A REGIONAL MENTAL HEALTH CRISIS SERVICE

FOR NORTHERN IRELAND

Policy paper for implementation

Department of Health

August 2021

CONTENTS

INTRODUCTION

1. Crisis services provide help and support to some of the most vulnerable people in our society, at some of the most difficult points in their lives. Crisis services provide immediate help and support; it is a service that saves lives.

2. Crisis services help and support people both in mental health and suicide crisis and when people are in acute social and emotional distress. Mental health services are therefore a requirement in the delivery of crisis services, and the regional *You in Mind* mental health care pathway stipulates that where a person is experiencing a mental health crisis which risks their personal safety, services will provide an emergency response within two hours. The pathway also commits to a recovery approach, which involves the family in supporting a person's recovery, and to promote safety through the delivery of safety planning intervention.

3. People with lived experience are telling us that many things in mental health crisis services are working well. This include compassionate and caring staff, innovative pilots such as the Multi-Agency Triage Team, the good response from Lifeline and positive outcomes of the Self-Harm Intervention Programme (SHIP).

4. However, people are also telling us that there are areas for improvement. Regular comments include long delays in accessing services, long waiting times when getting access, lack of safe spaces and confusing/different provisions across the region.

5. It is accepted that crisis services in Northern Ireland can improve. A recent report by the Royal College of Psychiatrists found that 40% of mental health patients have been forced to resort to emergency or crisis services and one in ten people in distress end up in Emergency Departments.[1] This

[1] Royal College of Psychiatrists (2020). *Two-fifths of Patients Waiting for Mental Health Treatment Forced to Resort to Emergency or Crisis Services*. https://www.rcpsych.ac.uk/news-and-

is further strengthened by the large numbers of people presenting to Emergency Departments that are captured on the Self Harm Registry; in 2019/20 there were 8,945 self harm presentations and 5,696 suicide ideation presentations.

6. People in crisis require help and support and no-one should have to wait longer than necessary for that help. This reflects the right, person, right place and right time approach and the focus on person-centred care outlined in the new Mental Health Strategy.

7. Improvement of crisis services is therefore a commitment of the Department, and features in Protect Life 2, the Mental Health Action Plan and the Mental Health Strategy 2021-2031.

8. The Mental Health Action Plan, published on 19 May 2020, included a specific action on crisis services. Action 8.2 is to reconfigure mental health crisis services, with intended outcomes of a reduction in people attending Emergency Departments in a mental health crisis, and a better mental health crisis response.

9. The Department commissioned a review of crisis services in 2020 to seek recommendations for the future of services, in line with the Mental Health Action Plan, action 8.2. The review team consisted of a number of experts in the field of mental health crisis response:

    - Christine Bateson, Chair of the Review. Christine was the Head of Acute Psychiatric Services in Northern Health and Social Care Trust before her retirement

    - Audrey Allen, Director of Operations, Action Mental Health

    - Tory Cunningham, Senior Peer Support Worker, Belfast Health and Social Care Trust

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features/latest-news/detail/2020/10/06/two-fifths-of-patients-waiting-for-mental-health-treatment-forced-to-resort-to-emergency-or-crisis-services

- Gavin Davidson, Professor of Social Care, Queen's University Belfast
- Erin McFeely, Chief Executive of Developing Healthy Communities
- Philip McGarry, Consultant Psychiatrist. Dr McGarry worked with the Belfast Health and Social Care Trust's Home Treatment Team before his retirement
- Rory O'Connor, Professor of Health Psychology, Director of the Suicidal Behaviour Research Laboratory and Head of the Mental Health and Wellbeing Research Group, University of Glasgow. Rory has been involved in the development and implementation of the Distress Brief Intervention in Scotland.

10. The review team conducted a comprehensive co-produced review of crisis services in Northern Ireland, considered best practice in literature and across different jurisdictions and provided 15 recommendations for the future of crisis services in Northern Ireland. This review provides the foundation for this policy for a regional mental health crisis service.

11. The review primarily focussed on areas where improvements could be made. Existing services in Northern Ireland that function as intended were therefore not the focus of the review work or of the recommendations. This includes much of the suicide prevention work through Protect Life 2, such as Lifeline, SHIP and the Multi Agency Triage Teams. Where there is evidence of services functioning well and achieving outcomes, these will be retained.

12. Over the last number of years, there has been significant improvement in suicide prevention work. The clear strategic guidance in Protect Life and Protect Life 2 and the good work to provide quality services by the Public Health Agency has seen genuine improvements and good outcomes. Unfortunately this good progress has not been equally matched for those in crisis that are outside the suicide prevention work, where mental health services are needed. This is partially due to a lack of investment in the

appropriate services, but also largely due to the lack of strategic direction and regional consistency.

13. Going forward, we need to strengthen all crisis services. However, the focus will, at least initially, be in the areas where there has been a lack of progress. There is therefore less focus on suicide prevention and self-harm services in this policy. This should not be interpreted as a downgrading of these services or diminishing their importance and value. It is expected that these services will continue to be delivered, and will continue to be developed. This will be alongside the reconfiguration in mental health services and alongside the development of new community crisis services. With a new joined-up approach and an overall increase in status and investment, Northern Ireland will have a world class crisis response.

14. Implementing the new crisis service is a commitment in the Mental Health Strategy 2021-2031, and this policy is in line with Action 27 of the Strategy.

15. It is expected that the crisis service will be commissioned by the Public Health Agency and the HSC Board working together, as per their existing responsibilities.

16. Underpinning all work in the development of mental health is co-production. It is therefore expected that all actions in this policy will be co-produced. The vision and principles underpinning the Mental Health Strategy are also underpinning this policy, and should be referred to in the development work.

A new policy for regional crisis services in Northern Ireland

17. The new policy for regional crisis services in Northern Ireland seeks to provide a regional approach to mental health crisis, where people get care and treatment when they need it, where they need it. It is a policy that

focusses on the needs of the person rather than the system, and is a new direction for crisis services.

18. This policy will ensure a comprehensive and collaborative approach to strategic planning and commissioning, which realign resources to population need and is determined by an analysis of evidence, best practice and research, with regular review and evaluation to ensure positive outcomes for persons experiencing crisis.

19. The policy has a number of clear outcomes:

    a. A regionally consistent crisis service that will provide effective help and support for people in a crisis

    b. A reduction in the number of people who have to wait longer than 2 hours for crisis support as laid out in the Regional You in Mind Mental Health Care Pathway.

    c. A reduction in the number of people who attend Emergency Departments in crisis.

20. One of the actions in the new Mental Health Strategy is to create an Outcomes Framework (Action 34). As part of this work, metrics to measure the outcomes above will be developed.

21. The official regional policy from the Department of Health expects that the Health and Social Care Board and the Public Health Agency, working together, will commission services that are consistent with the policy. Health and Social Care Trusts / commissioned services are required to ensure they provide services that are compatible with this policy. It is the responsibility of senior officials in the Health and Social Care Board, Public Health Agency and Health and Social Care Trusts that the policy is adhered to.

22. There is significant investment both in terms of self-harm and suicide prevention including Lifeline, Multi-Agency Triage Teams and SHIP, mostly commissioned by the Public Health Agency, and in terms of mental health

services including mental health unscheduled care and mental health liaison services. It is not intended to replace these services, but to strengthen them and to ensure they are integrated into a coherent and consistent regional mental health crisis service. The Public Health Agency and the Health and Social Care Board are therefore expected to work together to achieve this.

23. This policy provides specification for regional crisis services and provides implementation required. Ten actions have been identified for the successful implementation:

Action 1. Working together, the HSC Board and Public Health Agency are responsible for ensuring a regionally consistent crisis service and each HSC Trust and / or commissioned organisation is responsible for the delivery of the service.

Action 2. Working together, the HSC Board and Public Health Agency must work with all relevant stakeholders to define crisis for the purpose of the new service.

Action 3. Working together, the HSC Board and Public Health Agency is tasked to lead the creation of clear and simple pathways from first point of contact to crisis services.

Action 4. Each provider where people present in crisis should prepare to train staff in a regionally consistent crisis intervention as determined by the HSC Board and the Public Health Agency. This must link with existing mental health services and services commissioned under Protect Life 2.

Action 5. Working together, the HSC Board and Public Health Agency must develop a business case for community crisis services providing short term interventions to people in crisis who do not meet the requirements for secondary care services.

Action 6. Working together, the HSC Board, Public Health Agency and HSC Trusts must work to deliver a regionally consistent mental health liaison service across all Emergency Departments and accute hospital settings ,

so that all who require a mental health assessment, regardless of age, will receive such assessment at the time of need.

Action 7. The HSC Board and the Public Health Agency working together are tasked to lead work with the HSC Trusts for standardisation of Crisis Resolution Home Treatment (CRHT) service.

Action 8. The development of the regional mental health service will include the regional rollout of the Multi-Agency Triage Team and will include emergency response services, such as PSNI, Ambulance Service and Lifeline.

Action 9. Working together, the HSC Board and Public Health Agency must implement the regional policy as a matter of urgency, and must provide a clear implementation plan to the Department. The HSC Trusts must also implement the regional policy under the direction from the HSC Board and the Public Health Agency.

Action 10. Working together the, HSC Board and Public Health Agency are expected to provide an implementation plan for the actions in this policy by 31 October 2021.

A REGIONAL CRISIS SERVICE SPECIFICATION

A regionally consistent service

24. Crisis services must be regional and consistent across each Health and Social Care Trust. The crisis service must be integrated with existing services and delivered as part of existing services. There should be an agreed pathway following the crisis intervention between the statutory and non-statutory sectors.

25. The service model must be consistently applied in each HSC Trust, but can be delivered locally and flexibly.

26. The regional crisis service has four key components working alongside existing suicide prevention and self-harm services:

    - Primary care and inter-agency partnership;
    - Community crisis service;
    - Mental health liaison service; and
    - Crisis resolution home treatment service.

27. Primary care, mental health liaison and crisis resolution home treatment services are already in existence and there are no significant changes in the expected outcomes of these services. However, regional alignment of the existing services is expected. The services will be accessed where people in crisis present, which includes primary care multi-disciplinary teams, out of hours primary care providers, Emergency Departments, Lifeline, 999/101 services, the police service, ambulance service and out of hours regional social work service.

28. The Health and Social Care Board and Public Health Agency are responsible for ensuring a regionally consistent service and each HSC Trust / or commissioned is responsible for the delivery of the service.

Action 1. Working together, the HSC Board and Public Health Agency are responsible for ensuring a regionally consistent crisis service and each HSC Trust and / or commissioned organisation is responsible for the delivery of the service.

Accessing Mental Health Crisis Services

Practitioners trained in compassionate de-escalation will be integrated into existing mental health crisis pathways.

These pathways will include Primary Care multidisciplinary teams, Out of hours Primary Care providers, Emergency Departments, Lifeline, 999/101, PSNI, NIAS, RESWS.

1. Primary Care and Interagency partnership

Regionally agreed interagency partnerships and joint working practices will ensure that there is a shared cooperation across the system to provide the best outcome for the person in crisis.

2. Community Crisis Service

Community based Crisis Intervention Services will be established that are easily accessible via a single gateway.

The Service will provide a short term response including psycho-social interventions to assist the person in crisis.

3. MH Liaison Services

General Hospitals with an Emergency Dept will have an onsite Mental Health Liaison Team (for example, the Enhanced 24-hour Model) with agreed enhanced care pathways with CAMHS, Learning Disability and those over the age of 65 years. The Liaison Services will work with Acute Services to provide a timely assessment to those in MH distress and will work in collaboration with other parts of the Regional Service to provide support for those in crisis.

4. Crisis Resolution Home Treatment Services (CRHTT)

CRHTT model will be available in each Trust Area to provide a safe alternative to MH Inpatient Care.

These Services will agree and implement a consistent regional High-Fidelity CRHTT model. This will include consistency in approach, processes, documentation and thresholds.

Accessing the regional crisis service

29. All those who need access to crisis services must be offered help irrespective of the nature of their distress and they must be directed in a timely and compassionate way to the best place that meets their needs. Access to crisis support should be available disregarding the nature of the crisis, and must be available to those with suicidal ideation, social crisis or mental health crisis.

30. Crisis services will be available at the point of need. This means people in crisis will receive an appropriate response regardless of where they present; including primary care multi-disciplinary teams, out of hours primary care providers, Emergency Departments, Lifeline, 999/101 services, the police service, ambulance service and out of hours regional social work service.

31. An initial ask for the HSC Board and Public Health Agency is to agree a definition of crisis. This will provide direction for further developments of the new policy.

Action 2. Working together, the HSC Board and Public Health Agency must work with all relevant stakeholders to define crisis for the purpose of the new service.

32. An immediate task for the Health and Social Care Board and the Public Health Agency, together with the HSC Trusts, service users, professionals and other stakeholders, is therefore to create regionally agreed, accessible and clear pathways from the first point of contact to the crisis service. These pathways should be based on existing work, must be regional and where good practice exists, this can be replicated in other areas. As part of the work, there must be regional monitoring of effectiveness and adherence to the pathways. They should reference/be part of the *You In Mind* and existing pathways under the stepped care model.

Action 3. Working together, the HSC Board and Public Health Agency is tasked to lead the creation of clear and simple pathways from first point of contact to crisis services.

33. An approach focussed on early crisis intervention offers consistency for those presenting in crisis, with a response which is compassionate and well informed and will ensure the person is directed to the best service which meets their needs.

34. The interventions must be regionally consistent and designed to meet the needs of those who do not require acute mental health intervention by professionals. The wide rollout of early crisis intervention is new and is additional to the existing statutory crisis services. It is expected that this should eventually be available to all first responders. Training on early intervention for existing staff should also be commenced as soon as practicable.

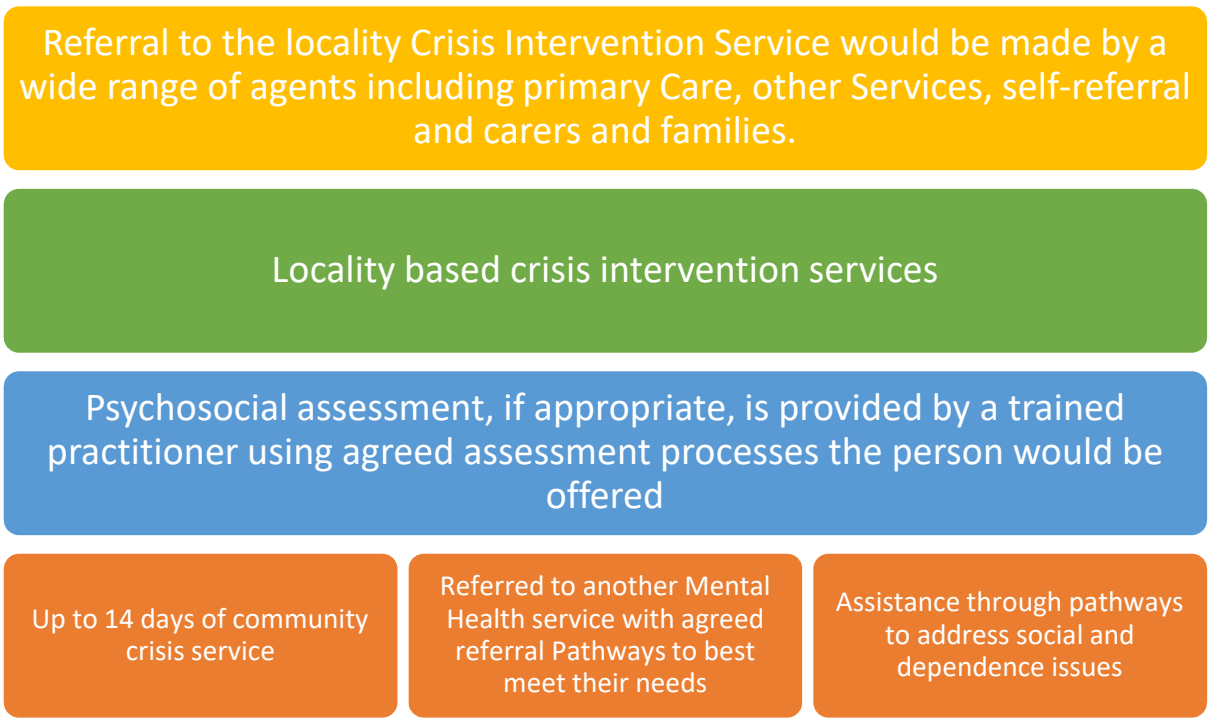
Action 4. Each provider where people present in crisis should prepare to train staff in a regionally consistent crisis intervention as determined by the HSC Board and the Public Health Agency. This must link with existing mental health services and services commissioned under Protect Life 2.

Community Crisis Services

35. Some people who present in crisis will not meet the criteria for secondary care mental health services. There are many people who are in distress, but not as a result of a diagnosable mental health condition, whose needs are clearly not being met by the existing services. Often, what these individuals need is general support from a reliable team of skilled and competent staff over a period of up to two weeks, while the crisis resolves. By providing such support, the need for future mental health crisis service support can potentially be avoided.

36. The community crisis service should provide a short (up to 14 days), person-centred intervention programme. The service will contact a person referred from the first point of contact within 24 hours of referral. Help will be offered for up to 14 days. De-escalation, safety planning, problem-solving, wellness and distress management planning, supported connections and signposting are among the range of interventions to be offered. The service may be delivered in co-operation with the voluntary and community sector and services should be provided in the community. The delivery of the community crisis service can be local in style – but there must be equitable access to the service across Northern Ireland.

37. It is expected that this services will be a step down from the CRHT Team, which provides an acute mental health service. For this group of people, the short, focussed intervention is usually sufficient to not require further immediate support. For those that require further help, pathways to primary care, secondary care mental health services and other services such as SHIP, must be developed.



35. The HSC Board and Public Health Agency working together must therefore develop proposals for how a community crisis service which provides short term interventions for crisis support can be developed across each HSC Trust. The proposals must include phasing, costs, evaluation and potential for regional rollout. This community crisis service must work alongside, or be part of, other existing services such as SHIP and Lifeline under Protect Life 2 and mental health.

Action 5. Working together, the HSC Board and Public Health Agency must develop a business case for community crisis services providing short term interventions to people in crisis who do not meet the requirements for secondary care services.

Mental Health Liaison Service and mental health crisis in Emergency Departments and Acute Hospital Settings.

36. A significant number of people attend Emergency Departments with mental health problems. Some have physical health problems with underlying mental health issues; some will attend following an episode of deliberate self-harm and some will access help for suicidal ideation.

37. Whatever reason a person in mental health crisis attends the Emergency Department, the approach to meeting their needs must be regionally consistent. Mental health assessments in general hospital facilities must be provided in a timely way, working in partnership with medical teams to commence assessments at the earliest opportunity. This must also include support to those accompanying the person in crisis.

38. Each general hospital in Northern Ireland with an Emergency Department must therefore have a discrete onsite Mental Health Liaison Service. The Liaison Service must be consistent across all Trusts, and must be able to provide assessments in line with NICE guidelines. As the crisis response develops, the role and practices of the liaison service must be continually

evaluated to ensure best outcomes for patients. This will most likely mean a continual improvement of service to the benefit of patients.

39. The longer term intention is to reduce waiting times for assessment and ensure that people are assessed when they attend. The use of Card Before You Leave should be reduced and eventually ceased when other services have developed appropriately.

40. Development of this multi-disciplinary liaison approach will deliver on enhanced care pathways with other services such as CAMHS and Learning Disability Services to ensure that there is full equity of access. It will also allow for smooth transitions of care between partnership agencies such as the PSNI and Ambulance Service to ensure that they have the capability to return to their other functions in a timely way.

41. Whilst people do attend Emergency Departments in mental health crisis, this is often not the best place for them, as it is often not an environment that is conducive to providing a mental health assessment. Mental health services must therefore work with Emergency Departments and other Emergency Care Services to provide alternatives. This could include mental health practitioners working in partnerships with Acute Care Centres providing phone support for those in mental health crisis. Emergency Departments will continue to be designated as places of safety under the Mental Health Order.

42. When alternatives to Emergency Departments are developed, other existing services must also be considered, such as Lifeline and other Protect Life 2 services.

Action 6. Working together, the HSC Board, Public Health Agency and HSC Trusts must work to deliver a regionally consistent mental health liaison service across all Emergency Departments and acute hospital settings, so that all who require a mental health assessment, regardless of age, will receive such assessment at the time of need.

Crisis Resolution Home Treatment Teams

43. All the components in the crisis service are important in providing services for those experiencing mental health crisis. The existing Crisis Resolution Home Treatment (CRHT) Teams will continue to provide assessment and treatment for those with more severe presentation, and in particular those who would otherwise be considered for admission to a mental health hospital.

44. Across the five Trusts, there are differences of approach in the models of CRHT. While a degree of variability is inevitable, it is important that patients always receive the best standard of care in a timely manner, no matter where they live. The work of the CRHT should be in line with the *You In Mind* pathway, which notes that crisis services in acute mental health services will:

> *Generally involve care provided by Crisis Resolution and Home Treatment Teams and/or specialist hospital care teams. These services provide support at a time of crisis and can provide intensive home support and/or admission to hospital when someone is temporarily unable to manage independently*.[2]

45. The HSC Board, the Public Health Agency and HSC Trusts are expected to work together to produce a high-fidelity regional approach to Home Treatment using evidence-based Fidelity Tools and Quality Standards such as the Home Treatment Accreditation Scheme (HTAS). This is in line with the *You In Mind* Pathway. This work will also identify opportunities to standardise approaches to home treatment, in relation to criteria for acceptance, assessment protocols, safety plans and evidence-based outcome measures. The aim is to introduce a standardised approach that will reduce variability from Trust to Trust.

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[2] You In Mind – page 25.

Action 7. The HSC Board and the Public Health Agency working together are tasked to lead work with the HSC Trusts for standardisation of Crisis Resolution Home Treatment (CRHT) service.

The role of primary care in crisis services

46. It is accepted that many people in mental health crisis present to their GP at a time of crisis or in the days or weeks before the crisis occurs. It is important that people can access help and where possible, prevent a mental health crisis occurring.

47. The development of multi-disciplinary teams and the rollout of the mental health worker in Primary Care has and will provide opportunities for mental health crisis preventative work to take place. They also provide immediate support to people in crisis and assist primary care colleagues in referrals to other mental health crisis services currently available.

48. By being part of an integrated service, mental health practitioners in Primary Care will have the opportunity to develop processes and referral pathways, and to avail of collaborative training programmes in line with other parts of the Service. The development of crisis pathways and solutions in primary care must align with the *You In Mind* Mental Health Care Pathway, but may be local in delivery.

Emergency response services

49. It is also acknowledged that many people in mental health crisis present to emergency response services. This can include the PSNI, the Ambulance Service, Lifeline, 999/101 services and the Regional Emergency Social Work Service. It is clear that these services are often not the solution to the mental health crisis, but that they can provide vital first response, and must be supported by mental health services as an integrated partner in the crisis response pathway.

50. It is clear that for most people, the best outcome does not mean attending an Emergency Department or hospital. In line with best practice guidelines, a detained admission to hospital, either through an application by an approved social worker or use of place of safety provisions by the PSNI, should be the last resort when all other options have been exhausted.

51. Existing successful models of crisis support, e.g. Lifeline, MATT etc. should be integrated into the development of the new crisis pathway, which will include continuing the regional rollout of the Multi-Agency Triage Teams.

Action 8. The development of the regional mental health service will include the regional rollout of the Multi-Agency Triage Teams and will include emergency response services, such as PSNI, Ambulance Service and Lifeline.

Local delivery of services

52. Whilst services must be regionally consistent, local service delivery options and delivery partners are key for a successful mental health crisis service. This means finding local solutions that meets local needs, both in statutory services and working with the community and voluntary sectors.

53. Local delivery may include, for example and not limited to, the crisis café model, which has been evidenced as effective in other jurisdictions. These cafés are usually user-run and operate on a drop-in basis. Some are open primarily on weekend nights specifically for those in crisis, while others function mainly during the week. These cafés can be run by the statutory sector or by community and voluntary sector groups. Some may operate as a chain and others as local entities.

54. Other examples include community crisis intervention services, which provide individualised intervention services to support individuals in crisis,

and crisis de-escalation services provided by community and voluntary groups.

Current example: Derry/Londonderry Community Crisis Intervention Service

The service has been provided in Derry/Londonderry by Extern since January 2019, and comprises an intervention service to support individual in crisis. The evaluation of the service has found advantages of non-clinical interventions which prevent escalation of suicidal thoughts and behaviours. The evaluation also found that there needs to be better integration and involvement across services.

Current example: Crisis café: WELL bean café

PIPS Hope and Support in partnership with the Community and Voluntary sector and Southern HSC Trust, have recently launched the Newry based WELL bean café. The café is funded by the SHSCT Mental Health Directorate and will be delivered on Friday evenings, Saturday afternoons, Sunday afternoons & Monday evenings. It will provide a clinical alternative to Emergency Departments to reduce mental and emotional distress. The pop-up style café will be based on the Leeds model and has been co-produced by those with lived experience and those working in the area of Mental Health Promotion and Suicide Prevention from both the Community and Voluntary and statutory services

55. Whatever the model and service provided, local support provisions should be encouraged in the regional mental health crisis service, and statutory services must encourage involvement with these sectors. However, the effectiveness of the local provisions must be under continuous evaluation with a willingness to find new solutions where existing services are not providing effective outcomes. In the development and delivery of the regional crisis service, pathways must be sufficiently flexible to allow for local delivery of support services.

Structures to support the service

56. The new regional mental health crisis service will require organisational change for full implementation and delivery. This will require a regional structure to ensure regional consistency in implementation and delivery. The regional structure will have responsibility for agreeing and supporting the overall implementation of the model and will support local implementation teams to implement and monitor the new services.

57. The Health and Social Care Board and the Public Health Agency will be responsible for the regional structure, which will report directly to the Mental Health and Learning Disability Leadership Board, and will link with the new regional mental health service, which is currently under development through the Mental Health Strategy.

58. It is anticipated that the new service will be realised, initially, through modernisation of existing services, with future planning for additional investment to accommodate new developments within the service framework. That means those who currently provide mental health crisis services, users of services and carers must be involved in actively improving the services and processes, and must be part of regional structure.

59. It is not expected that the new regional structures will take the form of a formal managed care network, rather it is expected that this will form part of reconfiguration of existing work with clear links between existing strategies and areas of work e.g. Protect Life 2, Making Life Better and Towards Zero Suicide (TZS).

60. Mental health crisis services is a core component of existing mental health services and Protect Life 2 services, and it is not expected that the new regionally consistent service will *initially* require new resources or major change in individual responsibilities. However, to fully develop all actions, there will be a need for consideration for investment in order to realise these changes in line with a regionally consistent model. Business case(s) developed by the Public Health Agency and the HSC Board in line with the

outlined actions will form the foundation for further investment need. This must include bids for additional funding for existing services where they need strengthened.

61. The new service will require organisational change at HSC Trust level, where service delivery must match the regional policy; regional consistency is expected. There will also be a need to consider the roles and responsibilities of some teams that may need to be reconfigured. It is therefore anticipated that the regional structures, at the initial phase, will consist of people who are currently involved in the delivery of services.

IMPLEMENTATION OF THE REGIONAL CRISIS SERIVCE

63. Crisis services are an integral part of mental health and suicide prevention services. Crisis services are not a new addition to services and are currently being provided. The new regional policy for crisis services provides regional consistency and implements best practice across the region. It is therefore expected that the first phases of implementation of the regional crisis service can start immediately, within the current financial year, *initially* with no additional resources. This includes the setting up of regional oversight structures and work to ensure regional consistency in naming, practices and service delivery.

64. It is accepted that some elements of the regional crisis service will require further investment. The HSC Board and Public Health Agency, working together, are tasked to establish what these costs would be and provide a detailed business case to the Department for consideration. This must include consideration for phasing, pilots, partial rollouts, regionalisation and sustainability in the context of the wider Mental Health Strategy implementation.

65. As part of the ongoing work of implementing the regional policy, the HSC Board and Public Health Agency must provide continuous evaluation of the effects of the regional service. The outcomes of the service must be measured, with baselines provided pre-service improvements.

Action 9. Working together, the HSC Board and Public Health Agency must implement the regional policy as a matter of urgency, and must provide a clear implementation plan to the Department. The HSC Trusts must also implement the regional policy under the direction from the HSC Board and the Public Health Agency.

Training

66. To implement the regional mental health crisis service, there will be training requirements. This includes both regular crisis training for frontline staff, something that should already be common practice, and training in new interventions as agreed as part of the service planning. The costs of developing and providing training for new interventions must be scoped and presented for consideration by the Department. This should take part of the business cases the HSC Board and the Public Health Agency are to provide as part of implementing this policy.

Governance

67. The HSC Board and Public Health Agency are responsible for the development and implementation of the regional crisis service.

68. Each HSC Trust is responsible for the implementation and delivery of the regional crisis service.

69. The Department will provide oversight of the work of the HSC Board, the Public Health Agency and HSC Trusts through existing governance structures.

70. The governance structures will change with the closure of the HSC Board, and the work on crisis services will form part of the migration work currently ongoing.

Implementation timings and resources

71. Work on implementing the regional crisis service must start immediately. It is expected that some actions, including regionalisation of service provisions and names, can be initiated without additional funds. Some actions will require further funding and implementation speed will be dependent on business case development and availability of funding.

Action 10. Working together the, HSC Board and Public Health Agency are expected to provide an implementation plan for the actions in this policy by 19 November 2021.

72. The HSC Board and Public Health Agency have been provided with resources for the implementation of the Mental Health Action Plan and new Mental Health Strategy. It is therefore expected that the HSC Board and Public Health Agency have sufficient resource to carry out the *initial* work.

73. As the delivery of mental health crisis services is a core function HSC Trusts, it is not expected that additional management resources will be required for HSC Trusts.