



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Cadeirydd/Chair: **Emma Woollett**  
Prif Weithredwr/Chief Executive: **Mark Hackett**

**gofalu am ein gilydd, cydweithio, gwella bob amser**  
**caring for each other, working together, always improving**

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi. We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

## **Cais Rhyddid Gwybodaeth / Freedom of Information request** **Ein Cyf / Our Ref: 22-G-046**

### **You asked:**

#### **1. Please describe the process through which individuals ought to seek emergency mental health care when experiencing a mental health crisis, such as an episode of psychosis or suicidal ideation.**

The process would be that individuals can be referred to mental health services via their GP, the GPs have direct access to the Mental Health Professionals line. This will result in the referral being triaged by our single point of access team looking at the clinical presentation along with an evidence based national triage scale to determine time frames around where and when the individual needs to be seen.

As of 1<sup>st</sup> August 2022, citizens of Swansea Bay University Health Board experiencing a mental health crisis are able to access 111 press 2 and have the option to speak to a mental health practitioner and using the UK Mental Health Triage Scale will be offered the most appropriate intervention. This may include onward referral into mental health services such as the Crisis Resolution Home Treatment Team (CRHTT) or immediate support to manage the crisis and reduce the need for further intervention. This service is age blind.

#### **2. Please describe the remit and responsibilities of the health board's Community Mental Health Team (CMHT), and Crisis Team (if separate).**

The community mental health teams provide both a primary care and secondary care service to individuals in their catchment area. The primary care aspect is delivered through outpatient's appointment with a psychiatrist. If clients require secondary care, they are allocated a care coordinator under the mental health measure (2010) and a care and treatment plan formulated to work on outcomes with the individual.

The remit of secondary care is:

- People with severe and enduring mental disorders which are associated with significant disability and require proactive follow up.
- People with any mental disorder where there is a continued risk of harm to self or others



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Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

- People with complex needs which exceeds that which Primary Care or Tier One Services could offer

People with disorders which required skilled or intensive treatments or medication monitoring maintenance not available within Primary Care settings

Crisis teams provide urgent assessment to those individuals who are at risk of or at the point of hospital admission and look at providing an alternative to hospital admission by providing an intensive home treatment package which would include support from nursing, OT and medical professionals.

**3. Is there a duty for the CMHT or Crisis Team to follow up on hospital admissions for patients who have attempted suicide?**

All hospital admissions within adult mental health services are referred for follow up, including those who have attempted suicide. Upon discharge, if the individual is care coordinated by the CMHT then the care coordinator will provide that follow up. Individuals that aren't care coordinated will get a minimum of a 7 day follow up period from our crisis team.

**4. Please outline when and how these responsibilities were amended or eased during the coronavirus pandemic, and when/whether the pre-pandemic regime resumed.**

Our services have adapted in response to the coronavirus pandemic which, for community mental health teams and crisis teams, has meant a blended approach to working with individuals to minimize the risk of transmission where possible. Reviews and contact is achieved through remote working and face to face depending on the need and risk at the time. During times throughout the pandemic where prevalence is high, we have delivered more telephone and virtual support than face to face where the risks allow but the risk of the patient is prioritized.

**5. How many urgent referrals have been received by the health board for individuals experiencing mental health crises in the last five years? Please provide figures broken down by year, quarter and month where available.**

The following data excludes Bridgend referrals who were part of our HB prior to April 2019. The implementation of our Single Point of Access Service in 2020, who triage urgent referrals has resulted in the number referred onto the Crisis Team reducing.

Year	No of Referrals
2017	2064
2018	2149
2019	2082
2020	1695
2021	1412



**6. How many urgent referrals have been received by the health board for individuals experiencing mental health crises in the last five years, where the patient has been recorded as homeless or of having no fixed abode.**

No fixed abode is not recorded on our Crisis team database but of those who received a gate keeping assessment by the team prior to admission, the following were recorded as admitted with an address of no fixed abode:-

<b>Year</b>	<b>No of Referrals</b>
2017	4
2018	7
2019	8
2020	10
2021	18

**7. How many urgent referrals for critical mental health support have been rejected in the last five years? Please list the five most common reasons a referral was not accepted.**

All urgent referrals are assessed by mental health services. Following assessment patients are either admitted, taken on for home treatment, referred for secondary care, or referred back to the referrer.

Three examples of why a patient may get referred back to the referrer are as follows:

Referral was not suitable.

Referral did not meet the set criteria.

Person referred is no longer seeking critical mental health support.

<b>Year</b>	<b>Referred back to referrer</b>
2017	843
2018	906
2019	943
2020	807
2021	517



**8. Please describe any specific thresholds or eligibility criteria that need to be met before a patient can receive support from the local crisis team.**

At present, the operational policy is under review to reflect the current service delivery. All referrals into Mental Health Services are sent to the Single Point of Access. At this point, there are triaged using the UK Mental Health Triage Scale, should the referral require support from the Crisis Resolution Home Treatment Team (CRHT), the referral is sent onwards. The eligibility criteria includes the following:

CRHT services should be targeted at adults from the age of 17 years and 9months with acute mental distress, who are experiencing a crisis of such severity that without the involvement of CRHT hospitalisation would be necessary. There is no upper age limit although joint working between Older People Services is encouraged.

CRHT services will also be for people who are ready to leave hospital, but require intensive support to facilitate safe discharge.

Upon discharge service users that are admitted to acute inpatient services due to suicidal ideation / actions or other risk based presentations will be offered 7 day follow-up by the CRHTT service. This will include a minimum of one face to face contact and two telephone calls, this is in response to the National Confidential Inquiry Report into Homicide Suicide amongst Mental Health Service Users [2013]. Where risks continue to be identified this post discharge follow up should be extended accordingly.

**9. What is the average response time for urgent referrals to the local CMHTs, for each of the last five years?**

The average response time for assessment following an urgent referral received via our CMHTs and CRHT is below:

<b>Year</b>	<b>Average response time for urgent referrals</b>
2017	1 hour
2018	1 hour
2019	1 hour
2020	2 hours
2021	2 hours



**10. How many inpatient bed spaces are available in the health board for individuals suffering severe mental health crises? What is the average length of stay for mental health inpatients?**

Speciality	No of Beds	Average LOS
Adult Mental Health	55	19 days
Older People Mental Health Assessment	12	14 days
Older People Mental Health Continuing Care	58	180 days
Rehab and Recovery	24	428 days
Low Secure	28	683 days
Forensic Medium Secure	61	637 days
Mother and Baby Unit	6	40 days

**11. Please describe the principles and approaches taken by mental health professionals, when supporting patients who use drugs or alcohol.**

When individuals are supporting patients who use drugs or alcohol, mental health professionals would use that information to inform their risk assessments and care planning as the use of substances can often impact the efficacy and effectiveness of the said treatment. The use of drugs or alcohol may also exacerbate symptoms or risk. Depending on the level of usage, mental health professionals would advise on the impact substances have on our mental health and/or treatment or consider signposting/referral to drug and alcohol agencies for specialist advice in severe cases.

**12. How many patients have been refused mental health care, as a consequence of their use of substances, in the last five years?**



SBUHB would not refuse mental health care to a patient, however if their primary issue is substance misuse then we would provide advice and support to engage with substance misuse services.

This information is not recorded on our Patient Information System. To obtain this information would involve a manual trawl and search of records which we have estimated would significantly exceed the 18 hours limit set down by the FOI Act as the reasonable limit. Section 12 of the FOI Act and The Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulation 2004 provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

**13. How many patients have had mental health care withdrawn, as a consequence of their use of substances, in the last five years?**

Patients who are currently under the care of the mental health service would not have their mental health care withdrawn as a consequence of substance use. The mental health team involved would strive to provide advice, signposting, support or referral on to substance misuse services if they are best placed to meet their needs.

This information is not recorded on our Patient Information System. To obtain this information would involve a manual trawl and search of records which we have estimated would significantly exceed the 18 hours limit set down by the FOI Act as the reasonable limit. Section 12 of the FOI Act and The Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulation 2004 provides that we are not obliged to spend in excess of 18 hours in any sixty day period locating, retrieving and identifying information in order to deal with a request for information and therefore we are withholding this information at this time.

