

Reference:	FOI.9499.22
Subject:	Mental health care
Date of Request:	15 August 2022

Requested:

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.
2. Please describe the remit and responsibilities of the health board's Community Mental Health Team (CMHT), and Crisis Team (if separate).
3. Is there a duty for the CMHT or Crisis Team to follow up on hospital admissions for patients who have attempted suicide?
4. Please outline when and how these responsibilities were amended or eased during the coronavirus pandemic, and when/whether the pre-pandemic regime resumed.
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.
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.
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.
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.
9. What is the average response time for urgent referrals to the local CMHTs, for each of the last five years?
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.
11. Please describe the principles and approaches taken by mental health professionals, when supporting patients who use drugs or alcohol.
12. How many patients have been refused mental health care, as a consequence of their use of substances, in the last five years?
13. How many patients have had mental health care withdrawn, as a consequence of their use of substances, in the last five years?

Clarified

3. I am interested in follow up procedures for any patients admitted following any and all suicide attempts, including overdoses. I understand that it can be difficult to distinguish between accidental and deliberate overdoses, but for the purposes of this question, I am interested in the processes followed by the MH specialist services. If this process is different depending upon whether an overdose is judged to be accidental or otherwise, I would be interested to understand how this process differs, and how this judgement is reached.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested for question 7, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with all of the requested information, the UHB would need to undertake a manual trawl of all Adult Mental Health Service (AMHS) records, during the periods 2017/18 to 2021/22, to identify the reason a referral was rejected, as the reason for rejection is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable, to individuals who have made a request under FoIA. Therefore, the UHB provides the accessible information it holds below.

1. The UHB confirms that it has a single point of Mental Health (MH) support, which is accessed by telephoning 111 and selecting option 2. Assistance is offered over the telephone on an individual basis, where the caller will receive support, MH intervention or signposting to a relevant service. This service is provided seven (7) days per week, from 09.00 - 23.30 hours. Outside of these hours, a MH practitioner is available via the UHB’s Accident & Emergency (A&E) Departments.
2. The UHB provides the most up to date copies of its Community Mental Health Team (CMHT) and Crisis Resolution Home Treatment Team (CRHTT) policies, that describe the remit and responsibilities of each team.
 - Attachment 1 - Community Mental Health Team Service Specification
 - Attachment 2 - Crisis Resolution Home Treatment Team (CRHTT); guidance for teams

Please note:- The policies provided are due to be reviewed. Following completion of each policy’s consultation period, the revised document will supersede and replace those provided in response to your request.

Additionally, further information on the UHB’s MH Services is available on the UHB’s website, and can be accessed via the link below:

[Adult mental health - Hywel Dda University Health Board \(nhs.wales\)](https://www.nhs.uk)

3. The follow up procedure for either an intentional or accidental overdose would be an assessment of the individual's MH need, a risk assessment and engagement with the individual, family or carer, in order to agree an outcome plan. This could be undertaken at a District General Hospital, at the individual's home or an Acute MH inpatient ward, either informally or under the Mental Health Act (MHA). All hospital admissions to Psychiatric beds, have a follow up within seventy two (72) hours of discharge.
4. The UHB confirms that Crisis Care and CMHT remained operational throughout the pandemic, continuing to support individuals with MH needs. Visits were pre-arranged and individuals were asked about COVID-19 symptoms. The required precautionary Personal Protective Equipment (PPE) was worn, and social distancing maintained.
5. The UHB provides, within the table below, the number of urgent referrals that have been received for individuals experiencing a MH crisis, by month, during the financial years from 2017/18 to 2021/22.

Month	2017/18	2018/19	2019/20	2020/21	2021/22
April	283	355	389	240	304
May	291	415	396	319	326
June	297	368	394	339	292
July	354	389	385	298	303
August	352	417	344	217	304
September	303	347	374	173	279
October	357	402	409	287	304
November	351	352	380	260	277
December	338	341	310	247	231
January	384	429	376	236	262
February	270	368	383	232	284
March	362	388	339	313	302

6. The UHB provides, within the table below, the number of urgent referrals for individuals experiencing MH crisis where the patient has been recorded as homeless or of having no fixed abode, during the financial years from 2017/18 to 2021/22.

Financial year	2017/18	2018/19	2019/20	2020/21	2021/22
Number	26	19	24	13	31

7. Section 12 exemption applied. However, under Section 16, the UHB provides, within the table below, the number of critical MH support referrals that have been rejected for any reason, during the financial years from 2017/18 to 2021/22.

Financial year	2017/18	2018/19	2019/20	2020/21	2021/22
Number	88	92	54	13	58

8. The UHB confirms that no specific eligibility criteria is needed for patients to receive support from the CMHT. All patients are assessed and treated equally, on an individual basis, irrespective of alcohol or substance use.

9. The UHB provides within the table below, the average response time, in hours, for urgent referrals to the local CMHTs, during the financial years from 2017/18 to 2021/22.

Financial year	2017/18	2018/19	2019/20	2020/21	2021/22
Hours	0.6	1.7	2.1	2.5	3

10. The UHB provides, within the table below, the number of AMH beds available for individuals suffering a severe MH crisis and the average length of stay, in days, for Older Adult MH (OAMH) and AMH inpatients, as at 31 March for the financial years from 2017/18 to 2021/22.

Financial year	2017/18		2018/19		2019/20		2020/21		2021/22	
	OAMH	AMH								
Beds	37	42	37	42	37	42	37	33	41	33
Average days	83	28	75	31	77.6	34.8	92.4	27.4	97.3	31.7

11. The UHB does not have any specific principles or approaches for treating patients who suffer from alcohol or substance misuse, and all patients are treated on an individual basis in accordance with their clinical needs.

12. & 13. The UHB regrets to inform you that it does not hold this information.