

Mental Health Concordat: Improving outcomes for people experiencing mental health crisis

Purpose

For discussion and direction.

Summary

A “task and finish group” has been established by the Department of Health with a view to producing a Concordat between key national partners, the purpose of which is to improve responses to and the support, care and treatment of people of all ages experiencing mental health crises.

It is proposed that a number of key actions, owned by identified partners and in particular NHS organisations, the police and local authorities will be agreed and taken forward to effect improvement.

Recommendations

That members:

1. discuss the principle of a Concordat; and
2. share views about key contributions that local authorities might make to improving responses, support and care for people experiencing mental health crisis.

The discussion will inform the LGA's position in relation to signing up to the concordat later in the month.

Actions

As directed by members.

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Mental Health Concordat: Improving outcomes for people experiencing mental health crisis

Background

1. Mental health crises can include suicidal behaviour or intention, panic attacks/ extreme anxiety, psychotic episodes and/ or other behaviour that seems out of control or irrational and that is likely to endanger self or others.
2. Acute and crisis mental health services, therefore, deliver support and care to people when they are most unwell and in circumstances that make them most vulnerable.
3. Total investment in adult mental health services was reported at £6.629bn in 2011/12 across all services. This represented a cash increase of 1.2% though a real terms decrease of -1.0%. Secure and Psychiatric Intensive Care Unit services remain the largest single area of spend, accounting for 19% of total expenditure. Reported investment in the priority areas of Crisis Resolution, Early Intervention and Assertive Outreach was reported to fall by £29.3m¹.
4. The number of people detained under the Mental Health Act in 2011/12 increased by 5% from 2010/11 with 48,600 people detained.² This is the highest increase since monitoring of the Mental Health Act 2007 was introduced in 2007/08.
5. Police powers that allow them to act if they believe someone is suffering from mental illness and is need of immediate treatment or care are set out in Section 136 of the Mental Health Act. This gives them the authority to take a person from a public place to a "Place of Safety", either for their own protection or for the protection of others, so that their immediate needs can be properly assessed. Detentions by police officers under S136 of the Mental Health Act to an NHS place of safety rose by 5.6% 2010/11 to 2011/12. A further 8,567 were detained under S136 in police custody.
6. Local Authorities have a number of key responsibilities in relation to support and care for people with mental ill health and associated support and services. In addition to the commissioning and delivery of community mental health services with NHS partners these include the training and approval of suitably qualified and experienced people to undertake the role of Approved Mental Health Professional (AMHPs); commissioning and delivery of statutory advocacy services; and safeguarding adults and children and young people whose circumstances make them vulnerable.

¹ 2011/12 National Survey of Investment in Adult Mental Health Services, prepared by Mental health Strategies for Department of Health.

² HSCIC 20012

Item 5

7. Recent reports (for example by Mind³, Victor Adebowale⁴, NHS England⁵) have highlighted significant shortcomings in effective support, care and treatment for people in mental health crisis. Particular issues identified have included:
 - 7.1 Availability of places of safety and access to and availability of mental health specialists (for example Section 12 approved Doctors and AMPHS), in particular at night.
 - 7.2 Inappropriate emergency responses, lack of clarity and tensions between organisations and / or services about roles and responsibilities for people presenting in mental health crisis.
 - 7.3 Issues relating to use of detention and restraint.
8. The concordat could therefore represent an opportunity for the LGA to encourage closer joint working with those key partners who are most important to securing good outcomes for those in crisis.
9. Mental Health is a central focus of the programme of health reform, in particular to secure parity of esteem between mental health and physical health services. The Health and Social Care Act 2012 requires the Secretary of State for Health to secure improvement in both the physical and mental health of people in England and the NHS Mandate sets out a specific objective for NHS England to put mental health on a par with physical health and to close the gap between people with mental health problems and the population as a whole. The review of urgent and emergency care currently being undertaken by NHS England includes mental health crisis.
10. At the end of July 2013 the Department of Health established a “Task and Finish” group to produce and agree an interagency concordat to drive improvement in crisis care for people with mental illness. The LGA is included in the membership of the task and finish group and, together with ADASS, has made a number of suggested amendments to the various drafts that have been produced. It is expected that a final draft version will be available at the beginning of November and that partner organisations, including the LGA, will be asked to sign up to and agree overall principles and specific actions that will be set out, and we will circulate to office holders for their agreement on behalf of the board.

The proposed Concordat

³ Mind: Mental Health Crisis Care: Physical restraint in Crisis
http://www.mind.org.uk/assets/0002/5642/Physical_restraint_FINAL_web_version.pdf

⁴ Independent Commission on Mental Health and Policing
http://www.wazoku.com/wpcontent/uploads/downloads/2013/05/Independent_Commission_on_Mental_Health_and_Policing_Executive_Summary.pdf

⁵ NHS England: Transforming Urgent & Emergency Care Services in England <http://www.england.nhs.uk/ourwork/pe/uec-england/>

Item 5

11. The proposed concordat sets out a number of “guiding principles” which describe good outcomes for people with mental health crisis and expectations of the sorts of response, care and treatment they should receive, supported and illustrated by case studies, in relation to:
 - 11.1 access to support before a crisis arises;
 - 11.2 urgent treatment and emergency access to crisis care;
 - 11.3 treatment and care in crisis; and
 - 11.4 recovery, staying well and preventing further crisis.
12. The scope of the proposed concordat includes health, social care and criminal justice systems. Expected outcomes are for people of all ages. Mental health crisis is broadly described as above and includes people whose crisis has been precipitated by physical health or other needs. The following are currently included:
 - 12.1 Suicidal behaviours
 - 12.2 Clinical depression
 - 12.3 Dementia
 - 12.4 Personality disorder
 - 12.5 Alcohol and drug dependence
 - 12.6 Adults with self-harm events
 - 12.7 Psychosis relapse
 - 12.8 Children’s crisis conditions
 - 12.9 Social crisis such as homelessness or bereavement resulting in mental health trauma
 - 12.10 The physical health emergencies which have arisen as a result of a mental health condition e.g. overdose
13. It is intended that the concordat will set out agreements between proposed signatories (23 organisations are currently identified) about:
 - 13.1 the vision, values and agreed outcomes for people in mental health crisis;
 - 13.2 recommended features of an effective service for consideration locally;
 - 13.3 agreed actions within and between organisations to deliver these; and
 - 13.4 a shared accountability framework through which partner signatories will monitor progress and delivery.
14. It is proposed that a number of key actions, owned by identified partners, will be agreed under these outcomes. Key actions currently identified for the LGA relate to review of Approved Mental Health Professional (AMHP) provision; review with partners of drug and alcohol services; jointly with NHSE preparing good practice guidance for Health and Wellbeing Boards. It is proposed also to add an action relating to safeguarding adults and young people in crisis.

Item 5

15. There is no additional resource to support the changes proposed in the concordat and it is recognised that this presents a significant commissioning and delivery challenge. In terms of delivery, therefore, in addition to proposing a number of agreed “National” actions, local partners will be invited to work together to review, monitor and improve commissioning and delivery of crisis care and support as part of the continuum of mental health support and care available locally and as best reflects local circumstances. It is suggested that this will comprise of:
 - 15.1 a jointly signed-off local declaration that accords with the key principles of the national concordat;
 - 15.2 evidence of sound local governance arrangements; and
 - 15.3 development of a shared action plan and a commitment to track improvements at locality level.

Next steps

16. Further contributions are being made to the proposed concordat with a view to a final draft being available at the beginning of November. Based on this report, **members are asked for any initial comments for officers to submit to DH to direct the drafting of the concordat.**
17. The final draft will be circulated to office holders on the CWB Board for comment.
18. When a final version of the concordat is produced, office holders on the CWB Board, on behalf of the Board, will be asked whether or not they agree to the LGA signing up to the concordat. The actions the concordat would give to the LGA to carry out will need to be costed, and this information will be included in a briefing with the final version of the concordat.