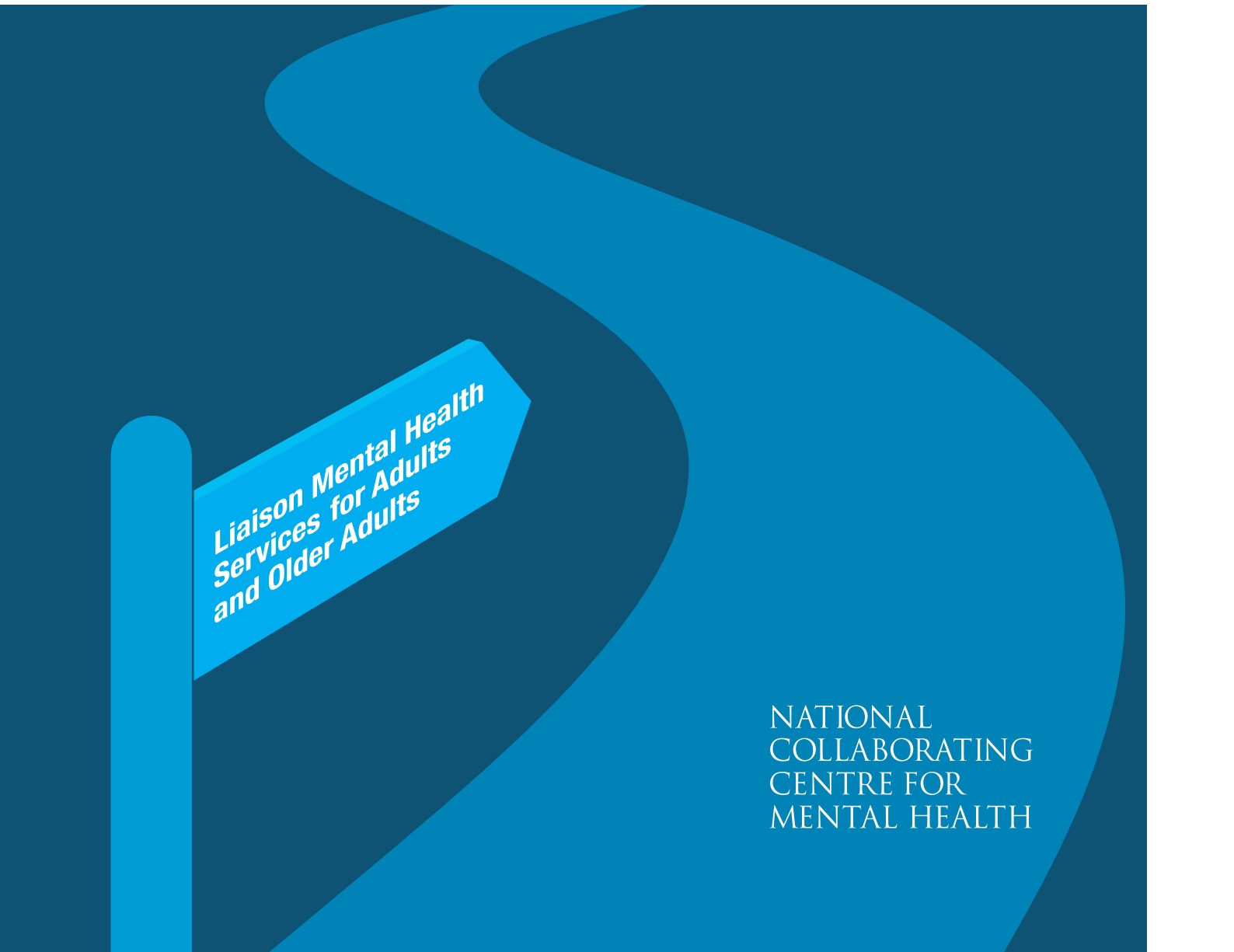
NICE National Institute for Health and Care Excellence

NHS England

Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – **Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Appendices and Helpful Resources**



NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Appendices and Helpful Resources

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Appendix A – Relevant NICE guidance and outcome measurement

Table 1: NICE quality standards

Quality statement	Type of measurement/ how the standard will be used	Method for measuring the outcome
Service User Experience in Adult Mental Health Services (NICE quality standard 14)		
1. People using mental health services, and their families and carers, feel optimistic that care will be effective.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that people felt the liaison mental health service provided care that was effective.
2. People using mental health services, and their families and carers, feel they are treated with empathy, dignity and respect.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that people felt the liaison mental health service treated them with empathy, dignity and respect.
3. People using mental health services are actively involved in shared decision-making and supported in self-management.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that people felt the liaison mental health service actively involved them in shared decision-making and supported them in self-management
5. People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services.	PREM (see Section 4.5.2 of the implementation guidance)/quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that people felt confident that the liaison mental health service used their views to monitor and improve services.

Quality statement	Type of measurement/ how the standard will be used	Method for measuring the outcome
6. People can access mental health services when they need them.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service: • responded to the person within one hour of referral to the service • where relevant, organised a Mental Health Act assessment and it started within four hours of arrival in an ED or referral to the service from a ward • put in place an urgent and emergency mental health care plan within four hours of arrival in an ED or referral to the service from a ward • arranged ongoing care in line with the recommendations of this guide within four hours of arrival in an ED or referral to the service from a ward (or 24 hours if it is an urgent referral).
7. People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service: • explained the assessment process (and it was understood by the person) and the options for next steps for care and support • provided emotional support for any sensitive issues.
8. People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service worked jointly with the person to develop an urgent and emergency mental health care plan, that they gave the person a copy, and before leaving the service, they had agreed a date with the person for reviewing the plan.
9. People using mental health services who may be at risk of a crisis are offered a crisis plan.	PREM (see Section 4.5.2 of the implementation guidance)/quality assessment and improvement programme	Services should obtain evidence from surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service provided the person with a written plan detailing actions for the person and their family/carer (if appropriate) on how to manage future crises.
10. People accessing crisis support have a comprehensive assessment, undertaken by a professional competent in crisis working.	PREM (see Section 4.5.2 of the implementation guidance)/quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service asked the person being assessed about their relationships, their social and living circumstances and level of functioning, as well as their symptoms, behaviour, diagnosis and current treatment.

Quality statement	Type of measurement/ how the standard will be used	Method for measuring the outcome
15. People using mental health services feel less stigmatised in the community and NHS, including in mental health services.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service made efforts to reduce feelings of stigmatisation during the care of the person.
Alcohol-use Disorders: Diagnosis and Management (NICE quality standard 11)		
1. Health and social care staff receive alcohol awareness training that promotes respectful, non-judgmental care of people who misuse alcohol.	Quality assessment and improvement programme	Services should obtain evidence from surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service provided drug and alcohol misuse training for all its staff, which included how to support people in a respectful and non-judgmental manner.
2. Health and social care staff opportunistically carry out brief screening and brief interventions for hazardous and harmful drinking as an integral part of practice.	Quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service inquired about the person's current drinking habits and if appropriate provided information highlighting the dangers of harmful drinking.
Personality Disorders: Borderline and Antisocial (NICE quality standard 88)		
7. Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision.	Quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from clinicians. Services should also monitor staff retention data and reasons for leaving given during departure interviews. Evidence should show: • that the liaison mental health service adequately retains staff who provide care and support for people with borderline or antisocial personality disorder • job satisfaction among mental health professionals and satisfaction that they are receiving adequate supervision.
Self-harm (NICE quality standard 34)		
1. People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.	PREM (see Section 4.5.2 of the implementation guidance)	Services should obtain evidence from experience surveys and feedback from service users. Evidence should show that people who have self-harmed feel they were treated with compassion and the same level of respect and dignity as any service user.
2. People who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide.	PREM (see Section 4.5.2 of the implementation guidance)/ quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users. Evidence should show that the liaison mental health team offered the person a full biopsychosocial assessment after an episode of self-harm.

Quality statement	Type of measurement/ how the standard will be used	Method for measuring the outcome
Dementia: Support in Health and Social Care (NICE quality standard 1)		
8. People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.	Quality assessment and improvement programme	Evidence should show that: • the liaison mental health service offered care specialising in dementia and older people's mental health or referred the person to a specialist team • people with suspected or known dementia received an assessment (where clinically appropriate) by the liaison mental health team specialising in dementia or older people's mental health.

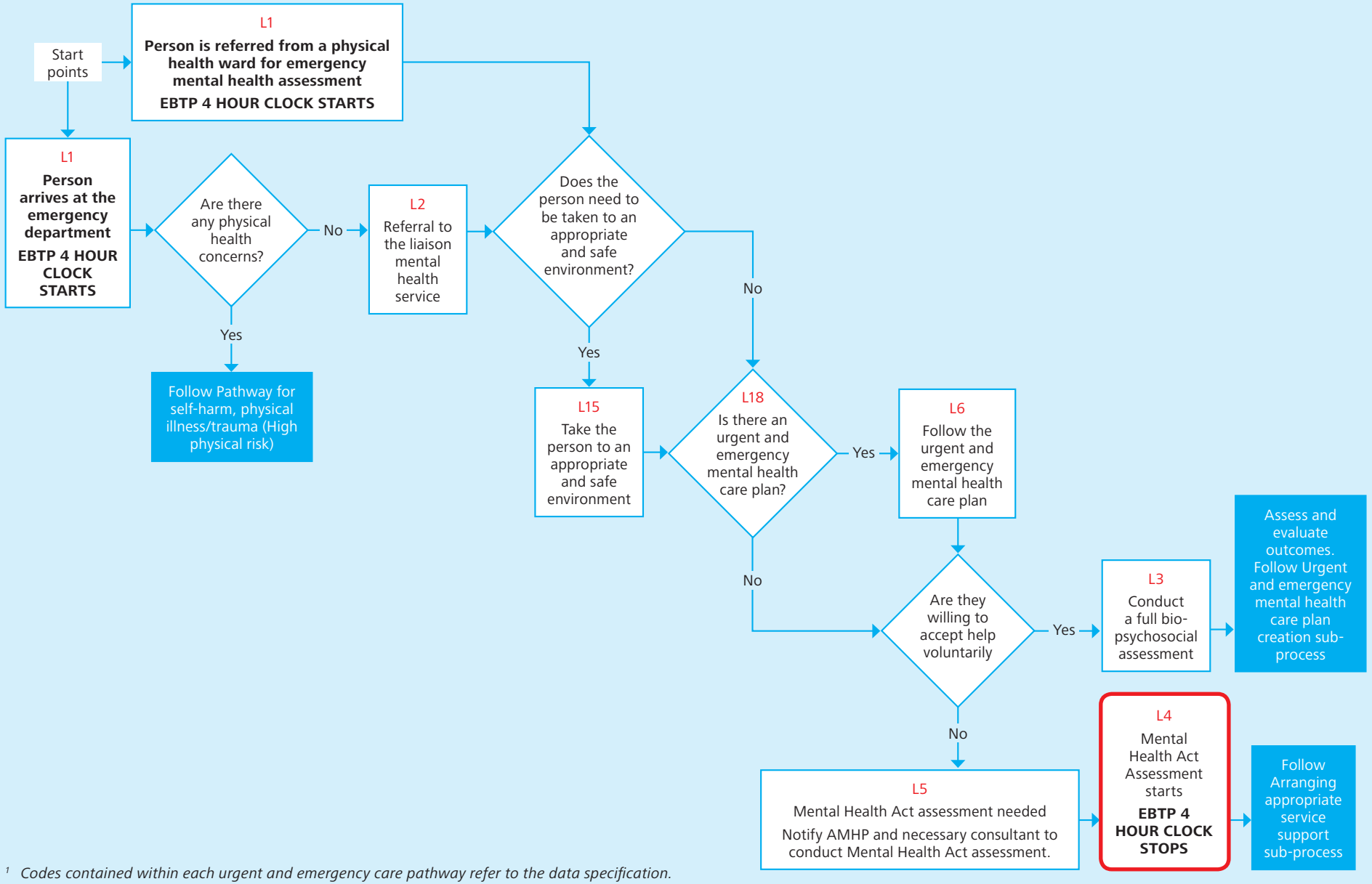
Table 2: NICE guidelines

Recommendations	Type of measurement how the standard will be used	Method for measuring the outcome
Service User Experience in Adult Mental Health (NICE clinical guideline 136)		
1.5.6. Health and social care providers should provide local 24-hour helplines, staffed by mental health and social care professionals, and ensure that all GPs in the area know the telephone number.	Quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that the liaison mental health service gave people the telephone number and made them aware that mental health and social care support could be accessed.
1.5.10. Consider the support and care needs of families or carers of service users in crisis. Where needs are identified, ensure that they are met when it is safe and practicable to do so.	PREM (see Section 4.5.2 of the implementation guidance)/quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from families/carers. Evidence should show that the liaison mental health service notified families/carers in writing of the support available to them. It should also show that families/carers felt the service provided adequate support in a timely manner.
1.5.11. Health and social care providers should support direct self-referral to mental health services as an alternative to accessing urgent assessment via the emergency department.	Quality assessment and improvement programme	Services should obtain evidence from experience surveys and feedback from service users and their families/carers. Evidence should show that other mental health services enable self-referral.
Violence and Aggression (NICE guideline 10)		
1.5.1. Healthcare provider organisations and commissioners should ensure that every emergency department has routine and urgent access to a multidisciplinary liaison team that includes consultant psychiatrists and registered psychiatric nurses who are able to work with children, young people, adults and older adults.	Quality assessment and improvement programme	Evidence should show: • record keeping of staffing levels, disciplines and specialities • when particular disciplines have not been accessible and the reasons for this.
1.5.2. Healthcare provider organisations should ensure that a full mental health assessment is available within 1 hour of alert from the emergency department at all times.	Quality assessment and improvement programme	Evidence should show that the liaison mental health team responded within one hour.

Appendix B – The full pathway

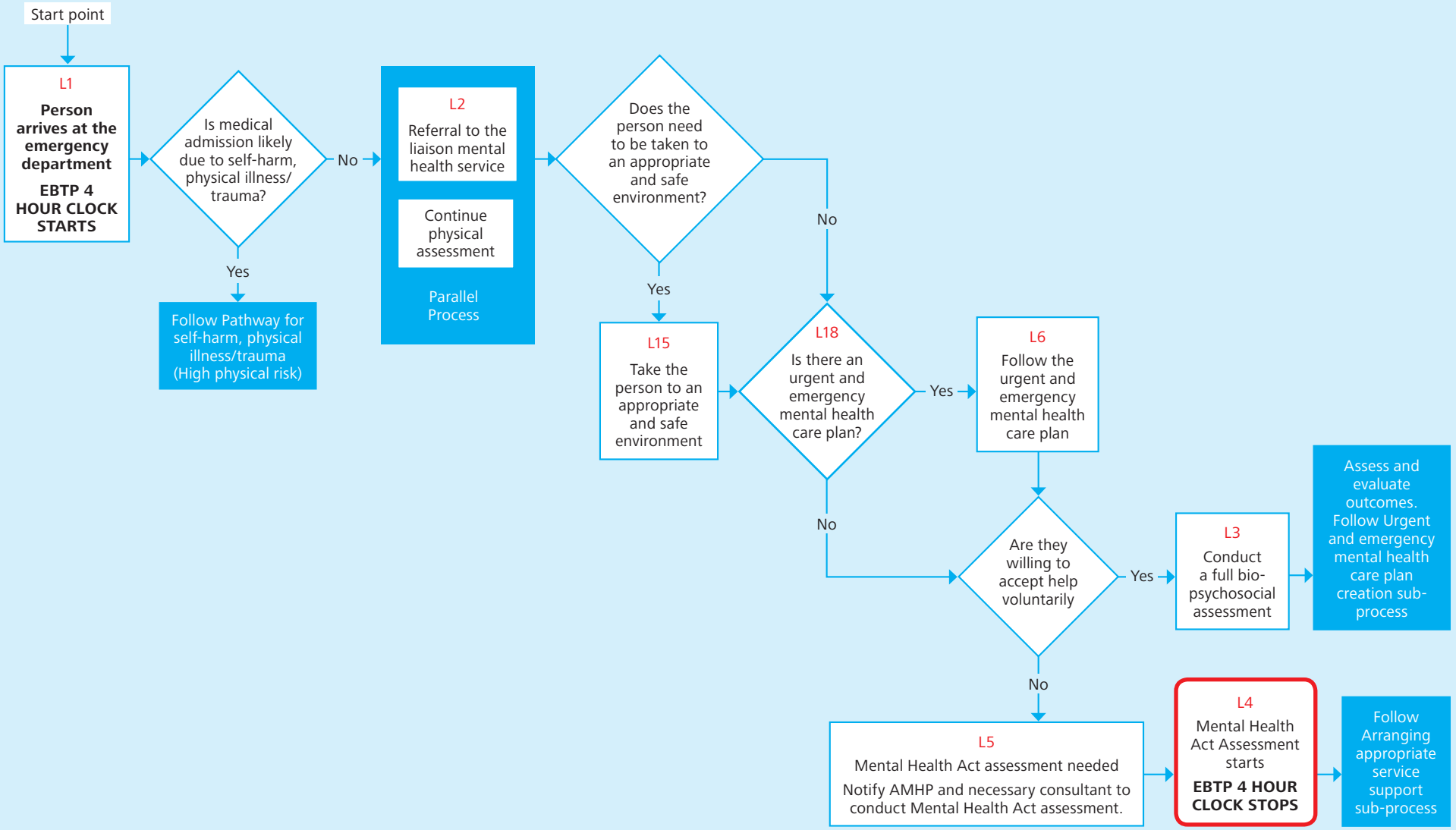
This section contains the full pathway for urgent and emergency liaison mental health services to respond to a mental health crisis. At certain points in the pathway, data should be collected.[1] The latest points for data collection are numbered in the flow charts.

B.1 Pathway for no physical health concerns[L1]

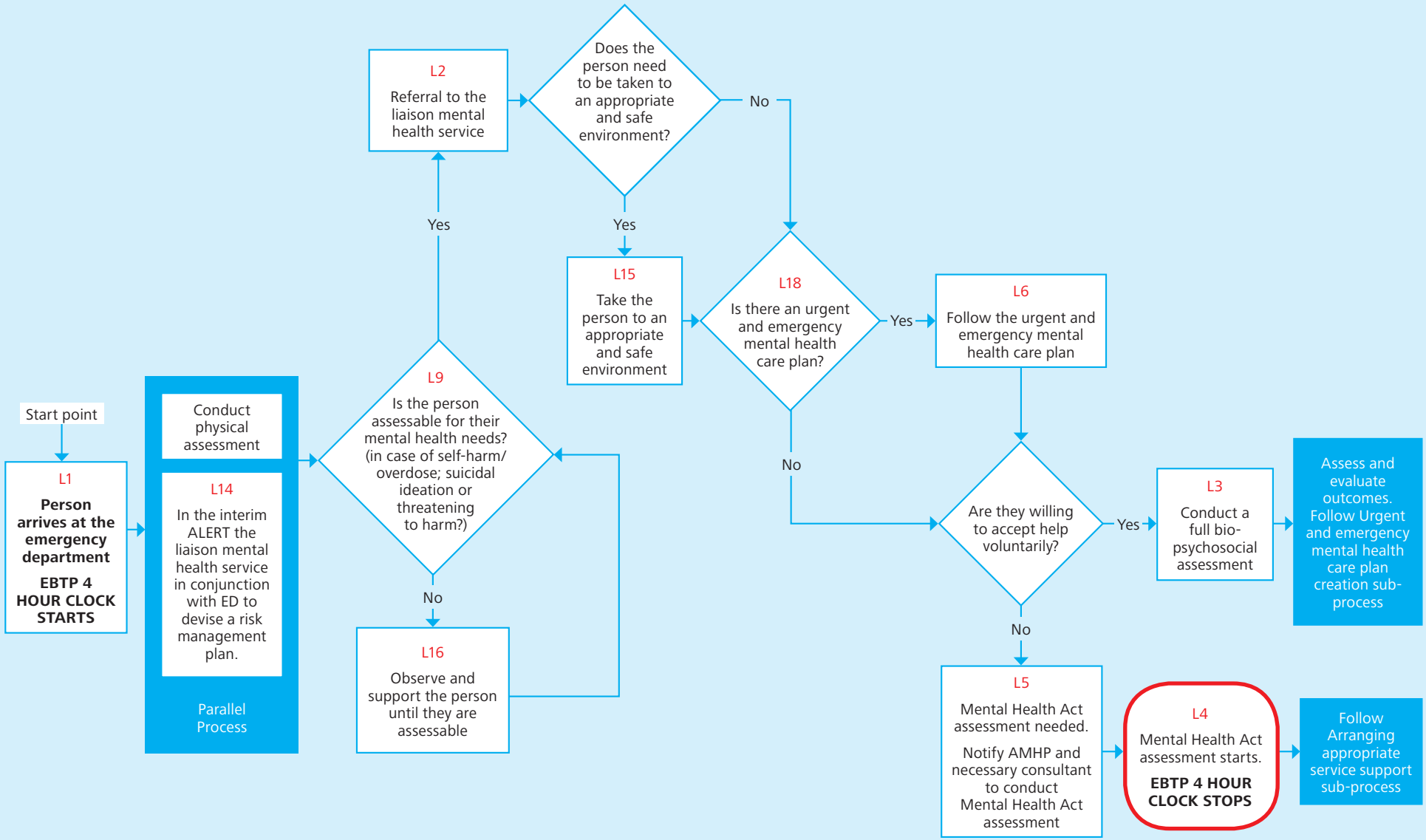


[1] *Codes contained within each urgent and emergency care pathway refer to the data specification.*

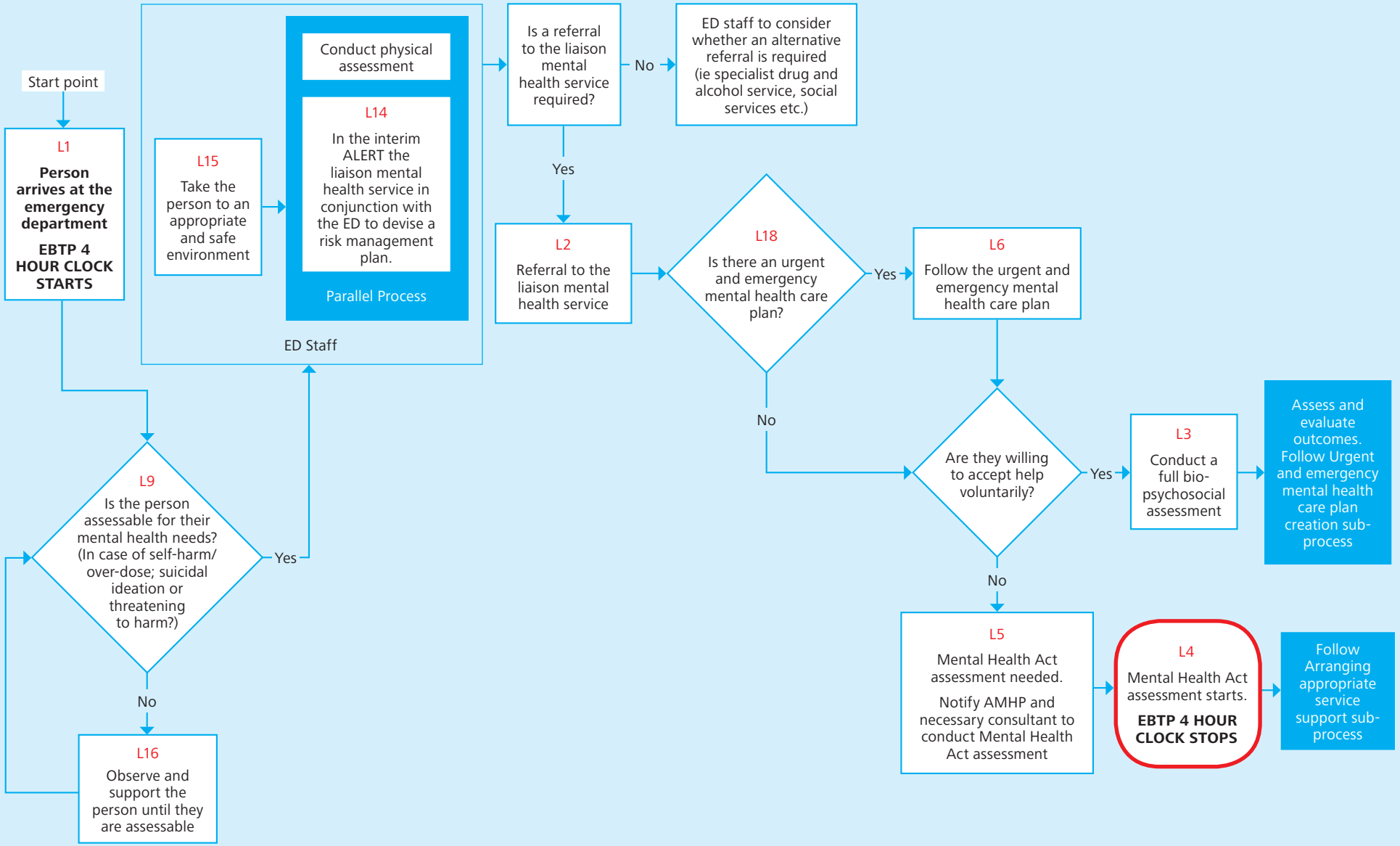
B.2 Pathway for self-harm and physical illness/trauma (low physical risk)[L1]



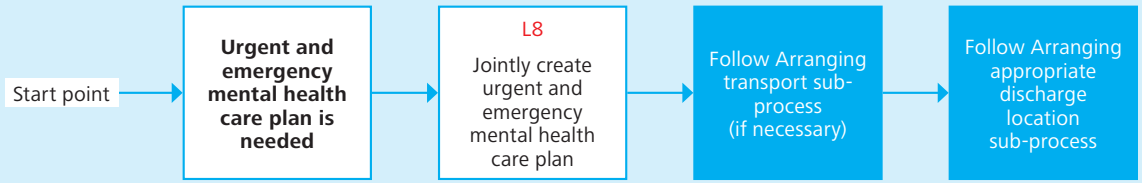
B.3 Pathway for self-harm and physical illness/trauma (high physical risk)[L1]



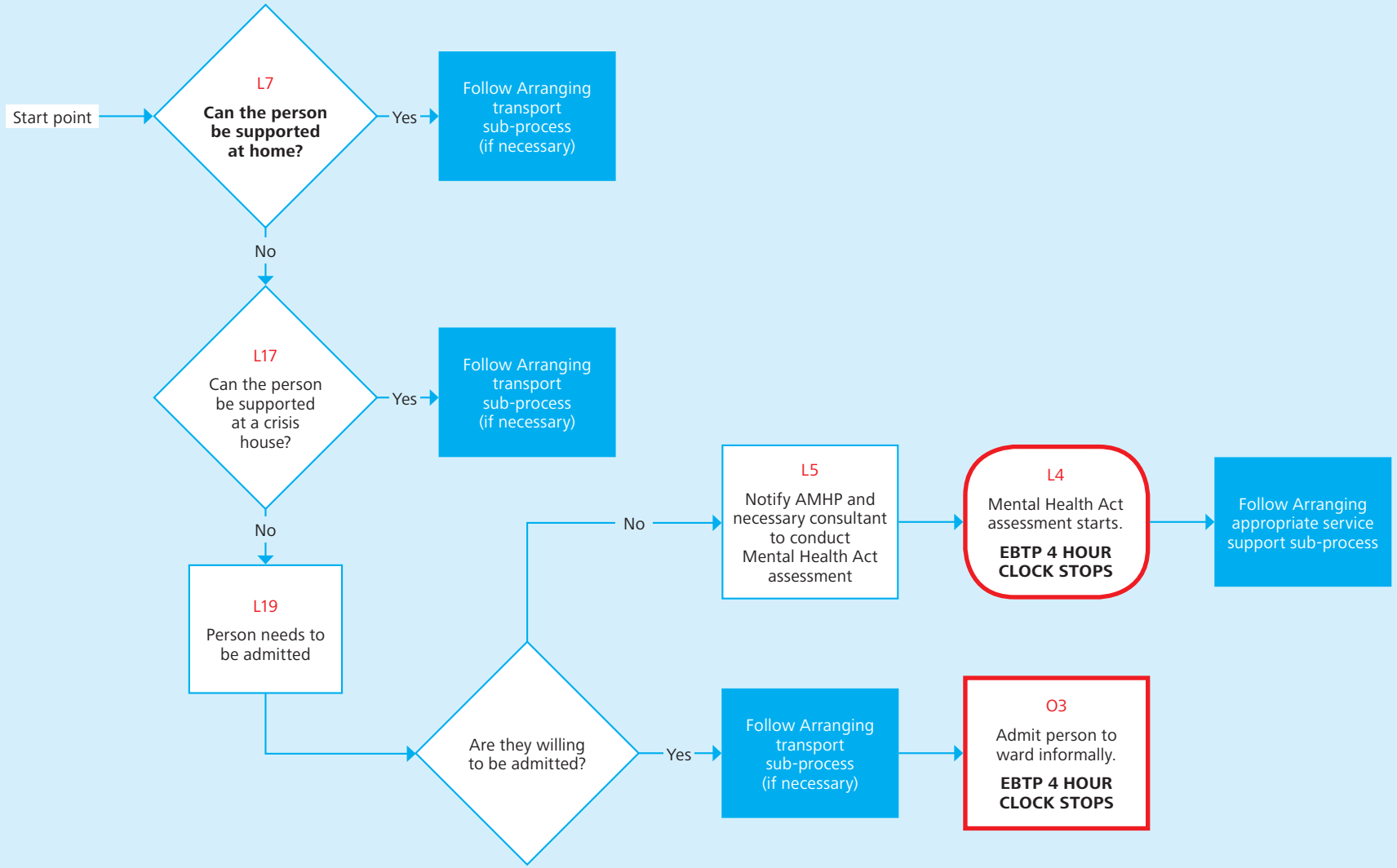
B.4 Pathway for when the person is too intoxicated for a mental health assessment[L1]



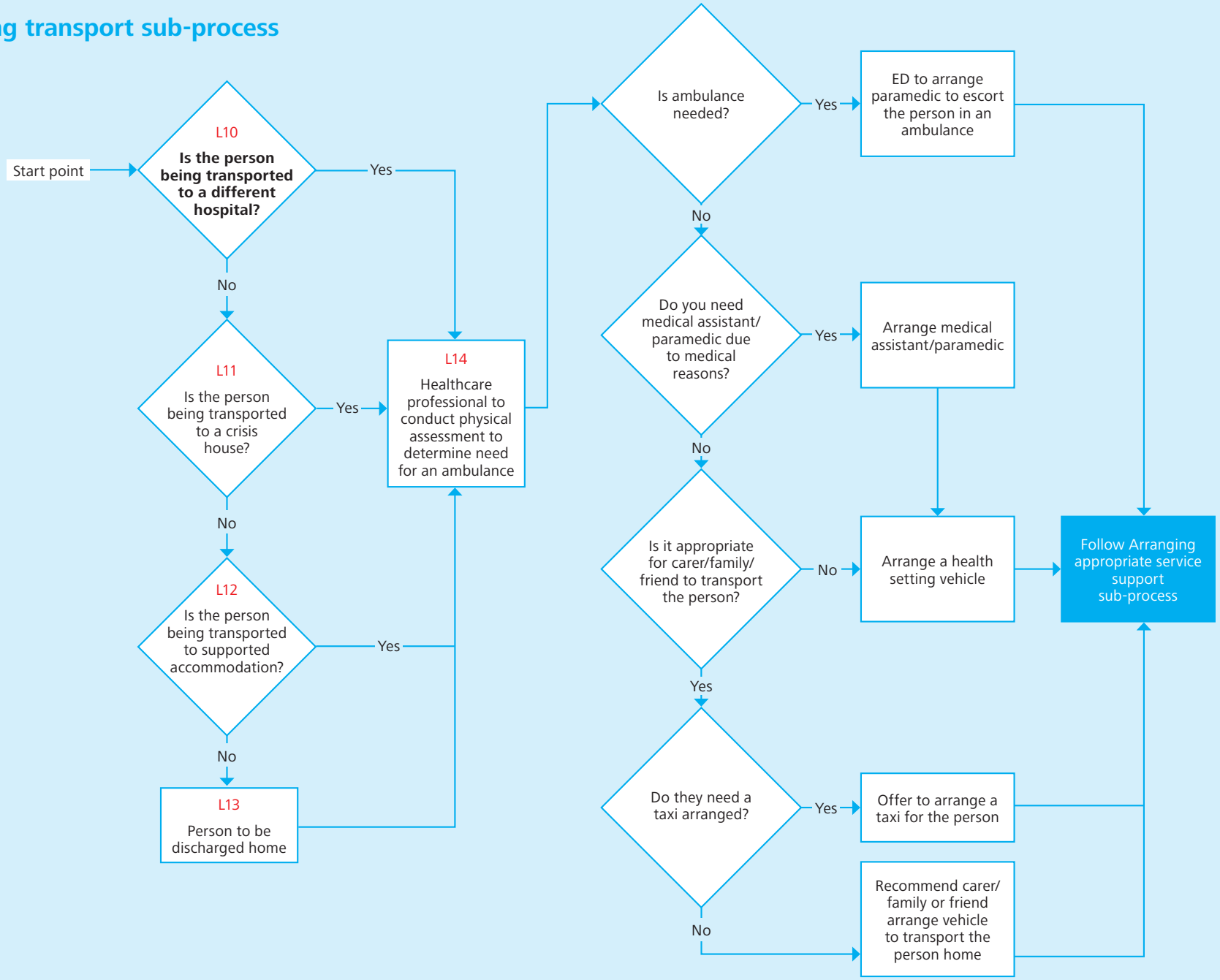
B.5 Urgent and emergency mental health care plan creation sub-process



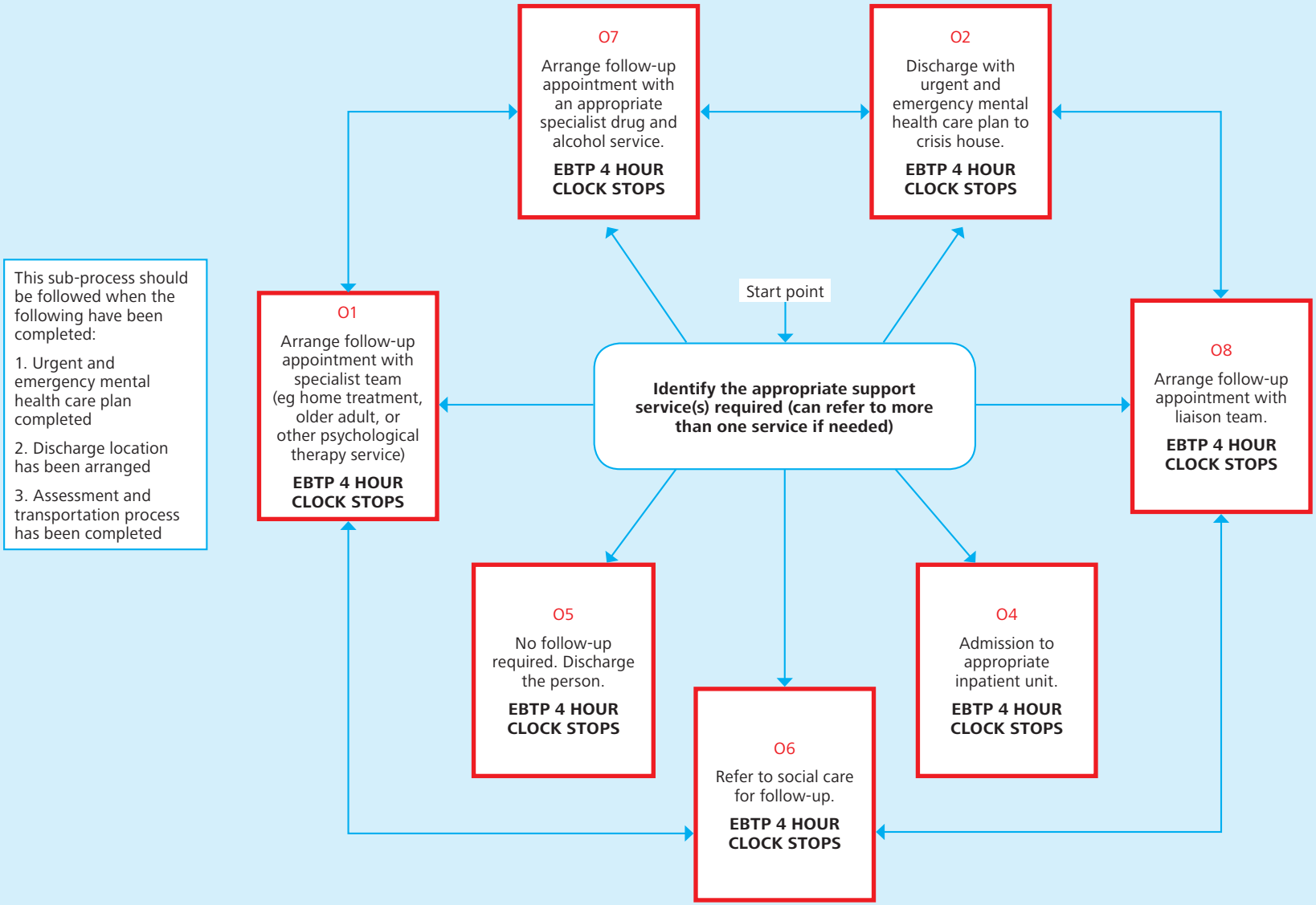
B.6 Arranging appropriate discharge location sub-process



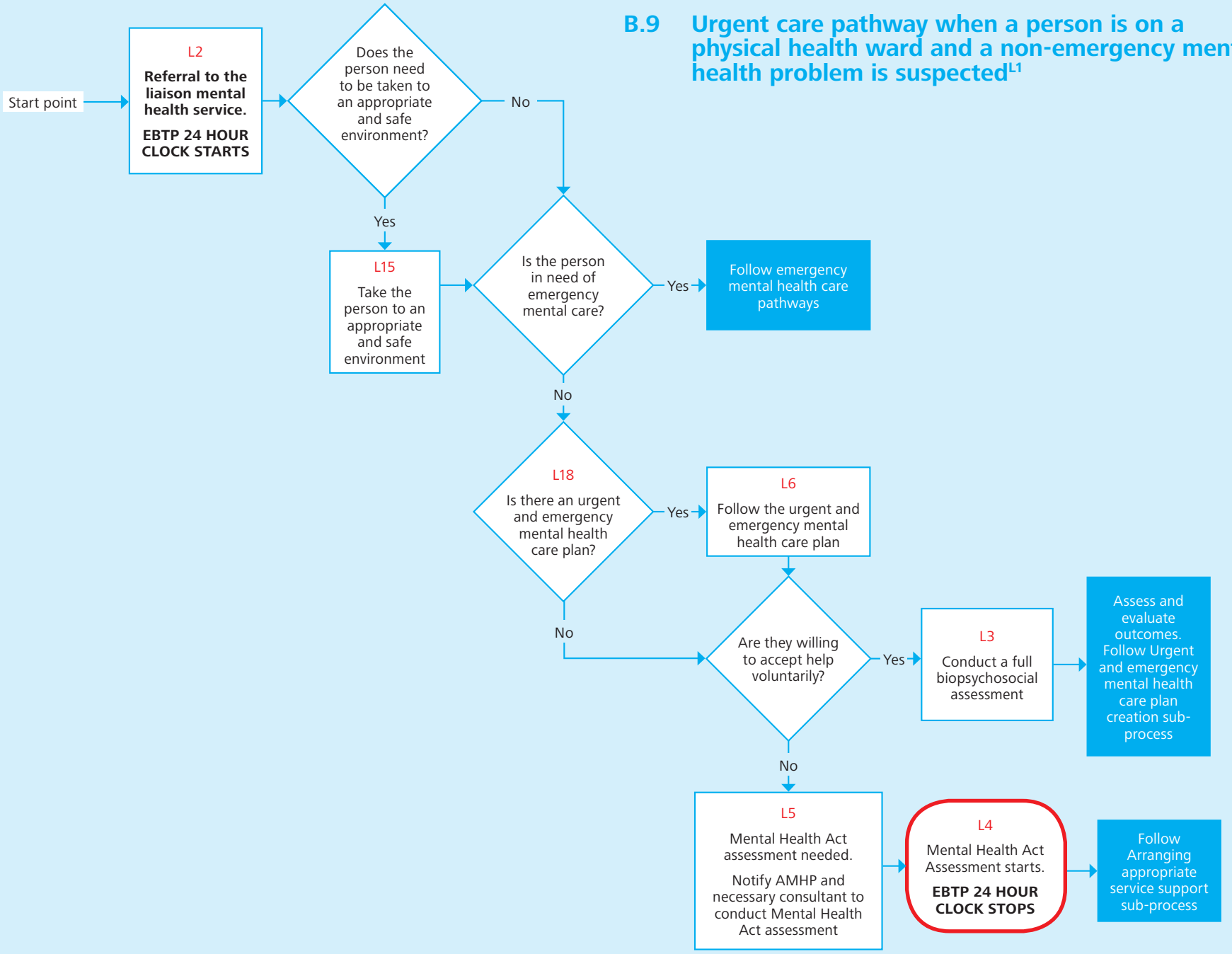
B.7 Arranging transport sub-process



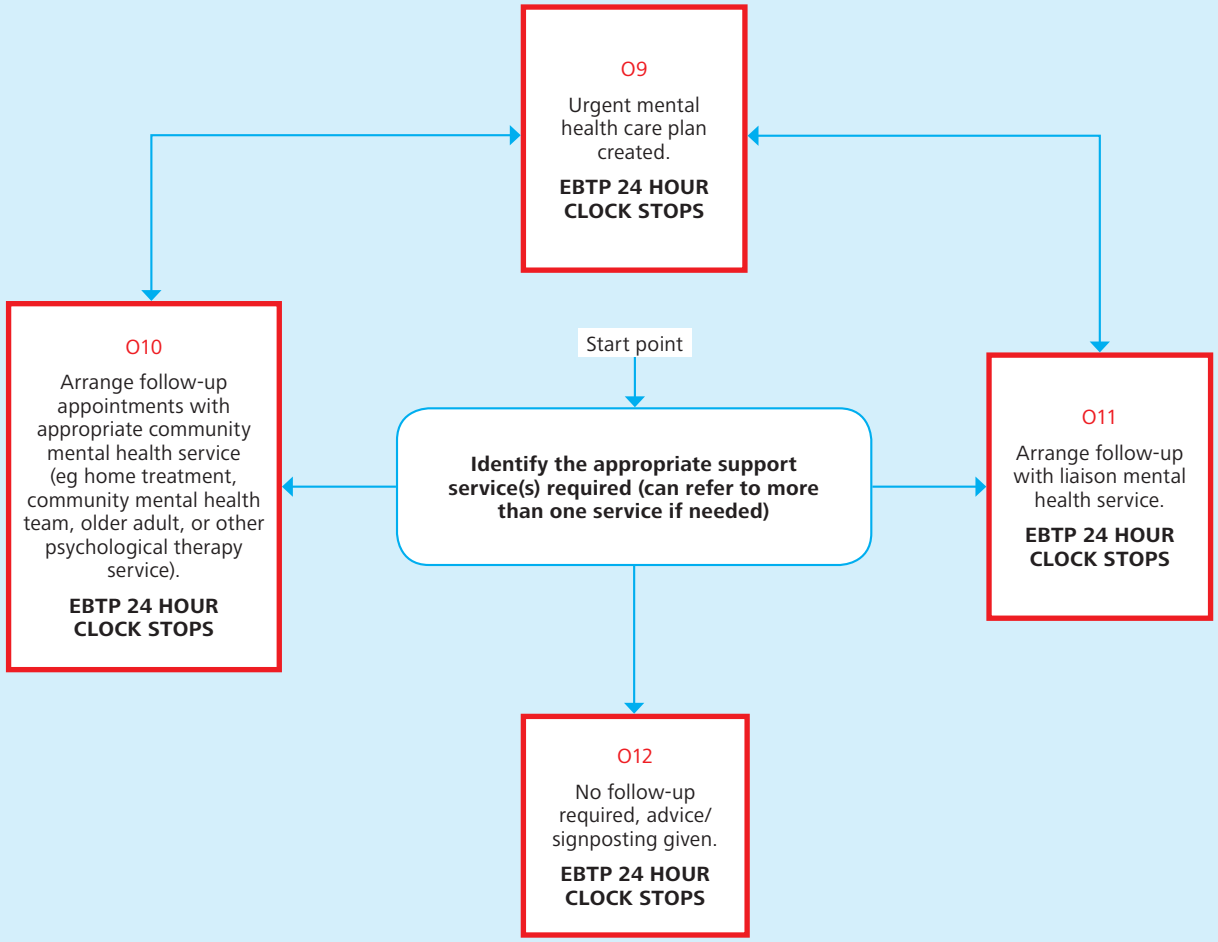
B.8 Arranging appropriate service support sub-process



B.9 Urgent care pathway when a person is on a physical health ward and a non-emergency mental health problem is suspected[L1]



B.10 Urgent mental health care outcomes process



Appendix C – Expert Reference Group members

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Angelique Whitfield, Health and Justice Service Implementation and Change Manager, NHS England

Faye Wilson, Chair of Mental Health Forum, British Association of Social Workers

Helpful resources

1 Purpose of this resource pack

This resource pack accompanies the *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care: Part 2. Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults* implementation guidance, and provides commissioners and providers with examples of positive practice and helpful resources to support implementation.

1.1 Positive practice examples and models

Section 2 provides positive practice examples and models from liaison mental health services, with a particular focus on delivery of one or more of the quality statements and key recommendations from the relevant NICE quality standards and clinical guidelines or the recommendations outlined in the implementation guidance.

1.2 Helpful web-based resources

Section 3 contains links to helpful web-based resources, including:

- national guidance
- NICE guidance
- tools to support analysis of local demand
- urgent and emergency mental health resources
- other useful resources to support quality improvement.

As noted in the implementation guidance, the College Centre for Quality Improvement (CCQI) is launching a quality assessment and improvement programme, which will be an ongoing source of helpful information and positive practice examples.

2 Positive practice examples and models

The following models and services have been included in this pack to provide examples of how commissioning goals can be achieved in the real world. They were chosen because each one demonstrates an aspect of how the evidence-based treatment pathways and principles of recommended practice outlined in the implementation guide can be achieved, and how this results in a positive impact on outcomes for people experiencing a mental health crisis and their families and carers.

2.1 North West London Optimal Model

The Integrated Care Pathway in North West London was established in 2012 with the initial goal of integrating the management of diabetes with the care of people over 75 years old. Building on the evidence for the Rapid Assessment Interface Discharge (RAID) model (see Section 2.6), the service modified the skill mix and staffing ratios of that model to put together a 24-hour service that reflected the local urban demand, and later became the 'core 24' model (as described in Section 3.4.1 of the implementation guidance). The service provides a single point of contact for all people with diagnosed or suspected mental health problems, providing rapid response in emergency departments (EDs) and hospital wards.

The North West London Optimal Model is a liaison mental health service designed to operate in acute general hospitals in the area, providing care for people with significant mental health needs. It also provides training for non-mental health clinicians and hospital staff in supporting people with mental health needs. The model integrates GPs, specialist mental health teams, out-of-hospital care providers and housing services.

The service is delivered by a multidisciplinary team made up of clinical staff from a range of disciplines, including psychiatry, nursing and social work. The team is made up of two consultant psychiatrists, one team manager, 12 band 6 and 7 team nurses, two therapists (one generic and one occupational therapist). The service also provides one substance misuse nurse, two specialist registrars, one social worker and two staff to provide business and administrative support.

An interim evaluation of the liaison mental health service piloted at the four acute trusts was undertaken in September 2012 to measure the service's impact. The evaluation found that from March to September 2012, the liaison mental health team saw 4,102 people. Two-thirds of people seen were between 16 and 65 years old, and one-third was over 65. The four most frequently diagnosed conditions were depression, alcohol dependence, schizophrenia and dementia.

The new model has led to important pieces of work, one of which has been looking at ways to reduce the number of attendances by frequent attenders at acute hospitals. Frequent attendance was reduced and improvements in care were achieved through face-to-face interventions (such as psychoeducation) with service users and carers, and a review identifying gaps and duplications within primary, secondary and community care to allow for appropriate referrals to be made. Another piece of work looked at how breaches in EDs are recorded across acute trusts. That resulted in the creation of a work validation tool, used to define any breaches and why they were occurring. Common reasons included waiting for Mental Health Act assessments or beds; another factor was medical teams not referring a person to the liaison mental health team until the four-hour target was almost breached.

Contact details

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Figure 1: Map of liaison mental health services: positive practice examples and models

2.2 Nottingham

Liaison mental health services operate across all three hospital sites in Nottingham, providing rapid assessment for people with mental health problems, those who have self-harmed or are suicidal, and those who have possible dementia or delirium in the context of a mental health crisis. There is a dedicated liaison team for all referrals to the ED for those aged over 16 years; there is also a working-age adult service offering some outpatient care.

The service has two consultant clinics per week alongside nurse-led follow-up clinics; there is also a separate alcohol liaison service and a separate mental health liaison service for older people, which is provided by a team working Mondays to Fridays, 9am to 5pm. A complex liaison child and adolescent mental health service (CAMHS) also operates during working hours from Monday to Friday. A breakdown of staff numbers is provided in Table 3.

The service therefore encompasses all of the models of liaison mental health and operates 24 hours a day, 365 days a year. The population size that the service covers is substantial: around 750,000 in greater Nottinghamshire.

Table 3: Nottingham – breakdown of staff numbers in the service

Age group	Occupation/speciality	Staff numbers (whole time equivalent - WTE)
Working age adults	Team leader	1
	Band 6 nurse(s)	19
	Consultant(s)	2
	Associate specialist	0.9
	Consultant CBT therapist	0.5
	Band 4 admin	1
	Band 3 admin	2
	Band 2 admin	1
CAMHS	Consultant(s)	0.5
	Family therapist	0.5
Older adults	Team leader	1
	Consultant(s)	1
	Band 6 nurse(s)	5
	Occupational therapists(s)	1
	Band 3 admin	2

Core training is provided to all staff, including an induction training programme and an additional fortnightly teaching programme. There is also a liaison mental health service for clinicians in those hospitals needing advice on the management of suspected mental health problems.

People are referred to the liaison mental health service through different routes. The majority of children and older adults are referred from the wards, while two-thirds of working-age adults are referred from the ED.

Biopsychosocial assessments are provided as brief interventions in the ED and all patients are offered a signed care plan, signposted to other available sources of help or are followed-up by the liaison mental health team on a case-by-case basis depending on need. Follow-up care is provided in the working-age adult team in two ways:

1. People with urgent needs receive up to five or six follow-up intervention sessions and are safely discharged to the GP
2. People with non-urgent needs are referred to other services where required.

The liaison service uses patient-reported experience measurement (PREMs) and Psychiatric Liaison Accreditation Network (PLAN) standards to answer questions about patient experience and ensure that standards are being met. In addition, patient feedback forms developed by the trust's own patient group are used to monitor and improve the service. The service is in the process of developing a method for routinely collecting PREM information using tablet technology. This will enable patients to provide feedback about their experience anonymously and efficiently. The service uses a standardised form for assessments that also collects information on patient experience and provides a space for feedback.

Contact details

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2.3 Oxford

The Emergency Department Psychiatric Service (EDPS) at Oxford is a dedicated service that covers all of Oxfordshire, based in the ED at the John Radcliffe Hospital and Horton General Hospital. In addition to this service, Oxford University Hospital NHS Foundation Trust also provides a core liaison service (Oxford Psychological Medicine Service), which aspires towards a comprehensive model covering inpatients and outpatient clinics.

The EDPS receives approximately 200 referrals per month from both sites. The service is available 24/7 for people of all ages who present with self-harm or mental disturbance to the ED of the two hospitals. They also see young people aged 13-15 who have self-harmed and been admitted to the Children's Hospital at the John Radcliffe.

The team is made up of six WTE band 7 daytime nurses (or equivalent support worker or occupational therapist), three WTE band 7 nurses on night duty, one WTE band 8a manager (who also manages street triage and ambulance CPNs), two WTE consultants, one core trainee psychiatry and one GP trainee. The EDPS also has access to a learning disabilities specialist and has a substance misuse specialist within the team.

Brief interventions are provided in the ED, including social needs assessments and brief structured interviews for people with comorbid mental health and substance misuse problems. All people are offered written safety and discharge plans aimed at helping to manage current and possible future mental health crises.

The service provides one or two follow-up telephone calls in the 48 hours following presentation to people who are not already engaged with secondary mental health services, and who the assessing clinician feel would benefit from this. The service also offers a brief intervention for repeat self-harm, which can be delivered in person or via Skype, for people who do not meet the threshold for a specialist personality disorder service or other secondary mental health care and for whom Improving Access to Psychological Therapies (IAPT) may not be suitable.

Staff receive core training in how to conduct initial mental health assessments, how to assess and manage risk, and in the use of mental health legislation. Newly recruited staff are given the opportunity to shadow staff. Additional core training incudes:

- methods of working with people over 65 years, including detection and management of depression, delirium and dementia
- understanding self-harm
- suicide awareness, prevention, techniques and approaches
- preventing and managing challenging behaviour
- detecting and responding to acute disturbance in physically ill people of all ages
- mental health stigma
- working with those diagnosed with personality disorder.

Oxford EDPS monitors and assesses people's views using a patient experience form designed by the service. In addition, a carer's group has been created and patient feedback is formally reported in business meetings.

The service is research active, with the daily gathering of data for the Centre for Suicide Research at the University of Oxford. In 2015 they participated in a National Institute for Health Research (NIHR) multi-centre study looking at self-harm and scales to predict risk of repetition. The team won a Health Foundation Award (2016) to pilot the use of tele-psychiatry for assessments in the ED and for home appointments for people in the brief intervention for repeat self-harm clinic.

Contact details

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2.4 Leeds

The liaison mental health service in Leeds offers assessment and some follow-up for people aged 16-65 years who present with mental health problems.

The Leeds psychiatric service consists of the following sub teams:

- An acute liaison psychiatric service (ALPS) provided 24/7 for ED and self-harm presentations
- An older adult liaison psychiatry service for people aged 65 and over provided 9am-5pm, 7 days a week
- A working-age in-reach service provided to people in the general hospital aged 18-64 (who have not self-harmed)
- A liaison psychiatry outpatient service provides a range of specialist mental health input aimed at improving the health outcomes of people with long-term physical health conditions, complicated by the presence of a mental health problem. There are three consultants, one specialty doctor, one core trainee and three higher specialist trainees who provide medical outpatient sessions (this equates to approximately 8.5 sessions a week). There are also three WTE band 6 therapists and one WTE band 7 CBT therapist who provide outpatient clinics.
- An addiction service offering in-reach and ED cover, provided by three WTE clinicians from Monday to Friday between the hours of 9am–5pm, for all primary drug or alcohol-related issues.

A breakdown of staff numbers is provided in Table 4.

Table 4: Leeds – breakdown of staff numbers in service

Age group	Occupation/speciality	Staff numbers (whole time equivalent - WTE)
In-reach service for working-age adults	Band 6 nurse(s)	0.8
	Speciality doctor(s)	1
	Consultant(s)	1
Acute liaison psychiatry service (ALPS)	Consultant(s)	0.1
	Band 6 nurse(s)	17
	Band 7 nurse(s)	2
Older adult liaison psychiatry service	Specialist doctor(s)	1
	Consultant(s)	1.2
	Band 6 nurse(s)	8
	Band 7 nurse(s)	0.8
	Health support worker(s)	1

The ALPS delivers training for staff, providing staff with an induction programme as well as a quarterly liaison psychiatry group. The ALPS service provides a monthly teaching session for in-reach staff, and staff from both teams attend weekly educational meetings to discuss a range of topics such as recent challenges and lessons learned.

The Leeds liaison service offers biopsychosocial assessments in the ED, and provides people with a care plan and signposting leaflet upon discharge. The service does not offer rapid follow-up care: some follow-up is provided, but most is provided by other services. For people seen by the in-reach sub-team, approximately 6% are followed-up in the outpatient clinic, 15% are discharged to community mental health teams, 9% are admitted to mental health wards, 1% of people are discharged to social care for follow-up, and 6% are referred to an appropriate alcohol and drugs service.

The views of patients are collected through a feedback form provided to all people when they are discharged. The Clinical Global Impression Scale (CGI) is used for all people who the service sees more than once.

The Leeds liaison service is currently under a process of redesign, with a view to improving the service. The service is working towards ensuring:

- there is appropriate seniority available 24/7
- an increase in staffing numbers
- creation of a steering group to look at issues such as duplication of records
- streamlining the referral process for general hospital staff.

Contact details

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2.5 Sunderland

Sunderland's liaison mental health service functions as a comprehensive service providing assessment and treatment to people presenting with mental health problems in the ED and the wider hospital.

The service provides brief interventions in the ED such as dialectical behaviour therapy-based and solution-focused interventions. People presenting to Sunderland liaison service are provided with written care plans and information leaflets to help manage current or future crises, this includes telephone numbers of relevant support and emergency services.

Referrals are received from the ED, all inpatient wards and from other outpatient clinics to the liaison outpatient clinics. In an 8-week period, 94% of emergency referrals were people under 65 years (6% were 65 and over). The liaison team also receive urgent referrals; 45% of referrals received were from inpatient wards, of these 19% were under the age of 65 and 81% were 65 and over. These statistics are fairly standard for the service.

The dedicated Sunderland liaison service comprises 23 WTE band 6 nurses, four WTE band 7 nurses (of which one is the team manager) and five WTE band 3 support workers. There is also one WTE peer support worker, one WTE band 5 psychological wellbeing practitioner, three WTE band 5 nurses (supernumerary as training posts), one WTE 8b psychologist, two WTE psychiatrists, one WTE band 8b nurse consultant, one WTE band 8b pharmacist and three WTE administrative staff.

The service provides fortnightly CPD training for their own staff, as per PLAN standards and from the Competency Framework, and challenges that staff may face are dealt with quickly through discussion in local reflective practice groups and daily multidisciplinary team discussions. The team also provides extensive training to general hospital staff to improve the knowledge base around mental health problems.

The service is in the process of implementing the Framework for Routine Outcome Measurement in Liaison Psychiatry framework (FROM-LP) to assess patients' views in order to monitor and improve services. The team is improving the monthly collection of these data.

The service provides follow-up care via outpatient clinics, offering people an average of between two and four sessions for medically unexplained symptoms, chronic obstructive pulmonary disease, stroke, self-harm and perinatal mental health problems, and to support with complex prescribing. There are specific pieces of work being developed, including managing frequent attenders. The service is expanding and evolving within the same footprint as regards workforce. The team is able to do this by upskilling general hospital staff to manage less complex mental health presentations.

Contact details

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2.6 Rapid Assessment Interface Discharge (RAID)

The RAID model developed by Birmingham and Solihull Mental Health NHS Foundation Trust for liaison mental health services in 2010 provides a single point of access 24/7.

The RAID teams across Birmingham and Solihull provide a dedicated liaison service that is fully integrated into the acute hospitals structure and provides rapid response, assessment and management to people presenting with a wide range of mental health problems. It sees anyone over 16 years, including all people with mental health problems in the acute hospital, ED and all other departments within the hospital.

There are five RAID teams in Birmingham and Solihull; each team receives approximately 350 new referrals per month. The majority of referrals (approximately 70%) come from the general hospital wards and around 30% come from the ED. Older adults constitute 50% of the total number of referrals and 20% are for people with dementia. The service also accepts referrals from other outpatient clinics directly to the RAID outpatient clinic, to facilitate discharge within the hospital.

In general, each team consists of one WTE psychiatrist who specialises in older people and one who specialises in people of working age. There is one clinical psychologist and three junior doctors. Each team includes a team manager, physician associates (to support doctors), a band 7 nurse and around eight band 6 nurses. Each team has administrative support from band 3 and 4 administrative staff. The RAID team is committed to providing training to psychiatric and general hospital staff, particularly on attitudes towards mental health. Staff receive training on self-harm, mental health problems that affect older people (dementia and delirium) and substance misuse. They also train general hospital staff to better identify, treat and refer people, which has helped reduce admissions and length of stays.

To monitor and improve the service, RAID created outcome measurements through which they found significant positive changes resulting from the implementation of a rapid response approach.

Contact details

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3 Helpful web-based resources

3.1 National guidance

Achieving Better Access to Mental Health Services by 2020

Carers and Personalisation: Improving Outcomes

The Crisis Care Concordat

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

Guidance to Support the Introduction of Access and Waiting Time Standards for Mental Health Services in 2015/16

Health and Wellbeing System Improvement Programme

Local Government Association website

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

3.2 NICE guidance

There is no single NICE guideline or quality standard for urgent and emergency mental health that defines NICE-recommended care, but the following are relevant:

- Alcohol-use Disorders: Diagnosis and Management (NICE quality standard 11)
- Borderline Personality Disorder: Recognition and Management (NICE clinical guideline 78)
- Dementia: Support in Health and Social Care (NICE quality standard 1)
- Personality Disorders: Borderline and Antisocial (NICE quality standard 88)
- Self-harm (NICE quality standard 34)
- Service User Experience in Adult Mental Health Services (NICE quality standard 14)
- Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services (NICE clinical guideline 136)
- Violence and Aggression: Short-term Management in Mental Health, Health and Community Settings (NICE guideline 10)

In addition, other NICE guidelines and quality standards on specific conditions may be relevant and are available below and on the NICE website:

- Alcohol-use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence (NICE clinical guideline 115)
- Alcohol-use Disorders: Diagnosis and Management of Physical Complications (NICE clinical guideline 100)
- Common Mental Health Problems: Identification and Pathways to Care (NICE clinical guideline 123)
- Dementia: Independence and Wellbeing (NICE quality standard 30)
- Depression in Adults (NICE quality standard 8)
- Depression in Adults: the Treatment and Management of Depression in Adults (NICE clinical guideline 90)
- Drug Misuse in Over 16s: Opioid Detoxification (NICE clinical guideline 52)
- Drug Misuse in Over 16s: Psychosocial Interventions (NICE clinical guideline 51)
- Drug Use Disorders in Adults (NICE quality standard 23)
- Mental Health Problems in People with Learning Disabilities: Prevention, Assessment and Management (NICE guideline 54)
- NICE Support for Commissioning Using the Quality Standard for Psychosis and Schizophrenia in Adults
- Psychosis and Schizophrenia in Adults (NICE quality standard 80)
- Psychosis and Schizophrenia in Adults: Prevention and Management (NICE clinical guideline 178)
- Psychosis with Substance Misuse in over 14s: Assessment and Management (NICE clinical guideline 120)
- Self-harm in over 8s: Long-term Management (NICE clinical guideline 133)

3.3 Tools to support analysis of local demand

Fingertips tool

3.4 Urgent and emergency mental health resources

Common Core Principles to Support Good Mental Health and Wellbeing in Adult Social Care

A Guide to Crisis Services – Mind

Introduction to Adult Mental Health Services

Listening to Experience

Liaison Psychiatry in the Modern NHS

Living with Mental Illness

Managing Urgent Mental Health Needs in the Acute Trust

Right Here, Right Now

3.5 Useful resources to support quality improvement

Bringing Together Physical and Mental Health

Guidance for Commissioners of Liaison Mental Health Services to Acute Hospitals

Mental Health Services Data Set (HSCIC)

Delivering the Five Year Forward View for Mental Health: Developing Quality and Outcome Measures

Commissioning fact sheet for clinical commissioning groups

PLAN Standards

Working Together to Safeguard Children

3.6 Other useful resources

Support for service personnel, reservists, veterans and service families

Public Health England Alcohol Learning Resources

Skills for Health National Occupational Standards (NOS)

The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England