

Crisis Line Open Meeting Feedback



Meeting Name: Crisis Line Open Meeting

Date: 26/10/2016 (2 – 4 pm)

Location: The Station, Silver Street, Bristol

Version Number: Version 2

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Background / Methodology / Overview of Meeting

At the BIMHN Annual General Meeting on Tuesday 11th October 2016 (and in response to feedback, concerns and requests), it was agreed to host an open meeting to focus on the crisis line “redesign” and to empower a wider voice of users and carers to be heard that may or may not already be involved in varying user/carer involvement networks in the city. It was also agreed to host this meeting in partnership with Service User Carer Council with support from Bristol CCG.

The focus for the meeting would be on giving an update on the work that had been taking place over the last two months whilst also examining the work the information sub-group was focussing on as part of a review of how to access mental health services in the city.

As part of the planning for the event, representatives from BIMHN, Bristol CCG and System Leadership Team met to bring together an outline for the event:

1:45 pm – Be set up for arrivals

2:00 pm – Networking

2:15 pm – Introduction from Lynne Newbury/Tom Renhard

2:20 pm – Background to Crisis Line work

2:30 pm – Main presentation

2:50 pm – Brief Q & A on presentation

3:00 pm – Breakout groups to focus on two questions on information sheet

3:30 pm – Feedback

3:50 pm – Final/Closing Remarks

4:00 pm – Finish

On the day itself, the presentation section did not take the allotted time, allowing for a longer discussion to take place in the breakout groups, which was felt to be of benefit for those in attendance.

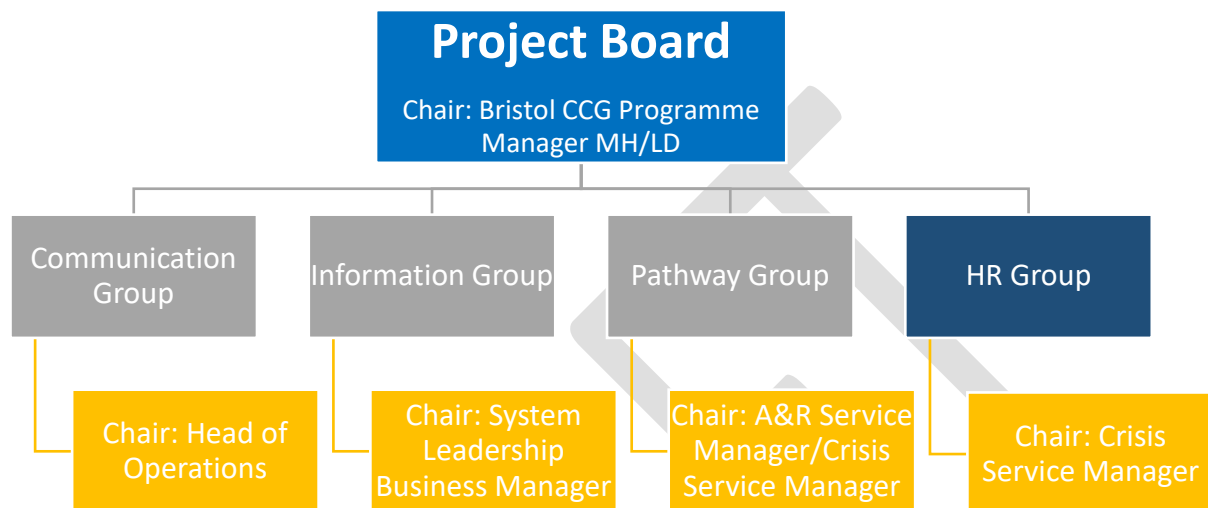
For the breakout session, there were two key themes for discussion:

- “Identify options for those people not needing specialist crisis team intervention and any gaps in service provision; and
- Provide a range of information which supports service users/carers and the public to self-select services which are right from them, including Bristol Mental Health (BMH) AWP services.”

Attendees present were also encouraged to note down any queries and concerns they may have relating to the work and/or the crisis line itself. This is so these points could be

captured and taken away to ensure they are addressed in the most appropriate of the three sub-groups (Communications Group / Information Group / Pathways Group) where they may not have already been picked up.

A diagram to show the project management structure for the work was also presented at the meeting and is included in these notes for reference:



Attendees found the event to be a really positive and useful event, with requests for a follow up event. More information on this and other outcomes can be found in the section entitled "Outcomes from the event".

It is also noted that for the purpose of the publication of this document, the views contained herein do not necessarily represent the views of any of the organisations involved in the production of, or facilitation of the event.

Summary of key issues / themes

Throughout the discussions during the breakout session, it became clear that there were several key themes emerging.

These are noted in this summary section, a more detailed breakdown of the feedback given can be found in the “Write up of notes” section in this document (page 7 onwards).

- There are still concerns over the quality of care plans and crisis plans. This could have far-reaching implications for the support someone can provide on the crisis line where they do not have access to the information they need to support the individual they are speaking to.
- There is not a clear picture of what mental health support is available in the city (including what is available outside of the “Bristol Mental Health system”).
- Accessing information to get to the most appropriate point in the system is still very challenging. Where that information is available, it is often inconsistent with conflicting advice given by different professionals.
- It isn't clear how and where there is involvement in these discussions from the voluntary and community sector. They need to be seen as a vital party to the discussions in shaping any improvements to the services and wider information provision/support.
- There could be better provision to support people to access mental health services through different mediums, i.e. non-verbal communication, visual communication, etc.
- It is unclear how educational establishments (in this case further education/higher education) fit into existing mental health support for students, as well as where their responsibilities should start and end.
- It is unclear as to what is being done to support frequent callers to the crisis line (that are not in crisis) to ensure others that may be in crisis can get through to the number.
- There is a need to review how professionals access information on signposting for individuals and where those queries are directed to.
- The role of “gatekeepers” (those acting as first points of call within the system, intentionally or unintentionally) within the mental health system requires further scrutiny.
- With the peak period of calls to crisis line occurring at approximately 9 pm, there is a question over what can be done to improve appropriate mental health support outside of the core hours of some mental health services, as well as where it is accessed.

Key outcomes from the event

It was agreed by those present that the information captured today would be written up and circulated to those present.

It was agreed by those present that the information would be discussed at both the Information Group and the Project Board which were both meeting the following week (Tuesday 1st November 2016 and Thursday 3rd November 2016 respectively), as well as informing the future direction of the work shaping any potential redesign of the crisis line.

It was agreed by those present that this had been a really useful forum for discussion and that it would be helpful to have a follow up event in approximately six weeks' time, updating on what had happened as a result of the feedback given. It was suggested that it could also focus on the pathways work to give an opportunity for wider involvement in these discussions.

Recommendations

Below are key recommendations that have emerged as a result of the feedback from the event and serve to provide a base of ideas for making improvements. However these recommendations do not constitute an exhaustive list, and should be seen in the context of wider feedback gathered and work taking place within the sub-groups of the project.

- To support a follow up event to take place on a mutually convenient date during the first two full weeks in December.
- To incorporate feedback from event into three sub-groups for further consideration.
- To develop a frequently asked questions guide to cover key questions/concerns that are continually emerging to improve information provision on what is happening with crisis line "redesign".
- To follow up on progress with Crisis Service Audit report as part of the *Local Contract & Quality Performance Monitoring (LCQPM) Meetings*, specifically looking at care plans / crisis plans (are they in place and quality of them, etc.)
- To ensure local voluntary and community sector partners are actively involved in discussions regarding crisis line "redesign".
- Actively engage with the voluntary and community sector in looking at the role of volunteers in mental health provision in the city and any opportunities for collaboration.
- To engage with wider city and community leaders to allow for collaborative advantage that may assist in improving mental health provision in the city.
- Complete mapping exercise of existing service provision across the city (including helplines) ahead of any decisions being made regarding future of crisis line (already underway although anticipated completion date currently unclear).
- Develop clear information on a website to help users of mental health services (as well as carers, supporters, family, friends) navigate offer in city in a clear way. This should include aspects such as: a "I need help now" button; "Symptoms style

checker” for navigating to most appropriate service in first instance; ensure information is in line with requirements of Accessible Information Standard (now a legal requirement for healthcare providers); alternatives to simply signposting to a number to ring (to improve non-verbal communication aids).

- Compile a list of recommended self-help options by mental health services (with consideration to be given to how peer reviewed options could be listed), including: Mobile & tablet Apps / printed literature / locations to access better resources (e.g. libraries, GP Surgeries, etc.) / online information (that is regularly updated).
- Develop a map of locations information could be displayed in the city about mental health services (including libraries, pharmacies, GP surgeries, cafés, arts venues, etc.).
- Engage with higher education and further education providers in the city to initiate discussions (with the involvement of users and carers) about roles and responsibilities when it comes to mental health support & provision for students.
- Co-produce a clear process for supporting frequent callers to the crisis line.
- Review who are “gatekeepers” to mental health services in the city and the processes for accessing mental health services in the city (i.e. would users/carers benefit from a single point of access number when attempting to access and/or navigate the system?).
- Review mental health provision in the hours immediately after a number of key services close at 8 pm and any additional support that could be delivered to reduce impact of non-crisis related matters on crisis line and crisis service (particularly focussing on crisis line peak call time of 9 pm).

Write up of Notes

Flip Chart 1: *Ideas for improving information flow / Signposting*

Table 1

- Community groups for prevention.
- Key people / champions in each area feed into central place e.g. social prescribing, fitness + health (yoga), nutrition, relaxation.
- Spiritual communities – where they go to get support.
- Skill up libraries, use computers e.g. central library local
- Education / courses – Local & Recovery Colleges
- Self Help websites
- Posters up portal (GP's?)
- Pharmacies – mental health info
- Other call lines
- Language of crisis – What it is and what is isn't (and who defines this) on the line
- Website – Introduction of a "I need help now"
- Thinking about harming someone / self (direct to number)
- Signposting that doesn't need speaking
- Scheduled calls and how to manage it (in relation to frequent callers) e.g. Samaritans
- Timed visits in time range so people can socialise / get early support
- Training for carers / supporters for help (helps with understanding / fears / concerns / empowerment)
- Use of snapchat / text / Instagram to engage with people
- Apps – e.g. anxiety management apps such as SAM.
- Young males – e.g. leisure centres
- Older People – Bowls Clubs
- On the above two bullet points – meet people where they are at.

Table 2

Existing services:

- Mindline
- Sane line
- Rethink Mental Illness
- Samaritans
- Womankind
- Student Wellbeing Services

A key query was also added as to whether some of these existing lines/support services are sufficiently resourced?

Table 3

- Suggestions for how to deal with frequent callers:
 - “you’ve had your one call for the night approach”
 - Scheduled calls approach
 - Diverting to alternative numbers
 - If no alternative – block number from line?
- Better partnership working, e.g. linking up with Bristol MIND or Samaritans
- Inner city mental health team – engaging with health champions
- Improve engagement with Voluntary & Community Sector (VCS), e.g. Second Step has 200 volunteers
- University of Bristol Nightline for students of that university. What about UWE and wider role of universities within mental health support for students
- Signposting to neuro psychiatry
- If other services are mentioning role for mental health services but mental health services not providing this
- Automated recording to signpost to e.g. well aware/other alternatives
- UP TO DATE RELEVANT CARE PLANS
- Signposting to Samaritans
- Face to face options?
- Consider how to get signposting when you are not in crisis
- Increase awareness of recovery college courses

Flip Chart 2: *Questions raised*

Table 1

1. How do other services in other places evaluate crisis services / crisis lines, etc. e.g. Samaritans?
2. Supervision for staff – Is it happening?
3. How do you evaluate people not taken on?
4. Use of non-speaking forms of communication, is this utilized (e.g. text message)?

Table 2

1. Could we have a direct line to a MH professional – like 101 additional service?
2. Why is there no adequate MH pathway at A+E?
3. Why not keep public number + change crisis team no?
4. Why are the needs of the people who call the crisis line not being met already?
5. Who is the gatekeeper to services?
6. Why isn’t there a specific place in existing resources for people to go in crisis?
7. Service re-design? Integrate liaison psychiatry?
8. Control Room Triage – integrated into the crisis line?

9. What's going to happen to people not known to services?
10. Good practice should be rewarded and propagated
11. Do staff have the right attitude for a crisis line?
12. Can we have a 24 h helpline?
13. What education / training is going to be done for staff e.g. GP's / support workers?

Table 3

1. How are callers being dealt with?
2. What was original purpose for crisis line (= people who define themselves as in crisis)?
3. Role of primary care in mental health support, what is being done / what could be done? What are the opportunities / challenges with this?
4. Quality of care plans / crisis plans? Could the crisis service audit information be reviewed?
5. Managing frequent callers – Exclusion criteria? Appropriate to block numbers in some circumstances?
6. If the above (Table 5 – Q3) is being addressed, what has been the impact to date?
7. What steps are being taken to ensure correct signposting by mental health services staff (users are being directed to crisis line by mental health staff for appointment queries)?
8. What services are still open at 9 pm?
9. Is closure of other services at 8 pm increasing pressure on crisis line and reasons for peak of calls at 9 pm?
10. Are there lots of appointments / general queries to crisis line after other services shut?
11. Is there any correlation between reduced call numbers and Mindline being open?
12. Is there any scope for increasing support to VCS offer (e.g. Mindline) which could be cheaper to run when fulfilling emotional support needs?
13. Inner city mental health team – Health Champions (volunteers) – could they volunteer with Mindline to increase capacity of line (currently run by volunteers)?
14. Role of care sector in supporting frequent callers? Could changes be made to care packages to help address needs of frequent callers?
15. Crisis Line number – Could there be automated call screening to direct professionals to professional line and therefore quickly reduce impact of 35% calls on the line?
16. Could personalised number intercepts be used for frequent callers?
17. Staff on the crisis line – What tools and resources do they have to move from firefighting to preventative measures to reduce impact of repeat calls / non-relevant calls (in the context of a crisis), i.e. low level interventions?
18. Second Step volunteers / Mindline volunteers – could there be better linkage here?
19. University support (or lack of), what impact is this having on the line? i.e. University of Bristol has a Nightline service run by student volunteers, UWE Bristol does not.

20. What mental health support should / should not be provided by universities for their students?

Flip Chart 3: *Concerns raised*

Table 1

- GPs won't put posters up
- Encourage pharmacies to have signposting info
- Skills + training not to signpost sometimes (clear individual crisis plan / look at Rio)
- Record some phone calls
- Quality control
- How staff communicate on phone

Table 2

- Other services often unqualified volunteers
- Lowest common denominator in service provision
- Need variety of expertise
- Crisis Line has access to people's records and can do more than listen
- CBT – Doesn't work for everyone
- A lot of people who call are not getting a service at all
- Need better staff support – better morale
- Inadequate capacity in Assessment & Recovery Teams
- Triage earlier
- No dedicated MH pathway at A + E (not really a place of safety)
- Crisis and contingency plans inadequate for service users – quality of them is the issue
- Staff attitudes – it's potluck who you get
- It can be really helpful and provide what SU's need
- Alternative organisations who offer support need to be properly trained, managed and monitored.
- Less available now than there used to be (so people use the crisis line)
- The systems are also in crisis (so no long term bigger picture thinking)
- Capacity of services to cope
- People are going to phone somewhere if not crisis line problem will just move elsewhere
- More complex needs coming into services / Bristol has a growing population
- The expanding gap between primary and secondary services – a lot of people don't hit either

Table 3

- Number of care plans and / or crisis plans that are up to date may be inadequate, reducing effectiveness that interventions by crisis line staff can have
- North Bristol service only want new referrals not people who have been seen before
- Inappropriate gatekeeping – psychiatric liaison at Southmead
- Signposting to neuro psychiatry – what exists in Bristol if other services are mentioning role mental health services that M + G are not providing this
- Inappropriate use of music on the crisis line and what it is over course of whole night
- Waiting time on line

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DRAFT