

Publications approval reference: 001559

To:
Mental health trust CEOs
CCG and STP MH leads via regional teams

Claire Murdoch
National Mental Health Director
NHS England and NHS Improvement

3 April 2020

Dear Colleague,

COVID-19: Immediate establishment of 24/7 urgent NHS mental health telephone support, advice and triage

I would firstly like to express my enormous gratitude for the incredible work you and your teams are doing in response to COVID-19. I am now writing to confirm the request to establish 24/7 urgent NHS mental health telephone support, advice and triage as a priority in the coming week.

A rapid audit of mental health provider websites in mid-March showed that just over half of mental health trusts did not at that time have a public-facing 24/7 telephone number for access to urgent mental health support. Of those that did, some were difficult to find, and even more pressingly, a number of websites were directing people to NHS 111, A&E and 999 as the local default option for urgent mental health support.¹ It is of course more important than ever that we are not diverting people to these services, when their needs could be met by mental health services and that we provide unequivocal clarity to the public in every part of the country on how to access specialist urgent mental health support.

We are aware that even since our audit two weeks ago, a number of mental health providers have moved at pace to establish 24/7 crisis lines, and hard work is ongoing across the country on this. We are now formally requesting all mental health trusts to expedite the ambition to have a 24/7, single point of access for urgent mental support that is available to the public. This was originally expected to be delivered by March 2021 as part of the Long Term Plan for mental health and we are now asking it is delivered within the next week as a priority ahead of the peak of the COVID-19 pandemic. We are also asking that children and young people (CYP) and their parents/carers also have access to it, either through an all ages or a dedicated CYP access point.

¹ The results of the audit can be found on [NHS Future Collaboration Platform Covid-19 mental health and LD response cell workspace](#).



Next steps

All mental health trusts, working alongside CCGs and STPs are being asked to urgently take the following actions, and to confirm **by close of 10 April** that they have been completed:

1. Establish 24/7 open access telephone lines for urgent NHS mental health support, advice and triage, and through which people of all ages can access the NHS urgent mental health pathway/further support if needed (see more detail in annex A);
2. Ensure that the 24/7 open access crisis line telephone number(s) and contact details are available to the public, clearly on the website, alongside:
 - a. specific numbers for children and young people if different
 - b. consideration as to how these are accessible to people with a learning disability and/or autism
 - c. any contact details for other support, such as psychological wellbeing services, IAPT, self-help support and local voluntary sector helplines along with the needs that these services can meet.
3. Ensure all efforts are being made to divert people away from A&E where possible:
 - a. ensure your trust's website and literature no longer direct people to A&E, 999 or 111 as the default (apart from where it is part of a properly resourced and planned urgent MH pathway that sits within or via NHS 111)
 - b. ensure information is provided on the website as to when A&E/999 is appropriate – ie where people require serious or life-threatening immediate emergency mental or physical health assistance. When people have emergency co-morbid physical and mental health needs (such as someone who has taken an overdose), then A&E is the appropriate place to meet both their emergency physical and mental health needs.
4. Where services are already established, consider what additional capacity might be required and redeployed not just to the urgent telephone access function, but also to other services that can provide follow-up care for all ages, such as urgent face-to-face assessment, intensive home treatment and routine community mental health teams, as well as local voluntary, community and local authority services.
5. Provide information in the attached brief proforma at **Annex B** confirming the key actions above have been carried out.

Further guidance is provided in Annex A below, and there are case studies and resources on [NHS Future Collaboration Platform Covid-19 mental health and LD response cell workspace](#).

You will of course be aware that some A&Es are already near-full with COVID-19 patients, making it an environment that carries risks for all people. As we consider the imperative to divert people from A&E where possible, I know that many providers are moving at pace to establish all-age consolidated 'mental health emergency departments' away from A&E, while maintaining a front-door triage presence in A&E to ensure that people who do need care from acute trusts, receive it. In this context, psychiatric liaison presence on inpatient wards in general hospitals remains important and should be maintained. ² The national team will seek to gather and share learning about these new configurations as quickly as possible.

² RCPsych guidance on liaison psychiatry during Covid-19 <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services-covid-19-guidance-for-clinicians>

Finally, I want to reiterate how much I have been humbled by the work and commitment of colleagues in mental health services all over the country in recent weeks. You have made huge changes, in what in normal circumstances would have been impossible timeframes, and have done so in the most collective and supportive spirit. It is truly a privilege to work alongside you to serve our patients and the public at this time, more than ever.



Claire Murdoch

National Mental Health Director
NHS England and NHS Improvement

Annexes:

Annex A: (below) further considerations in establishing 24/7 open access services

Annex B: (accompanying attachment - short proforma to return by close of 10 April)

Annex A: further considerations in establishing 24/7 open access services

1. Key service principles

- In providing an open access service, there **should be no restrictions on who can refer, and mental health crisis should be self-defined**. If people or families feel the need to access urgent mental health support, those needs should be listened to. The level of response needed following triage will vary, but all presentations should be taken seriously.
- Other agencies such as police, ambulance, local authorities and others are able to access the NHS urgent mental health support. **It may be helpful to have a separate number for access for other professionals**.
- For incoming new referrals, a substantial proportion of needs for support, advice and triage in the open access 24/7 function will be able to be met on the phone or face to face through a video consultation. However, the function must include the ability to carry out rapid age-appropriate face-to-face urgent assessment in person when needed, and staff should be suitably equipped to do so, including an appropriate response and adjustments for CYP and those with learning disabilities and/or autism.
- Patients on existing caseloads of community and home treatment services should be reviewed at least weekly (or in line with your local COVID-19 response arrangements) to identify who can benefit from video or telephone support, who can be supported by voluntary sector partners and who requires face-to-face contact in person and to ensure that staff are able to carry out urgent face to face assessments when needed.

Ensuring an age-appropriate response

- In responding to presentations from CYP or older adults, this should ideally be done by professionals with competency in meeting those age-specific needs. However, where access to specialist professionals is a challenge, it may be beneficial for CYP or older adult teams to provide training to other staff in CYP or older adult-specific considerations in the context of providing telephone support, advice, triage and urgent response.
- It may be beneficial to agree protocols whereby specialists are easily accessible to provide support and advice to staff who may be working beyond their usual competency.
- Where there are separate teams/services for different age groups, these should be displayed clearly on the trust website. Where services for CYP are provided by other organisations, please ensure you engage with these organisations and signpost appropriately on your website.

Ensuring equity in access to those with mental health needs and co-occurring conditions such as learning disability or autism

- While open access urgent mental health services may not be able to provide specialist support for the person's range of needs, they must not reject calls from people calling with mental health needs just because they have other conditions – eg learning disability, autism, dementia, substance use problems.

- While the onward care might require further specialist support, immediate urgent mental health response should be provided when people present with mental health needs.
- Consider offering different modes of access/reasonable adjustments: for example some people with autism may prefer to contact via email to telephone, some people may prefer a chat function, or some older adults may be less familiar with video technology.

2. Potential options for increasing capacity to deliver video/telephone support

- Given the likely increased demand on crisis services, some options for additional capacity in telephone and video support services pending recruitment of extra staff, could be to:
 - redeploy staff from other services with reduced activity or that are deemed less essential during the COVID-19 period to support the potential increased demand on telephone (for both urgent and routine community services)
 - ask qualified staff who are well, but self-isolating, to carry out telephone and video support, eg providing call-backs to people or routine community contacts
 - consider whether reservists or retired mental health staff are willing to support
 - Where bespoke CYP crisis services are in place but not currently operating 24/7, consider establishing a combined support offer with adult services to cover the 24/7 period
 - mental health support teams that are usually based in schools could provide specific support for calls being received from CYP with moderate needs, thereby freeing up urgent services as far as possible to meet more acute urgent needs.
- The Government has just announced a significant investment in a national and local voluntary sector mental health helpline service in response to COVID-19. As these services are put in place, we encourage local NHS mental health trusts to work together with these services to provide a complementary and integrated offer to your local population that can meet the range of presenting mental health needs. These should be supplementary to, not instead of NHS-provided urgent 24/7 point of access, which will have qualified clinicians, access to patient records, and ability to facilitate access to the local urgent, acute and routine mental health services.

3. Funding

- All areas have had funding confirmed for open access urgent mental health services for adults and older adults through transformation fund plans.
- However, where additional costs of accelerating implementation, extending to CYP and/or additional capacity needed (including for voluntary sector partners) due to COVID-19, these should be logged in the returns and recorded on the relevant cost centre as per the [letter from Simon Stevens and Amanda Pritchard to the NHS on 17 March 2020](#) which set out more detail on the financial regime under COVID-19.

- This confirmed that specific financial guidance on how to estimate, report against, and be reimbursed for additional costs is being issued soon. The Chancellor of the Exchequer said in Parliament that, “Whatever extra resources our NHS needs to cope with coronavirus – it will get”. Therefore, financial constraints must not and will not stand in the way of taking immediate and necessary action – whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.
- You will have received a number of communications from colleagues in NHSX and national digital programmes about access to hardware and software to enable online video consultations and other digital technologies.

4. NHS.UK website – crisis service postcode finder

NHSE/I together with NHS Digital are working at pace to place contact details from all Trust websites, onto a national service finder for urgent mental health support, allowing people to find local details for urgent mental health support through a postcode search on the NHS.UK website. This has the potential to bring a dramatic improvement to the clarity nationally in how people are able to access urgent mental health support, ending a long-standing problem of people not knowing where to turn when experiencing a mental health crisis.