

# MENTAL HEALTH CRISIS RECOVERY HOUSE UPDATE

<b>Relevant Board Member(s)</b>	Vanessa Odlin – Managing Director, Goodall Division
<b>Organisation</b>	Central and North West London NHS Foundation Trust
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<b>Papers with report</b>	<b>Appendix 1</b> – Inclusion and exclusion criteria <b>Appendix 2</b> – Case Studies <b>Appendix 3</b> – Demographics: Enquiries and Guests <b>Appendix 4</b> – Guest Satisfaction

## HEADLINE INFORMATION

<b>Summary</b>	This report is intended to provide the Board with an update on the delivery of the mental health crisis house during its first quarter of being operational.
<b>Contribution to plans and strategies</b>	The report contributes to the delivery of priority 5 of the 2022 – 2025 Joint Health and Wellbeing Strategy. Priority 5 is a commitment to ' <i>Improving mental health services through prevention and self-management</i> '.
<b>Financial Cost</b>	The funding for the crisis house pilot was provided by CNWL.
<b>Ward(s) affected</b>	All

## RECOMMENDATION

**That the Health and Wellbeing Board notes and comments on the content of the report.**

## INFORMATION

### Background

At the Board's meeting in September 2022, regular updates on the delivery of the mental health crisis house and outcomes was requested. This report provides the Board with activity and outcome information for the period between the opening of the crisis house in August to 30 September 2022. This is referred to in the report as the '*review period*'. Subject to the Board's approval, it is proposed that future updates will be included within the integrated performance report. However, it is also proposed that a separate evaluation report on the conclusions from the pilot will be brought to the Board in the autumn of 2023/24.

The mental health crisis recovery house is a key component of transformation of the adult mental health crisis pathway in Hillingdon and has been the subject of many discussions at the Board since 2018. Delivering the crisis house represents a collaboration between the Central and North West London NHS Foundation Trust (CNWL), the Council and North West London Integrated Care Board (NWL ICB). CNWL has provided the funding for a one year pilot and the Council has procured an independent sector provider with experience of delivering similar models in other local authorities in the South East. The provider, Comfort Care Services Limited (CCS) has sourced the premises, known as The Retreat, and is now part of the collaboration between CNWL, the Council and the NWL ICB to improve outcomes for people living with mental illness.

The intended outcomes of the pilot are to:

- Further understand service user experience in a time of crisis and the benefits of a short term stay within a non-clinical environment.
- Reduce 12-hour breaches in Emergency Departments.
- Reduce short stay admissions to inpatient services.
- Improve system understanding of the patient group who would most benefit from a stay in a crisis recovery house model.

The Retreat opened in a soft launch on 22 August 2022. The purpose of a “*soft launch*” was to calibrate the system, and to build the trust and understanding of the stakeholders, as well as potential residents of The Retreat (referred to as ‘*guests*’), their families, Mental Health teams and voluntary sector organisations about the model. The soft launch also enabled CCS and CNWL to develop shared care ways of working and align working practices, particularly with regards to risk management, and take input from the guests to adjust operations in response to their needs. The service was formally opened on 8 November 2022 by the Council’s Cabinet Member for Health and Social Care.

A small project team led by the NWL ICB and CNWL has been responsible for the development and delivery of the crisis house pilot. In addition to NWL ICB and CNWL members, the project team includes representatives from the Council and CCS.

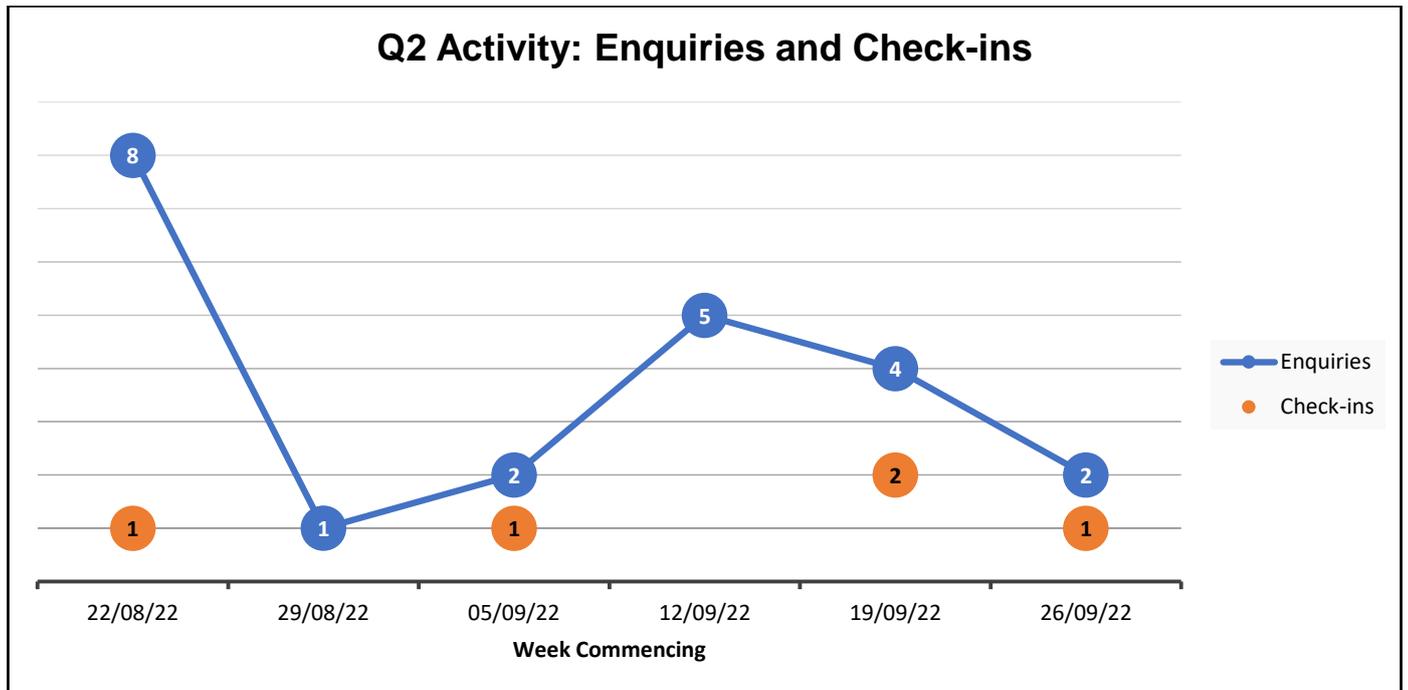
## **Service Activity**

The Board is advised of the following definitions of terms used in this report:

- *Enquiry*: This refers to any informal discussion or identification of a service user who would potentially benefit from a referral to The Retreat.
- *Referral*: This means anyone for whom a formal referral form has been submitted to CCS for admission to The Retreat.

## **Enquiries and Referrals**

There were 22 enquiries during the review period and the spread over this time is demonstrated below. The graph below also shows when guests were checked in to The Retreat.



### Outcomes of Enquiries

Of the 22 enquiries:

- 6 were deemed unsuitable for referral to the Retreat based on exclusion criteria (level of risk).
- 6 service users were offered a referral but declined.
- 3 were deemed suitable for referral, however, the correct referral process was not followed (paperwork was not completed).
- 7 proceeded to referral stage.

Of the 7 referrals:

- 1 referral was declined by The Retreat due to level of risk.
- 1 referral was withdrawn due to deterioration of service user's mental state.
- 5 referrals were accepted for check-in to The Retreat.

On the initial launch day, a request was made by CNWL Bed Management Team to consider all service users currently awaiting an admission to inpatient services, of which only 1 of 8 was deemed suitable for the Retreat.

As the weeks progressed, and understanding of the criteria and model grew, there was an increase in the suitability of patient enquiries, which saw a corresponding increase in the number of guest check-ins.

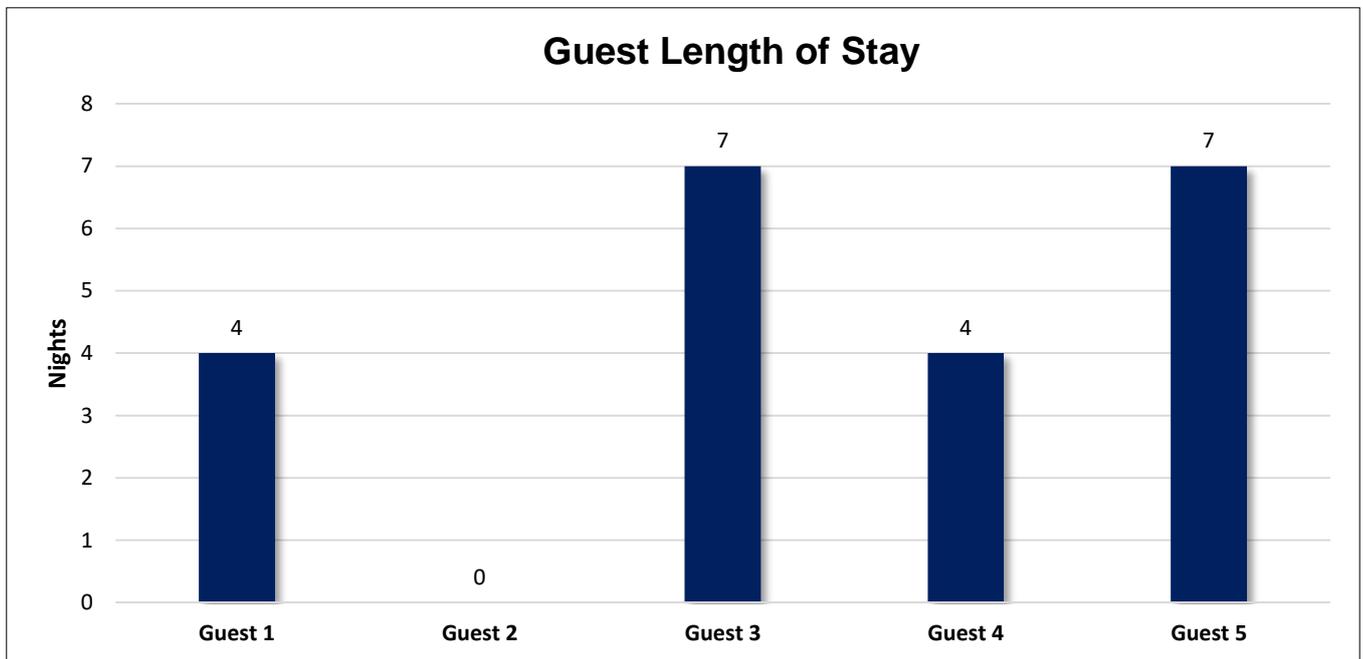
Case studies demonstrating the needs addressed by the service during the review period can be found in Appendix 2. Appendix 3 provides the demographics of the people subject to enquiries about the service and Appendix 4 reports on guest satisfaction.

### Length of Stay

The average intended Length of Stay (LoS), as set out by the service specification, is 3-5 days. This can be extended to 8 days with the agreement of the Home Treatment Team (HTT) and the manager of The Retreat. A stay longer than 8 days requires the approval of the ICB

commissioner.

Of the 5 guests who checked in, 2 were within the average 3-5 LoS, and 2 were given extensions. 1 guest checked-in to The Retreat but refused to stay following a joint decision between the guest and his partner that he would prefer male only support. Subsequently, the staffing arrangements have been adjusted to have a male and female staff on shift.



## Evaluation and Lessons Learned

### Understanding of the Model

Prior to the soft launch on 22 August 2022, the project team held a series of engagement events and invited various stakeholders, including representatives from CNWL community mental health teams, Psychiatric Liaison Teams, LAS, Met Police, and voluntary sector services such as Hillingdon MIND and the Citizens Advice Bureau. These events were used to introduce The Retreat to different services and teams, as well as to set out the referral process and inclusion/exclusion criteria. The Project Lead and Project Support Manager also attended service specific business meetings with MIND, Adult Social Care, and service user groups.

There continue to be pressures on the acute service in terms of bed availability, and many of the patients identified for referral were awaiting informal admission to hospital and, in one instance, were a current inpatient pending discharge.

6 of 22 identified potential referrals were deemed unsuitable for The Retreat due to level of risk and presenting complaint, including risk of aggression, risk of self-harm and suicide, and risky behaviour. In order to reduce inappropriate referrals, a campaign of training has been implemented to improve referrers' understanding of The Retreat inclusion and exclusion criteria and risk management (please see Appendix 1).

In addition, a further 6 enquiries did not make it to referral stage due to the service user declining the Retreat. Patients and carers/relatives would benefit from further promotion and explanation of what the service is and has to offer prior to or at the point of referral.

A comprehensive communication package is currently in development by CCS and will be distributed to relevant stakeholders. Site visits and tours of The Retreat are available upon request to both teams and service users.

### **Referral Process**

A number of elements of the referral process were identified as barriers to successfully referring service users to the Retreat. These included the length of the referral form and the potential to duplicate information already included within the biopsychosocial assessment and risk assessment. Additional concern was raised by The Retreat staff that the information provided in the referral forms was historic (risks, medication, incidents) rather than a current snapshot of the case, current and presenting circumstances, which made reviewing the referral and decision-making more difficult.

The referral form has subsequently been amended to require relevant and current information that will facilitate an acceptance decision weighted on current risks / crisis and less weighted on historic information, as well as shortened to make the completion process easier for referrers.

### **Early Intervention in Crisis**

Of 22 enquiries in Q2, 17 service users were already known to or under secondary care mental health services. Consideration is being given to forward-planning and crisis-prevention, on the basis that people may benefit from an earlier referral into The Retreat rather than a referral at the height of crisis. Conversations are being held with referrers to identify individuals who may benefit from this approach.

### **Risk Management**

It was identified that staff at The Retreat may benefit from further training on risk assessment, risk management and de-escalation to align their interpretation, understanding and practice of risk management with that practised by CNWL, thereby enabling The Retreat staff to accept and manage people with higher levels of risk. The Project Lead has reached out to the CNWL Education Team to consider which training availabilities may be suitable.

### **Finance**

There are no direct financial implications of this report.

### **BACKGROUND PAPERS**

*Joint Health and Wellbeing Strategy, 2022-2025*

## Appendix 1 – inclusions and Exclusion Criteria

### Inclusion Criteria

A person will be eligible for the service in the following circumstances:

- Individual is registered with a Hillingdon GP or a resident of Hillingdon
- Individual is over the age of 18.
- Individual is in distress or experiencing a mental health crisis.
- Individual is presenting as experiencing a mental health crisis and/or presenting with current risk that is deemed, on assessment, to be able to achieve resolution within 5 days.
- Has been accepted under the care of the Hillingdon Home Treatment Team (HTT).
- Can be safely supported in a Crisis Recovery House environment.
- Have identified achievable recovery goal for their time there.
- Have capacity to consent to a stay at the Crisis Recovery House, or if not, it is evident that a stay at the Crisis Recovery House would be in their best interests.
- Agree to a stay at the Crisis Recovery House and agree to work with HTT and Comfort Care Services staff to achieve the goals outlined in their Care Plan.
- Are willing to agree and adhere to the Crisis Recovery House rules.
- May pose a risk to self with regards to self-harm but agree to work with CCS and HTT staff to maintain their safety.

### Exclusion Criteria

People will not be eligible for the service in the following circumstances:

- Young people under the age of 18 years.
- Adults with advanced dementia and cognitive impairment.
- Those who need to be detained under the Mental Health Act.
- Those under a Community Treatment Order service unless they are suitable to stay at the Crisis Recovery House on an informal basis.
- People who are of “no fixed abode” and have no address to return to. (Homelessness in itself is not an exclusion criterion but in order to preserve the operational integrity of the service admission will not be accepted if they do not have a clearly identified exit route for housing within 5 days of commencement of Crisis Recovery House stay.
- People who are not under the care of HTT.
- Those who are “*stepping down*” from inpatient wards.
- Service users who are not in agreement to working with staff to maintain their safety.
- Individuals whose physical condition is of greater urgency than mental health presenting symptoms and who are not medically optimised.
- Those with current or protracted homeless and social issues which cannot be resolved within 5 days of initiation of their Crisis Recovery House stay
- Individuals who cannot independently and safely manage their own personal care needs or who require high levels of care due to physical and mental health needs
- Those who require alcohol detoxification.
- Those who are actively using substances and are not willing to desist for the duration of a Crisis Recovery House stay.
- Individuals who have a current risk of violence or aggression, or which could not be safely contained within the homely environment of the Crisis Recovery House, this may include historical evidence of violence or aggression when unwell.
- Individuals who do not have capacity, or have wavering capacity, and it is not in their best interests to move them to the Crisis Recovery House for a short period.

## **Appendix 2 - Hillingdon Retreat Case Studies**

### **Case Study 1**

Guest 1 is a 28 year old male with a diagnosis of schizophrenia, under the care of the Early Intervention Service (EIS). He was referred to The Retreat after attending A&E, presenting with low mood and psychosocial stressors due to accommodation and difficult family dynamics. He lived at home with his mother and brother, the latter who was an active drug user and a detrimental influence on his mental health. He was offered a respite stay at the Retreat, initially 5 days, but was extended to 7.

During his stay at The Retreat, he engaged in therapeutic activities such as walks, engaged with staff in conversation which allowed him to share and lighten his emotional burden, and found great benefit in attending a local mosque daily. Staff aided him in arranging a meeting with an imam, and this proved to be a turning point for his mental state as he discovered great solace after this interaction. He was proactive in seeking support by The Retreat staff to complete his emergency housing application and to attend the local civic centre with assistance from his care co-ordinator. He was also supported to attend an induction for a new job and go to work. At the end of his stay, he moved into emergency accommodation out of borough, and remained under the care of EIS. He expressed great enthusiasm for the staff and his time at The Retreat.

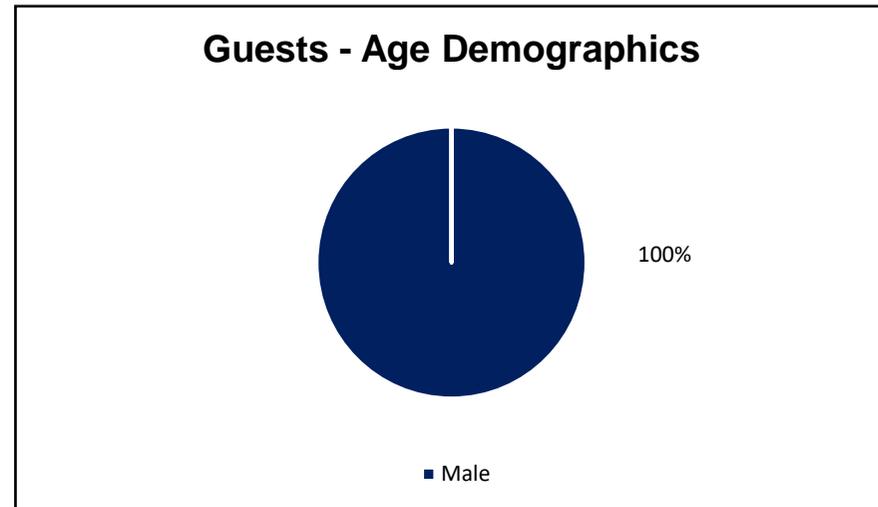
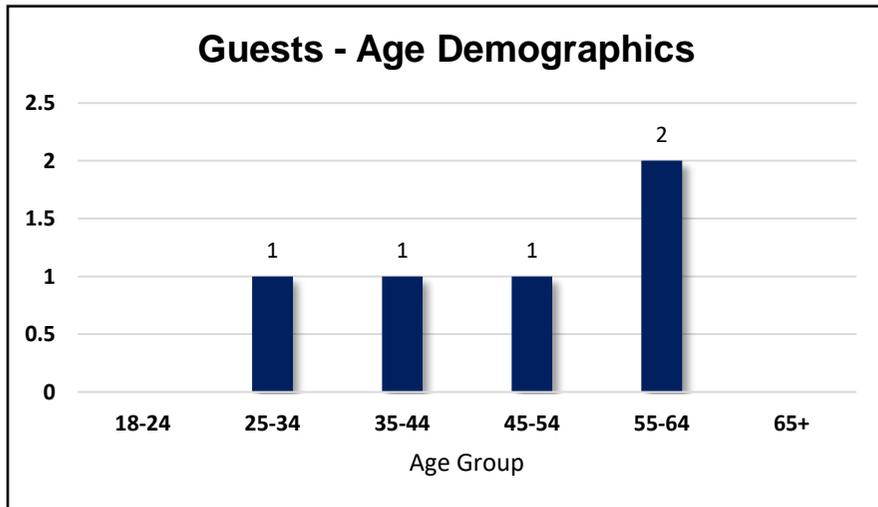
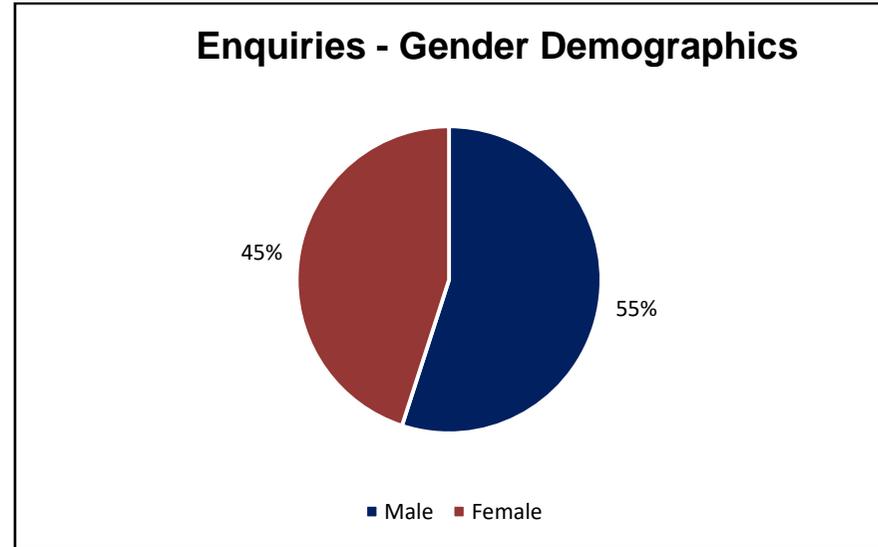
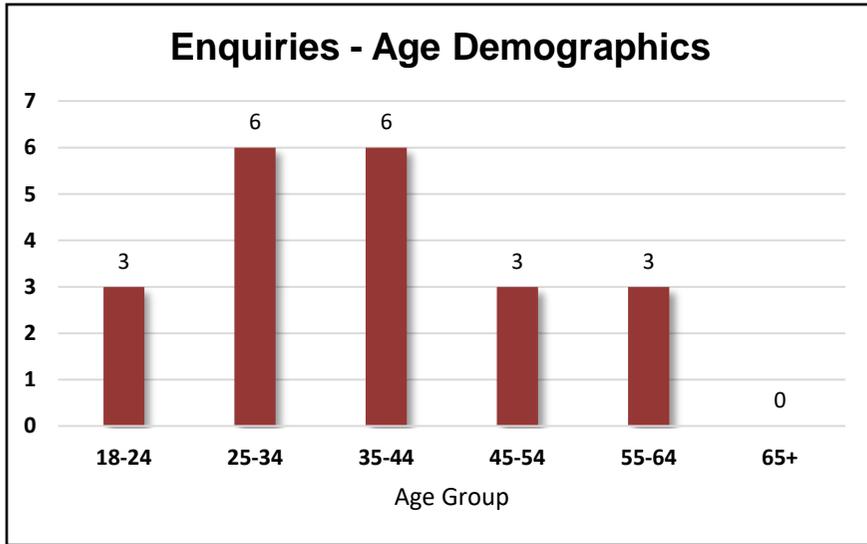
### **Case Study 2**

Guest 2 is a 36 year old male with a diagnosis of depression and HIV, and a history of cannabis and alcohol use. He was brought to A&E after getting into an argument at work and expressing suicidal thoughts to his manager. He reported experiencing psychosocial stressors, particularly related to workload and flatmates, the pandemic, and current cost of living crisis, and difficulty in regulating his emotions. He felt let down by health services over the past few years. He was very appreciative of staying at The Retreat and being listened to, and engaged in mindfulness activities, as well as cooking meals with the staff in the evening. Staff assisted him with booking onto hot yoga sessions which he found very uplifting, as well as arranging a continued discount for sessions after his stay. He checked out of The Retreat after 4 days, and reported feeling more optimistic and hopeful, and indicated that he would think about moving accommodation. He returned to work and reported HR to be supportive of his needs. HTT conducted a medical review and increased his medication, and he was discharged back to his GP with a recommendation for a referral for an Attention Deficit Hyperactivity Disorder (ADHD) assessment, as well as a self-referral to the Talking Therapies Service.

### **Case Study 3**

Guest 5 is a 61 year old male with a diagnosis of bipolar disorder/schizoaffective disorder under secondary care mental health services. He attended A&E following an overdose of prescribed medication due to feeling overwhelmed by family affairs, in particular his tenants not paying rent. His family were struggling to cope at home, and his wife reported feeling burnt out. He regretted his overdose and was grateful to stay at The Retreat to have some respite for himself and his family. Staff offered a chance to reflect and taught him some breathing techniques and exercises to help him relax. He attended the gym most days as he reported it helped him stay motivated. He stayed at The Retreat for 7 days and reported that it benefited him.

### Appendix 3 - Demographics: Enquiries and Guests



## Appendix 4 - Guest Satisfaction Experience

Guest satisfaction is recorded via a Feedback Questionnaire which is provided on check-out.

Questions	Responses
<b>Q1:</b> How satisfied are you with the general standard of support you received from staff in general?	Excellent – 75% Very Good – 25%
<b>Q2:</b> How satisfied are you with the standard of support you received from your keyworker?	Excellent – 100%
<b>Q3:</b> How satisfied are you with the support you received to meet your mental health needs?	Excellent – 75% Very Good – 25%
<b>Q4:</b> How satisfied are you with the support you received to meet your physical health needs?	Excellent – 75% Very Good – 25%
<b>Q6:</b> How satisfied are you with the support you may have received to manage your budgeting and finance?	Excellent – 50% Very Good – 25% Not applicable – 25%
<b>Q7:</b> How satisfied are you with the standard of your accommodation?	Excellent – 100%
<b>Q8:</b> How satisfied are you with the atmosphere within the Retreat?	Excellent – 100%
<b>Q9:</b> Did you feel that staff listened and responded to your requests?	Excellent – 100%
<b>Q10:</b> Did you feel that staff respected you, your dignity, and acted in your best interest?	Excellent – 100%

It's been a nice experience staying here, staff have been very kind and caring. When I came in I felt really like I was at the end, but a few days chatting in a nice environment has changed my outlook to a healthier one where I feel like I can deal with life's ups and downs in a balanced way. Everyone has been fantastic, it's good to know people care. 5 Stars.

My stay at the Retreat was very good. The staff were excellent and very supporting. They tried everything to help me get better.