Together in a crisis

Proof of concept evaluation report

July 2018

A project commissioned by
Newcastle Gateshead CCG
and led by:

Delivery supported by:

Peer-evaluation led by;

And supported by:

Introduction

Context of ‘Together in a Crisis’ proof of concept

In 2016, the Newcastle Gateshead ‘Deciding Together’ consultation highlighted the requirement to improve local urgent care to people with a mental health need. In response to this, an urgent care model was developed and gained broad support from Newcastle Gateshead CCG’s Mental Health Programme Board. This urgent care model included a ‘Together in a Crisis’ element, which was influenced by the Solidarity in Crisis model, first launched as a peer-led service in 2012 as part of the Living Well Collaborative vision in Lambeth.

The proof of concept of the Together in a Crisis (TIAC) service was the first phase of the implementation of the urgent care model. It was a proof of concept project designed to test out whether this model could positively contribute to improved services to the Newcastle population and provide intelligence for the ‘Deciding Together Delivering Together’ initiative.

TIAC has now been operational for 18 months; this report investigates and presents the activity and outcomes data gathered by the service, explores the pathways and relationships between TIAC and NTW Crisis Response and Home Treatment Team, and shares learning on how the partnership approach to delivery has been successful. The report includes data gathered directly by the service, a Peer-research report, led by Get Mindfuel and with peer researchers trained and supported by Fulfilling Lives Newcastle Gateshead, as well as results from a survey of NTW Crisis and Home Response Team (CRHT) members.

What is TIAC?

TIAC provides non-clinical support for people who identify as being in crisis, but who do not meet the threshold for the local NHS mental health crisis service.

The service works in close collaboration with the NTW’s Newcastle Crisis Response and Home Treatment Team (CRHT) and provides practical and emotional support to people who are experiencing distress that feels like a crisis. Broadly, TIAC offers:

- A listening ear
- Short-term support, tailored to the issues the person is facing
- Support to make informed decisions
- Brokering links and navigation to other support and services

Initial support is offered to clients over the telephone, which is often followed up face-to-face support, depending on the person’s needs.

If TIAC links a person in to other services, TIAC supports them to attend initial appointments, helping the client to gain in confidence to access activities and services.

Aims and objectives of the proof of concept

The intention for this proof of concept was to understand how TIAC:

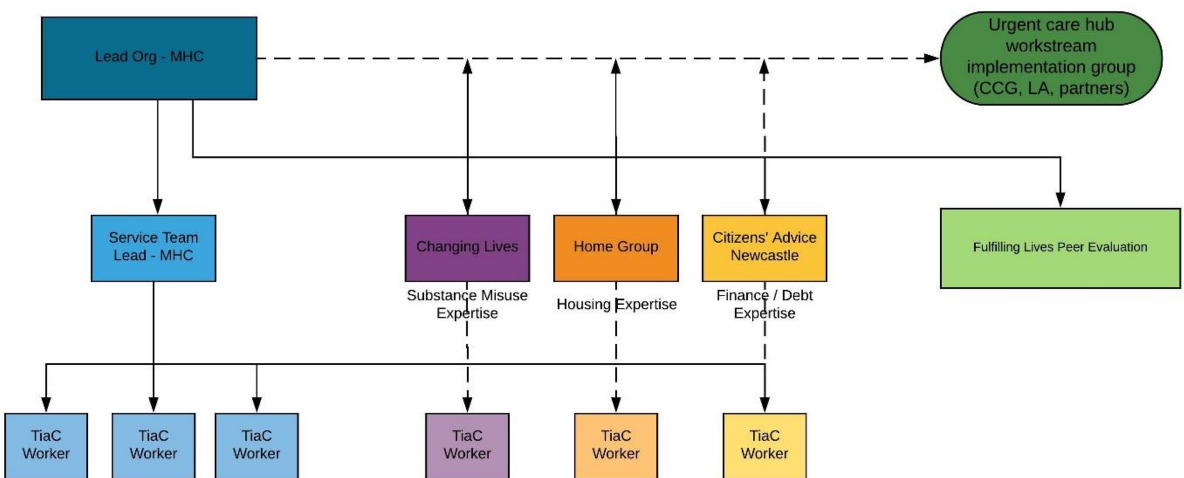
- Contributes to the urgent care model in Newcastle.
- Improves access to urgent mental health support.
- Contributes to the prevention of further mental health deterioration.
- Reduces demand on statutory urgent care resources, including repeat access, by building resilience and asset-based capacity of people.
- Increases the proportion of people who have a plan to improve their mental health and emotional resilience.

TIAC service model and delivery partnership

TIAC's lead provider is Mental Health Concern (MHC), which employs a service team lead and three service workers. MHC sub-contracts three providers to employ additional TIAC workers with expertise in key areas of housing, financial inclusion/welfare rights, and substance misuse.

The TIAC workers are operationally managed by the lead provider's service team lead. The whole team is co-located to develop a team approach and close, collaborative working. The sub-contracting organisations commit to feeding in support and intelligence to the project around their specific areas of expertise.

The organisations were chosen via an invitation to tender; the evaluation panel consisted of representatives from MHC, Newcastle Gateshead CCG, NECS, NTW, and Launchpad.



The delivery partnership became Home Group (housing), Newcastle Citizens Advice (financial inclusion) and Changing Lives (alcohol and substance misuse). Each partner organisation directly employed a TIAC Link Worker that was fully embedded within the TIAC team. The partner

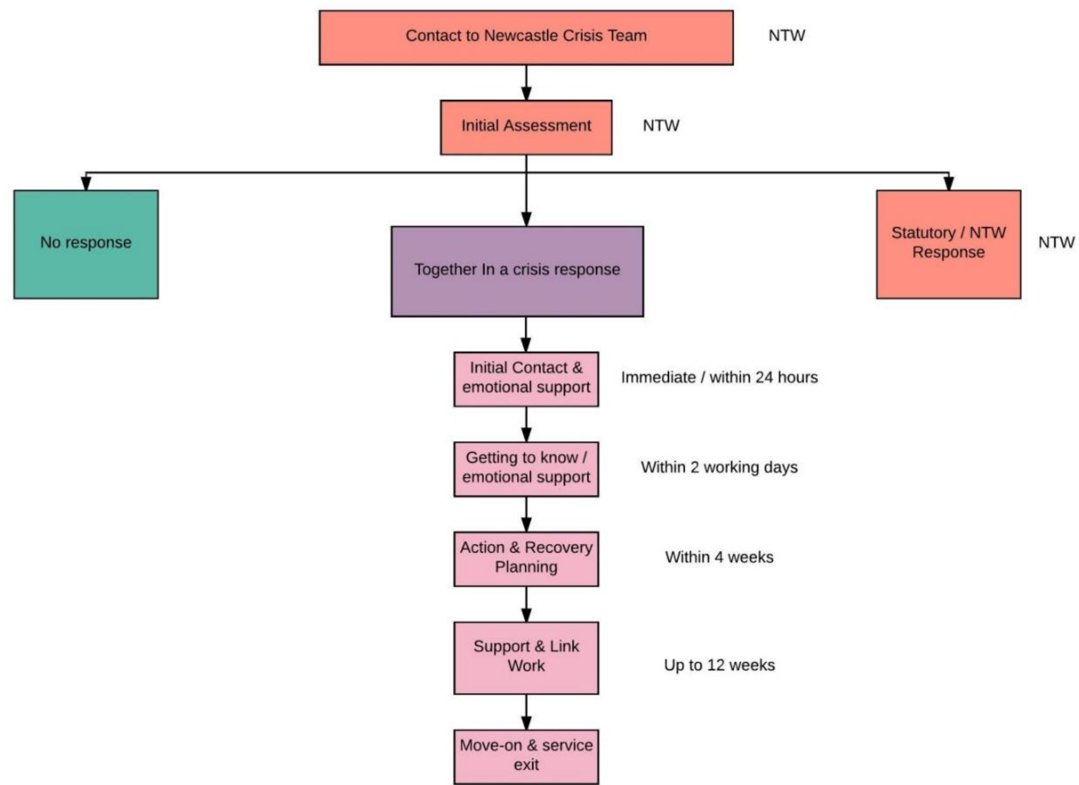
organisations provided supervision and advice to that employee, to ensure that the TIAC team had the breadth of skills and knowledge required to meet the needs that are presented to the service.

During the initial proof of concept period, the partnership met formally each month, with MHC and other key stakeholders, such as CCG, NECS, VOLSAG, and Launchpad. These meetings were productive and collegiate; please see meeting records for further detail.

The leadership model in which the TIAC Team Lead (employed by MHC) provided day-to-day line management support to third party organisations did not pose any significant operational problems. This was largely attributable to the positive and constructive relationships between the partner organisations. The line manager for the member of staff from Newcastle Citizens Advice has acted as a link for all the team into Citizens Advice, to be able to quickly access information and guidance. Training in domestic abuse was also provided by Home Group, who have generously offered meeting space as and when required.

The TIAC pathway

During the initial proof of concept period, it was important that a thorough clinical triage was completed prior to TIAC involvement with clients. This was to ensure that risk issues were properly considered and any immediate clinical needs were met. For this reason, all referrals to TIAC came initially via NTW CRHT team. The potential impact on the CRHT team is explored later in this report.



Role of the TIAC worker

The TIAC worker role was carefully designed to ensure that people recruited to the role had a strong values base, good general communication skills, compassion, energy, a desire to help, and problem-solving skills. People with personal lived experience of mental health problems were actively encouraged to apply:

- The TIAC workers listen with empathy, care, and concern to people who have identified they have an urgent mental health need; the worker 'stays alongside' the person in distress, supporting with de-escalation.
- The TIAC worker uses general mental health helping skills to enable the person to 'step back' from their situation and manage a way through it.
- The TIAC worker supports the client to develop their knowledge, skills, and confidence to withstand future life challenges and to make informed decisions about their mental wellbeing, thus maximising their independence and reducing their reliance on statutory services.
- The TIAC worker and the person co-produce a crisis plan to help prevent future relapse.
- The TIAC worker and the person co-produce a wellness recovery action plan to improve overall mental wellbeing.
- The TIAC worker then enables the person to access services and activities to maintain personal recovery plan.

Evaluation framework

The proof of concept evaluation framework had to be wide-ranging and multi-faceted. In collaboration with partners and commissioners, the following broad areas were agreed:

- Service user's experience of the service
- CRHT experience of the service
- Other agencies and services experience of the service
- A review of numbers of users supported by TIAC workers
- A review of intensity of work undertaken by TIAC workers
- A review of outcomes achieved for service users
- Review of training requirements for any future service
- Review of management resources required for any future service

- Analysis of the effects upon the wider mental health system, including re-referrals to CRHT and hospital admissions
- Analysis of improvements/changes in access and response levels for people in urgent mental health need (self-defined) who are directed at existing crisis services (e.g. from GP and primary care)
- Improved system-wide understanding of how self-defined urgent mental health need presents itself within the system, and how TIAC meets the needs of this cohort or otherwise.

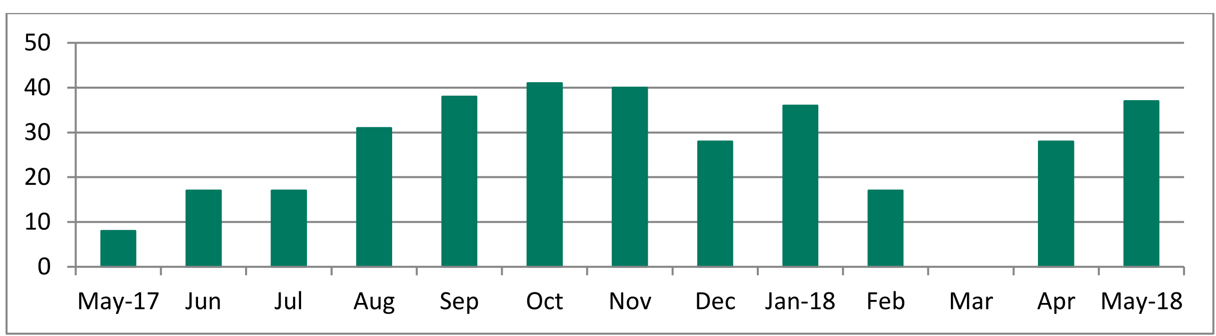
To enable a full consideration of the above issues, it was important to capture data, experience, and opinion from a wide range of sources. The following is a high-level summary of the data and evaluation framework that was developed:

TIAC Evaluation Framework
Data collected by TIAC
Numbers of referrals to TIAC
Numbers of referrals taken on as active cases
Numbers of people disengaged from TIAC
Numbers of people discharged from TIAC after completion of support
Details of additional control measures required
Clients escalated to NTW crisis team
Length of engagement with TIAC
Number and time of contacts with Clients
Time between referral and initial engagement with TIAC
# of referrals contacted within 24 hours in period
% of referrals contacted within 24 hours in period
# referrals seen within 2 working days of 1st contact call
% referrals seen within 2 working days of 1st contact call
Mean ave initial WEMWBS on engagement
Mean ave WEMWBS on Discharge
Mean ave WEMWBS change on discharge
All agencies and services TIAC clients linked in to

Self-reported Mental Health Score on initial engagement, mid-point and discharge (1-10)
Self-reported Family Relationships Score on initial engagement, mid-point and discharge (1-10)
Self-reported Social Relationships Score on initial engagement, mid-point and discharge (1-10)
Self-reported Housing Score on initial engagement, mid-point and discharge (1-10)
Self-reported Finance Score on initial engagement, mid-point and discharge (1-10)
Self-reported Alcohol use Score on initial engagement, mid-point and discharge (1-10)
Self-reported Substance use Score on initial engagement, mid-point and discharge (1-10)
CRHT Team Experience:
What impact has TIAC had on CRHT's capacity to support people with urgent clinical needs?
Has the profile of clients referred on to TIAC changed over the course of the proof of concept period?
Is the current pathway (CRHT referral > triage > pass through to TIAC) appropriate and required, in terms of assessing clinical risks and needs?
Has TIAC increased options for the triage nurse and enabled people to access immediate emotional and practical support that may not otherwise have been offered?
Since the launch of TIAC, has contact to CRHT increased from referrers wanting to access TIAC directly?
How effective is the pathway for clients between CRHT and TIAC?
Do you have confidence in the ability of the TIAC team to work with people in self-reported crises?
Any general comments/overall views on the effectiveness of TIAC model?
Peer-evaluation & research (Client experience of TIAC)
How was the help provided tailored to your individual challenges and needs?
How did your link worker work with you to achieve your goals?
How did you feel when you were first introduced to TIAC?
Can you tell me about how your link worker helped you find out about your needs and develop a plan to address them?
How helpful was the help you received from TIAC?
How were you prepared to move on from working with TIAC?
Is there anything else we haven't asked you about today that you would like to share?

TIAC Activity Data

Referral Trends



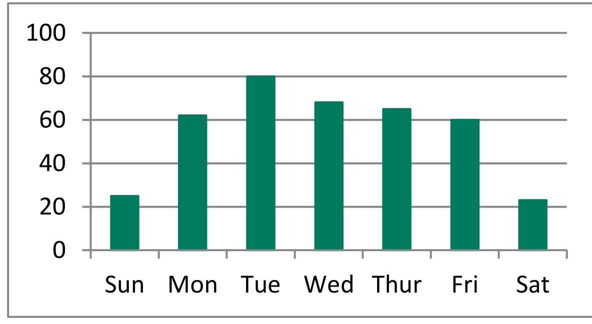
TIAC began accepting referrals from May 2017. Referral levels grew consistently over the initial deployment period and remained relatively consistent at 35-40 per-month during September to November.

Referral levels were deliberately managed down during January-April 2018, as the project was nearing the end of the initial 12-month proof of concept period; it was important to ensure clients could be discharged safely. A further 12 months' funding was allocated in March 2018 and referral levels quickly recovered and have returned to the same levels as September-October 2017.

Clients escalated back to CRHT team

Over the course of the proof of concept period, 3.5% of clients (14 people) were escalated back to CRHT team. This was mainly due to deteriorating circumstances and mental health. The escalation process has been very smooth, and all escalated clients were immediately taken on by CRHT.

Referrals by weekday

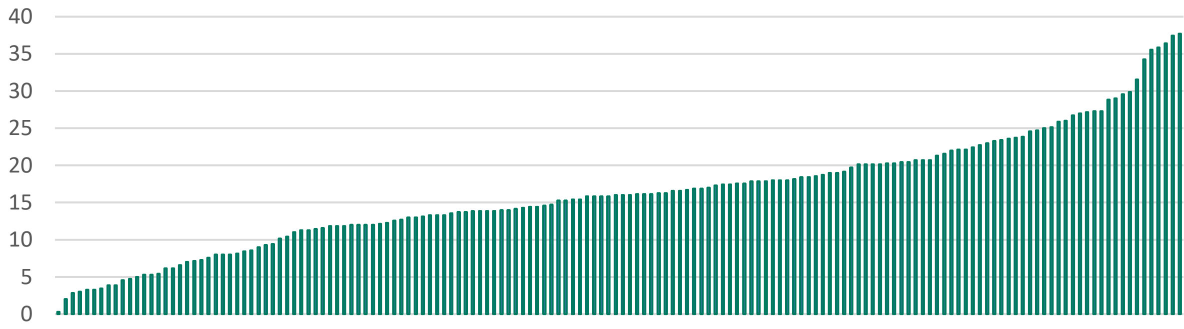


Referrals to TIAC were highest on a Tuesday; this is attributed to CRHT referral and allocation process, whereby cases are reviewed after the weekend on a Monday and then passed on to TIAC. 85% of all people referred are contacted by TIAC within 24 hours. TIAC attempted contact with clients within 25 hours of referral in 96% of cases.

Active cases by month

As might be expected, active case levels broadly match referral levels into the service. In 'steady state' provision, it is expected that the service will be supporting 100-130 people at any given time.

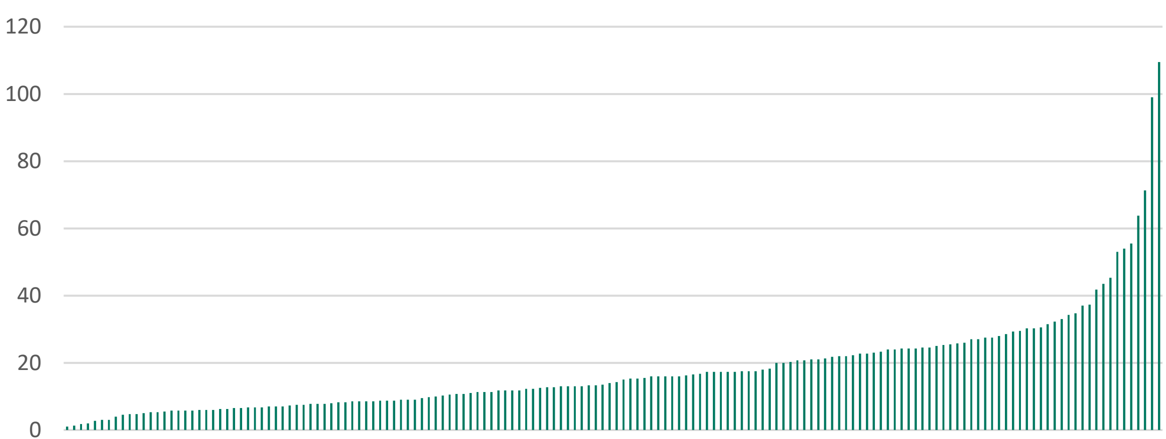
Length of engagement (weeks)



This graph shows the number of weeks that each TIAC client engaged with the service before discharge. Across the full proof of concept period, the mean average length of engagement was 17 weeks.

However, if first quarter clients are removed from the data, this average reduces considerably to 12.5 weeks. This can be attributed to the TIAC team becoming accustomed to working with their client group and developing experience in making safe discharge judgements. In the early proof of concept period, the team were understandably more risk-averse.

Hours of support provided to clients



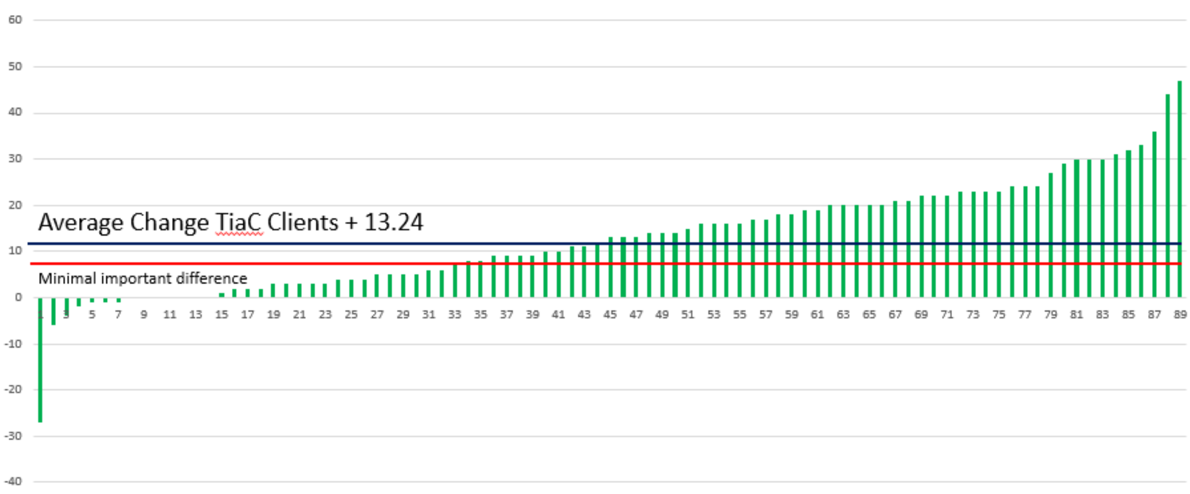
This graph depicts each client as a column and the number of hours of support and case work that TIAC provided to the client during their engagement with the service. The median average contact time is 15.5 hours per client. As with length of engagement, the median average reduces to 12.5 hours of support per client when initial quarter clients are removed from the dataset.

TIAC Outcomes

Warwick Edinburgh Mental Wellbeing Scale

The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) is a scale of 14 positively-worded items for assessing mental wellbeing. WEMWBS is suitable for adults aged 16 and above, and for use at a population level in teenagers aged 13 years and over in samples of over 100.

Change in WEMWBS scores per client



This graph depicts the change in WEMWBS score from the first measure (t1) taken on referral and final measure (t2) prior to discharge; each column represents a client.

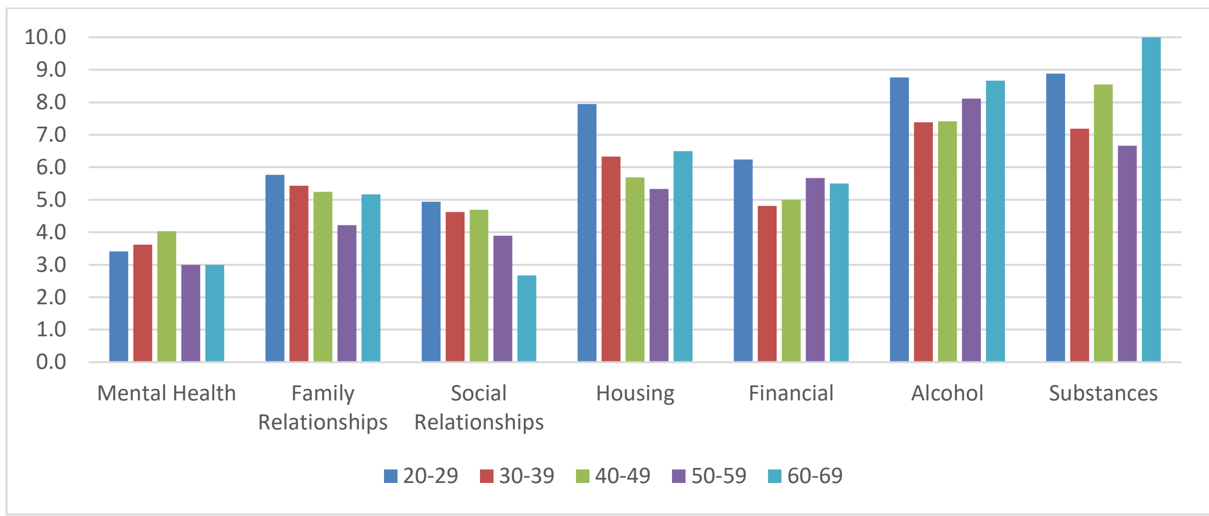
Please note: not all clients have multiple measures. This is due to several reasons, including consent, willingness to complete measures, and disengagement from the service once needs have been met.

83% of clients with t1 and t2 measures reported an increase in mental wellbeing. 73% reported an increase above the 'Minimal Important Difference' (+8.0) points on the WEMWBS scale. These changes are statistically and clinically significant to a high degree of confidence. The mean average increase in WEMWBS of TIAC clients is +13.24.

Key domains

Whilst TIAC is primarily a mental health support service, it is widely understood that people who report as being in crisis do so for a range of reasons. This frequently includes family relationships and social isolation, housing, finances, alcohol and other substance misuse. Therefore, a simple self-report tool for each of these domains was developed. The client was invited to score themselves on a 1-10 scale against each of the domains, where 1 is worst and 10 is no problem at all.

Initial presenting need, average by age



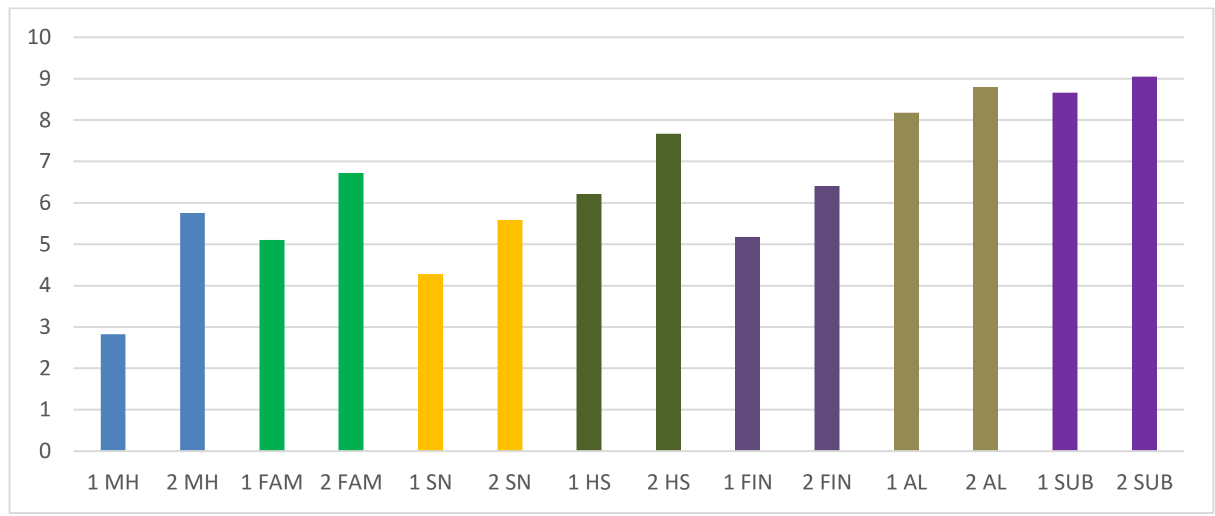
(*Low score = bad, high score = good).

As might be predicted, all clients reported low scores for mental health on engagement with TIAC. Social and family relationships also appear to be a key factor in TIAC clients' perceived crises. Older people (60-69) report significantly poorer social relationships than younger clients.

Of note is that housing appears to be a more prominent factor for people in middle-age. Case reviews indicate that this is often related to family relationship breakdown. We have noted that the younger cohort (20-29) are less likely to report housing as being a component in crises. Case reviews indicate a high proportion of clients still living in the parental home or student accommodation.

Alcohol and/or substance misuse appears to be the least 'prominent' factor in presenting crises.

Average change in Key Domain Scores (t1-t2)



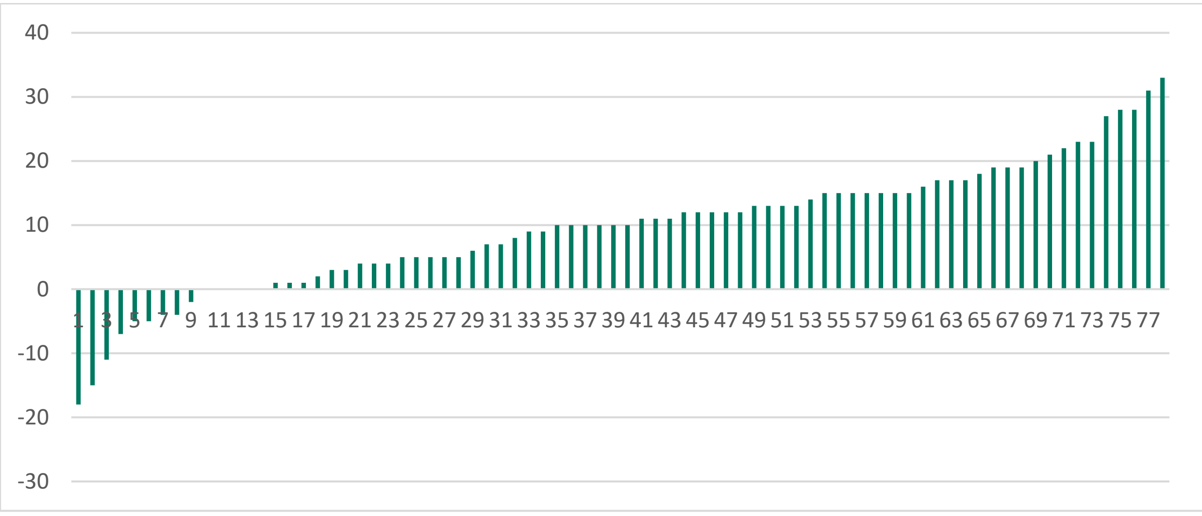
Key: *MH = Mental Health, FAM: Family Relationships, SN: Social Networks, HS: Housing, FIN: Finance, AL: Alcohol, SUB: Substances*

This graph depicts the average scores that client self-report on initial engagement and on discharge. Of note are the order of initial presenting needs to TIAC. As might be expected, clients report low mental health scores on initial engagement. Social and family relationships appear frequently to a factor for people, equally finance. Alcohol and substance misuse on average does not appear to be a key factor in many crises; this could be due to attribution of what is problematic within their behaviour or circumstances, as many clients do present anecdotal evidence of alcohol and substance misuse which they do not see as needing to be addressed.

Clients tend to be referred in with a number of presenting issues; one of the key roles of the Link Worker has been to unpick this situation and formulate a plan with the individual about what they would like to address, in order to alleviate the situation they are faced with. Often these issues cannot be dealt with in isolation. We are learning much about how multiple combinations of factors, such as benefit changes, housing status, and substance use can ‘multiply’ the potential for crises.

On average, clients reported positive changes across all domains. Positive changes in self-reported mental health were most marked, but significant positive average changes can be noted in family, social, housing, and financial domains. A smaller impact can be seen in alcohol and substance use domains, which could be attributable to the low numbers of clients identifying this as a contributory factor in their crises.

Change in total domain scores per client



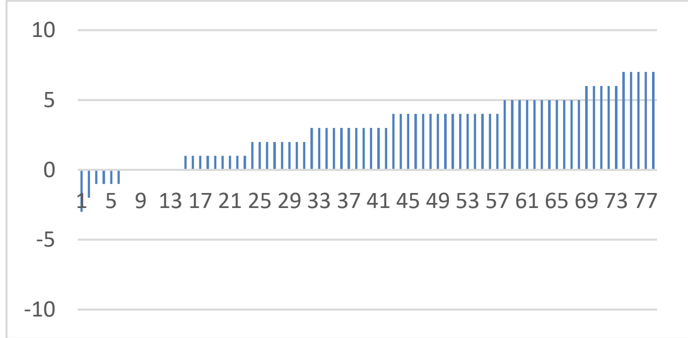
This graph shows the change in total domain scores per client, compared to first measures (t1) taken on referral and final measures (t2) prior to discharge.

80% of clients reported a positive change in domain scores over this period, with an average positive change of +9.55. This is a significant positive change for most TIAC clients.

Detailed change in domain scores

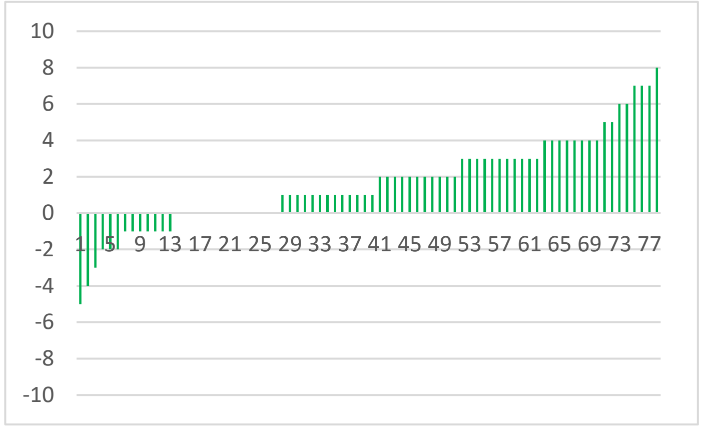
The following graphs depict the spread of change in each separate domain per TIAC client.

Change in mental health



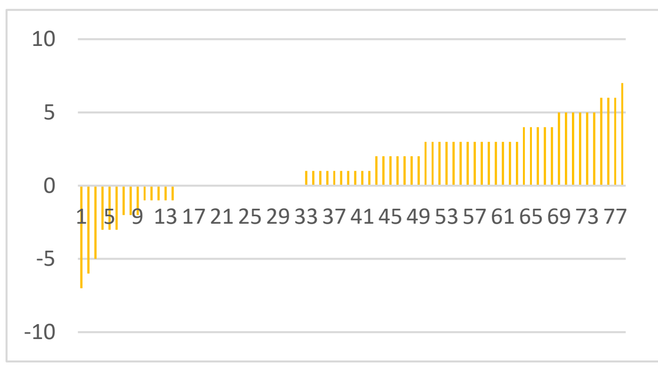
As might be expected, the most significant change was in self-reported levels of mental health in TIAC clients. 80% of clients reported a positive change in mental health, compared with how they were feeling on referral to the service.

Change in family relationships



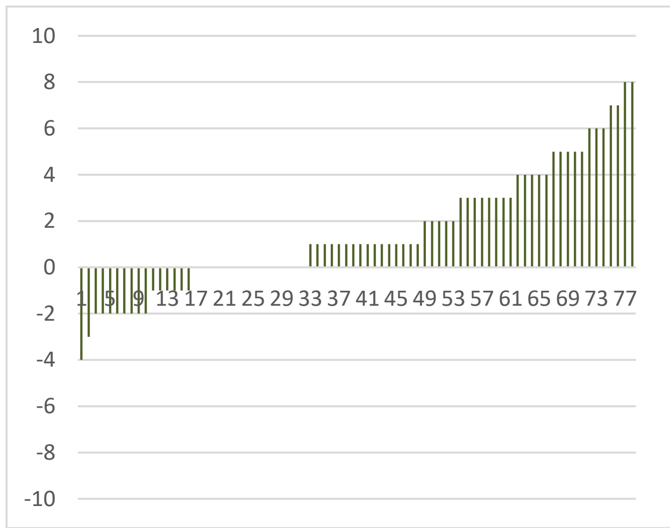
Poor or strained close family relationships was an identified factor in 80% of TIAC clients referred to the service. Of these people, 81% reported an improvement in relationships following engagement with TIAC.

Change in wider social networks



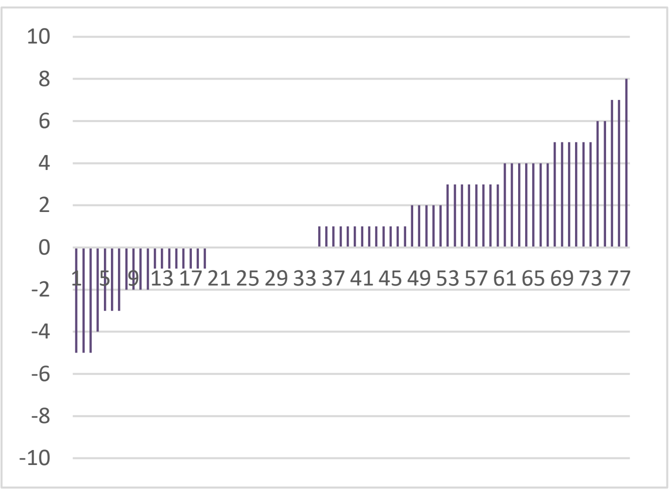
75% of people referred to TIAC reported issues relating to wider social networks. Social isolation was a key factor for many people; this was particularly evident in TIAC's older client group. 58% of TIAC clients reporting issues with social networks reported an improvement in this area on completion of support period.

Change in Housing



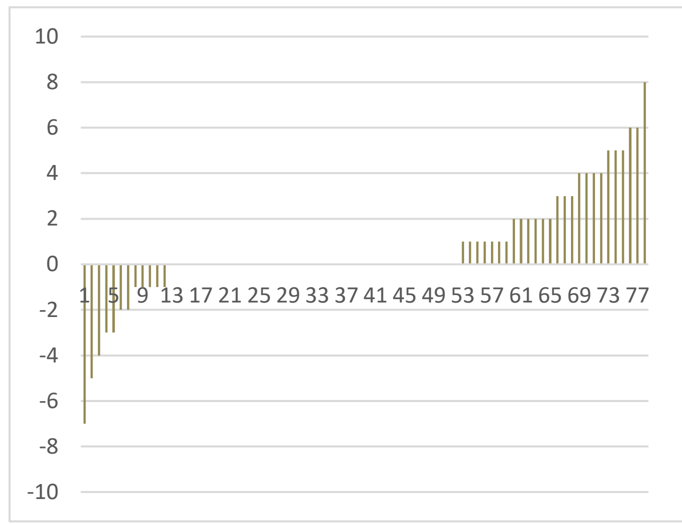
Housing was identified as a key factor for a significant proportion of TIAC clients. Relationship breakdown and need to find alternative living arrangements was a common issue that TIAC supported clients with. The team quickly developed knowledge and expertise in this area, enabled by Home Group and other housing support agencies and the local authority. Positive impact in this area can be seen in the related graph.

Change in finance



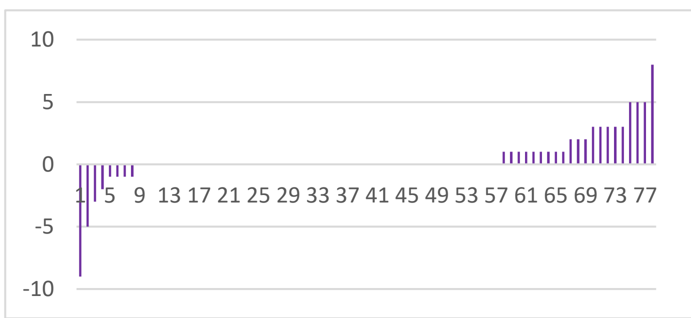
Finance and debt was a factor in a large proportion of TIAC clients' support needs. Supported by Citizens Advice Newcastle, the team developed knowledge and expertise in financial inclusion and the benefits system and supported a significant number of clients to improve their financial circumstances, as can be seen in this graph.

Change in alcohol



A relatively small proportion of clients engaging with TIAC reported problems with alcohol use, therefore most clients reported no change in these domains. This is an area that we would like to focus on further as, anecdotally, TIAC workers report higher levels of problematic alcohol consumption than are reported by TIAC clients. The knowledge and expertise of our key delivery partner, Changing Lives, will be instrumental in this.

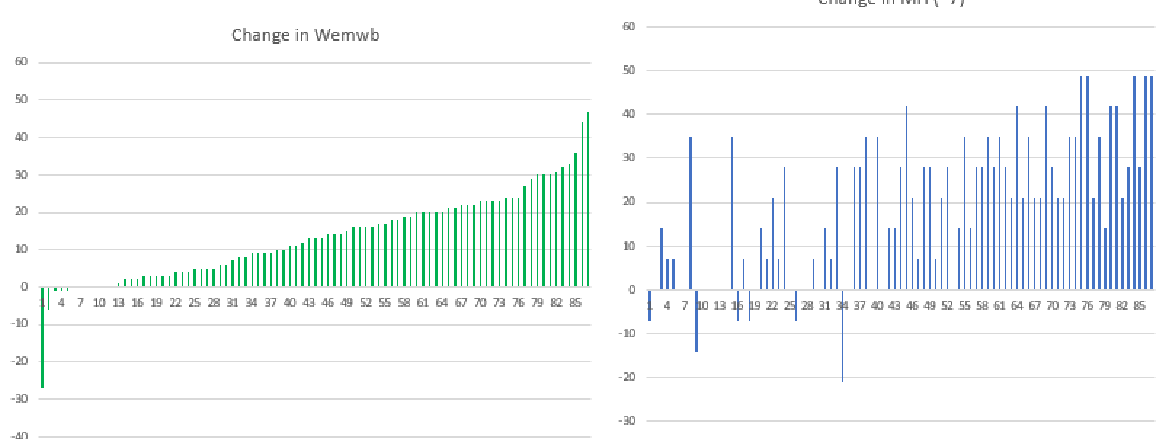
Change in substances



Problems with substance misuse were identified by only a very small proportion of TIAC service users.

Correlation between WEMWBS and domain scores

Change in WEMWBS compared to mental health



A weak correlation between self-reported mental health scores and WEMWBS may be inferred when clients are compared. However, no further correlations were noted between the remaining domains.

Introduction to TIAC Peer Evaluation

Peer researchers

We are a group of five peer researchers of varied ages who all have lived experience of mental health services here in the Northumberland/Tyne and Wear area; we have all experienced ‘crisis’. Having made progress in our own journey to recovery, we were offered the opportunity to do an accredited course in Peer Research Skills to assist in further developing our own skills and wellbeing. This was delivered by Fulfilling Lives Newcastle and Gateshead, a local programme seeking to help people with multiple and complex needs by ensuring that services are better connected.

The training looked at how to carry out a research project, how to identify our own biases, what type of data to collect (quantitative or qualitative), how to collect and sort data, and how to write up a report once we had all the data collected. At the end of the course, we were given the opportunity to put what we had learned into action and, in the process, help improve services for those who were going through their own crises.

Over the ensuing months we volunteered our time to help evaluate TIAC. During this time, our efforts were coordinated and guided by a lead researcher from Get Mindfuel, a local, psychology-led community interest company.

The research question

We were commissioned by the TIAC Operational Group to provide some qualitative feedback of people’s experience of the TIAC service, to form part of a larger overall evaluation of the service.

Through discussion we agreed our main study question: ‘What was your experience of the TIAC Service?’ We chose to focus on the person’s interactions with TIAC and what difference it made to them; we chose not to ask specifically about what led them to be involved in the service.

What we did

Methodology

We decided to interview a small group of individuals, to collect qualitative data on the experience of working with TIAC. 10 people agreed to be interviewed, however due to unexpected events in the lives of the participants we only managed to interview seven individuals.

We recruited participants via TIAC Link Workers who were asked to approach service users on our behalf. This was followed up with a phone call from our lead researcher to arrange the appointments. Anyone who had been involved with TIAC for two weeks or longer was deemed eligible to take part in our study, including those who had already been discharged.

Before each interview, participants were given an information sheet and consent form, and time to read through them. This explained what data we would be collecting, how we use information, and that they could opt out at any time. Between May and November 2017, TIAC accepted 192 referrals, so the subgroup that we had contact with represented just 5% of the total contacts.

The interview

We developed a semi-structured interview made up of nine questions, which can be broadly categorised into three groups:

- The relationship and interactions between the client and the TIAC staff
- The practical support offered by TIAC
- The emotional experience of using the TIAC service

The peer researchers divided up the interviews between themselves. There were two researchers in each interview: a peer researcher and a note-taker, who was the lead researcher in every interview.

Interviews were carried out between December 2017 and January 2018; four men and three women took part. We did not record details on their ages or other background information, as after group discussion we felt that, given the small number of participants, this information would not help us draw conclusions about the wider service. While some participants did choose to share information about the crisis (be it mental health-related or other challenges) that brought them to the service, we chose not to make a record of this information to protect the individual's confidentiality.

Interview questions

1. Can you tell me your overall experience of TIAC staff?
2. How would you describe your relationship with your Link Worker?
3. How was the help provided tailored to your individual challenges and needs?
4. How did your Link Worker work with you to achieve your goals?
5. How did you feel when you were first introduced to TIAC?
6. Can you tell me about how your Link Worker helped you find out about your needs and develop a plan to address them?
7. How helpful was the help you received from TIAC?
8. How were you prepared to move on from working with TIAC?
9. Is there anything else we haven't asked you about today that you would like to share?

Data analysis

In January 2018, we coded the participants' interviews as individuals. We then discussed these as a group to ensure we didn't miss any, and to spark each other's brains. Once we had done this we then compared the words, phrases, and themes from the different interviews. We compared and contrasted these until we came up with the main body of our results, and there were no new themes emerging.

What we found

From the codes developed based on the interview responses, some common themes started to emerge. We have illustrated these in the diagram below and presented results from key themes in further detail in the following section.

Participants were mostly very positive about their workers. The strength of the relationship they formed with their allocated worker appeared to be key to their experience of the overall service, and likely to their receptiveness to the support offered.

The emotional experience of the person seemed to be key to helping form a strong sense of being brought into a team, alongside their worker. Once the relationship had been established, they told us about a range of support available, and the features of the support, i.e. the approach that was used and how it was tailored to them. It appeared to be this combination of factors that led to positive outcomes for people and in turn continued to strengthen the relationship.

Key themes:

- Strong relationships with TIAC workers
- Positive emotional experience of being involved with the service
- Range of tailored support available
- Difference working with TIAC has made to the person

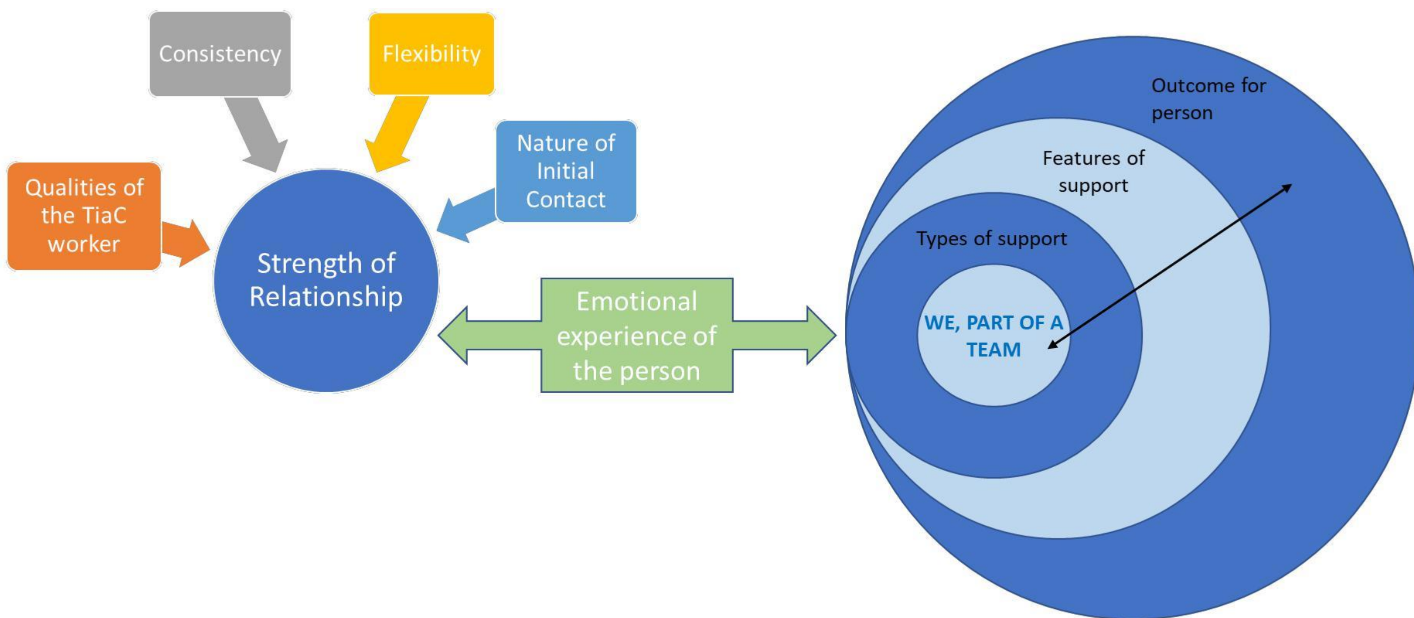


Figure 1: Diagram illustrating key themes emerging from interviews and how they relate to each other

Strong relationships with TIAC Link Worker

The strength of relationship was based on a combination of key factors: consistency, flexibility, the initial experience of accessing the service, and the qualities of the worker.

Each participant was assigned a TIAC worker who remained consistent throughout their use of the service. That allowed the participants to connect with their worker in a meaningful way, and to appreciate the qualities of the person. Participants described their worker as being non-judgemental, taking time to ask the right questions, listening to get to the root of the problem, giving people the space and time to be listened to, and showing kindness.

> *"One consistent worker throughout helps, last time in mental health service I had a multitude of CPNs and didn't know if I was coming or going—it helps knowing she is there."*

It was generally the same worker they saw, with a mention of introduction to another worker if the usual worker was going on holiday, or not available. There was a theme of team work throughout the interviews, with the service user and worker forming a team, and of not wanting to let the team down.

> "*It's not just me - I've got her I would be letting down as well.*"

Participants described the service as flexible in how they could make contact, where they were seen and the way in which workers made themselves available. Examples which participants gave included being seen in local doctors' surgeries, cafés, the gym and various community groups, with contact either face-to-face, or by text message or phone calls. For some people, this flexibility appeared to be key to helping them engage with the service.

> *"When I first started I wouldn't speak, had panic attacks… (the worker) didn't judge us, started a diary so that if I couldn't talk I could show my worker and she could have a little read."*

> *"She would let us ring and text her as I was more comfortable with this. Better than having to wait for an appointment because I can text there and then."*

> *"The worker listened to my concerns, for example when we met at the GP surgery they understood that I felt uneasy and were able to adapt. I wanted to go for coffee, to see people milling around it brings you back to normality."*

All the participants described feelings of uncertainty about what to expect or what support it was they needed prior to starting to work with TIAC, and for most of them this was alleviated at first meeting. They told us about the speed of initial contact, the accessibility of the service, and the experience they had during the first time they met their worker.

> *"Felt nervous and unsure, uncertain who are they, what are they, what are the outcomes, am I going to be seen as some burden to society. Crisis passed me onto Together in a Crisis, I got a first phone call made appointment to go to my GP surgery but was cancelled as worker unwell so just left it at that. Then when I met them it was great - same worker from then on."*

> *"I didn't know what to expect from TIAC, they kept us informed at every stage. Within two days I had an assessment and a date to meet."*

Positive emotional experience of the person

When asked about the overall experience of the TIAC service, all the participants reflected on the positive emotional experience they felt; the sense of 'someone's got you now'. As interviews progressed, participants spoke about 'we', referring to themselves and their worker. The feeling of being part of a team seemed key to helping people take ownership of their situation and act to make changes.

Where things worked well, participants described feeling reassured and listened to; they felt comfortable and not 'mollycoddled'. Participants described feeling respected and that their opinion was valued.

> *"It was fantastic to speak to someone and not feel stupid… being able to explain yourself and not feel embarrassed, to have someone who will sit and listen… didn't want to withdraw or hide, you tend to lock these things down but it was lovely to talk to her… talk to you like you're a real person which not many people have done since the incident. I'd walk away if I'd felt mollycoddled."*

> *"...hard because people don't understand depression, if you're happy they think that you're cured. I bottle a lot up, have no one to talk to except my partner of course. They have been invaluable to me, a friendly ear… I felt comfortable and I was put at ease straight away, wasn't embarrassed to say anything. Didn't give us any platitudes, they didn't just say have a night out or do some exercise because it releases endorphins."*

Most participants told us that they felt able to be open and honest with their worker. There was a sense of being safe and secure, and that they trusted the service.

> *"We connect, she's a good listener, I can talk to her and I feel like she understands. I don't feel judged and I'm not patronised."*

> *"…assurance that if I ever need anything I didn't have to feel bad, if I feel myself slipping I can just give them a ring…I've got somebody there now, it's a lot of comfort."*

The support that TIAC provided

Participants were enthusiastic about the practical support which they were offered, such as attending meetings, introducing them to new activities, signposting to other services, and helping with day-to-day activities. By signposting to other services, links were made to more specific expertise and longer-term support. However, it seemed that the manner in which this support was offered made a big difference to participants. Support was personalised and tailored to the participant's needs.

> *"My worker asked me questions/did an assessment, more than anything it was asking how they could help me rather than anything they would offer - and it's tailored to my needs week by week."*

"Gave us practical strategies, e.g. I overeat at the moment, and it's causing health problems and she gave me a leaflet about distress eating and introduced me to organisations that could help."

Participants described being able to take part in making plans, setting goals for the required outcome, and the flexibility to pace or change those goals and plans if needed. Given that the participants were in distress, it was almost inevitable that at times the goals that had been set previously hadn't been met. Instead of participants going away and trying again on their own, TIAC workers would help the participants complete their goals there on the spot. The flexibility to support participants through setbacks was seen as helpful by the participants.

"I put things off, I know I do, for example I took activity away with me to do and I looked at it but I didn't do it. So I went back and she said that we could do it there and then."

"At the beginning no goals, wasn't well enough. Then small goals after the first few weeks, introducing goals week by week… the plan for me came with the recovery plan."

The difference working with TIAC made

Participants described a range of outcomes for them resulting from the support received by TIAC. For some, it was linking in with other organisations, and for others it was practical steps to help build meaning and purpose back into their day-to-day life.

Overall, however, participants found they developed confidence, became more motivated, and improved their self-esteem and self-worth, becoming more resilient and with hope for the future blossoming. With these emotional building blocks in place, they were better able to look to the future and find solutions to some of their issues, and were guided to services that could help, if needed.

"Going to continue to see the people I've been referred onto. One person it's not the right time, it's a bit emotional and I need to be in a better place. She referred us to three or four services and I still see two of them. It's been helpful."

"…feels like it's building me up so that I can step off this platform and onto the therapy side of things… I feel like I've got a support network… Was in a bad place, perfect service at the perfect time… feels like a bit of safety net, if it wasn't there I wouldn't like to speculate."

One significant and recurring theme was that the support offered by TIAC in that moment was potentially lifesaving and lifted people from a dark place.

"…helped us all the way through it. If it wasn't for them I was ready to end it all, it's been absolutely brilliant… Having a team of people that realise that you need some help… TIAC been getting us to clubs, my physical health back on track (lost four stone) and feel 100% back on track. My confidence has built right back up again. Took my little boy sometimes, they kept it family oriented because they knew it was my family going to get me through it."

"…not sure I would have been here… this time I felt I could have done it."

Points of Note

Although not major themes which emerged consistently from the participants, some points were raised which the research group thought noteworthy, particularly based on experience of using services previously.

Meaning of 'crisis' in service name

Most of the participants were referred via the NTW Crisis team, which suggests they had initiated contact and identified themselves as being in a crisis. As the service has developed referral routes have expanded to include GP surgeries, where people may not identify themselves as being in a crisis, and where the significance of the service name may therefore carry different meaning.

> *"I didn't like the crisis part, wasn't even wanting to think what I was in and I wasn't sure what it meant. I didn't think I was going to harm anyone or that I was a danger. The GP gave me the number for crisis worker and I phoned up."*

Addressing confusion and uncertainty

Most of the participants described feeling uncertain about what to expect when first in contact with TIAC, and largely this was resolved at the outset during the first meeting. Where this was not clarified, however, it seemed to be detrimental to the service user's experience of the service, and seemed to have fuelled their uncertainty and confusion.

> *"I was confused about the different people, none of them seem to join up - Recoco, Moving Forward, Chilli Arts - I think it's very stressful you have to turn up somewhere you've not been."*

Boundaries

Participants described professional relationships with workers and seemed to value it when they could get to know their worker on a more personal level.

> *"Easy to talk to, didn't feel I was sat making all the conversation, seen counsellors feel like you're offloading but not with her... She would talk about her experiences, life, family and friends."*

The research group reflected on the largely positive aspects of this, but also questioned the potential pitfalls of staff sharing personal experiences and being able to moderate this when necessary. This felt particularly important given the short-term nature of the service and how significant endings are, and the potential impact that an ending could have on someone who has become very attached to the relationship.

> *"Amazing, I absolutely love my worker. She's really really good. Don't want to cut off from them, feels like a friend more than a worker."*

Summary and conclusion of peer research

Overall, the difference that TIAC has made to those we spoke with has been important, helping them feel more in control and that life is more bearable. Participants described the experience of being brought into a service, at a time of significant need and often when they felt they had nowhere else to turn. A timely and accessible service, with compassionate workers who would work alongside them, led to people feeling supported and that they were part of a team.

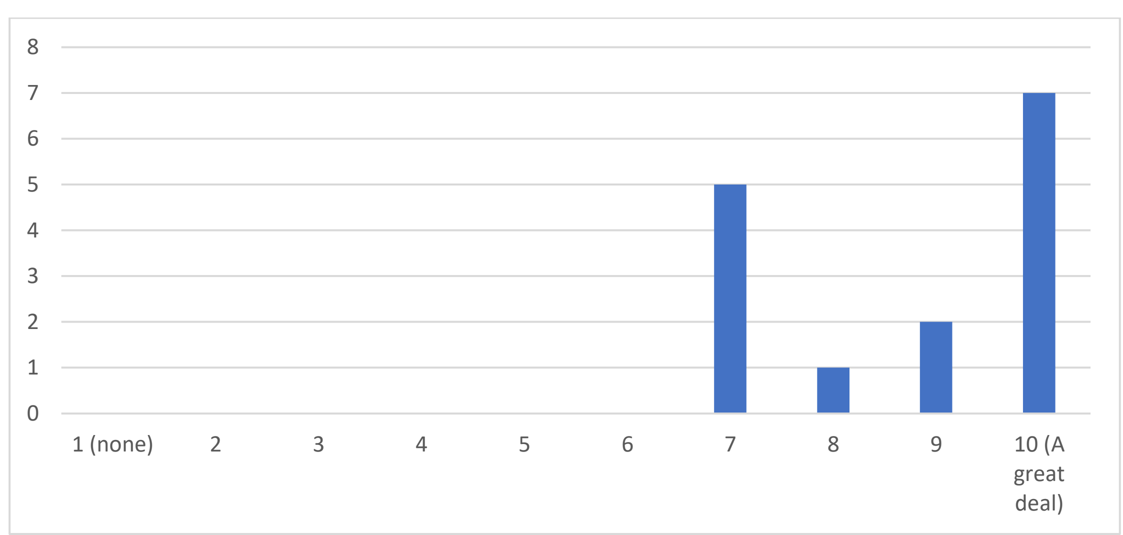
When the worker and client connected and had a shared understanding of the person's needs, the clients gained confidence in the ability of TIAC to address their needs. Participants spoke with a feeling of confidence in themselves and hope for the future, which then facilitated the 'work' of building personalised recovery plans, connecting to more specific, specialist and long-term services, and being supported to connect back to their own networks (whether family, work, or leisure networks). Building these bridges promotes the maintenance of good mental health practices in the long term to prevent people from returning to a crisis point.

The peer research group reflected on the limitations of this evaluation. The sample size was small and not necessarily representative of all service users who have worked with TIAC, and the analysis was biased by our own experiences of mental health support services. Based on the interviews conducted, the group feels that TIAC has accomplished what it set out to do and has an approach which seems different to other available services for people in crisis. The group feels hopeful that this might be a service available in the future.

NTW Community Response and Home Treatment Team Feedback

A survey was completed by clinicians and managers of the NTW CRHT. The survey focused on impact and effectiveness of the TIAC model and any potential system impacts the service may have. 15 responses were received and are presented below.

What impact has TIAC had on CRHT's capacity to support people with urgent clinical needs?



Comments:

"I heavily rely on TIAC, particularly when I am triaging, as I am able to refer a great deal of people that I otherwise would be unable to offer any other alternative. I wish they covered North Tyneside too."

"CRHT have been able to sign post those with less severe mental health issues but significant distress to TIAC and this has resulted in us being able to concentrate on those who need us most."

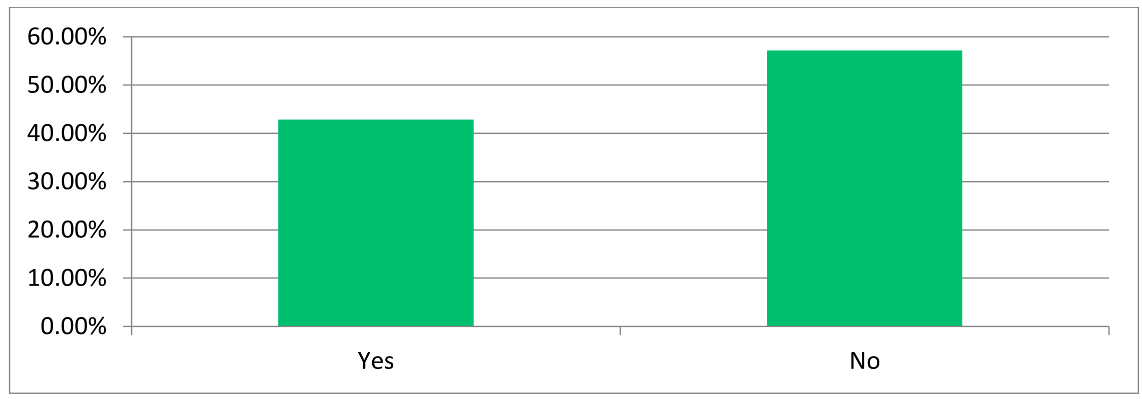
"Fast response time and good feedback received from service users."

"Provides an alternative for people with either significant crisis presentation but reduced risk, or significantly complex social difficulties that would otherwise not have needs met by existing services within a reasonable time frame."

"Quick response to referrals."

"Emotional and practical support essential in MH."

Has the profile of clients referred on to TIAC changed over the course of the proof of concept period?



Comments:

“Not that I am aware of but I can only speak from my own experience. I feel they accept quite a wide range of referrals.”

“Not sure, I guess there was a period when we were getting used to what types of interventions TIAC to take on.”

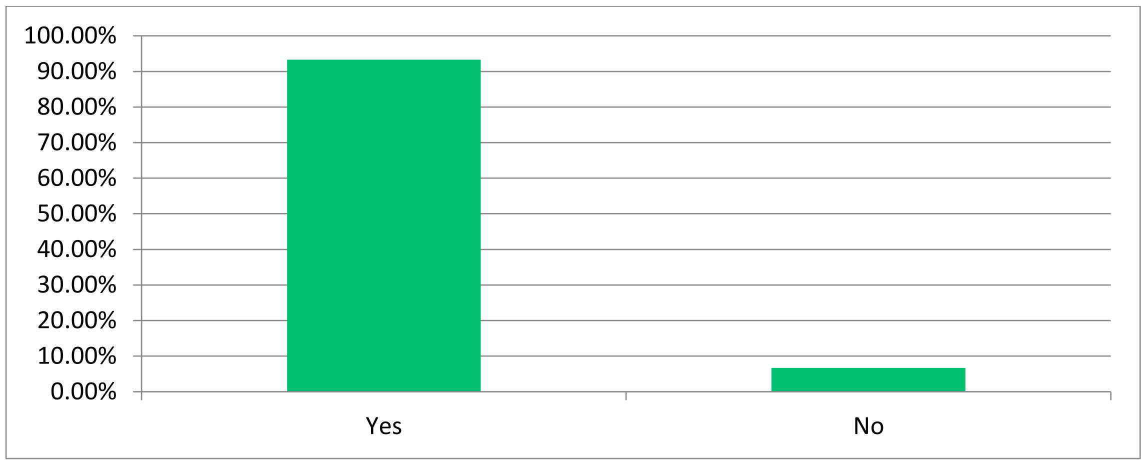
“TIAC have always accepted a wide variety of services users when I have referred them in. The 'profile' covers various needs.”

“Unsure. Hopefully we have got better at considering TIAC as an option for clients.
Not aware of shift in profile of s service users, being referred to TIAC.”

“Happy to be told differently if data made available.”

“Initially we were wary of referring to TIAC but they have proved to be an excellent resource and we are confident when referring now.”

Is the current pathway (CRHT referral > triage > pass through to TIAC) appropriate and required, in terms of assessing clinical risks and needs?



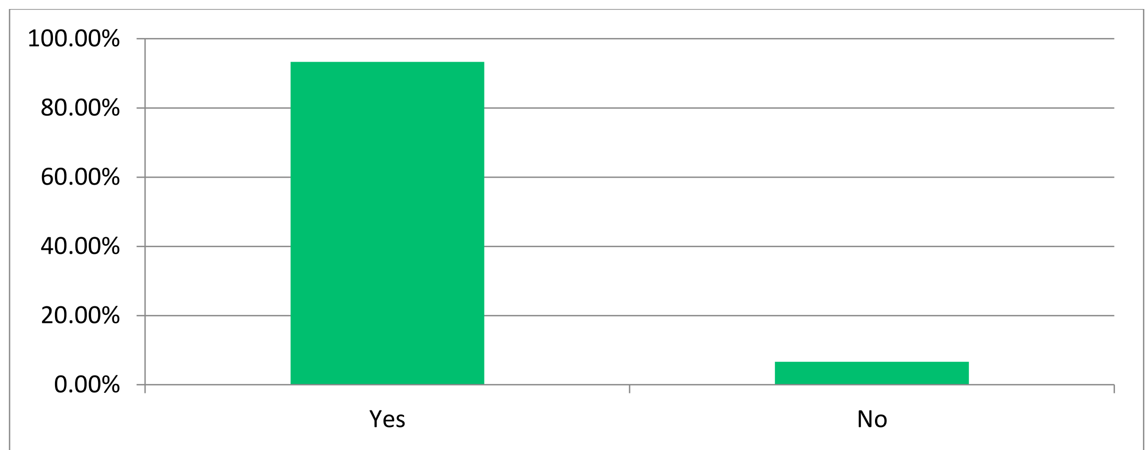
Comments:

“To make sure those with urgent clinical need are picked up by CRHT and not missed.”

“If TIAC worked with less distressed patients then maybe CMHTs and GPs could also refer?”
“At point of triage an adequate risk assessment is required to ascertain whether CRHT intervention is required. If not required further consideration is given to appropriateness for TIAC.”

“Some taken on for HBT would benefit a week later (eg) from TIAC support
using 80/20 rule, believe this is appropriate, though sure there will be the odd issue.”

Has TIAC increased options for the triage nurse and enabled people to access immediate emotional and practical support that may not otherwise have been offered?



Comments:

"Very much so!"

"Definitely"

"TIAC has been a fantastic resource for the nurses at point of triage. It has allowed us to validate and response to appropriate level of need, I believe this has had a positive impact on the appropriate use of CRHT line."

"Significant. Fantastic to have an option to offer clients who need a quick intervention but do not quite meet the criteria for a CRHT intervention."

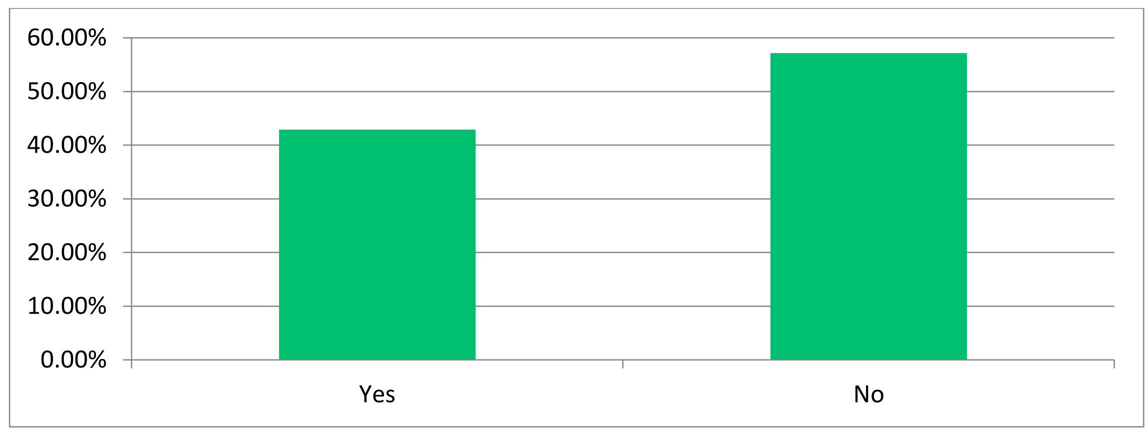
"Without doubt, increased options on Triage for patients in the Newcastle area. Its is a shame we don't have the option of TIAC for patients from North Tyneside."

"Most definitely."

"Many thanks."

"DEFINITELY"

Since the launch of TIAC, has contact to CRHT increased from referrers wanting to access TIAC directly?



Comments:

"I've had people asking to access separately, but only a few."

"Not that I am aware of. I get the impression most people are still unaware of TIAC, but again, can only speak from personal experience."

"I don't think so."

"All patients I have referred were unaware of TIAC."

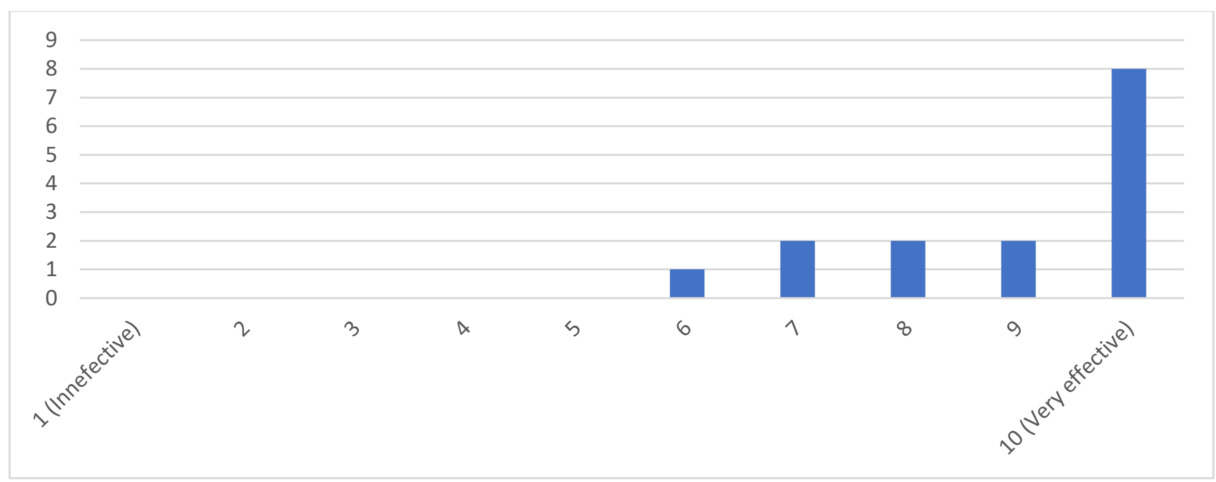
"I have had experience of service users contacting their GP to be re referred by to TIAC and being advised to contact CRHT to access this service."

"I haven't spoken to any referrer whom is aware of TIAC."

"Not sure that referrers ring asking for TIAC."

"Don't believe so, but I do not perform triage function so my knowledge is limited."

How effective is the pathway for clients between CRHT and TIAC?



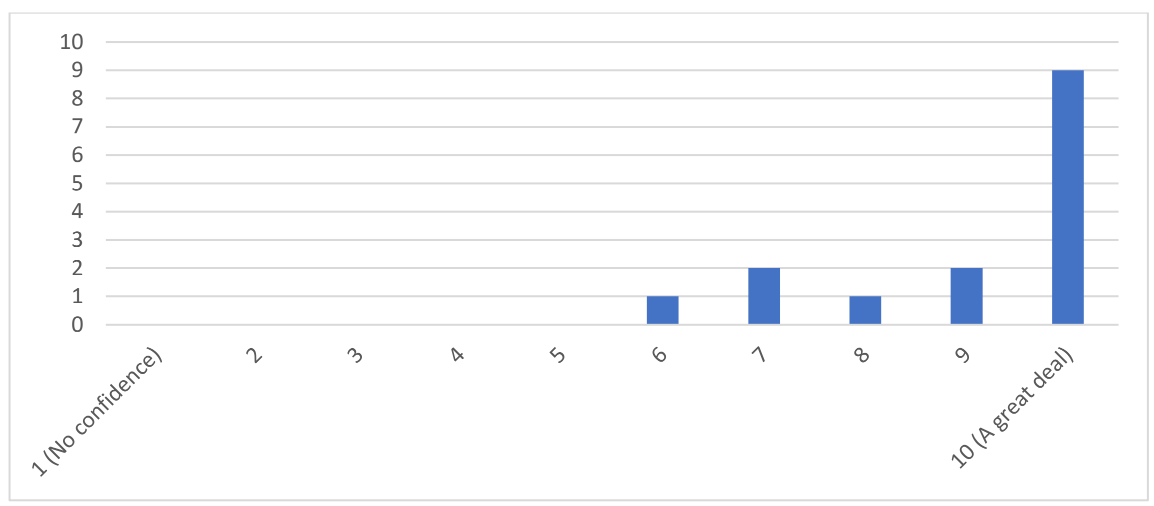
Comments:

"The only gap I can see is if TIAC did not accept a referral (which I don't think has happened in my case) then it could be difficult to follow up due to shift patterns that crisis clinicians work. Patient could potentially be left without contact and no contingency plan."

"Fab pathway however if send referral on behalf of someone you personally get response and they don't reply to cc people"

"Seems to be seamless and swift which are both good principles to work within."

Do you have confidence in the ability of the TIAC team to work with people in self-reported crises?



Comments:

“If that means they don’t get a screen by mental health professionals then there is the danger of missing more subtle but significant mental health problems.”

“TIAC have liaised with our service when there has been increased risk or concern. Likewise, when a service user has contacted ourselves we have fed this back to TIAC. They work within their boundaries of need and risk.”

“Yes”

Any general comments/overall views on the effectiveness of TIAC model?

“TIAC is a great resource for people who need support but who do not need Crisis Team at that time.”

“This is an amazing asset to our area, I wish it could be rolled out across the North East and nationwide!”

“It has supported the CRHT model really well.”

“TIAC is fantastic. I wish there was scope for them to do home visits though as often people struggle to leave the home etc.”

“TIAC would be beneficial in all localities, I hope to see this service become more widely available. I believe and have found it prevents crisis and reduces risk from escalating.”

“It's been an extremely useful service to have as a disposal option on Triage.”

“Feedback from clients is good. Fantastic to be able to offer a service that you know will deliver as you have described.”

“I believe TIAC model is working well and greatly appreciate the support TIAC can offer CRHT patients.”

“Would welcome an expansion of the service to provide more direct services in terms of crisis work, such as crisis cafes, crisis drop in or crisis hubs.”

Widening referral sources, initial testing

The proof of concept pathway design specifically had CRHT as sole source of referral. This was to ensure safe initial triage, clear referral criteria, and smooth pathway for clients. This has enabled a warm transfer between the services, which has contributed to the positive experience and effective outcomes for people supported by TIAC.

Towards the end of the initial proof of concept period, some GPs identified that, due to their knowledge of the clinical criteria of CRHT, they were not referring patients who would have otherwise met the criteria for TIAC. For a short period of time, referrals were opened up to a small number of practices across the city to test the appropriateness and safety of a primary care > TIAC direct pathway. The feedback from GPs was very positive. We would like to look more closely at the role TIAC could take in improving wellbeing and reducing the demand on primary care for patients experiencing non-clinical crisis

There is an opportunity to explore the pathway between the new mental health response team linked to the psychiatric liaison in Newcastle. A pathway could be developed with clarity to define clients would most appropriately be supported by TIAC, and those who are more suited to a specialist response from a social worker.

Feedback received from primary care

During the proof of concept period, the service received a number of comments from GPs aware of the proof of concept:

> *“The sort of people [TIAC] are supporting would otherwise be likely to bounce around the system, sometimes causing chaos and creating lots of unplanned demand on urgent services.”*

> *“Unlike so many services who seem to look for reasons to exclude people from their remit, TIAC actively engages with people and provides timely and personalised support that seems to really work for many of the people we work with, who don't necessarily fit neatly into a diagnostic box but are in real distress and in acute need of help.”*

Summary and conclusions

Since May 2017, TIAC has supported over 400 people in crisis. People have been supported to achieve significant positive changes in their wellbeing and areas of life that have contributed to feeling in crisis. Initial work to develop a coherent and structured data and evaluation model has been invaluable in showing this.

Thanks must be given to the staff who work and have worked for the TIAC service. The hard work, creativity, and innovation shown by them, and the efforts to go the extra mile for the right outcome, has been exemplary. TIAC could not have been the success it has been were it not for this. For these kinds of roles, a values-based approach to recruitment is essential. Recruitment focused on empathy

and genuineness, good communication skills, confidence to link in with services, and ‘push’. We wanted people with energy and a drive to problem-solve, who could reflect and maintain their emotional resilience.

Much of the success of the project must also be attributed to the positive relationships that have emerged within the delivery partnership and, crucially, with NTW CRHT. We have been delighted with the positive, can-do approach of all partners and for the level of trust and candour that has emerged. Whilst this was of course, ‘managed in’ to the proof of concept design, now that these relationships are formed, there is a real opportunity for the system to make best use of the TIAC team and partnership going forward, and as part of the emerging ‘Deciding Together Delivering Together’ conversation.