Health Innovation Wessex

Appendix X: Emergency Responder Survey

Health Innovation Wessex

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1. Introduction

This appendix expands on the information provided in the accompanying Final Report slide set. Information was gathered from emergency response partners from across Hampshire and the Isle of Wight.

2. Methods

The purpose of the survey was to understand how emergency response partners (crisis teams, ambulance, 111 Mental Health Triage Team, police, and emergency departments) perceive and interact with Alternatives to Crisis (A to C) services. It was designed in two distinct halves, the first section gauged awareness of the A to C services, and the second sought to understand the perception of A to C services across Emergency Response partners.

The opening questions gathered demographic details such as job role and organisation, and sector. The respondents were then asked if they were aware of any of the A to C services prior to receiving the questionnaire. If they were not, they were asked how best to raise awareness, after which the survey ended. Those who were aware of the services were directed to the second section of the survey, which contained a short series of multiple choice and free text questions.

The emergency responder survey was circulated to key contacts within the police, ambulance service, 111 Mental Health Triage Team, Liaison Psychiatry, Mental Health Crisis Teams, and Emergency Departments (ED) for wider distribution.

3. Findings

Section one of the survey was completed by 93 respondents, with 51 going on to complete section two.

3.1. Section One: Awareness of the Alternatives to Crisis Services

See Table 1 for details of survey respondent job roles and which sector they represent; and table 2 for a breakdown of the organisations the responder works for.

Table 1 Number of respondents by job title

Job title by sector	Number of responses
111 Mental Health Triage	**11**
111 Mental Health Clinical Advisor	1
111 Mental Health Triage Service Administrator	1
111 Mental Health Triage Service Manager	3
Health Care Support Worker	1
Mental Health Practitioner	1
Mental Health Triage Nurse	3
Student	1
Ambulance	**11**
Clinical Lead - Mental Health	1
Clinical Manager SCAS EOC	1
Crisis Care Liaison Lead	1
Emergency Care Assistant	1
Head of Emergency Operations Centre	1
Paramedic	3
Paramedic Team Leader	1
Suicide prevention lead	1
Team Leader	1
District General Hospital	**1**
Lead for Mental Health	1
Emergency Department	**24**
Advanced Clinical Practitioner	1
Consultant in Emergency Medicine	7
Healthcare Assistant	3
Mental Health Practitioner	3
Nursing	5
Nursing Associate	1
Reception Team	2
Senior Healthcare Assistant	1

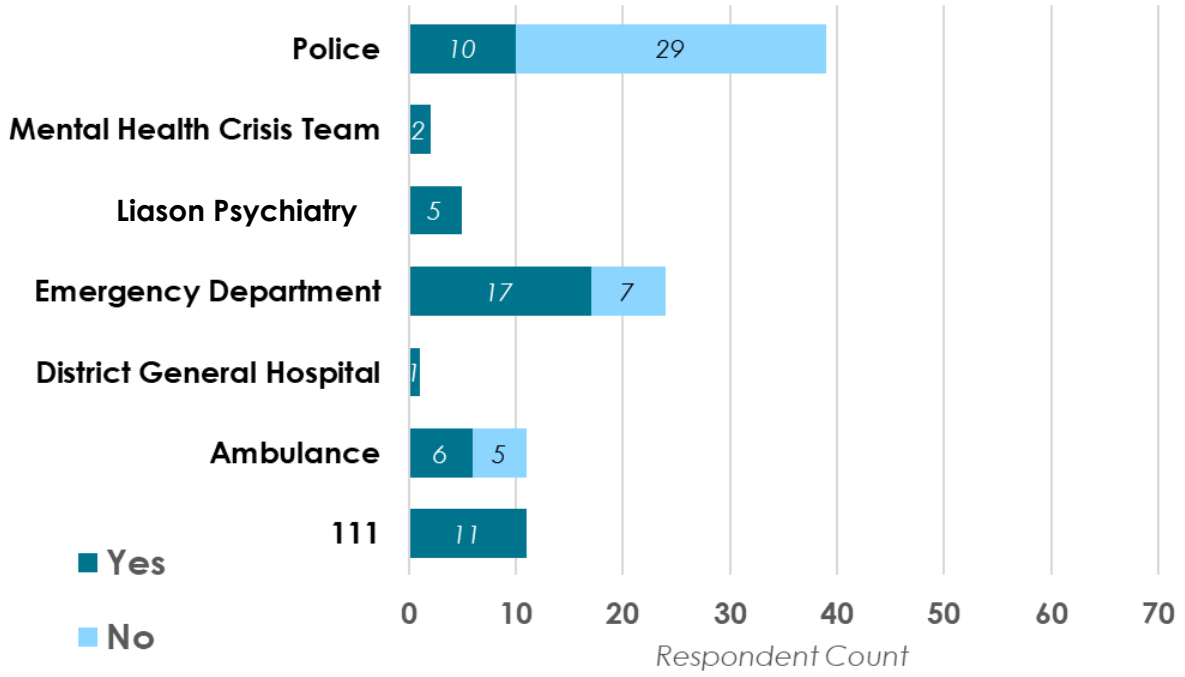
Trainee Advanced Clinical Practitioner Emergency Care	1
Liaison psychiatry	**5**
Consultant Liaison Psychiatrist	1
Liaison Psychiatrist and Older People's Mental Health	1
Mental Health Practitioner	3
Mental Health Crisis Team	**2**
Healthcare support worker	1
Registered Mental Health Nurse	1
Police	**39**
Acting Sergeant	1
Control Room Supervisor	1
Controller	11
Police Constable / Police Officer	23
Police Sergeant	1
Special Constable	1
Trainee Call Taker	1
Grand Total	**93**

Table 2 Organisation the respondents work for

Organisation	Number of Respondents
Hampshire & Isle of Wight Constabulary	39
Hampshire Hospitals NHS Foundation Trust	2
South Central Ambulance Service	12
Southern Health NHS Foundation Trust	20
University Hospital Southampton NHS Foundation Trust	20
Grand total	**93**

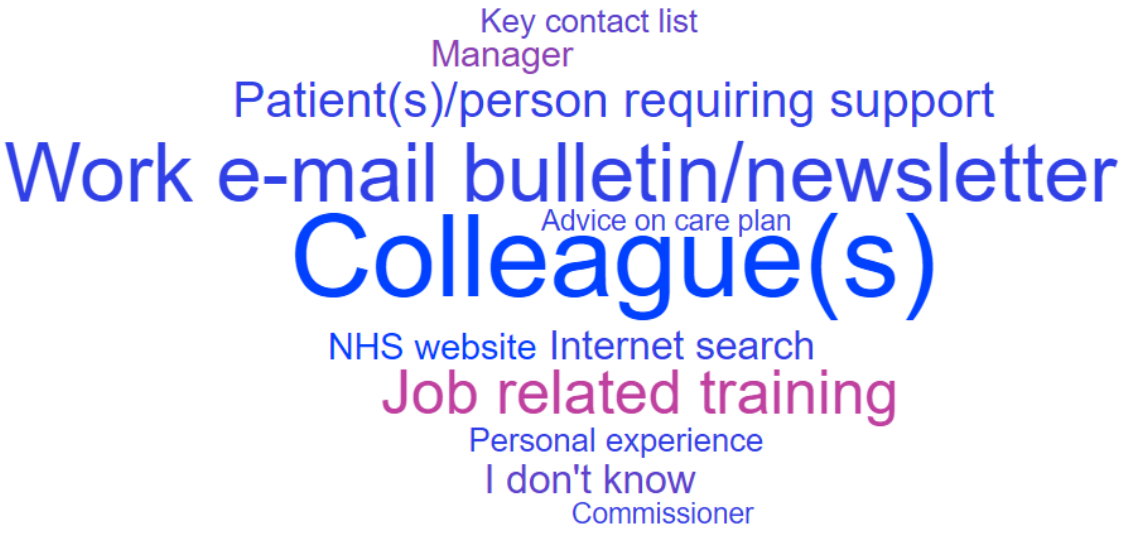
55% (51/93) of the emergency respondents were already aware of the A to C services prior to receiving the survey. The following graph (Figure 1) shows the breakdown of whether respondents had heard of the A to C services by the sector they work for.

Figure 1: Had the respondents heard of the Alternatives to Crisis services prior to receiving the questionnaire:



The following word cloud (figure 2) illustrates how the respondents first heard about the services:

Figure 2: How emergency respondents heard about the A to C services



3.2. Section Two: Perception of the Alternatives to Crisis services

The survey then directed focus onto questions around perception of the A to C services by emergency response partners, and questions to understand how they interact with the services. Out of the 51 respondents who had heard of at least one of the A to C services, 59% (30/51) had directly signposted or taken someone to an A to C service for support, whereas 41% (21/51) had not. When asked **'Why have you not signposted or taken anyone to an Alternatives to Crisis Service?'** respondents provided a range of reasons, which have been summarised below:

- *Not in a job role where the respondent works directly with people/patients. (6 responses)*
- *The respondent works in ED, and once the person is under the care of the hospital, they would be referred to a specialist team within the hospital in that moment, not to an external organisation. (6 responses)*
- *Limited access due to the A to C service opening times (emergency response partners can encounter people in mental health crisis 24/7, not just during A to C service opening hours). (2 responses)*
- *Insufficient information / knowledge to signpost or refer confidently, because they do not know who should, and should not, be signposted to the services. (3 responses)*
- *Not been required or not been appropriate. (3 responses)*

When asked whether A to C services play a valuable role in supporting people in mental health crisis 88% (45/52) of emergency respondents either agreed or strongly agreed (see table 3). The proportion of respondents who selected agreed or strongly agreed was greater amongst those who had signposted or taken someone to one of the A to C services, when compared to those who had not: 93% (28/30) versus 81% (17/21).

Table 3 Responses from the question - To what extent do you agree with the following statement: ***Alternatives to Crisis services play a valuable role in supporting people in mental health crisis***

Row Labels	Count of respondents	%
Strongly Agree	27	53%
Agree	18	35%
Neither agree nor disagree	3	6%
Disagree	0	0%
Strongly Disagree	0	0%
Do not know	3	6%
Grand Total	**51**	**100%**

The next question asked to what extent the emergency response partners agreed with the statement: **"Alternatives to Crisis Services help to reduce pressure on my organisation".** Respondents were given the opportunity to comment alongside their response if they wished. Of the 51 respondents who had heard of the A to C services, 73% (37/51) agreed or strongly agreed that the A to C services helped to reduce pressure. 14% neither agreed nor disagreed (7/51), with several of the respondents commenting that they felt unable to draw a conclusion without seeing the relevant data. 6% of respondents (3/51) disagreed or strongly disagreed. Of that 6%, 2 respondents provided comments, with one stating that the only patient they had referred had felt the Adults' Safe Haven (Havant) was too far away for them to use. While the other reiterated that the opening hours of the A to C services are too short to have an impact on the pressure their organisation experiences. 8% (4/51) felt they did not know whether A to C services reduced pressure for their organisation.

Table 4 Proportion of respondents who agreed or strongly agreed that the A to C services reduced pressure on their organisation by sector

Sector	% who agreed or strongly agreed
111 Mental Health Triage Team	91% (11/12)
Ambulance	67% (4/6)
District General Hospital	100% (1/1)
Emergency Department	61% (11/18)
Liaison Psychiatry	40% (2/5)
Mental Health Crisis Team	50% (1/2)
Police	89% (8/9)

The final short answer question asked **how likely it would be for the respondents to recommend an A to C service to someone under their care experiencing a mental health crisis**. Out of the 51 emergency response partners taking part in this section of the survey, only 45 held a job role where they directly cared for patients / people; others had managerial or support positions or held jobs where signposting patients was outside of their responsibilities.

84% (38/45*) of emergency response partners taking part in the survey said it was likely or extremely likely that they would recommend an A to C service to someone under their care experiencing a mental health crisis (see table 5 for further details).

Table 5 Would you recommend an A to C service to someone under your care?

Row Labels	Count of respondents	%
Extremely likely	19	42%
Likely	19	42%
Neither likely nor unlikely	2	4%
Unlikely	3	7%
Extremely unlikely	1	2%
I don't know	1	2%
Grand Total	**45**	**100%**

The final section of the survey asked three longer optional questions, with the opportunity to leave written comments. The first question asked about impact of the A to C services on the emergency response partner's organisation. 38 respondents provided comments. None of the sectors felt the A to C services had a negative impact on their organisation. The comments are outlined below and have been grouped by sector:

What impact (if any) do you feel the Alternatives to Crisis services have had on your service?

Eight respondents from the 111 Mental Health Triage Team provided comments. The comments were all positive.

The respondents from the 111 Mental Health Triage Team felt that the A to C services…

- Provide an alternative source of support to signpost people in crisis.
- Offer people access face-to-face support which the 111 team cannot provide.
- ***"Reduced ED attendances and ambulance dispatch"***.
- Offer people ***"extra support which could change outcomes"***.
- Have ***"the potential to offer a quicker, more timely response"***.
- Provide good quality support.
- Are ***"excellent"*** and ***"wonderful"*** services.

Five respondents from the Ambulance Service provided comments. The comments were mixed, with 3 respondents indicating a positive impact, while two suggested the impact is minimal.

The respondents from the Ambulance service felt that the A to C services…

- ***"Avoid unnecessary conveyance"***.
- ***"Reduce ED admission and crisis team use"***.
- Provide the ***"right care at the right time"***.
- Have minimal impact as they often ***"end up calling 999 for an ambulance as the person needs an assessment"***.
- Have minimal impact as the ***"majority of patients suffer a crisis outside normal hours for signposting"***.

13 respondents from the Emergency Department provided comments. The comments were mixed, with 3 respondents indicating a positive impact, while six felt they were unable to comment without seeing the relevant data. Four suggested there was little to no impact, with two indicating that ED continues to see a high mental health demand.

The respondents from the ED felt that the A to C services…

- Offer ***"a more suitable response",*** compared to ED.
- ***"Provide out of hospital support to reduce the burden on ED"***.
- ***"Add to the available crisis support services but cannot replace existing services"***.
- Had ***"little impact once the person was in ED".*** Signposting needs to occur earlier.
- Were too far away for some of their patients.
- Minimal as ***"ED continues to be overwhelmed by mental health presentations"***.

5 respondents from the Police provided comments. The comments were mostly positive, with 4 respondents indicating a positive impact. While one person felt the A to C services were not widely enough known about by the police to have an impact.

The respondents from the Police felt that the A to C services…

- ***"Increases my knowledge to signpost so in future they have an alternative service to call"***.

- ***"Provide an alternative solution when crises services are not available or when they might not be the best option available. They may also be a different route for repeat patients to try that may be less distressing to them"***.
- ***"Helpful in the sense that it gives us somewhere other than 999 for ambulance/111 to direct people to, that they may be more likely to get through to someone and so stop calling Police for MH issues"***.
- ***"Given us an alternative to hospital care, or leaving the person to their own devices"***.
- ***"No impact as not widely known about as a resource that could be utilised"***.

There were no responses to this question from the District General Hospital or the Mental Health Crisis Team.

Following the impact question, respondents were then given the opportunity to share **any other comments** they might have regarding the A to C services. 21 respondents provided comments. Table 7 below breaks down the comments into unique topics and groups them into categories.

Table 7 Responses to - **Please use this space to share any feedback you have regarding the Alternatives to Crisis service(s) -** *Anything that you particularly like about the service(s) or any ways in which you feel the service(s) could be improved:*

Categories	Comments
Positive feedback	*"They are extremely valuable resources"* - 111 Mental Health Triage Service *"Recently took a male in crisis to Safe Haven Basingstoke after he was located in a dangerous situation intending to self-harm. They were welcoming and kind without judgement"* – Police Officer *"Undoubtably valuable, although they do seem to call 999 for ambulances frequently, as do the NHS MH crisis teams"* – Paramedic, Ambulance Service
Perceived change of purpose for The Lookout	*"The Lookout when it started provided a more therapeutic environment for those that needed hospital for care needs, such as self-neglect, but did not have the high risk need for admission to a mental health unit, however now it is an overflow of the wards."* – Consultant, Emergency Department
Outside the scope of an emergency department (ED)	*"I don't believe it is for the ED to decide whether regular crisis services or alternative crisis services are the right choice for each patient – this is beyond our scope and capacity"* – Consultant, Emergency Department *"Once a patient is in the ED they do not generally wish to be signposted elsewhere"* – Consultant, Emergency Department
Areas for improvement:	*"More Safe Havens please"* - 111 Mental Health Triage Service

• More services needed – greater geographical coverage. • Longer opening hours would be desirable. • The names of the services are ambiguous, not always clear what the purpose of the service is. • Ensure all services have a multi-sensory room. • Raise awareness of the A to C services earlier in the pathway, before people reach ED. • Co-production.	*"More and needed"* - 111 Mental Health Triage Service *"It would be good if there was a 'drop in' service similar to Lighthouse available to Andover, Winchester, Eastleigh and new forest patients."* – Mental Health Practitioner, Emergency Department *"Better opening hours"* – Ambulance service *"Needs to be available 24/7"* – Ambulance service *"Once a patient is in the ED they do not generally wish to be signposted elsewhere"* – Emergency Department, Consultant *"They all have different names, different opening hours. Working in UHS* [University Hospitals Southampton] *people come from lots of places, so it can feel too difficult to navigate currently. I'd find it easier to have a name that is clear, relating to their purpose, rather than names such as The Lookout."* – Psychiatric Liaison Team *"We need more input for services users to obtain the help they are seeking. Funding for mental health is at an all-time low."* – Healthcare Assistant, Emergency Department
More information needed: • More needs to be done to raise awareness about the services so people can feel confident referring people to them. • Lack of clarity around who the services can support / how people access them. • Services need to be clearer to navigate. • Clarification over when the services are available – raise awareness of opening hours, but also flag if services are unable to open due to staff shortages.	*"I would only ever know to direct someone to use the services if it was written clearly, with contact details for the service, within their careplan on our Police system. I do not have enough knowledge of areas they cover, for what sort of MH crisis/incident they can assist, whether they deploy out or just online/phone support etc. so wouldn't feel confident to recommend any of them to someone without it being written within a specific care plan"* – Controller, Police *"Please can we have a list of the resources and when they are available for use"* - Controller, Police *"Some lack of clarity as to how patients are referred to Lookout and concerns about those patients who are not felt to meet the requirements for The Lookout. Seems to exclude most complex and vulnerable patients"* - Psychiatric Liaison *"Need to be clearer to navigate for clinicians"* – Liaison Psychiatry *"I am not confident that they have provision for older adults"* – Older People's Mental Health (OMPH) Liaison Psychiatry Team *"As an OPMH team member I don't feel like I've had any information about the service; whether they can meet needs of people with dementia or whether they accept older people and their carers. I do not know the details of how to signpost."* – Older People's Mental Health (OMPH) Liaison Psychiatry Team
Other suggestions for extending the A to C offering:	*"Would like to see a coffee lounge manned by service users who struggle when on own at night"* – 111 Mental Health Triage Service

• Extend offering to other groups, such as parents of children in crisis, and people with dementia in crisis. • Needs to be made more accessible for people with autism and learning difficulties. • Peer support-led coffee lounge that is open at night.	*"Would like service improved and extended to supply a safe haven for parents of children in crisis, with multisensory room, dementia support for patients in a crisis."* - 111 Mental Health Triage Service *"Needs to be commissioned to support young adults, adults, older people, people with dementia and their carers, autism crisis and less AMH focussed."* – Liaison Psychiatry *"We provide care for MH and LD patients and should meet the needs of all service users who are in crisis."* - 111 Mental Health Triage Service

3.3. Raising Awareness of the Alternatives to Crisis Services

Before respondents left the survey (from either section one or section two) they were asked one final question: **"What more needs to be done to raise awareness of the Alternatives to Crisis services within your organisation?"** 45/93 respondents provided comments in response to this question. These are summarised below:

Raising awareness – 111 Mental Health Triage Team:

- Useful to have more clarity regarding the geographic area covered by each service.
- The services could engage with the University Wellbeing Teams, to boost visibility of the services amongst the student population – "there are approximately 75,000 university students in Hampshire".
- Two of the respondents from 111 felt they were already "well aware" of the Alternatives to Crisis services', with one reiterating that the services are seen as a "valued option".

Raising awareness – Ambulance Service:

- Provide clear information, including what services are available; telephone numbers for referrals; and addresses of services.
- Encourage engagement / interaction between South Central Ambulance Service (SCAS) and the services to ensure that the A to C services are on SCAS's radar.
- Contact the SCAS teams directly.
- Maintain regular contact with SCAS's Communications team.
- Include an overview of the services within newsletters.
- Add information to the SCAS internal hub.
- Circulate flyers for the Ambulance services.

Raising awareness – District General Hospital:

- Patient stories are powerful, they could be used and directed toward team meetings.

Raising awareness – Emergency Departments:

- "Provide clear information about existing services".
- Assign champions within the department.
- Posters and leaflets for ED.
- Bitesize training session within the department.
- More input from and engagement with people who use services.
- Engagement and education for both staff and the public.
- Internal communication channels – newsletters, team e-mails, and team meetings.

Raising awareness – Liaison Psychiatry

- There needs to be clear information about referral pathways.
- Timely information about any reduced service provision due to staff shortages.
- Promotion on social media (Twitter, Facebook).
- Posters/Flyers in offices.
- Promote through on-site training days.
- Ensure the relevant teams are made aware, for instance: vulnerable adult support team (VAST) at University Hospital Southampton.
- Be mindful that clinicians are often inundated with e-mails so it can be preferable to access information in different ways.

Raising awareness – Mental Health Crisis Teams

- No suggestions provided.

Raising awareness – Police

- Increase awareness of what the services do, where they cover, who can and cannot be directed there, when they are open, and for what type of incident.
- Provide contact details for the services to assist the police with signposting.
- Include information on the services in staff training days and input sessions, and ensure it continues to be included on an ongoing basis.
- Ask for the services to be included in force briefings.
- Internal communication channels – newsletters, team e-mails, and team meetings.
- Assign champions.
- Include the services on the intranet page.

- Posters and leaflets around the station.
- "Please no more emails!".
- Procedures need to be worked out with police senior management. Then when it is determined whether this will be handled by social services via a Multi-Agency Safeguarding Hub* (MASH) referral, or by MASH themselves, or by frontline officers, policy updates in the police need to be made to reflect this.

**Arrangements that allow organisations with responsibility for the safety of vulnerable people to work together. Multi-agency safeguarding hub (MASH) - His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (justiceinspectorates.gov.uk)*

4. Conclusions

On the whole the A to C services are positively perceived across the Emergency Response Partners. Most respondents said they valued the role that the services play and those that directly interact with people/patients said that they would recommend them to someone under their care experiencing a mental health crisis.

However, there is work to be done with raising awareness across certain stakeholder groups, particularly the police, and across the system to ensure that clinicians, patients, and carers are made aware of the services available in their local area. Partners also need clarification and further information around who the services can support / how people access them.