

Safely Reducing Avoidable Repeat Detentions under the Mental Health Act

A multidisciplinary project group was established to progress actions outlined in the 2016/17 CQUIN. The aim of the group was to inform interventions to safely reduce avoidable repeat detentions under the Mental Health Act. The project group membership included peer support workers with experience in qualitative service improvement. The expert by experience contribution was a crucial enabler in progressing the project planning, engagement, analysis, reporting and the implementation of the findings into practice. The co-produced reports informed practice improvements and the project was shortlisted for a Health Service Journal patient safety award in 2017.

The work programme was progressed in line with the CQUIN quarterly reporting structure. **Quarter 1** required a data submission. Further quarterly reports were prepared to address the following actions;

Quarter 2 – ‘Root cause analysis retrospective review of the top 50 who had been frequently detained: Through CQC care pathway review methodology of individual semi-structured interviews, undertaken by SU researchers, to identify root causes of mental ill health, help seeking behaviours in crisis and effective care, the pathway into care, the interventions offered and person, and their families’ attitudes to current models of healthcare provision and recommendations for change.’

Quarter 3 – ‘Focus groups of 10 service users who had been detained, and their families, supporters and community leaders (where appropriate) to seek their recommendations on safe (for the person and for their community) appropriate alternatives to care, where these were felt appropriate.’

Quarter 4 – ‘Enhanced care review of 10 of those who had been repeatedly detained, to assess and plan safe feasible alternatives to prevent avoidable detentions. It is very likely that these reviews and responsive least restrictive care plans will require inputs from the patient and family, multi-disciplinary and multi-agency that can best respond to the identified biopsychosocial needs.’

Feedback Quarter 2

The **Quarter 2** report was informed by feedback sourced from 42 1:1 interviews with service users and their care providers.

The following 8 themes were identified and are supported by examples of quotes from the interviews, the themes are in no order of priority.

- **Relationships**

‘Using community settings for coffee hubs that could be linked to third sector or recovery colleges could be a starting point to not only help people access these alternatives but also help community’s to reduce the stigma attached to mental health service users and illness.’

‘A dedicated support worker, 1 person who works with you through your care journey who can be contacted by phone and is available 24 hours a day.’

- **Drug/Alcohol use**

'Educating the person in their illness and personal responsibility, talk hope and honestly around what might and might not help, including discussions around risk and who the risk sits with.'

'Self-help and medical groups should work together and learn from each other. Could look like any facility, staff are always more personable and attentive in this sort of set up. With a similar set up to a drug rehab unit but with beds and 24 hour support.'

- **Loss of insight**

'Respite offers an opportunity for Peer Support to become central to all activities, this atmosphere allows for talking and relating to each other, the hospital environment doesn't allow this as easily.'

'See if GP or psychiatrist can refer to respite more easily. Respite can prevent admission as it allows you that time to process and evaluate.'

- **Medication**

'Formulation - educate individuals on how to understand this for themselves and the benefits of being involved so they can feel in control and confident in moving forward for themselves.'

- **Professional Involvement**

'Services could share more information with each other and link together more rather than working in silos. Actually visiting (or even speaking) to the person more frequently.'

- **Engagement in Community**

'More FREE fitness and swimming groups, a much bigger focus on the influence of physical health on mental health.'

- **Inevitability**

'Having the entire 'support network' understanding the 'bigger picture' helps avoid hospital admission as the 'early warning signs' can be picked up earlier. A better awareness of needs and an increased ability to anticipate difficulties.'

'Work on the stigma of mental health to help take away the embarrassment attached to asking for help.'

- **Communication**

'Give up the idea of 'treating' people and focus on helping them.'

Feedback Quarter 3

The **Quarter 3** report was informed by feedback from 29 focus groups with 'families, supporters and community leaders'. The following 7 themes were identified and are supported by examples of quotes from the interviews, the themes are in no order of priority.

- **Relationships**

'Broadacre house (and other recovery colleges) to offer support, education and understanding. Also providing social peer to peer support.'

- **Communication**

'WRAP would help have shared crisis plans and understanding. Provide a universal language to which every service understands and speaks to make transitioning from one service to another easier.'

- **Flexible and Individual approach**

'More active/proactive outreach that doesn't wait for people asking for help.'

- **Education**

'More psycho-education available to service users and carers to help increase understanding of mental health.'

'Information and training for families and social circles of patients/clients, not just "made available" but actively offered and encouraged.'

- **Service User (and Carer) Voice**

'Clients need to be able to make informed decisions around their care and treatment, so discussions need to be held in a way that that individual person understands so they would feel confident in supporting themselves or family members in a more positive way.'

- **Discharge Planning**

'Appropriate discharge planning involving third sector, peer support and primary care to get involved in this process, help them to be able to engage in different ways rather than just in discharge meetings sitting in a room.'

- **Community Provision**

'More meaningful activities, which are accessible, in the community.'

'Provide more outdoor activities which help with exercise and socialising.'

Quarter 4 feedback

In order to progress the enhanced care review of 10 of those who had been repeatedly detained 10 reviewers were identified by the project group. The reviewers included nursing, medical and psychology staff working in both inpatient and community services. 8 recurring themes were identified demonstrating consistency in terms of the previous findings and therefore further supporting the recommended actions.

The themes identified (in no order of priority) closely mirrored the quarter 2 and 3 feedback.

- Relationships
- Communication
- Flexible and Individual approach (This also included the wider aspects of care planning, for example, drug and alcohol use, medication management)
- Education (This also includes the wider aspects in relation to inevitability and loss of insight)
- Service User (and Carer) Voice
- Discharge Planning (This also included the wider aspects of community provision and engagement)
- Communication
- Professional involvement

Informing practice improvement

In order to implement rapid practice improvement a positive practice checklist was developed. The checklist was informed by the findings of the care review process and a series of staff engagement events were facilitated by a peer support worker service improvement lead in order to implement change across inpatient services, community services to aid the service users' recovery journey and reduce the risk of repeat detentions.

It is recognised that the number of service users detained in hospital is a very small percentage compared to those whose care is successfully managed and maintained in locality community services. The service evaluation process identified the need to ensure robust discharge planning and aftercare support to prevent repeat hospital admissions. The actions outlined in accordance with the findings from the service evaluation process aimed to reduce the risk of repeat detentions but more importantly enhance sustained recovery, hope and well-being for all people accessing mental health care. The well-being diagram (Figure 1) is utilised in 5P Plus Plan formulation training to reinforce the need for care and support services to work collaboratively using a biopsychosocial framework. This joint working approach addresses individual needs to help achieve the desired outcomes for service users, their families and the service providers. The diagram is a summary of the key findings from this service evaluation process.

Building Well
Being

