 2023 and collected in June 2023. The following table (table 1) shows the number of responses that were collected.

Table 1: Number of responses to survey and postcard data collection

Service	Number of postcards completed	Number of online questionnaires submitted	Total
North and Mid Hampshire Safe Haven	8	1	9

Below provides a summary of the findings from the short answer questions:



- **100% (9/9)** of respondents who have been in contact with North and Mid Hampshire Safe Haven **rated their experience as good or excellent.**



- **33% (3/9)** of respondents **said they would have gone to the emergency department if the service had not been available;** one person emphasised that they would have harmed themselves and needed medical treatment. One person indicated that they would have called 999 and another simply stated that they had nowhere else to go. The remaining responses to 'where would you have gone for support had the service not been available' included: contacted friends or family (2/9), called the Samaritans (1/9) or contacted the Crisis Team (1/9).



- The one person who completed the longer online questionnaire said they found the service easy to find, and that they would be extremely likely to recommend the service to someone else if they needed similar support.

The following are the longer free text questions from the online and postcard surveys:

- "What difference has accessing the service made to you?"
- "What has the service helped you with the most?"
- "Was the service easily accessible?"
- "What would make the service better for you?"

Free text comments were left by five out of nine respondents. The comments praised the service as a safe and non-clinical setting. Individuals felt listened to and validated. Comments noted that accessing the Safe Haven had reduced their reliance on seeking help from the Crisis Team or attending the Emergency Department. The following provides an overview of the comments collected across the four questions:

"On a few occasions it has saved my life. On other occasions it allows me a safe non-clinical environment to express my feelings and feel validated and cared for."

"I would have ended up harming myself and likely had to visit an A and E for medical attention."

"It has been a lifeline."

"I love the non-clinical setting. I don't feel scared or pressured that someone will take my rights away from me. I feel comfortable to open up."

"Reduced my need to call the crisis team or go to A and E."



"This service is really amazing. For anyone who is struggling it is the best hour anyone can have. All the people are really nice and helpful and make you feel welcome. Would highly recommend to anyone struggling or feeling low."

There were also several comments that provided suggestions for service improvements:

"Maybe being able to stay more than an hour, as it can be beneficial sometimes."

"Would be better if I could stay longer and if there were activities on offer for distraction."

8. Summary – North and Mid Hampshire Safe Haven

North and Mid Hampshire Safe Haven in Basingstoke provides an out-of-hours crisis support service. The information collated for this A to C Service Profile highlights the complexity of the presentations that this service is seeing. Compared to the other Safe Haven services, North and Mid Hampshire appear to be supporting a higher proportion of presentations who are 'in crisis', as opposed to prevention, or recovery (see slide 44 from the main report). The average Adapted SUDS score reported on arrival indicates that people are attending the service in a heightened state of distress, more so than is seen at the other Safe Haven settings (excluding The Lighthouses who did not report against this impact measure). Furthermore, the service manager emphasised that the service is supporting a significant number of people with emotionally unstable personality disorder (EUPD), who return for support on a regular basis.

The data suggests that North and Mid Hampshire Safe Haven is effectively able to support crisis de-escalation, as shown by the average 2.7 decrease in Adapted SUDS score. Furthermore, the feedback from people who used the service, while only a small sample, is very positive.