The Regulation and Quality Improvement Authority

Review of Emergency Mental Health Service Provision across Northern Ireland

September 2019

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Glossary

ASW	Approved Social Worker
ASD	Autism Spectrum Disorder
BHSCT	Belfast Health and Social Care Trust
CAIT	Crisis Assessment and Intervention Team
CAMHS	Child and Adolescent Mental Health Services
CBYL	Card Before You Leave
CDU	Critical Decision Unit
CPN	Community Psychiatric Nurse
CRHT	Crisis Resolution and Home Treatment
DoH	Department of Health
GHQ	General Health Questionnaire
GP	General Practitioner
HSC	Health and Social Care
HSCB	Health and Social Care Board
HTAS	Home Treatment Accreditation Scheme
ISS	Intensive Support Services
IT	Intensive Home Treatment Service
MATT	Multi Agency Triage Team
MDT	Multidisciplinary Team
MH	Mental Health
NHSCT	Northern Health and Social Care Trust
NICE	National Institute for Health and Care Excellence
NISRA	Northern Ireland Statistics and Research Agency
PCC	Patient and Client Council
PHA	Public Health Agency
PPI	Personal and Public Involvement
PSNI	Police Service of Northern Ireland
RAID	Rapid Assessment Interface Discharge Service
RCPsych	Royal College of Psychiatrists
RESWS	Regional Emergency Social Work Service
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SHIP	Self-harm Intervention Programme
SHSCT	Southern Health and Social Care Trust
ST	Speciality Trainee
WHSCT	Western Health and Social Care Trust

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating, inspecting and reviewing the quality and availability of health and social care services in Northern Ireland. RQIA's reviews identify best practice, highlight gaps or shortfalls in services requiring improvement and protect the public interest. Reviews are supported by a core team of staff and by independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Department of Health (DoH) and are available on our website at www.rqia.org.uk.

RQIA is committed to conducting inspections and reviews and reporting against 4 key outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

These outcomes are aligned with Quality 2020 [(1)] and define how RQIA demonstrates its effectiveness and impact as a regulator.

Membership of the Review Team

Dr John Simpson	Retired Consultant Psychiatrist and Medical Director, Health and Social Care, Northern Ireland
Dr Sinead McAree	Consultant Psychiatrist, NHS Greater Glasgow and Clyde Board, Scotland
Ms Marjorie McMurray	Retired Community Psychiatric Nurse and Cognitive Behavioural Therapist, Health and Social Care, Northern Ireland
Dr Ruth Thornbury	ADEPT Clinical Leadership Fellow 2017/18 Programme, Psychiatry, Specialist Trainee (ST6) Doctor
Dr Judy Curran	ADEPT Clinical Leadership Fellow 2017/18 Programme, Psychiatry, Specialist Trainee (ST6) Doctor
Mrs Theresa Nixon	Director of Assurance (previously Director of Mental Health and Learning Disability), Regulation and Quality Improvement Authority
Mr Hall Graham	Assistant Director of Improvement (retired December 2018), Regulation and Quality Improvement Authority
Mr Ronan Strain	Project Manager, Regulation and Quality Improvement Authority
Mr Dean McAllister	Project Administrator, Regulation and Quality Improvement Authority

RQIA wishes to thank all those who facilitated and informed this review through participating in discussions, interviews, attending focus groups and providing relevant information and evidence.

We would particularly like to thank:

- Service Users
- Voluntary Organisations: Aware NI, Inspire, CAUSE, and Lifeline
- Royal College of Psychiatrists (RCPsych)
- Health and Social Care (HSC) Trusts
- Health and Social Care Board (HSCB)
- Public Health Agency (PHA)
- Integrated Care Partnerships (ICPs)
- Regional Emergency Social Work Service (RESWS)
- General Practitioners (GPs)
- Patient and Client Council (PCC)

Table of Contents

Glossary **1**
Executive Summary **5**
Section 1 – Context for this Review **9**
1.1 Introduction and Context 9
1.2 Terms of Reference 10
1.3 Review Methodology 11
Section 2 – Findings from the Review **13**
2.1 Mental Health Services in Northern Ireland 13
2.2 Adult Mental Health Emergency Services 16
2.4 Child and Adolescent Mental Health Services (CAMHS) 22
2.5 Adult Learning Disability Services 26
2.6 Children's Learning Disability Services 29
2.7 Emergency Departments 32
2.8 Quality Improvement 34
2.9 Service User Experience 35
Section 3 – Conclusion and Recommendations **37**
3.1 Conclusion 37
3.2 Recommendations 40
Appendix A – References 43

Executive Summary

This review was undertaken as part of the 2015-18 Programme in order to make an assessment of the provision of emergency mental health services in the 5 HSC Trusts across Northern Ireland. The fieldwork for this review was completed in April 2017.

Services were assessed in accordance with the principles detailed in the Regional Mental Health Care Pathway for Northern Ireland [(2)] and across ages applicable for mental health services (see below):

- Adult Mental Health Services (for patients aged 18-65 years);
- Older People's Services (for patients aged 65 years and over);
- Child and Adolescent Mental Health Services (CAMHS) (for patients aged 0-18 years);
- Learning Disability Services (for children and young people and adults with a learning disability); and
- Emergency Departments.

The Care Pathway was developed by the HSCB and PHA and endorsed by the DoH in October 2014. The pathway was modelled on the National Institute for Health and Care Excellence (NICE) clinical guideline 136 - "Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services" [(3)]. The overarching aims of this pathway were to provide HSC Trusts with clarity regarding the standards expected from their mental health services and to support consistency in service delivery throughout Northern Ireland. The pathway detailed a Stepped Care model with respect to how services are organised and the level of support to be provided at each of the 5 steps and applicable settings.

This review identified issues which may affect the delivery of a quality service for mental health service users, their families and carers. Nine recommendations for future improvements in the provision of emergency mental health services have been included in the report (Section 3). The review also identified a number of quality improvement initiatives which should be considered for implementation across the region.

Findings from the Review

Time of Presentation

Within working hours (Monday to Friday 9:00am to 5:00pm) all 5 HSC Trusts have systems and processes in place to provide emergency mental health services for patients of all ages. Outside normal working hours, all 5 HSC Trusts find it a challenge to provide dedicated specialised services for their local population during out-of-hours periods. This was particularly evident in relation to CAMHS, learning disability and older people's services.

Communication

Communication systems between mental health teams in each Trust and across the region have not been fully developed and there is a potential risk of information loss when patients transfer in an emergency context.

Specific Service Findings (Age Applicable)

Adult Services (patients aged 18 – 65 years)

All 5 HSC Trusts have developed systems and processes to deliver a service 24 hours a day, 7 days a week for service users who experience an emergency mental health problem. The specialist mental health teams which were established over 10 years ago are known as Crisis Resolution Home Treatment (CRHT) teams and have been established in line with the Royal College of Psychiatrists (RCPsych) Home Treatment Accreditation Scheme (HTAS) standards [(4)]. The CRHT teams are working well in each Trust. Challenges in the availability of acute beds and in the capacity of core community mental health teams have begun to impact upon the provision of this emergency service and recommendations are made in relation to these challenges.

Older People's Services (patients aged 65 years and over)

Challenges were identified in some Trusts with regard to providing this service during the out-of-hours period. We were informed by these Trusts that they are in the process of reviewing or restructuring their adult CRHT teams to ensure a specialist mental health service is provided for their over 65 population during the out-of-hours. A recommendation is made that each Trust should provide the same emergency mental health service during the out-of-hours period for the over 65 years population as is currently provided for the adult (patients aged 18-65 years) population.

Child and Adolescent Services (patients aged 0-18 years)

Developments and expansions of CAMHS provision and various specialist mental health teams across the Trusts were acknowledged. It was identified however, that all HSC Trusts remain at different stages of development in providing an emergency mental health assessment and treatment for children and young people in line with the CAMHS stepped care model [(5)], particularly during the out-of-hours period. More work is required to ensure a robust system is in place for these patients and consequently a recommendation is made to reflect this.

Learning Disability Services (children, young people and adults)

Effective provision of an appropriate service during the out-of-hours period was identified as a challenge for some HSC Trusts due to a lack of available resources.

The development of various specialist mental health teams across the Trusts for both adults and children with a learning disability was acknowledged. It was identified, however that all 5 HSC Trusts remain at different stages of development in providing emergency mental health assessment and treatment for these service users. Continued pressure on regional hospital acute beds (Muckamore Abbey Hospital for adults and Iveagh Centre for children) was reported, and, in conjunction with the lack of suitable community learning disability placements (including rehabilitation services, supported accommodation and respite) this will continue to pose a challenge Trusts. A recommendation that the current provision of core community learning disability services for adults is reviewed has been made.

Emergency Departments

In all 5 HSC Trusts, Emergency Departments are dealing with increasing numbers of patients with complex mental health needs. These include patients with concurrent mental and physical health and care needs and patients who abuse alcohol and drugs. There is a lack of dedicated psychiatric liaison provision into general acute hospital wards during the out-of-hours period. Additionally there is a lack of appropriate physical space to interview patients experiencing a mental health crisis in Emergency Departments. While some Trusts did provide evidence of a number of initiatives to alleviate some of these challenges, a recommendation in relation to arrangements for appropriate physical space in Emergency Departments is made.

Quality Improvement

HSC Trusts continue to develop and implement a number of quality improvement initiatives across emergency mental health services. The CRHT Regional Forum is a useful Forum to share learning about quality improvement across the region. This Forum is a voluntary arrangement with no formal governance processes, but has been valuable in the dissemination of good practice. To date, the Forum has focused mostly on adult teams and we would encourage the Forum to strengthen its governance arrangements and to expand further to involve the CAMHS, Learning Disability and Older People's Services, as learning is likely to be transferable across all services.

Service User Experience

Trusts have mechanisms in place to gather service user experience. Service users spoken to during this review highlighted both positive and negative experiences of emergency mental health services.
It was concluded that each Trust could widen its approach to co-production with service users, carers and the public, in accordance with the regional Personal and Public Involvement (PPI) approach and Department of Health co-production guidance.

Throughout this review, all Trusts provided examples of specific pieces of work to demonstrate their commitment to improving their provision of emergency mental health services for service users of all ages. This commitment to improvement was acknowledged and encouraged. Pressure on available resource continues to be a significant challenge for all 5 HSC Trusts in relation to provision of a safe and effective service during out-of-hours periods.

Recommendations

Nine recommendations are made which will support the continuing improvement of emergency mental health services across Northern Ireland. The recommendations are made with a view to ensuring appropriate emergency mental health assessment and treatment for all who need it. The recommendations have been prioritised according to the timescales in which they should be implemented.

Section 1 – Context for this Review

1.1 Introduction and Context

Mental illness is a major public health issue in Northern Ireland and is the single largest cause of ill health and disability [(6)]. Northern Ireland has higher levels of mental ill health than any other region in the United Kingdom (UK). In Northern Ireland, 1 in 5 adults has a mental health condition at a given point in time, which is a 25% higher overall prevalence of mental illness compared to England [(6)].

Mental illness can affect anyone in society irrespective of age, gender, socio-economic status, or ethnic background. A range of biological, psychological, and social factors have been identified as contributing to the development of such illness. These include stressful or traumatic life events, abuse, lifestyle behaviours, deprivation, conflict, unemployment, bereavement, financial concerns and physical illnesses [(6)].

In the 2017-18 Northern Ireland Health Survey 18% of respondents scored highly on the general health questionnaire, suggesting they may have a mental health problem [(7)]. The survey also indicated that a quarter of respondents (26%) had concerns about their own mental health. Three-fifths of these (58%) sought help, with 82% of these seeking help from their General Practitioner (GP) and 44% from a family member. Of those who did not seek help, three-quarters (74%) stated that they were able to self-manage.

Whilst epidemiological data on the prevalence of mental ill health in children and young people in Northern Ireland is scarce, it is estimated that:

- Around 45,000 children and young people have a mental health need at any one time [(6)].
- More than 20% of young people are suffering “significant mental health problems” by the time they reach the age of 18 [(6)].

Suicides provide an indicator of mental health within a population. According to the Northern Ireland Statistics and Research Agency (NISRA) the figure for deaths as a result of suicide in Northern Ireland in 2017 was 305 [(8)]. Northern Ireland has the highest suicide rate compared to any other region in the UK. In addition, there is a gendered aspect to suicide with men 3 times more likely to die by suicide than women. Males aged 20 to 50 years old have the highest rate of suicide.

Over the past 25 years mental health services in Northern Ireland have continued to move from provision of acute hospital based care to community based care and treatment. Community based treatment teams have been established to respond more quickly and more flexibly to people with mental health difficulties and help to promote earlier recovery and more effective rehabilitation.

The shift in acute mental health services from inpatient care to a community based model of service delivery in Northern Ireland has been influenced and directed by the Bamford Review [9] and other publications such as Transforming Your Care [10], the Donaldson Report [11] and Health and Wellbeing 2026 Delivering Together approach [12].

In 2015-16, the Patient and Client Council (PCC) [13] and the HSCB [14] both undertook reviews of CRHT services across Northern Ireland highlighting that the development of such services was successful in providing an alternative to hospital admission. These reviews highlighted that moving towards a more community based model has resulted in a number of issues including:

- confusion about how services can be accessed and by whom;
- lack of continuity of staff – service users do not see the same person during each home visit;
- uncertainty about whether the necessary level of input can be achieved in brief visits from the home treatment teams; and
- the need for better processes to support service users after their discharge from services.

1.2 Terms of Reference

The terms of reference for this review were:

1. To examine emergency mental health service provision across all age ranges with regard to:
    - Assessment and management of patients referred to emergency mental health services from Emergency Departments, General Practice and General Practice out-of-hours services;
    - Access and referral pathways to specialist mental health teams or acute hospital admission;
    - Interfaces with General Practice and General Practice out-of-hours services, Emergency Departments, other mental health services and the voluntary sector;
    - Quality improvement processes, both within HSC Trusts and regionally; and
    - Effectiveness of services provided.

2. To explore the experience of users of emergency mental health services in Northern Ireland.

3. To report on findings, identify areas of good practice and, where appropriate, make recommendations for improvements in emergency mental health services in Northern Ireland.

Exclusions

This review excluded patients detained under the Mental Health (Northern Ireland) Order 1986 [15], services for Autism Spectrum Disorder (ASD), services for Dementia patients and Prison Mental Health Services.

1.3 Review Methodology

Comprehensive methodology which gathered information, evidence and facts from a wide range of sources was utilised to inform this review. This included those who use emergency mental health services in Northern Ireland, as well as from those responsible for commissioning and providing the services across the region.

Literature Review

A review of relevant literature was completed to understand the context for the review and to identify appropriate lines of enquiry. Following the literature review, a mixed approach was employed, comprising the following:

Engagement with Policy Strategy Leads for Mental Health Services

This included:

- Representatives from the DoH in the context of their policy role;
- Representatives from the HSCB in the context of their commissioning role; and
- Representatives from the PHA in the context of their strategic public health role.

This engagement enabled the Review Team to understand the strategic direction and regional context for the current and future provision of emergency mental health services across Northern Ireland.

Engagement with Service Providers

A structured questionnaire was developed and issued to the 5 HSC Trusts which was based on the RQIA 4 key domains of safe, effective, compassionate and well-led care. This ensured that a description of the services delivered in each of the Trusts was obtained, as well as information about the systems, processes and pathways Trusts employ to deliver their emergency mental health services.

Engagement with Staff

Staff working across frontline HSC Trusts were engaged through pre-arranged focus groups which were held across all mental health services. Focus Groups included staff from:

- Adult Mental Health Services (for patients aged 18-65 years);
- Older People's Services (for patients aged 65 years and over);
- Child and Adolescent Mental Health Services (CAMHS) (for patients aged 0-18 years);
- Learning Disability Services (for children and young people and adults with a learning disability); and
- Emergency Departments.

Focus groups included staff providing mental health services across both acute and community settings such as nurses, psychiatrists, social workers, allied health professionals, managers, GPs and administrative / support staff.

Engagement with Service Users

In order to ensure that the views of service users were included a focus group was held with Aware NI, Inspire and CAUSE. This focus group was hosted by Aware NI and brought together service users who had previously accessed emergency mental health services. Additionally service user experiences shared with the PCC were also included in this review.

Engagement with Lifeline

Lifeline is the Northern Ireland crisis response helpline service for people who are experiencing distress or despair. Meetings with their representatives provided an insight into Lifeline's roles and the nature of emergency activity and demand the organisation encounters on an ongoing basis.

Engagement with Royal College of Psychiatrists

Engagement with the RCPsych allowed us to understand its' role as the professional body responsible for education, training and setting and raising standards in psychiatry in Northern Ireland.

Review Meetings with HSC Trusts

Fieldwork concluded with a week of focused and targeted meetings with each of the HSC Trusts. Key lines of enquiry for these meetings were developed from a detailed analysis of each of the Trust's structured questionnaires, the main themes from staff and service user focus groups, and engagement with Lifeline and the RCPsych. Meetings were held with each of the Trust's executive management teams and senior clinicians across mental health services to discuss emerging findings, areas of concern and potential areas for improvement.

Section 2 – Findings from the Review

This section presents the key findings of the review, and is divided into 9 sub-sections (2.1 – 2.9). Each sub-section describes the provision of emergency mental health services for a particular age group (see below) during usual working hours, Monday to Friday, and also during the out-of-hours period, covering weekdays after 6.00pm and over weekends.

- Adult Mental Health Services (for patients aged 18-65 years);
- Older People's Services (for patients aged 65 years and over);
- Child and Adolescent Mental Health Services (CAMHS) (for patients aged 0-18 years);
- Learning Disability Services (for children and young people and adults with a learning disability); and
- Emergency Departments.

Evidence and facts described related to the provision of emergency mental health services across Northern Ireland in accordance with the Regional Mental Health Care Pathway [(2)]. We have commented on the teams in operation and also on the access to, and availability of, services. Examples of good practice are highlighted, as are areas where improvements are needed.

2.1 Mental Health Services in Northern Ireland

In October 2014, the Regional Mental Health Care Pathway [(2)] developed by the HSCB and PHA, was endorsed and implemented across Northern Ireland. The Pathway provided guidance on how mental health care should be delivered, whilst endeavouring to support consistency in service delivery throughout Northern Ireland. The Pathway detailed a stepped care model.

The Regional Care Pathway covered:

- How services could be accessed from time of referral to the point where care is no longer needed;
- The standards of care which should be in place; and
- How care decisions should be made - all the time ensuring that the service user and/or their relatives, partners, friends (as appropriate) remained at the centre of the decision making.

The Pathway utilised a 5-step care approach, whereby the service user's needs would be matched with the right level of support and the service user would 'step up' to intensive / specialist services as they needed. The 5 steps are:

- Step 1: Self-directed help and health and wellbeing services
- Step 2: Primary care talking therapies
- Step 3: Specialist community mental health services
- Step 4: Highly specialist condition specific mental health services
- Step 5: High intensity mental health services

The Pathway advocated timely access to services and included a number of regional targets in relation to response times as detailed below:

- Emergency response - appointment required within 2 hours of referral;
- Urgent response - appointment required within 5 days of referral; and
- Routine response - appointment within 9 weeks and 13 weeks of referral for psychological therapies.

The Care Pathway also provided a guide for people who feel mentally unwell, indicating that they should discuss their mental health problems / needs with their GP in the first instance and, depending on the severity of their problems, their GP would follow the 5-step care approach.

Emergency Mental Health Services

During this review evidence demonstrated that each Trust had developed, and continues to develop, its' emergency mental health services in line with the Regional Care Pathway. For example, we found that each Trust had developed specialist mental health teams (within core mental health services) to ensure they provided emergency mental health assessment and treatment for people who presented in a crisis or who were referred by General Practice or other secondary care services.

While we also found that Trusts recognised that all treatment and care needed to be personalised and recovery-orientated, we noted that each Trust found it challenging to deliver a consistent emergency mental health service in line with the 5-step care approach outlined in the Care Pathway. For example, 3 Trusts provided a specialist mental health service for their population aged over 65 during the out-of-hours period, and 2 Trusts did not (SEHSCT and WHSCT).

Within adult mental health services (patients aged 18-65 years) evidence was found that all 5 HSC Trusts had developed systems and processes to enable specialist mental health teams to undertake crisis assessments 24 hours a day, 7 days a week. However, we were informed that providing access 24 hours a day, 7 days a week in other services, such as those for children and young people, those for learning disability and older people services, remains a challenge.

During focus groups, adult service users (patients aged 18-65 years) highlighted that having intensive treatment from CRHT teams in their own home helps with their recovery and reduces stress. These adult service users also felt empowered and actively involved in their care and treatment plans, and reported that throughout their treatment these specialist mental health teams showed compassion, inclusiveness and good communication.

At the time of this review, Trusts highlighted that they are increasingly challenged with regard to achieving the targets detailed within the Care Pathway (for access to urgent and routine appointments) due to a demand and capacity mismatch.

For example, we were told by some Trusts that they are reporting on achievement of urgent responses within 10 days rather than the 5 day target set out for the region in the Care Pathway.

Throughout this review, evidence was found in each Trust that patients are still being referred to Emergency Departments, due to limited access to specialist mental health teams and other services, such as rehabilitation services, supported accommodation (including respite and voluntary) and community support services during the out-of-hours period. Evidence demonstrated that this is the case particularly within children and young people services and older people services.

Due to gaps in access during the out-of-hours period, some Trusts informed us that they rely at times on the other specialist services such as the Regional Emergency Social Work Service (RESWS) to provide emergency mental health services. RESWS staff clarified that filling such gaps in relation to access for patients with an emergency mental health problem is beyond their remit as their service is to provide an emergency social work response.

We also found that clear and comprehensive regional communication systems between all mental health teams have not been developed fully. We learnt that each Trust uses different communication systems, in some instances continuing to rely on photocopies, scanned documents and faxes to share information. This was concerning to the Review Team, as information may be lost or not transferred in a timely manner when patients move between Trusts in an emergency context.

We were informed that this issue has been raised informally within the adult CRHT Regional Forum; a voluntary Forum established by the adult CRHT teams to provide an opportunity for communication and shared learning across the region. The Forum, however, advised that this issue remains unresolved and that this concern has also been highlighted in recent inquests into deaths by suicide in Northern Ireland.

The Review Team agreed that this issue may be alleviated by the introduction of the new Encompass System, an HSC-wide initiative, which aims to introduce a single digital integrated care record to Northern Ireland. The proposed integrated care record will have the potential to improve the communication among healthcare professionals for individuals who experience an emergency mental health crisis, and will allow HSC professionals to access the right information, at the right time, in the right place securely.

Recommendation 1	**Priority 1**
I. The Health and Social Care Board should convene a short life working group, to include appropriate representation from each Health and Social Care Trust, in order to develop a regional information transfer protocol.	

II. Implementation of this protocol should ensure patient information is transferred securely and in a timely manner when patients transfer between Health and Social Care Trusts in an emergency mental health context.

III. The Health and Social Care Board should ensure information transfer between Health and Social Care Trusts in an emergency mental health context is considered as part of the Encompass programme for Northern Ireland.

2.2 Adult Mental Health Emergency Services

Table 1 summarises the provision of emergency mental health services for adults (patients aged 18-65 years) across the 5HSC Trusts at the time of this review.

Table 1: Adult Mental Health Emergency Services (patients aged 18-65 years) in Health and Social Care Trusts in Northern Ireland

Health and Social Care Trust	Specialist Mental Health Teams	Hours/Days
Belfast	• Unscheduled Care Team • Home Treatment Team	24/7 Service
Northern	• Crisis Resolution and Home Treatment Team (integrated team) • Rapid Assessment Interface and Discharge Service	24/7 Service
South Eastern	• Home Treatment Team	24/7 Service
Southern	• Crisis Resolution and Home Treatment Team (integrated team)	24/7 Service
Western	• Crisis Resolution and Home Treatment Team (integrated team)	24/7 Service

Within adult services (patients aged 18-65 years), evidence was found that all HSC Trusts have developed systems and processes to deliver a service 24 hours a day, 7 days a week for adult service users who experience an emergency mental health problem, which is in line with the RCPsych Home Treatment Accreditation Scheme standards [(4)].

HSC Trusts reported that these adult services have evolved at different rates in each Trust over the years. There is now a significant degree of similarity in what is provided 24 hours a day, 7 days a week.

HSC Trusts advised that specialist mental health teams have been established to deal with emergency crises and are known as CRHT Teams. In the BHSCT the Crisis Resolution Team is known as the Unscheduled Care Team and in NHSCT, SHSCT and WHSCT, their CRHT teams operate as integrated teams.

We were informed by HSCB and Trusts that the specialist mental health teams for adults were introduced more than 10 years ago, during transformation of the inpatient and community mental healthcare system, to help to facilitate a shift from acute hospital based services to more community based services.

Each Trust has established a single point of access for emergency, urgent and routine mental health referrals, and these referrals can be made by telephone, email or post, depending on the situation. All referral details are taken, and immediately transferred to a senior CRHT clinician for triage within 24 hours of receipt (or sooner). Following triage, patients are directed to the most appropriate service, such as an acute inpatient service, CRHT service or core community mental health services, so that care and treatment can commence immediately. As part of their Care Pathway, all emergency referrals to the CRHT service will have a face-to-face assessment within 2 hours, or at a time agreed with the patient. Emergency referrals can be made by a GP or other healthcare professional such as a member of a community mental health team, a liaison service, a Consultant Psychiatrist, a member of the Forensics Team, a member of the Eating Disorder Team and by members of the Emergency Department Team.

During focus groups with staff and service users, we heard that CRHT teams provide intensive support to people at the time when they most need help, aiming to avoid further deterioration and to alleviate distress as quickly as possible. Where appropriate, the CRHT teams also provide an alternative to hospital admission, enabling people to receive treatment and care in their own home. Service users explained that, by remaining in their own home, the disruption to their lives and the lives of those caring for them is minimised. GPs welcomed the availability of mental health expertise during the out-of-hours period.

HSC Trusts advised that the introduction of specialist mental health teams such as CRHT teams within adult services has positively impacted on hospital admissions, and this has correlated with a reduction in the need for acute hospital beds.

For example, NHSCT evidenced that since the introduction of adult CRHT teams in 2002, acute hospital beds have reduced from 178 (2002) to 93 (2017), a reduction of 47% through offering an alternative to hospital care. The Review Team was encouraged by this.

HSC Trusts also explained that demand for beds is once again increasing and, despite implementation of the Regional Bed Management Protocol for Acute Psychiatric Beds (2016) [16] through which Trusts are able to share beds regionally as/if available, accessing acute beds is becoming increasingly difficult. A number of variables are likely to impact upon the availability of acute beds, including varying length of inpatient stays and delayed discharges.

An example of good practice which has reduced the length of inpatient stay was demonstrated in WHSCT, where the inpatient Consultant Psychiatrist is also the CRHT Consultant. This has reduced the number of interfaces and has facilitated better flow of information between teams and services.

CRHT staff explained that longer length of inpatient stays and delayed discharges may result in CRHT teams in some areas having to retain high risk patients on their caseload, when it would be preferable to admit these patients to an acute inpatient bed. We heard that this can also impact on the team's capacity to take on new cases. During focus groups some service users highlighted a lack of availability of adult CRHT teams and felt that, at times, they could not access these teams when needed. The Review Team was concerned about the impact that the length of inpatient stays and delayed discharges were having on the availability of the CRHT resource.

SEHSCT Home Treatment Team reported that, due to capacity issues in the core community mental health teams, they are challenged in getting patients discharged to these teams. Staff informed us that this is having an impact on the Home Treatment Teams' ability to take on new cases, as they are retaining patients on their caseload who may be appropriately referred to a community mental health team.

Other Trusts reported that they too experienced capacity challenges in that it was difficult to discharge patients to their core community mental health teams, which was hindering their ability to offer 7 day follow-up for patients following treatment by CRHT teams. For example, SHSCT informed us that, due to the development of Step 2 services such as the mental health and well-being hubs, the complexity and risks held within their CRHT service have increased. We heard that there are also increasing demands year-on-year for 'higher risk' Step 3 assessments and this has also impacted on waiting times for patients to access CRHT services.

During focus groups staff also told us of a shortage in community services (including rehabilitation services, supported accommodation and respite) to enable patients with ongoing mental health difficulties to be cared for appropriately. Trust senior management teams concurred with this.

The Review Team agreed that adult emergency mental health services are now well established. All 5 HSC Trusts provide a 24 hour, 7 days a week service through the establishment of CRHT teams which are working well and providing a good service.

Current models of inpatient emergency mental health care, however, vary considerably with regard to length of stay and the availability of acute beds, which is also impacted by delayed discharges. The capacity of core community mental health teams has also begun to impact on the provision of the adult emergency mental health service. Improvements in the provision of these core community mental health services would help to stabilise the provision of emergency mental health care for the adult population.

Recommendation 2	**Priority 2**
The Health and Social Care Board should work collaboratively with each Health and Social Care Trust to help reduce the length of inpatient stays in those HSC Trusts where there is significant variation in relation to their peers, allowing for differing demographics and profile of patients. Learning should be shared across the region to ensure patients receive care appropriate to their assessed needs in the most appropriate location, delivered by the most appropriate professional(s).	

Recommendation 3	**Priority 2**
The Health and Social Care Board, together with the Health and Social Care Trusts, should review the current provision of core community mental health services (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure adult patients are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute mental health services.	

2.3 Older People Mental Health Emergency Services

Table 2 summarises the provision of emergency mental health services for older people (patients aged 65 years and over) across the 5 HSC Trusts at the time of this review.

Table 2: Older People Mental Health Emergency Services (patients aged 65 years and over) in Health and Social Care Trusts in Northern Ireland

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am to 5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
Belfast	• Adult Unscheduled Care Team • Adult Home Treatment Team	• Adult Unscheduled Care Team • Adult Home Treatment Team which includes a Psychiatry of Old Age Consultant
Northern	• Adult Crisis Resolution Home Treatment Team • Rapid Assessment Interface and Discharge Service	• Rapid Assessment Interface and Discharge Service
South Eastern	• Adult Home Treatment Team	• No Service
Southern	• Adult Crisis Resolution Home Treatment Team	• Adult Crisis Resolution Home Treatment Team
Western	• Adult Crisis Resolution Home Treatment Team	• No Service

During normal working hours (Monday to Friday 9:00am to 5:00pm) all 5 HSC Trusts deliver an emergency mental health service for older people. However, during our fieldwork, we found that within out-of-hours periods (weekdays after 6:00pm and at weekends), 3 Trusts (BHSCT, NHSCT, SHSCT) use various other teams to provide mental health services to people aged 65 years and over when they experience an emergency mental health problem. Both SEHSCT and WHSCT have no services during out-of-hours periods.

When a patient aged over 65 years presents with an emergency mental health problem in SEHSCT and WHSCT during the out-of-hours period, they are referred to the respective Emergency Department, and hence these patients may not be seen by an appropriate professional or in a suitable environment. Following our fieldwork both Trusts informed us that they are now working towards expanding the scope of their CRHT team to include patients aged 65 years and over. The Review Team welcomed this.

Feedback from staff and service users attending our focus groups confirmed that the service for people aged 65 years and over works well in each of the Trusts during normal working hours; however, staff also told us that demand is increasing which may impact on the quality of the service for older people in terms of access, response times and meeting patient need.

These findings highlighted a gap in service provision during out-of-hours periods, which may disadvantage the elderly.

This review included examination of mental health liaison services for older people who are inpatients in mental health services in acute hospitals in Northern Ireland. The RCPsych Standards for Inpatient Mental Health Services recommend that liaison services should be provided throughout an acute hospital with resources and skills needed to support all age groups [17].

Some Trusts have developed limited specialised liaison services for their population aged 65 years old and over, to cover the both the normal working hours and out-of-hours periods. This service is provided mainly by their adult CRHT teams. For example, in NHSCT this specialised liaison service is delivered by the Rapid Assessment Interface and Discharge (RAID) Service 24 hours a day, 7 days a week. The RAID service provides specialist mental health assessment to patients who present having self-harmed, used alcohol and drugs in a harmful hazardous way or who have mental health difficulties associated with old age.

BHSCT has a dedicated general hospital liaison service during normal working hours, and during out-of-hours periods this service is delivered by the Trust's Adult Unscheduled Care Team. SHSCT has a dedicated adult liaison team during normal working hours and its' Adult CRHT Team provides liaison services during the out-of-hours period.

The Review Team agreed that there is no comprehensive dedicated or specialised service within mental health services to specifically deal with emergencies for older people (aged 65 years and over) across all HSC Trusts.

The Review Team commends Trusts who have extended their CRHT service to their older populations and would encourage other Trusts who are in the process of reviewing or restructuring their adult CRHT teams to ensure a specialist mental health service is provided to their over 65 population.

Recommendation 4	**Priority 2**
Each Health and Social Care Trust should provide the same emergency mental health service during the out-of-hours period to their over 65 population as is currently provided to their adult (patients aged 18-65 years) population.	

2.4 Child and Adolescent Mental Health Services (CAMHS)

Table 3 below summarises the provision of emergency mental health services for Child and Adolescent Mental Health Services (CAMHS) to patients aged 0-18 years across the 5 HSC Trusts at the time of this review.

Table 3: Child and Adolescent Mental Health Services (CAMHS) provided to (patients aged 0-18 years) in Health and Social Care Trusts in Northern Ireland

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am-5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
Belfast	• Core Child and Adolescent Mental Health Service • Crisis Assessment and Intervention Team	• An on-call service provided by one Band 7 senior mental health practitioner to cover both Belfast and the South Eastern HSC Trusts
Northern	• Child and Adolescent Mental Health Service Crisis Response Team	• Child and Adolescent Mental Health Services Crisis Response Team and the Rapid Assessment Interface and Discharge Service operate a joint interface protocol for assessment of children and young people, under 18 years old, who present to Emergency Departments in the Trust
South Eastern	Delivered by the Belfast Trust: • Core Child and Adolescent Mental Health Service • Crisis Assessment and Intervention Team	Delivered by the Belfast Trust: • An on-call service provided by one Band 7 senior mental health practitioner to cover both Belfast and the South Eastern HSC Trusts
Southern	• Core Child and Adolescent Mental Health Service • Assessment Crisis Team and Community Intensive Intervention Service	• Adult Crisis Resolution Home Treatment team • Assessment Crisis Team and Community Intensive Intervention Service • Emergency Department, Regional Emergency Social Work Service and out-of-hours General Practitioner Service

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am-5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
Western	• Core Child and Adolescent Mental Health Services which includes a clinician on-call rota • Intensive Home Treatment Service and currently developing and resourcing a Crisis Assessment Team	• Child and Adolescent Mental Health Services 'Card Before You Leave' Scheme [19] for low risk patients • For high risk patients treatment provided by Adult Crisis Resolution Home Treatment team supported by the Family and Childcare on-call rota and dedicated senior manager out-of-hours rota

The Review Team found that each Trust is working in line with the CAMHS stepped care model Child and Adolescent Mental Health Services: A Service Model, July 2012 [5]. This approach is patient-focused and aims to deliver the appropriate level of care at the earliest point that best meets the assessed needs of the child or young person, while also enabling them to move up or down the steps as their needs change.

The 5 steps within the CAMHS model are listed below:

- Step 1 Prevention
- Step 2 Early intervention
- Step 3 Specialised intervention
- Step 4 Intensive intervention (Community)
- Step 5 Intensive intervention (Inpatient)

All HSC Trusts provide services for children and young people if they experience a mental health problem during normal working hours from Monday to Friday 9:00am to 5:00pm. However, at the time of this review, it was clear that during the out-of-hours period provision of an appropriate service can be a challenge due to a lack of available resources for all 5 HSC Trusts.

It was evidenced, however, that each Trust is in the process of developing their out-of-hours services in this regard. For example, during focus groups staff across all of the Trusts highlighted that that they are working collaboratively with their adult CRHT teams and have now extended their core services for children into the evenings to 9:00pm, including weekend day-time periods on Saturdays and Sundays from 9:00am to 5:00pm.

The HSCB and BHSCT told us that an Independent Regional Review of Acute CAMHS had been undertaken [18]. This independent review was commissioned by HSCB, in conjunction with BHSCT as the provider of the regional inpatient service at Beechcroft, and was published in September 2014.

This review recommended that a regional managed care network should be established and fully operational by September 2016 to ensure that services are responsive and consistent, to provide better co-ordination and an opportunity to develop learning and practice.

During fieldwork for this review Trusts told us that, despite a commissioning direction issued by the HSCB, this managed care network had not been established. At the time of fieldwork, we were advised that terms of reference and membership of the managed care network have been agreed and the network was currently recruiting an Operational Manager, a Clinical Director and administrative support, to ensure the network becomes fully operational. The Review Team welcomed this development.

All 5 HSC Trusts highlighted increases in complexity of cases which may require additional clinical input for joint assessments, intensive home support and robust multidisciplinary and interagency care planning, to ensure appropriate risk assessment and safety planning. Trusts explained that this increase in complex cases may lead to an increased likelihood of out-of-hours emergencies, as services during usual working hours will have less capacity.

Due to these anticipated increases and limited dedicated out-of-hours community services (including rehabilitation services, supported accommodation and respite services), Trusts reported that they may have to admit children and young people to paediatric or general medical wards in order to access next day assessments.

Despite these ongoing challenges, we found evidence that the Trusts are working to expand their CAMHS provision. For example, BHSCT provides CAMHS for children and adolescents resident in the SEHSCT area. BHSCT has developed a specialist team known as the Crisis Assessment and Intervention Team within their core CAMHS to deal with emergency crises. This team provides a service from 8:00am to 9:00pm, 7 days per week, accepting referrals from GPs, Social Services and Emergency Departments for same day or next day assessment.

During out-of-hours in BHSCT, an on-call service is provided by a senior practitioner (Band 7) who covers both BHSCT and SEHSCT. The out-of-hours Crisis Assessment and Intervention Team rota is also supported by Speciality Trainee Doctors (STs) in child and adolescent psychiatry.

Staff and senior management in NHSCT told us of the development of a specialist crisis response service which offers rapid mental health assessment and intervention to children and young people aged under 18 years. Children and young people can access this service by referral from the core CAMHS, through their GP, or by presenting to the Emergency Department at either Antrim or Causeway hospitals. The service operates 7 days per week, from Monday to Friday 9:00am to 9:00pm, 10:00am to 2:00pm on Saturdays and Bank Holidays, and 9:00am to 5:00pm on Sundays.

Outside of these hours, the CAMHS Crisis Response Team operates a joint interface protocol, working collaboratively with the RAID Service at Antrim and Causeway Hospitals. The RAID Service will provide an initial preliminary mental health assessment of those children and young people aged under 18 years, who present to the Emergency Department outside CAMHS working times. A specialist CAMHS assessment will then take place within 24 hours, either in hospital or in the community.

SHSCT has developed specialist teams within CAMHS to deal with emergency crises, these teams are the Assessment Crisis Team and the Community Intensive Intervention Service in-hours. The Assessment Crisis Team also provides a hospital liaison service from 9:00am to 5:00pm Saturday, Sunday and Bank Holidays and outside of those hours the patient is either admitted overnight for next day assessment or allowed home with appropriate arrangements for follow up.

WHSCT told the Review Team that it had established an Intensive Home Treatment Service during normal working hours from Monday to Friday 9:00am to 5:00pm in addition to their core CAMHS. The Trust is also in the process of developing and resourcing a Crisis Assessment Team. We heard from staff and senior management that during the out-of-hours period there is a Card Before You Leave (CBYL) scheme [19] in place for low risk referrals, this operates from 9:00am to 5:00pm Saturday, Sunday and Bank Holidays. High risk patients are assessed and managed by the Adult Mental Health CRHT team, supported by the Family and Childcare on-call rota and a dedicated senior manager's out-of-hours rota. Assessment by core CAMHS is provided the following day Monday-Friday from 9:00am to 5:00pm. WHSCT informed the Review Team that they are currently in the process of developing and resourcing a Crisis Assessment Team and arrangements for a CAMHS out-of-hours on-call service.

The Review Team was encouraged by, and welcomed, the development of Crisis Assessment Teams across the HSC Trusts. The Team agreed that all 5 HSC Trusts remain at different stages of development in providing an emergency mental health assessment and treatment for children and young people in line with the CAMHS stepped care model, particularly during the out-of-hours period. The Review Team concluded that more work is required to ensure a robust system is in place for this group of patients.

Recommendation 5	**Priority 2**
Each Health and Social Care Trust must ensure a robust system is in place 7 days a week, 24 hours a day, to provide an emergency mental health assessment and treatment service for all children and young people, in line with the Child and Adolescent Mental Health Services stepped care model (Child and Adolescent Mental Health Services; A Service Model, July 2012, Department of Health, Social Services and Public Safety, Northern Ireland) [4].	

2.5 Adult Learning Disability Services

Table 4 summarises the provision of emergency mental health services for adults with a learning disability across the 5 HSC Trusts at the time of this review.

Table 4: Mental Health Services for Adults with Learning Disability in Health and Social Care Trusts in Northern Ireland

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am-5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
Belfast	• Specialist Intensive Support Service	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Referral to Adult Unscheduled Care Team
Northern	• Specialist Community Treatment Service	• The Rapid Assessment Interface and Discharge Service • Emergency bed provision linked to specialist respite services to provide an alternative to hospital admission
South Eastern	• Specialist Intensive Support Service	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Adult Home Treatment Team
Southern	• Specialist Adult Learning Disability Crisis Response Team	• Adult Crisis Resolution Home Treatment Team
Western	• Specialist Intensive Support Service	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Adult Crisis Resolution Home Treatment Team

During focus groups with staff and meetings with senior management, we evidenced that each Trust has established specialist teams to respond to adult learning disability patients who experience an emergency crisis during normal working hours, Monday to Friday from 9:00am to 5:00pm. These specialist teams include a Specialist Community Treatment Service in NHSCT, a Specialist Adult Learning Disability Crisis Response Team in the SHSCT and Specialist Intensive Support Services in BHSCT, SEHSCT and WHSCT.

During the out-of-hours period there are various arrangements to include access to Approved Social Workers in the RESWS, out-of-hours GP services, Emergency Departments, Adult CRHT Teams, Adult Unscheduled Care Team and the RAID Service in the case of NHSCT.

With respect to the provision of Step 5: High Intensity Mental Health Services of the Regional Mental Health Care Pathway [(2)], we were informed by HSCB that these inpatient services are provided by BHSCT in Muckamore Abbey Hospital, which is a commissioned regional specialist service for adults with a learning disability. At the time of fieldwork we were informed by both senior management and staff that continued pressure on regional hospital acute beds at Step 5 (Muckamore Abbey Hospital), in conjunction with the lack of suitable community learning disability placements (including limited rehabilitation services, supported accommodation and respite) is, and will continue to be, a challenge for the Trusts.

Despite these challenges, it was evident that Trusts are working to develop adult learning disability services for emergency mental health. For example, SHSCT has established a Specialist Adult Learning Disability Crisis Response team which provides services 7 days a week from 9:00am to 1:00am. Part of this service, includes an internal Trust agreement with the adult mental health CRHT team (which operates 24 hours a day, 7 days a week) to arrange any referrals after 1:00am. This new development, which effectively supports adult patients with a learning disability to remain in their own home and avoid unnecessary admission to hospital during an emergency, has received national recognition as an example of Positive Practice in the 'Strengthening the Commitment: Living the Commitment' National Report [(20)]. The Review Team commended this development.

In relation to the other 4 HSC Trusts (BHSCT, NHSCT, SEHSCT and WHSCT), evidence was found that each has established specialist teams known as Intensive Support Services or the NHSCT Community Treatment Service which play a central role in the management of people with a learning disability who present in crisis due to mental health issues.

Similar to SHSCT, these teams work closely with social work services and the Police Service of Northern Ireland (PSNI) to support adult patients with a learning disability to remain in their own home and avoid unnecessary admission to hospital. These teams also provide limited in-reach liaison services to Emergency Departments. We heard, however, that these teams are not funded to provide a 24 hours a day, 7 days a week service.

At the time of the fieldwork, we were also informed that a regional out-of-hours Consultant Psychiatrist Support service had been developed which is accessed through on-call rotas; however WHSCT reported that this service is not always available.

Throughout our examination of the emergency mental health services for adults with learning disabilities, we found evidence that the vast majority of patients with a learning disability are well known to services and that the numbers of adult patients with learning disability who experience crises are small.

The Review Team agreed that there are good mechanisms in place to ensure information about patients with a learning disability follows the patient. For example, all Trusts provided evidence that they are using a 'Hospital Passport System' [(21)]. Significant work has been undertaken to develop this system for service users with a learning disability. Passports are presented to hospital staff if service users are taken to hospital and they provide hospital staff with critical information regarding the individual patient. Feedback from service users and families during focus groups highlighted that the use of the passport system has enabled them to communicate more effectively without having to repeat their relative's information to staff when they present to services at a time of crisis.

The Review Team evidenced that all Trusts are working to develop their adult learning disability services for emergency mental health and agreed that pressures within acute learning disability services for adults could be assisted by enhancing core community learning disability.

Recommendation 6	**Priority 1**
The Health and Social Care Board, together with each Health and Social Care Trust, should review the current model and provision of core community learning disability services for adults (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure adult patients with a learning disability are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute learning disability services for adult patients.	

2.6 Children's Learning Disability Services

Table 5 summarises the provision of emergency mental health services for children with a learning disability across the 5 HSC Trusts at the time of this review.

Table 5: Mental Health Services for Children with Learning Disability Services in Health and Social Care Trusts in Northern Ireland

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am-5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
Belfast	• Core Children's Disability Service • Intensive Support Service	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Admission to Iveagh Centre (Step 5)
Northern	• Children with mild learning disability access crisis services through core Child and Adolescent Mental Health Services • Children with severe learning disability access the Dual Agency Behaviour Support Service • Psychiatry services for children with Learning Disability are provided by Belfast Trust as part of a regional agreement	• Rapid Assessment Interface and Discharge Service • Emergency bed provision linked to specialist respite services to provide an alternative to hospital admission • Admission to Iveagh Centre (Step 5)
South Eastern	• Core Children's Disability Service • All age specialist Intensive Support Service	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Admission to Iveagh Centre (Step 5)
Southern	• Extended its core Child and Adolescent Mental Health Services to include children and young people with an intellectual disability	• Assessment and Crisis Team (Step 4) • Out-of-hours Consultant Psychiatrist Rota • Admission to Iveagh Centre (Step 5)

Health and Social Care Trust	Usual Working Hours (Monday to Friday 9:00am-5:00pm)	Out-of-Hours (Weekdays after 6:00pm and at weekends)
		• Emergency Department, Regional Emergency Social Work Services and out-of-hours General Practitioner service
Western	• Core Children's Disability Service • Intensive Treatment Service (Step 4)	• Regional Emergency Social Work Services, Emergency Department and out-of-hours General Practitioner service • Intensive Treatment Service for Step 4 • Admission to Iveagh Centre (Step 5)

As mentioned previously in this report (Section 2.4) this review found evidence that each Trust is working in line with the CAMHS stepped care model (Child and Adolescent Mental Health Services; A Service Model, July 2012, Department of Health, Social Services and Public Safety, Northern Ireland) [(5)] for children with a learning disability.

The 5 Steps within this CAMHS model are listed below:

- Step 1 Prevention
- Step 2 Early intervention
- Step 3 Specialised intervention
- Step 4 Intensive intervention (Community)
- Step 5 Intensive intervention (Inpatient)

During the review of services for children with learning disabilities, we found evidence that each Trust has established services for children with a learning disability who present in an emergency mental health crisis, during normal working hours and also in out-of-hours periods.

We found that Trusts have either established a specialist service known as core Children's Disability Services or they have integrated their Children's Learning Disability Service into core CAMHS, which means children with a learning disability will receive services from the core CAMHS.

Evidence was found that each Trust delivers effective interventions at Steps 1, 2 and 3. It remains a challenge however for all Trusts to develop their services at Step 4 with specialist teams. During focus groups staff informed us that they can step up the level of support to Step 4 to respond to an individual child's needs, if required. This is a resource intensive process however, and staff highlighted that stepping up clinical staff's level of support may impact on their capacity to undertake assessments for other children and deliver effective interventions at Steps 2 and 3.

At the time of fieldwork, WHSCT reported that it has a dedicated intensive treatment service that is designed to 'wrap around' children with a disability in an emergency crisis. It can provide an emergency response or step up to acute inpatient care if required (Crannog Lodge). Crannog Lodge is an assessment and treatment ward for children with a learning disability, providing 24 hour care. Senior Trust management reported that Crannog Lodge provides a unique opportunity for continuity of care between community and hospital, allowing children to be treated in their local area and minimising the duration of inpatient stay. However, the Review Team was concerned that the Trust (at the time of this review) was operating outside the agreed regionally commissioned specialist service in operating this ward.

However, at the time of writing we understand that this service has been decommissioned by the HSCB and that Crannog is no longer in use for admitting children. The WHSCT now admit children to the regional inpatient service which is provided by the BHSCT in the Iveagh Centre (Step 5) which is adhering to the regionally commissioned specialist service.

In relation to Step 5, each Trust informed us that should a child or young person require admission to the Iveagh Centre in Belfast, this decision is reached on a planned basis, following assessment and intervention by the key services, in consultation with the inpatient service in Iveagh. The adult learning disability intensive support teams will also provide step down support for children and young people transitioning out of Iveagh. However, some Trusts reported they experience difficulties with admissions due to high bed occupancy in Iveagh. HSC Trusts may have to admit children or young people to Beechcroft (CAMHS mental health inpatient unit) to ensure timely access to appropriate care and treatment. During senior management meetings and focus groups with staff, we heard about difficulties with delayed discharges from Iveagh given the lack of available appropriate settings (including respite facilities and accommodation) at completion of acute assessment and treatment.

Similar to adults with a learning disability, we found evidence of the 'Hospital Passport System' in place within all Trusts for children and young people with a learning disability, who may present in a mental health crisis to an acute hospital setting. Feedback from staff highlighted that the passport system works well and provides staff with vital information as to how to care for the child or young person during their assessment and treatment. Feedback from service users and families also highlighted that they felt safe and secure when they had their child's passport with them.

The Review Team found that services for children with a learning disability are effective and the review team commended the use of the hospital passport system. Similar to adult mental health services; the Review Team considered that delayed discharges are influenced by a shortage of appropriate community services (including rehabilitation services, supported accommodation and respite) to enable children with ongoing learning difficulties to receive care from appropriate skilled staff in the most appropriate

setting. The Review Team agreed that pressures within acute learning disability services for children and young people could be significantly assisted by enhancing core community learning disability services.

Recommendation 7	**Priority 1**
The Health and Social Care Board, together with each Health and Social Care Trust, should review the current model and provision of core community learning disability services for children (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure children and young people with a learning disability are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute learning disability services for children and young people.	

2.7 Emergency Departments

Throughout this review, we were informed by all Trusts that pressures on Emergency Departments continue to arise in relation to mental health. This was also highlighted in the Public Health Agency's 2015 report on the extent of self-harm in Northern Ireland over a 3 year period (2012/13 to 2014/15) [(22)].

During focus groups, frontline staff confirmed that increasing numbers of patients with more complex needs are attending Emergency Departments. These include children and young people with mental health difficulties, complicated by drug and alcohol abuse, and elderly patients with concurrent mental, physical and social care needs.

An additional challenge identified by Emergency Department staff is the lack of dedicated psychiatric liaison service provision into general acute hospital wards during out-of-hours periods.
Emergency Department staff reported that they rely on adult CRHT teams and other specialist teams, however these teams may not be particularly specialised in the provision of liaison services.

The 2012 report of the "Joint Commissioning Panel for Mental Health - Guidance for Commissioners of Liaison Mental Health Services to Acute Hospitals" [(23)] recommends that liaison services should be provided throughout acute hospitals, including to the Emergency Department. The Review Team acknowledged implementation of the RAID model in NHSCT and highlights the model (or parts of the model) as potentially helpful for the development of liaison services in other Trusts.

Emergency Department staff expressed their concerns in relation the increased number of patients attending Emergency Departments who are escorted by the PSNI.

HSCB advised that a number of initiatives are ongoing to reduce the pressure on the service by offering alternatives to Emergency Department attendance. For example, an interagency protocol between the HSC system, the PSNI and the Northern Ireland Ambulance Service was issued in October 2015 [(24)].

Within this protocol, the PSNI is advised to consider other options, for example, '*The person's own home may be a suitable Place of Safety providing there is a responsible person willing to keep the person safely until the GP and Approved Social Worker can attend'.*

In order to reduce the length of time required by police officers to stay with patients in Emergency Departments, a joint risk assessment tool for the PSNI and Emergency Department staff has also been developed. This allows the police officer in agreement with Emergency Department staff to leave the person in the Emergency Department. In addition, we were told that an Alcohol Recovery Centre is in operation at weekends in the Belfast locality, which allows the PSNI to take people who are intoxicated to this facility rather than to the Emergency Department.

SEHSCT told us of a further development in the form of a pilot of a Multi-Agency Triage Team (MATT), which has the aim of improving user experience and preventing Emergency Department attendances. This Triage Team involves mental health practitioners, the PSNI, the Northern Ireland Ambulance Service and Emergency Department staff. The Review Team welcomed development of the MATT.

Despite the challenges outlined in relation to Emergency Departments, evidence was found for each Trust of service improvement initiatives and arrangements, such as collaborative working with various Specialist Mental Health Teams, Critical Decision Units (CDU), Alcohol Addiction Liaison Nurses, Self-Harm Intervention Programmes (SHIP) [(25)] and the Card Before CBYL scheme [(19)].

All Trusts reported a lack of appropriate physical space to interview patients in a mental health crisis within their Emergency Departments. This is not in line with the RCPsych Standards (Standard 19.1-19.42, Ward / Unit Environment) [(17)].

Recommendation 8	**Priority 3**
Each Health and Social Care Trust must ensure that an appropriate physical space to undertake mental health assessments is available 24 hours a day, 7 days a week within the Emergency Department setting.	

2.8 Quality Improvement

All Trusts demonstrated that they are continuing to develop and implement a number of quality improvement initiatives to improve the provision of emergency mental health services for their local population(s).

For example, the WHSCT's combined inpatient and home treatment service has embedded Clinical Microsystems quality improvement methodology into the design of its service. Multidisciplinary Teams (MDTs) meet weekly and apply quality improvement methodology to address problems at the frontline. The overall aim is to improve the consistency and reliability of structures and processes through which care is delivered, to improve the effectiveness of care and to enhance service user and carer experience.

Service developments in emergency mental health which have been supported by a quality improvement approach include physical health monitoring of patients on anti-psychotic medication, development of individualised therapeutic plans for inpatients, introduction of safety briefs and development of reflective practice. A culture of continuous improvement has been developed across the MDTs, which includes the views of service users.

The RAID Service which was established in NHSCT in 2015 works with staff in the Trust Direct Assessment Unit, Emergency Departments and wards 24 hours, 7 days a week. This service provides specialist mental health assessment for patients who may have self-harmed, used alcohol and drugs in a harmful or hazardous way or who have mental health difficulties associated with old age.

The NHSCT informed us that this service model has resulted in a more timely assessment and increased availability of specialist expertise to support the treatment and management of patients with mental health problems. By supporting ward teams, the service aims to enhance discharge planning and to reduce length of stay. Through early intervention and detection, the RAID team supports early recovery and discharge from hospital. Referrals are taken from both Emergency Departments and hospital wards.

The Crisis Assessment and Intervention Team, which was established within BHSCT in 2016, provides rapid assessment and intervention for children and young people who present at Emergency Departments or to their GP with acute mental health challenges and self-harm or suicidal ideation, on a 24 hours a day, 7 days a week basis. The Team also provides intensive treatment in the community to support children and young people and their families, thus preventing hospital admission.

An adult CRHT Regional Forum provides a valuable opportunity for sharing and learning across the region. Whilst this Forum operates under a voluntary arrangement, participants highlighted it has been invaluable in the sharing and dissemination of good practice.

The Review Team did have some concern about the lack of formal governance processes in relation to operation of the CRHT Regional Forum and recommended that the Forum must ensure it has robust governance processes in place. To date, the Forum has focused mostly on adult CRHT teams and the Review Team would encourage the Forum to engage a wider group of participants, to include CAMHS, Learning Disability and Elderly teams.

The Review Team were also informed of the involvement of the Home Treatment teams in a Regional Safety Collaborative which has led to the introduction of reflective practice groups, safety briefs and the use of the SBAR (situation, background, assessment and recommendation) approach in support of effective communication.

Recommendation 9	**Priority 2**
The Regional Crisis Resolution Home Treatment (CRHT) Forum should: I. Establish formal governance arrangements to ensure there are defined terms of reference, clear roles and responsibilities, and effective operating processes underpinning its work; and II. Consider widening its remit to include Child and Adolescent Mental Health Services, Learning Disability Services and Older People Services.	

2.9 Service User Experience

Seeking the life experiences of service users who have accessed emergency mental health services provided by specialist mental health teams was an important part of our overall methodology for this review. We engaged with service users from Aware NI, Inspire and CAUSE during a focus group which was hosted by Aware NI. We were also able to use service user experiences which the PCC shared with us to inform our work.

All 5 HSC Trusts have mechanisms in place to gather service user experiences such as service user groups, regular questionnaires, surveys and user engagement forums. Service user experiences are shared both internally and via the regional CRHT Forum. Trusts told us that service user experiences help staff to improve, change and modernise service delivery, where appropriate.

All Trusts confirmed their commitment to co-production and co-design of services. Trusts told us they encourage their service users and carers to participate in various initiatives and projects such as 10,000 Voices [(26)]. 10,000 Voices is a PHA initiative which gives people an opportunity to provide feedback on their experiences of accessing HSC services by asking for members of the public to ‘tell us their story’.

The Trusts have implemented several other initiatives to gather feedback on service user experience. These include dedicated independent peer advocacy through the voluntary sector, employment of staff with care experience backgrounds, and stakeholder engagement events to facilitate information sharing.

Trusts also highlighted the importance of capturing important learning from incidents, complaints and compliments and advised they have mechanisms in place to share and disseminate learning arising from these incidents, complaints and compliments.

A number of service users highlighted the excellent service they received from their specialist mental health teams and said this service had helped to prevent a hospital admission and assisted with their recovery.

Service users also highlighted the importance of being treated within their own home or as close to home as possible and told us that teams showed compassion toward them when providing services.

Service users identified several challenges in relation to the availability of services including:

- Concerns about a lack of continuity of care – having to explain their experience several times to different members of staff in different locations;
- A lack of available community services and support groups; and
- Challenges in accessing emergency mental health services when required.

The Review Team concluded that the Trusts were involved in various initiatives to harness the experience of service users and to ensure active and effective involvement of service users, carers and the public in the design and development of emergency mental health services. However, this could be strengthened by increasing the use of a co-production approach under the regional Personal and Public Involvement (PPI) framework [(27)] and co-production guidance [(28)].

Section 3 – Conclusion and Recommendations

3.1 Conclusion

Emergency mental health services are provided by 5 geographically located HSC Trusts in Northern Ireland. Each Trust is required to deliver their service in line with the Regional Mental Health Care Pathway [2] using a stepped care approach to ensure that anyone who experiences a mental health problem receives appropriate care in accordance with their mental health needs.

In general, all HSC Trusts have systems and processes in place to provide emergency mental health services for patients of all ages if they present in normal working hours (i.e. from Monday to Friday 9:00am to 5:00pm). However, it remains a challenge for all Trusts to provide dedicated specialised services to their local population during out-of-hours periods. This was particularly evident in relation to children and young people, people with learning disability and older people's services.

Throughout this review, all Trusts provided us with specific pieces of work to demonstrate their commitment to improving their provision of emergency mental health services for service users of all ages. There still remains however a significant challenge for the Trusts in relation to providing a safe and effective service during out-of-hours and within the community due to limited resources.

We believe good progress has been made in each of the Trusts in relation to developing specialist mental health teams over the past 10-12 years and in accordance with the Regional Mental Health Care Pathway [2] which was endorsed in October 2014.

Communication systems between mental health teams in each Trust and across the region have not been developed to their full potential. The Review Team was concerned that patient information could be lost or not transferred appropriately when a patient transferred to another Trust in an emergency context. A regional transfer protocol would strengthen current arrangements for sharing information.

Adult Mental Health Emergency Services (patients aged 18-65 years)

Adult emergency mental health services within all Trusts are now well established and provide a 24 hour service, 7 days a week. Each Trust has established CRHT teams in line with the RCPsych Home Treatment Accreditation Scheme (HTAS) [4]. These CRHT teams are providing a good service.

Factors such as the availability of acute beds and capacity of core community mental health teams have begun to impact on the provision of this emergency service.

Delayed discharges and longer lengths of stay in hospital have resulted in CRHT teams in some areas holding onto high risk patients, when it would be preferable to admit these patients to an acute inpatient bed. This may also have an impact on CRHT teams' capacity to take on new cases.

A review of the model and provision of community mental health services, to include rehabilitation services, supported accommodation and respite services, would help to stabilise the provision of emergency mental health care for the adult population.

The Review Team concluded that collaborative work by the HSCB and all Trusts to address variation in inpatient length of stay, to share learning and ensure patients receive care appropriate to their assessed needs in the most appropriate location, delivered by the most appropriate professional(s), would help.

Older People Mental Health Emergency Services (patients aged 65 years and over)

While all 5 HSC Trusts have arrangements in place to deliver an emergency mental health service for people who are aged 65 years and over during normal working hours, Trusts experience challenges providing this service during the out-of-hours period. Trusts are reviewing and/or restructuring their adult CRHT teams to ensure a specialist mental health service is provided to their over 65 population during out-of-hours. A variety of arrangements are in place in relation to mental health liaison services for older people who are inpatients in acute hospitals.

The Review Team commends those Trusts who have extended their adult CRHT teams to provide a service to their older populations during the out-of-hours period and recommends that each Trust should provide the same emergency mental health service during the out-of-hours period to the over 65 population as is currently provided to the adult (patients aged 18-65 years) population.

Child and Adolescent Mental Health Services (patients aged 0-18 years)

Each Trust is working in line with the CAMHS stepped care model (Child and Adolescent Mental Health Services: A Service Model, July 2012 [(5)] to provide services for children and young people during normal working hours. During the out-of-hours period provision of an appropriate service can be a challenge due to a lack of available resources. There are various examples of how each Trust is developing their out-of-hours services. An independent regional review of Acute CAMHS had recommended establishment of a regional managed care network; the Review Team commends this recommendation.

There are challenges with increasingly complex cases which may lead to an increased volume of out-of-hours emergencies.

The Review Team found evidence that Trusts are working to expand their CAMHS provision and acknowledged development of various specialist mental health teams across the Trusts.

All 5 HSC Trusts are at different stages of development of emergency mental health assessment and treatment services for children and young people (in line with the CAMHS stepped care model) during the out-of-hours period. The Review Team concluded that more work was required to ensure a robust system is in place for this group of patients.

Mental Health Services for Adults and Children with Learning Disability

Development of various specialist mental health teams across the Trusts for both adults and children with a learning disability is welcomed; however all Trusts are at different stages of development of emergency mental health assessment and treatment services for adults and children with a learning disability.

There are good mechanisms in place to ensure information about patients with a learning disability follows the patient. All Trusts provided evidence that they are using the 'Hospital Passport System' [(21)].

The Review Team heard about continued pressure on regional hospital acute beds (Muckamore Abbey Hospital for adults and Iveagh Centre for children). In conjunction with the lack of suitable community learning disability placements (including rehabilitation services, supported accommodation and respite) this will continue to be a challenge for the Trusts. The Review Team recommends that the current model and provision of core community learning disability services for adults and children with a learning disability is reviewed.

Emergency Departments

More patients with complex mental health needs are attending Emergency Departments. These include children and young people with mental health challenges complicated by drug and alcohol abuse and elderly patients with concurrent mental and physical health and social care needs. There is a lack of dedicated psychiatric liaison provision into general acute hospital wards during out-of-hours periods. There is also a lack of appropriate physical space to interview patients in mental health crisis in Emergency Departments. Some Trusts did provide evidence of a number of initiatives to address some of these challenges.

Quality Improvement

Each Trust demonstrated they are proactive and continue to develop and implement a number of quality improvement initiatives to improve the provision of emergency mental health services for their local population.

A CRHT Regional Forum (adult service) is operating and provides a valuable opportunity for sharing learning across the region. The Review Team agreed this Forum could involve teams from across the mental health services and recommend that formal governance arrangements are established for this Forum.

Service User Experience

Service users reported both positive and negative experiences of emergency mental health services. Some complimented their specialist mental health teams in preventing a hospital admission, assisting with recovery and engaging with compassion; while some service users highlighted concerns about challenges in accessing emergency mental health services.

There are mechanisms in place to gather service user experience. The Review Team concluded that each HSC Trust could widen its' approach to co-production with services users, carers and the public.

3.2 Recommendations

The recommendations identified during the review have been prioritised according to the timescales in which they should be implemented.

Priority 1 – completed within 6 months of publication of report
Priority 2 – completed within 12 months of publication of report
Priority 3 – completed within 18 months of publication of report

Implementation of the recommendations will improve the services delivered in each HSC Trust.

Number	Recommendation	Priority
1	I. The Health and Social Care Board should convene a short life working group, to include appropriate representation from each Health and Social Care Trust, in order to develop a regional information transfer protocol. II. Implementation of this protocol should ensure patient information is transferred securely and in a timely manner when patients transfer between Health and Social Care Trusts in an emergency mental health context. III. The Health and Social Care Board should ensure information transfer between Health and Social Care Trusts in an emergency mental health context is considered as part of the Encompass programme for Northern Ireland.	1

Number	Recommendation	Priority
2	The Health and Social Care Board should work collaboratively with each Health and Social Care Trust to help reduce the length of inpatient stays in those HSC Trusts where there is significant variation in relation to their peers, allowing for differing demographics and profile of patients. Learning should be shared across the region to ensure patients receive care appropriate to their assessed needs in the most appropriate location, delivered by the most appropriate professional(s).	2
3	The Health and Social Care Board, together with the Health and Social Care Trusts, should review the current provision of core community mental health services (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure adult patients are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute mental health services.	2
4	Each Health and Social Care Trust should provide the same emergency mental health service during the out-of-hours period to their over 65 population as is currently provided to their adult (patients aged 18-65 years) population.	2
5	Each Health and Social Care Trust must ensure a robust system is in place 7 days a week, 24 hours a day, to provide an emergency mental health assessment and treatment service for all children and young people, in line with the Child and Adolescent Mental Health Services stepped care model (Child and Adolescent Mental Health Services; A Service Model, July 2012, Department of Health, Social Services and Public Safety, Northern Ireland) [(4)].	2
6	The Health and Social Care Board, together with each Health and Social Care Trust, should review the current model and provision of core community learning disability services for adults (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure adult patients with a learning disability are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute learning disability services for adult patients.	1

Number	Recommendation	Priority
7	The Health and Social Care Board, together with each Health and Social Care Trust, should review the current model and provision of core community learning disability services for children (including rehabilitation services, supported accommodation and respite) and act on the findings of that review in order to: I. Ensure children and young people with a learning disability are cared for in the most appropriate setting; and II. Alleviate pressures currently experienced within acute learning disability services for children and young people.	1
8	Each Health and Social Care Trust must ensure that an appropriate physical space to undertake mental health assessments is available 24 hours a day, 7 days a week within the Emergency Department setting.	3
9	The Regional Crisis Resolution Home Treatment (CRHT) Forum should: III. Establish formal governance arrangements to ensure there are defined terms of reference, clear roles and responsibilities, and effective operating processes underpinning its work; and IV. Consider widening its remit to include Child and Adolescent Mental Health Services, Learning Disability Services and Older People Services.	2

Appendix A – References

Number	Reference
1	Quality 2020 – A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland, Department of Health, November 2011. Cited February 2019. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/q2020-strategy.pdf
2	Regional Mental Health Care Pathway, Health & Social Board/Public Health Agency, October 2014. Cited February 2019. Available from: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/you_in_mind/June-2017-You-In-Mind-Regional-Mental-Health-Care-Pathway.pdf
3	National Institute for Health and Care Excellence (NICE) clinical guideline 136 - "Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services". Cited February 2019. Available from: https://www.nice.org.uk/guidance/cg136/resources/service-user-experience-in-adult-mental-health-improving-the-experience-of-care-for-people-using-adult-nhs-mental-health-services-pdf-35109513728197
4	Home Treatment Accreditation Scheme (HTAS) Standards for Home Treatment Teams – Second Edition, Royal College of Psychiatrists, March 2015. Cited February 2019. Available from: http://intensivehometreatment.com/wp-content/uploads/2013/05/Accreditation-standards-final.pdf
5	Child and Adolescent Mental Health Services: A Service Model, Department of Health, July 2012. Cited February 2019. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/camhs-service-model_0.pdf
6	Research and Information Service Research Paper, Mental Health in Northern Ireland, Northern Ireland Assembly, January 2014. Cited February 2019. Available from: http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf
7	Health Survey Northern Ireland, Department of Health, first results 2017/18. Cited February 2019. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-17-18.pdf

8 Suicide Statistics, Northern Ireland Statistics and Research Agency (NISRA). November 2018. Cited February 2019. Available from: https://www.nisra.gov.uk/publications/suicide-statistics

9 Bamford Review of Mental Health and Learning Disability: Department of Health, October 2002. Cited February 2019. Available from: https://www.health-ni.gov.uk/articles/bamford-review-mental-health-and-learning-disability

10 Transforming Your Care, Department of Health, June 2011. Cited February 2019. Available from: http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf

11 The Right Time, The Right Place: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland: The Donaldson Report, December 2014. Cited February 2019. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/donaldsonreport270115_0.pdf

12 Health and Wellbeing 2026 - Delivering Together, October 2016. Cited February 2019. Available from: https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

13 Home Treatment Crisis Response Service, People's experience in Northern Ireland, Patient Client Council (PCC), December 2016. Cited February 2019. Available from: http://www.patientclientcouncil.hscni.net/uploads/research/Home_Treatment_Crisis_Response_Report1.pdf

14 Crisis Resolution & Home Treatment Review Report, Health and Social Care Board, 2015. Cited February 2019.

15 The Mental Health (Northern Ireland) Order 1986. Cited February 2019. Available from: https://www.legislation.gov.uk/nisi/1986/595

16 Regional Bed Management Protocol for Acute Psychiatric Beds: Health and Social Care, Northern Ireland, update July 2016. Cited February 2019.

17 Standards for Inpatient Mental Health Services, Royal College of Psychiatrists, April 2016. Cited February 2019. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/rehabilitation-wards-aims-rehab/aims-standards-for-inpatient-mental-health-rehabilitation-services-third-edition.pdf?sfvrsn=a55d0883_2

18 Child and Adolescent Mental Health, A Review Beechcroft and the acute child and adolescent mental health pathway, Health and Social Care Board, September 2014. Cited February 2019. Available from: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/reports/A%20Review%20of%20Beechcroft%20and%20the%20Acute%20Child%20and%20Adolescent%20Mental%20Health%20Care%20Pathway.pdf

19 'Card Before You Leave' scheme, Health and Social Care Board, April 2013. Cited February 2019. Available from: http://www.hscboard.hscni.net/card-before-you-leave-scheme-evaluation-in-emergency-departments/

20 Strengthening the Commitment: Living the commitment, UK Strengthening the Commitment Steering Group, June 2015. Cited February 2019. Available from: https://www.nursingtimes.net/Journals/2015/06/19/s/m/d/JRA-Strengthening-report.pdf

21 HSC Hospital Passport System, Public Health Agency, September 2018. Cited February 2019. Available from: http://www.publichealth.hscni.net/publications/hsc-hospital-passport-and-guidance-notes

22 Northern Ireland Registry of Self-Harm, Public Health Agency, 2015. Cited February 2019. Available from: http://www.publichealth.hscni.net/sites/default/files/NIRSH%203%20year%20report%2014.11.06.pdf

23 Joint Commissioning Panel for Mental Health – Guidance for commissioners of liaison mental health services to acute hospitals, Royal College of Psychiatrists, February 2012. Cited February 2019. Available from: https://www.jcpmh.info/wp-content/uploads/jcpmh-liaison-guide.pdf

24 Regional interagency protocol on the operation of place of safety & conveyance to hospital under the mental health (Northern Ireland) Order 1986, Health and Social Care Board, October 2015. Cited February 2019. Available from: http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/guidelines_and_protocols/Regional-Interagency-Protocol-on-the-Operation-of-Place-of-Safety-and-Conveyance-to-Hospital-under-the-Mental-Health-NI-Order-1986.pdf

25 Self-Harm Intervention Programme (SHIP), Public Health Agency, February 2017. Cited February 2019. Available from: http://www.publichealth.hscni.net/news/services-available-people-who-self-harm

26 10,000 Voices, Public Health Agency, Improving people's experience in health and social care. Cited: March 2019. Available: www.10000voices.info

27 Personal and Public Involvement (PPI) framework. Cited: March 2019. Available: https://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/allied-health-professions-and-personal-and-publi-5

28 Department of Health, Co-production Guide, Connecting and Realising Value Through People, August 2018. Cited: March 2019. Available: https://www.health-ni.gov.uk/sites/default/files/publications/health/HSCB-Co-Production-Guide.pdf

The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews