

Alternatives to Crisis Programme Individual Service Profile – Adults' Safe Haven (Havant)

Table of Contents

1.	Introduction.....	1
2.	Methods.....	1
3.	Data reported	1
4.	Service Information – Adults’ Safe Haven (Havant).....	2
4.1.	Service Overview	2
4.2.	Adults’ Safe Haven in more detail.....	2
4.3.	Challenges experienced by Adults’ Safe Haven	3
4.4.	What has worked well for Adults’ Safe Haven?.....	4
4.5.	How has Adults’ Safe Haven changed over the evaluation period?	4
5.	Service activity data - Adults’ Safe Haven (Havant)	5
6.	Personal characteristics data – Adults’ Safe Haven (Havant)	7
7.	Impact of the service on the people who use it – Adults’ Safe Haven (Havant)	11
7.1.	Adapted Subjective Units of Distress Scale (SUDS) for Adults’ Safe Haven	11
7.2.	Feedback from the people who contacted the Adults’ Safe Haven	12
8.	Summary – Adults’ Safe Haven (Havant).....	15

1. Introduction

This Individual Service Profile expands on the information provided in the accompanying Final Report slide set. It looks at this Alternatives to Crisis (A to C) service 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 service 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 – Adults' Safe Haven (Havant)

Adults' Safe Haven

Adults' Safe Haven, The Hub, Leigh Park, Havant, PO9 5EW



4.1. Service Overview



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



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



- The service is **staffed by Havant and East Hampshire (HEH) Mind, Mental Health Practitioners from Southern Health NHS Foundation Trust, drug and alcohol Recovery Workers from Inclusion, and trained volunteers.**



- The service predominantly serves the residents of **Havant**.

4.2. Adults' Safe Haven (Havant) in more detail

The service launched in January 2020 and is based in the Wellbeing Centre in Leigh Park. It is set up as a drop-in service, and people can contact the service by attending in person or by calling on the telephone. No appointment or referral is necessary. The service is operated jointly by HEH Mind, Southern Health NHS Foundation Trust (SHFT) Mental Health Crisis Team and the Inclusion¹ Drug and Alcohol services.

The service offers intervention, support, and advice to de-escalate mental health crisis. Individuals develop short-term coping strategies and build their knowledge and understanding of other (longer-term) support.

¹ Inclusion is a specialist NHS service that focuses on working with individuals, families and communities who are affected by addiction, crime, mental health or need treatment for their sexual health.



The service offers a safe and calm space, where people can access non-judgmental support and discuss planning, coping skills and relaxation techniques, as well as next steps and signposting for further support. There is also drug and alcohol support available if required; the drug and alcohol support worker can support people with addictions and /or substance misuse. They can refer to the Inclusion Recovery Service for regular ongoing support. They can also provide advice to support family members of someone with an addiction. The service does not provide medical care or overnight accommodation. When a person attends the service for the first time, clear boundaries are set regarding what the service will and will not discuss with them.

Regarding interaction with the local healthcare system, Joanne Griffiths, Senior Crisis Practitioner at HEH Mind reported:

"We occasionally receive calls from the local Emergency Department, perhaps once or twice a quarter, asking if they can send people to the service. We have also had calls from the police or ambulance service asking if they can drop people here. We quite often have service users that have seen their doctor that day, and the doctor has advised them to access the Adult Safe Haven for mental health support."

Staffing model

The service has four members of staff on each shift:

- 2 x Crisis Practitioners from HEH Mind.
- 1 x clinical team member from NHS SHFT Crisis Team – can either be a Practitioner or a support worker. They have access to NHS systems.
- 1 x Recovery Worker from Inclusion.

Joanne Griffiths, Senior Crisis Practitioner at HEH Mind informed the evaluation team that *"All HEH Mind Practitioners have lived experience of mental health alongside their formal training. Lived experience is key to understand what people are going through. To show them compassion."*

HEH Mind have 14 members of staff in total, including bank staff, four of which are contracted Crisis Practitioners, one is a Senior Crisis Practitioner, and then there are eight or nine bank Crisis Practitioners who cover staff sickness and holidays and pick up shifts as and when they wish to. The staff generally work 20 hours a week (equivalent to four days per week), from 17:30 to 22:30. The service is then open to the public between 18:00 and 22:00. The team can work more hours if they wish, but this is carefully monitored. Each member of staff has set shifts on set days, and they stay the same each week.

Staff training

All HEH Mind staff take part in the HEH Mind training programme.

4.3. Challenges experienced by Adults' Safe Haven (Havant)

Senior Crisis Practitioner, Joanne Griffiths and Adult Safe Haven Manager, Lucy Hart, both described several challenges that the service has faced:

Staffing issues from the SHFT Crisis Team

Originally, when the service first started, there was a Clinical Practitioner (mental health nurse) supporting each shift. However, due to staffing challenges in the SHFT Team, it was agreed a Health Care Support Worker could also support the service if a Practitioner is not available. The Clinical Practitioner is still available over the phone on a direct line to provide clinical advice as needed.

Managing demand

The team noticed the service was getting busy and people were sitting in reception waiting to be seen. In response to this, a peer group was set up (see below for more information).

People attending on a regular basis for ongoing support

The service supports a lot of people with long-term mental health conditions, which are lifelong conditions or very long-term. The data collected through the evaluation shows there are a number of people who continue to contact the service on a regular basis.

4.4. What has worked well for Adults' Safe Haven (Havant)?

The staff work in five-hour shifts, from 17:30 – 22:30. The service has found the 17:30 start time works particularly well as it allows people to have two jobs if they wish or provides parents with the chance to arrange childcare. The regular shift patterns also allow people to plan their week.

4.5. How has Adults' Safe Haven (Havant) changed over the evaluation period?

At the start of 2023 the service set up a regular Peer Support Group, which is run by trained volunteers. Safe Haven recognised the number of people with long-term mental health conditions attending on a regular basis for support with maintaining their mental health and preventing escalation into crisis.

"They needed somewhere safe to go in the evening, someone to talk to. A place to belong and provide distraction" - Joanne Griffiths, Senior Crisis Practitioner

The group began as one night a week but has now expanded to two nights (Wednesday and Thursday) from 18:30 – 20:30. The service hopes to extend this offering further. The group runs from the same site as the Safe Haven. Activities can be as simple as sitting and having a coffee and a chat or playing a board game. Once a week or sometimes a fortnight there are more structured activities organised by one of the volunteers, these include: learning sessions, art and crafts, and poetry nights. People can attend the group as often as they wish. There is no set time for people to arrive, they can come and go as they please. The group is set up to be relaxed and compassionate with the aim of reducing isolation and providing a place of safety for people.

"If there are service users that are not in immediate crisis and are needing support but are safe, they can go into peer group and have a cuppa whilst waiting for further support from the Safe Haven team." Joanne Griffiths, Senior Crisis Practitioner



5. Service activity data - Adults' Safe Haven (Havant)

The following data was collected between 01 April 2022 and 30 June 2023 by Adults' Safe Haven (Havant) via the evaluation's Standardised Data Collection Tool. The service collected NHS numbers for 375 people, 83 attendances during the data collection period were recorded as anonymous or had invalid NHS numbers recorded, so it is not possible to determine how many people those attendances were associated with.

Between 01 April 2022 and 30 June 2023 ...



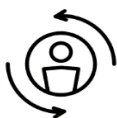
- Adults' Safe Haven (Havant) **supported over 375 people, across 2,766 contacts**, with an average of 184 contacts per month and 6 per shift.



- The service saw 49 – 54 people each month.



- **72% of the contact** with Adults' Safe Haven (Havant) **was via telephone**, the remaining 28% was face-to-face.



- **14 individuals contacted Adults' Safe Haven (Havant) on more than 25 occasions each**. Five people contacted the service more than 100 times, and one person contacted the service 499 times during the data collection period.



- **51% (1417/2,766) of the contact made with Adults' Safe Haven (Havant) was people looking for someone to talk to, to reduce isolation/loneliness**. 43% (1,185/2,766) of the contact was to prevent escalation into crisis (34%, 929/2,766), de-escalate from a crisis (6%, 170/2,766), or to maintain recovery after a crisis (3%, 86/2766). A further 3% (90/2766) required information / advice about mental health services. The remaining contacts were recorded as 'other' or left blank.



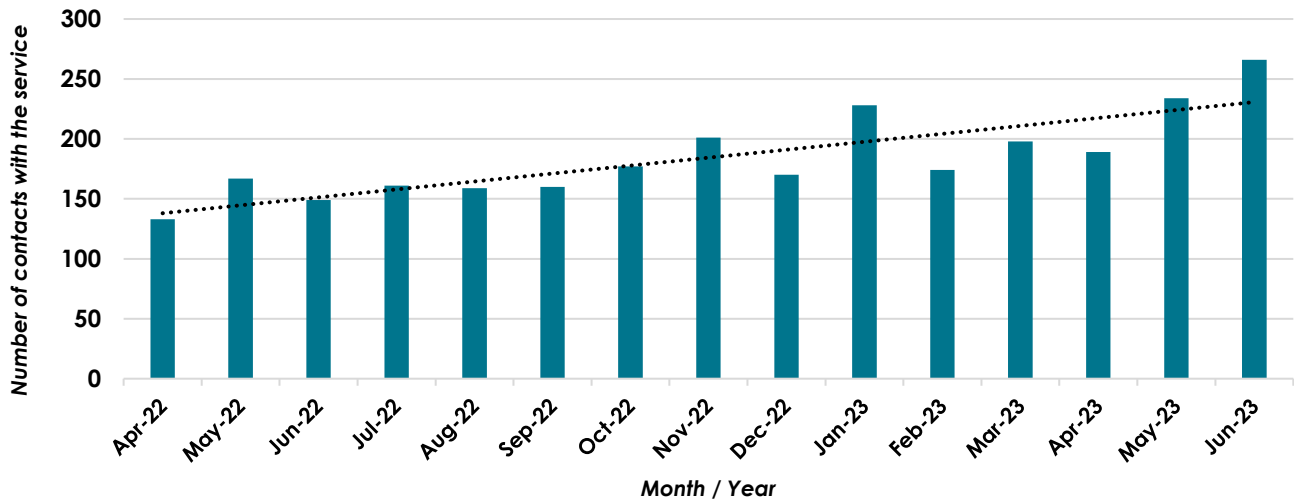
- **The service was contacted or visited on 14 occasions by carers** seeking information and advice about mental health services or there to support the person they care for.





The following graph (figure 1) shows the number of contacts with Adults' Safe Haven (Havant) by month over the evaluation data collection period. The trendline has been added to demonstrate the increasing demand for the service over the evaluation period.

Figure 1: Number of contacts with the Adults' Safe Haven (Havant) between 01 April 2022 and 30 June 2023, by month



The word cloud in figure 2 below shows the reasons people contacted the Adults' Safe Haven between 01 April 2022 and 30 June 2023. The size of the words reflects the frequency they were recorded. This data was recorded within the Standardised Data Collection Tool for 98% of contact with the service (2,698 / 2,766). 47% of contact was due to low mood or anxiety.

Figure 2: Word cloud showing the reasons people contacted the Adults' Safe Haven for support





6. Personal characteristics data – Adults' Safe Haven (Havant)

Of the 375 people who contacted the Adults' Safe Haven (Havant) between 01 April 2022 and 30 June 2023 ...



- **55%** (208/375) **identified as female.**



- **92%** (345/375) **identified as White – British.**



- The **average age** was **41 years old.**



- **82%** (307/375) said that they **were straight / heterosexual.**



- **80%** (300/375) **reported that they had a disability**; 63% (238/375) said their disability impacted their activities of daily living (ADLs). 70% (263/375) listed their disability as 'mental health'.



- **55%** (148/375) said they **had no religious beliefs.**



- **Only 1%** (4/375) said they **were military veterans**, while one additional person stated that they were still actively serving in the military. 91% (342/375) stated that they were not military veterans and a further 6% (8/132) were recorded as 'military status unknown'.

The figures on the following pages (figure 3 – figure 7) provide visual representations of the personal characteristics data.





Figure 3: Age band by gender identity for the people who contacted Adults' Safe Haven (Havant) between 01 April 2022 and 30 June 2023

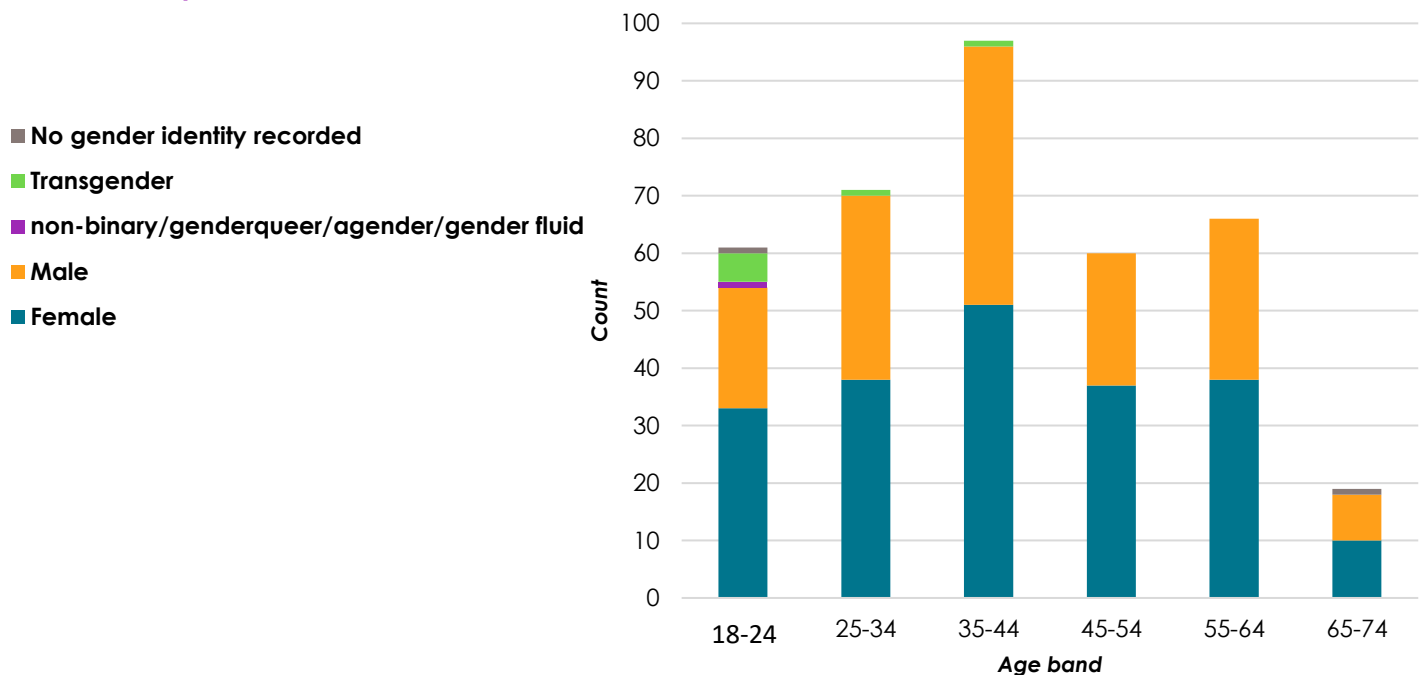


Figure 3 shows that the largest proportion of people who contacted Adults' Safe Haven (Havant) during the data collection period were males and females aged 35 to 44 years. The largest proportions of people who identified as either transgender or non-binary/genderqueer/agender/gender fluid were in the 18 to 25 years age group.

Figure 4 below provides a breakdown of who contacted Adults' Safe Haven (Havant) based on their ethnicity.

Figure 4: Ethnicity breakdown for the people who contacted the Adults' Safe Haven (Havant) between 01 April 2022 and 30 June 2023

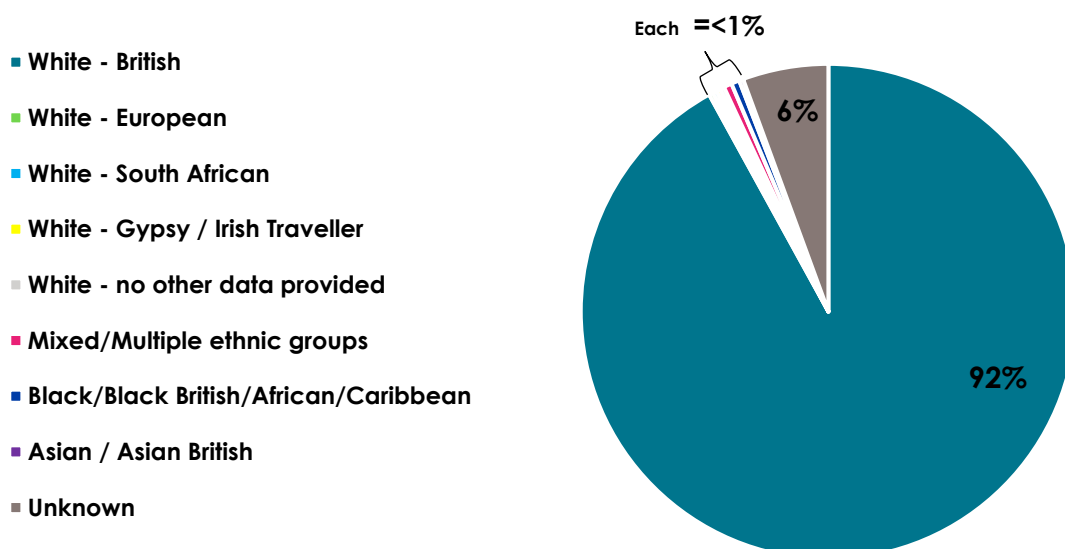


Figure 5: Sexual orientation of the people who contacted the Adults' Safe Haven between 01 April 2022 and 30 June 2023

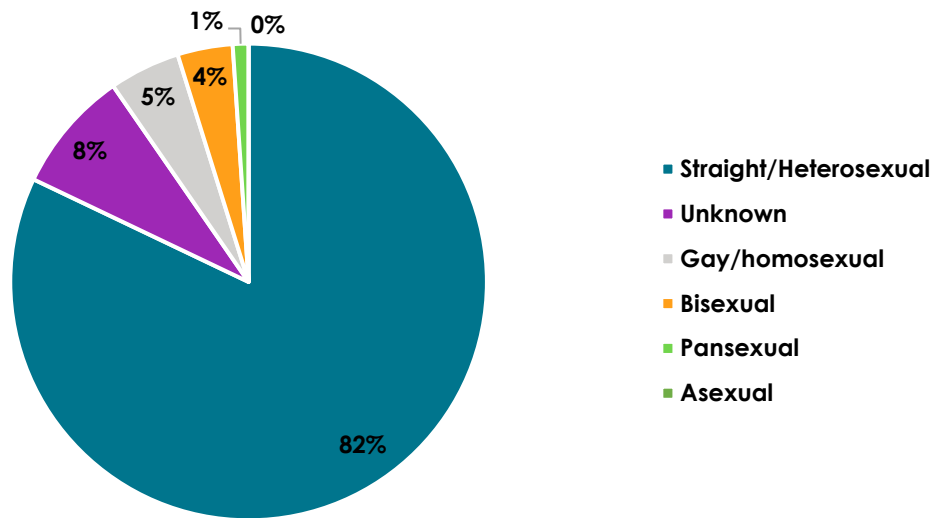


Figure 6: Disability by the amount it impacts on the person's activities of daily living (ADLs), for the people who contacted the Adults' Safe Haven (Havant) between 01 April 2022 and 30 June 2023

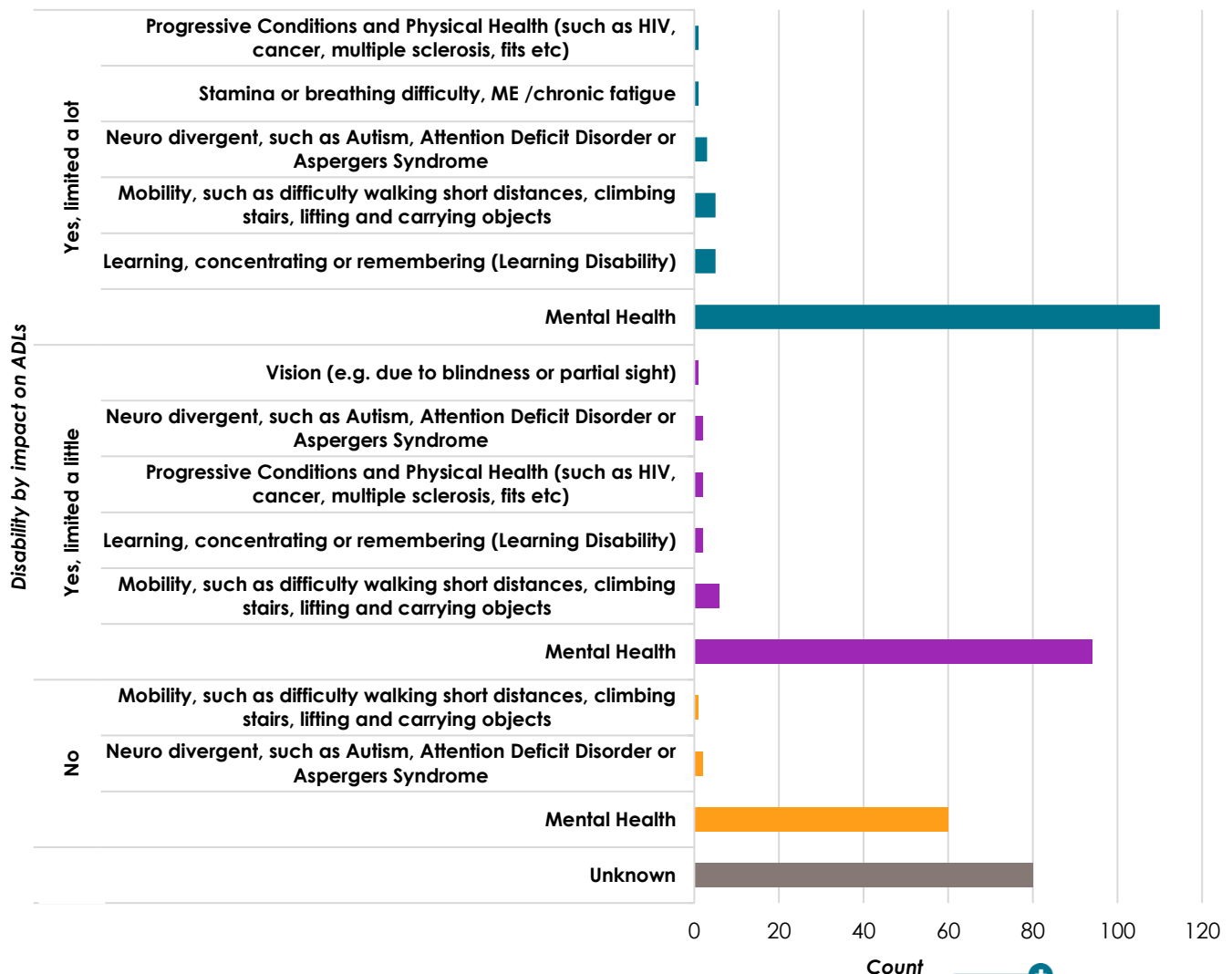
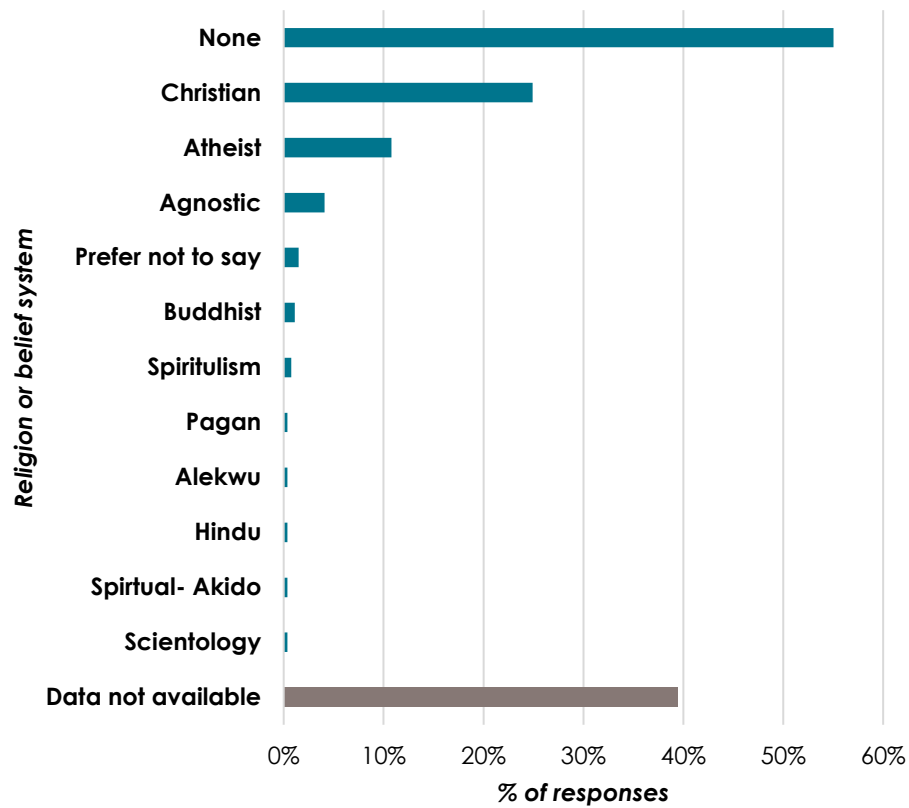




Figure 7: Religious beliefs reported by the people who contacted Adults' Safe Haven between 01 April 2022 and 30 June 2023



7. Impact of the service on the people who use it – Adults' Safe Haven (Havant)

7.1. Adapted Subjective Units of Distress Scale (SUDS) for Adults' Safe Haven (Havant)

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 (figure 8). 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 on the selection of Adapted SUDS for this evaluation.

Figure 8: Adapted Subjective Units of Distress Scale

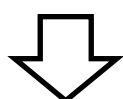
10	Unbearable	The worst distress, anxiety, fear or discomfort you have ever felt.
9	Extreme	"I am finding it hard to cope"
8	Very distressed and uncomfortable	"I am so upset that I am struggling to think about anything else"
7	Strong feelings of distress	"I am so upset that I am finding it difficult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

Adults' Safe Haven (Havant) reported Adapted SUDS scores for 96% (2,664/2,766) of the contacts made with the service. There were only 11 instances where the Adapted SUDS score was recorded as being directly reported by the person themselves. The service found it challenging to ask every person in crisis to provide a score, therefore 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 8.

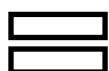
Figure 9 shows Adapted SUDS scores on arrival at Adults' Safe Haven (Havant) versus departure.

Figure 9: 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	24										
1	Neutral	14	181		1							
2	Minimal	6	122	185								
3	Mild	1	63	268	40	1						
4	Mild - moderate	1	9	212	141	29						
5	Moderate		12	116	177	75	15		1			
6	Moderate - strong	1	3	51	120	123	58	19	2			
7	Strong feelings of distress		5	21	69	89	67	32	15	1		
8	Very distressed and uncomfortable			18	39	41	28	25	22	9		
9	Extreme			2	8	7	18	16	13	9	8	
10	Unbearable			1	1	2	1	3	4	6	8	4



- **80% (2,128/2,664) of the Adapted SUDS scores showed a decrease in level of emotional distress.**



- 20% (529/2,664) reported no change in their level of emotional distress.



- <1% (7/2,664) of the adapted SUDS scores showed an increase in level of emotional distress.



- The average **change in Adapted SUDS score following contact with the Adults' Safe Haven (Havant) was a decrease of 1.7.** Average score on arrival was 4.6, whereas at departure the average score was 2.8.

7.2. Feedback from the people who contacted Adults' Safe Haven (Havant)

Online surveys and data collection postcards were used to collect feedback from people using Adults' Safe Haven (Havant). 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
Adults' Safe Haven (Havant)	24	22	46

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



- **59%** (13/22) of respondents **said that the location of the service was easy or very easy to find**; 30% (7/22) said that the location was not relevant to them as they accessed the service virtually, by telephone or by text message. One person was neutral about their experience of finding the service, while one person reported that the service was difficult to find.



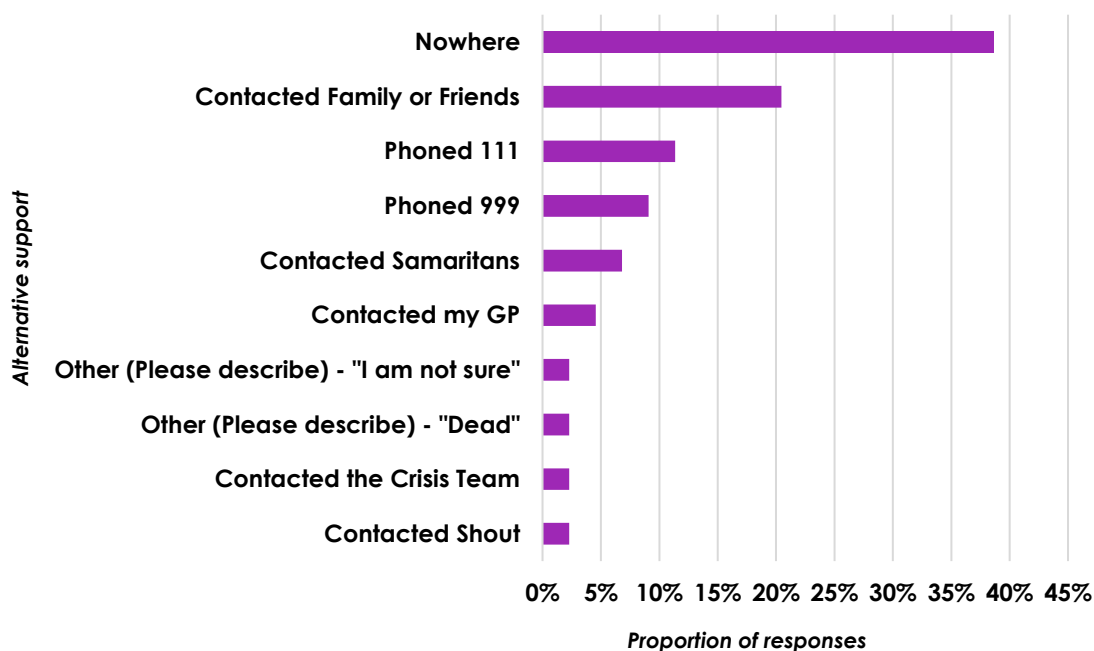
- **100%** (22/22) of respondents who have been in contact with Adults' Safe Haven (Havant) **said they would be likely, or extremely likely, to recommend the service to someone else if they needed similar support** (this question was only included in the longer online survey, not the postcard)



- **83%** (38/46) of respondents who have been in contact with Adults' Safe Haven (Havant) **rated their experience as good or excellent**.

Both the online and postcard surveys included the question: "If the Adults' Safe Haven had not been available, where might you have gone for support?". A list of potential answers was provided, and the respondent could select as many options as they felt appropriate (figure 10 below shows the options the respondents selected). The final option allowed the respondent to select 'other (please describe)'. 2/46 respondents left their answer blank. The remaining responses are shown in the graph below:

Figure 10: Source of support if the Safe Haven had not been available



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 43 out of 46 individuals. Overall, the comments consistently highlighted the service as a safe place with supportive staff who helped individuals with their thoughts and emotions. Three comments noted that accessing the Safe Haven saved their lives. Staff were described as welcoming, polite, supportive and helpful. The comments referred to the staff listening without any judgement, ensuring individuals' safety, putting the right support in place for individuals and signposting to other helpful services if needed. The following provides an overview of the range of comments collected across the four free text questions:

"They saved my life. I was on my way to end my life. But they are halfway there. Saved emergency services."

"Without Safe Haven I would not be alive, thank you."

"I would not be alive! They saved my life."

"They spend the time to help me. Find a solution. Patient, kind and listened. Made sure I am safe and can keep myself safe. It was a Safe Haven for me. Put support in place. Thank you for your support."

"They relax me and look after me. I feel welcome here whenever I need to come here."

"Really helped me understand a different way of looking at my thoughts."

"Put a safety plan in action and a follow-up call the next day."

"Knowing that the service is there is great at preventing me reaching crisis point."

"Knowing it's there and go again is comforting to me."

"Putting me in touch with other services to support with anxiety."

"Been good, was referred to wellbeing centre for further support."

The feedback showed differing views on the location of Safe Haven; four comments noted that it is in a good location and easily accessible, whereas another four comments described some difficulty with locating the main door, Google map navigation, finding parking nearby, and feeling intimidated by members of public near the entrance. The following comments have been selected to illustrate the range of opinions in relation to location:

"The service is easily accessible."

"Found it easy to find the area but couldn't find the door."

“Google maps was quite difficult to follow”

“Parking is a bit annoying”

“Area not very nice due to teenagers”

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

“Signage could be better on the outside.”

“More information, didn’t know it was there or the service and what it offered.”

“More resources. More awareness outside of the building to show it’s there and which door is the main entrance.”

“Provide more practical 121 [one to one] support to aid with practical tasks.”

“Being open more during the day, for daytime support.”

“I would like services available in the day to support mental health crisis face to face. It would avoid crisis/calling the police/going to hospital.”

“Possibly speaking to the same person to help with not explaining so much.”

“Have a stand-by person if a person on the rota gets sick. So they are fully staffed all the time.”

“Offer some activities while waiting to be seen.”

“Maybe some colouring pages or fidget toys in the waiting room.”

8. Summary – Adults’ Safe Haven (Havant)

Adults’ Safe Haven (Havant) provides an out-of-hours crisis support service that is staffed by both clinical and voluntary sector staff. The service has seen increasing demand over the data collection period, and the service has adapted to this accordingly. The team recognised the need for certain groups of people to have ongoing support to help them maintain their mental health, therefore the service has responded by setting up a regular peer support group.

The data suggests that Adults’ Safe Haven (Havant) is effectively able to support crisis de-escalation, as shown by the average 1.7 decrease in Adapted SUDS score. Furthermore, the feedback from people who used the service is really positive, with a number of people crediting the service as saving their lives.