

Freedom of Information Request: Our Reference CTMUHB_283_22

You asked:

Clarification provided on the 9 August:

I am specifically interested in all adults 18 and over, so that will include working age and older adults, and exclude child and adolescent services.

Please could you respond to the below questions under the Freedom of Information Act:

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.

Individuals can self-refer to the Crisis Team at Prince Charles Hospital and the Royal Glamorgan Hospital. Family members can also contact the Crisis team to arrange support with consent of the individual. Individual's GP can directly refer into the Crisis team. Should an individual require support following admission to A&E, the staff in the A&E department will refer to the Crisis team or the Mental Health Liaison Team. Bridgend has a Single Point of Access (SPOA) available 24 hours, 7 days a week providing triage, urgent and semi urgent assessment.

People open to the CMHT, Assertive Outreach Teams etc. should contact those services within working hours as opposed to CRHTT.

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

CMHT

The remit of the CMHT is to joint work with the Local Authority in providing care at the secondary service level. Patient's will be assessed under the Care and Treatment Planning (CTP) framework after their referral has been accepted and then they will be directed to either care coordination, by either a CPN or a social worker, under a psychiatrist or psychologist, or they will be monitored in outpatients. Patient's care will be reviewed under CTP at 6 monthly intervals if under Care Coordination or annually if under outpatients. The CMHT joint work / interface with other services such as Community Drug and Alcohol Teams (CDAT), Early Intervention in Psychosis (EIP), Outreach and Recovery Teams (ORT) and the Integrated Autism Service (IAS) if a patient has involvements with more than one team.

CRHTT

The remit of the Crisis team is to assess individuals in emergency circumstances, 24 hours a day, seven days a week, to provide them with an assessment, signposting to other services, referral into hospital or the Home Treatment Team, prescription of short courses of emergency medications and follow up. The Crisis Service also work collaboratively with

the Acute Mental Health Ward to identify individuals who can be discharged with the support of Home Treatment at the earliest point in their care.

Any patients that are known to the CMHT will be directed to the Duty Desk within the hours of 9-5, Mon-Fri. Outside of this, the Crisis team will offer support and inform the CMHT of the contact.

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

Patients who are admitted to a general hospital are referred to the Mental Health Liaison Team for assessment. Those patients who are admitted to a psychiatric in-patient unit are followed up on discharge within 3 days either by the ward, Home Treatment Team or CMHT. The exception to this would be when a person was discharged to a specialist staffed placement.

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

CMHT

Essential face to face visits only during the pandemic. All patients were assessed using a RAG rating basis and patients were contacted face to face, by phone or contact numbers given depending on the risk assessment. All patients within their own homes are now seen face to face, some are seen with a mixture of face to face and phone contact according to need.

CRHTT

Crisis Service operated throughout the pandemic with assessments and home treatment provided to meet the needs of the patient. At the peak of the pandemic some assessments and home treatment contacts were carried out via telephone, however the pre-pandemic provision was resumed as soon as practicable.

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.

Referrals	2017	2018	2019	2020	2021	2022
January		184	174	200	215	386
February		152	199	171	207	407
March		157	214	178	238	326
April		179	203	92	319	413
May		198	227	125	380	354
June		170	187	157	372	246
July	171	181	188	217	437	
August	159	181	183	230	394	
September	174	153	183	209	359	
October	162	159	181	194	506	

November	149	155	186	214	412	
December	166	164	172	212	409	
Total	981	2033	2297	2199	4248	2132

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.

Referrals	2017 July - Dec	2018	2019	2020	2021	2022 Jan - June
Total	15	23	20	22	27	6

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.

No urgent referrals are rejected. An assessment is undertaken with the patient first before a decision is made on the most appropriate pathway to follow.

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.

Adults 18 years and older who need an 'urgent' mental health assessment. Urgent is defined as the person presents a risk to themselves or others or their mental health is at risk of serious deterioration without timely intervention.

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

This data is not recorded.

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?

Beds Available	Average length of stay Apr-18 to June 22
188	36.2

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

Provide an assessment and treatment to all patients in the Cwm Taf Morgannwg area who meet the CDAT referral criteria. Provide evidence-based treatment to patients in the service and ensure that the treatment being provided is safe for the patient, their families, and the community at

all times. Ensure patients are referred on to other agencies who could also add to the patients care plan and improve patient outcomes. Ensure that patients are discharged or transferred to other more appropriate services at the earliest opportunity

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

We can confirm that the Health Board does not centrally record this information. The information you require would be recorded within an individual patient's health record as part of their ongoing care. To provide you with this information, would require a manual trawl and significantly exceed the 18 hours time and £450 cost limit set out within Section 12 of the Freedom of Information Act.

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

Please see response to question 12.