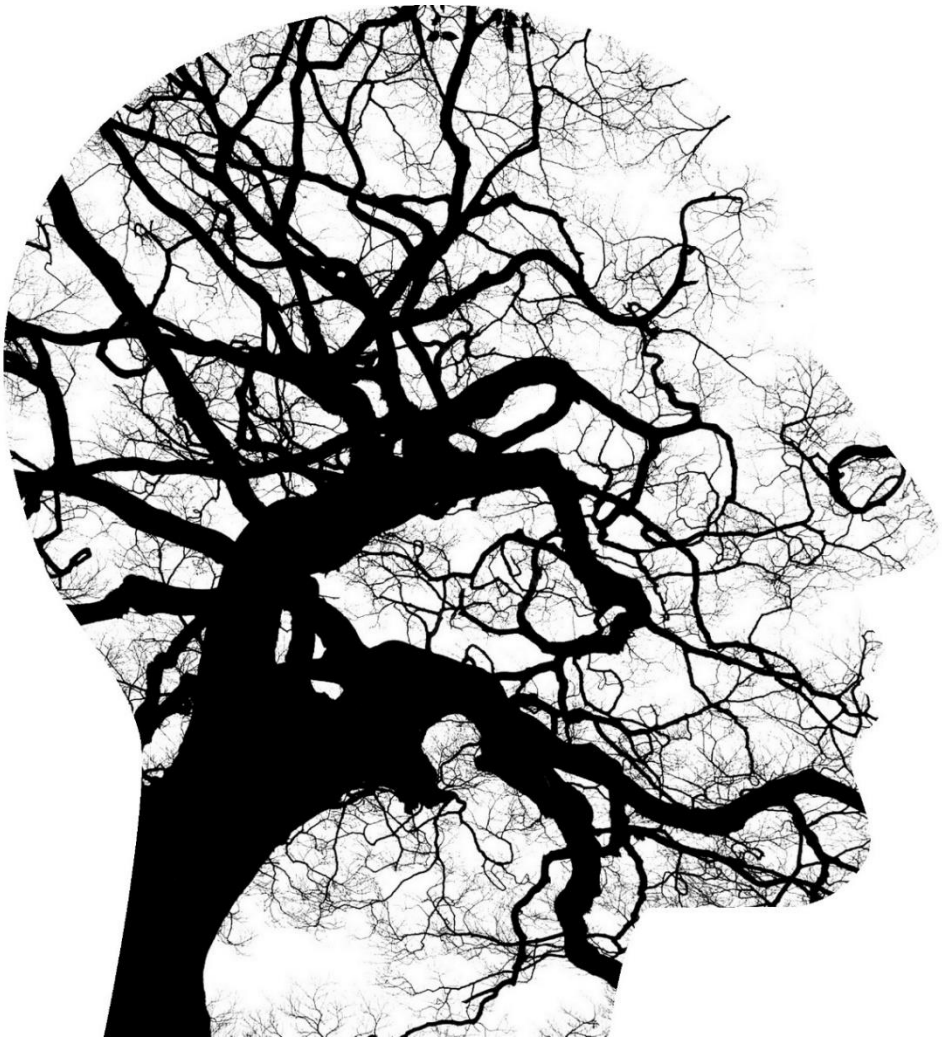

555 Mental Health Helpline Proposal

Prevention & pre-emption to reduce acute unplanned care

This paper outlines a proposal for a dedicated, national mental health helpline.

Such a helpline would be similar in concept to the 111 NHS helpline though it should be discrete from 111, providing immediate access to mental health counsellors. This would move the UK toward being the world leader in mental health provision through 'Prevention & pre-emption to reduce acute unplanned care'.

555 MENTAL HEALTH HELPLINE PROPOSAL

EXECUTIVE SUMMARY

CONCEPT

The establishment of a national mental health and addictions helpline (555) in the UK that:

- Provides timely and appropriate, first contact mental health care to those in need whilst remaining in alignment with the NHS's goals for the United Kingdom's overall health.
- Reduces the volume of acute unplanned care, through earlier intervention. **Saving £000's**
- Reduces the strain on more clinical areas of public services such as NHS and Police. **Saving £000's** .
- Reduces loss of productivity output, **Saving £m**. **Through patient, family & friends having less time off.**
    - Stevenson & Farmer estimate between £74bn and £99bn lost due to MH issues each year.[i]
- Establishes and maintains integration with existing mental health services, relevant charities, local/community support groups and emergency services.
- Contributes to international mental health knowledge, particularly first-contact services, through establishing and refining best-practices.
- Is free at point of use.
- A simple to remember number for phone and SMS contacts – 555.
- Establishes the UK as a world-leader in mental health care.

WHY A NATIONAL, DEDICATED HELPLINE?

Disruption from COVID and other uncertainties financial, employment, emotional etc. has helped increase the stresses people are struggling with.

This compliments the existing NHS plan that 111 take mental health calls, however, the need is often more complex and needs specialised skills that 111 cannot offer at first contact.

555 should be staffed by mental health/addiction trained advisors & counsellors so service users get immediate assistance for:

- Listening and validation with users for as long as required
- Signposting to other services if required and location is provided by the user
- Information passed to users' doctor & mental health team if necessary
- Escalation to emergency services in the minority of cases

REQUIREMENTS FROM GOVERNMENT

Commitment to, and funding for, a formal feasibility study to be followed by a regional trial and then a national rollout.

Access to detailed NHS statistics on Mental Health related contacts from the public to help shape the trial → national rollout.

Permit the use of 555 as a contact number for the service → 555 – helping you to survive

Ideally the service will need access to NHS records for callers who identify themselves to allow for the person taking the call to understand the current position, if any, with the mental health team and to enable an update if necessary.

To give a true idea of what the 555 Mental Health Helpline proposal is about, the following article takes you through how we would expect the helpline to operate in the UK. In reading it we hope you can mentally visualise some moments and get a feeling for how it would be as both a call centre operative and as a caller.

A DAY IN THE LIFE OF A MENTAL HEALTH HELPLINE

Written by journalist Adam Dudding and published on Stuff.co.nz here: https://www.stuff.co.nz/national/health/115226468/a-day-in-the-life-of-a-mental-health-helpline

LIKE MOST ARTICLES ABOUT MENTAL HEALTH, THIS STORY HAS A LIST OF HELPLINE NUMBERS AT THE END. BUT WHO ACTUALLY PICKS UP WHEN YOU MAKE THAT CALL OR TEXT? ADAM DUDDING REPORTS.

It's just after midday on an Auckland Monday, and Amanda Lee, 23, is in the middle of six simultaneous text conversations. They're all pretty dark in mood.

One person she's swapping messages with is feeling overwhelmed and anxious; another has been rocked by a recent relationship breakup; another is feeling lost in their career; and yet another is struggling to deal with the after-effects of an historic trauma.

The conversations are all running on separate windows on one of Lee's computer monitors, and when one virtual conversation draws to a close it'll be replaced with a new one. According to the readout on her left-hand monitor, five would-be texters are already waiting in the queue.

Just another day in the life of a counsellor in the Auckland office of the National Telehealth Service (NTS).

NTS is huge – a nationwide state-backed organisation with hundreds of staff who handle myriad advice and support services including Poisons Advice, Immunisation Advice, Quitline and Healthline (there's even a dedicated 0800 number for people interested in being a live kidney donor).

But Lee, a new graduate with a BSc in psychology, who plans eventually to head back for postgrad studies, is here as a counsellor.

So the cases she handles come only from those NTS services that are related to mental health and addiction: that's a few different depression helplines, the Alcohol Drug Helpline, the Gambling Helpline, the "Safe to Talk" sexual harm helpline and the "1737 Need to Talk?" service.

ARE EMOJIS OK?

Some days Lee takes actual phone calls, but today her shift is all keyboard-based: cellphone texts, emails and webchats. After a texter makes contact, the first reply is an automated request for some basic information, After they've replied to that, someone like Lee takes over.

Some sessions are over in five minutes – "Some people just want to hear some validation and they're good to go". Others are just looking for simple information, such as where they can get some free counselling.

But others still are going through something heavier and really need to talk about it in more depth, in which case, the back-and-forth "can go on for up to two hours". (Phone calls, by contrast, are seldom longer than half an hour.)

What Lee is providing is a combination of "brief emotional support" and a one-off counselling session.

That means you need to keep the conversation on track.

"We try to keep it meaningful for them. We want them to focus on what's going on for them at the moment that's causing them to reach out to us. We don't want them to, like, talk about everything."

These conversations are confidential, so I'm not reading them over Lee's shoulder, but I can't help noticing there are some emojis sprinkled through one of the incoming conversation threads. Does Lee use emojis herself, or does that seem a bit too informal for a counselling session?

They're not ruled out, says Lee. "But the only emoji that I feel comfortable sending is a smiley face – and only when the context is right. I think I'd feel a bit weird about sending a heart. A smiley face is a little bit professional."

The room from which Lee dispenses emotional support, counsel and the occasional smiley face is unremarkable – half-a-dozen people quietly talking on phones, or tapping away in front of double computer monitors – but once you include her colleagues around the country this is, I'm told, the busiest mental health service in the country.

Each month NTS's 30-odd frontline mental health and addiction counsellors conduct around 8000 text counselling sessions, another 6000 sessions by phone, and 800-odd webchats.

To some infinitesimal extent, I may have helped contribute to that workload. I recently finished making a seven-part podcast for Stuff about mental health, called Out of My Mind, which has

been released in weekly instalments since early August, with the final episode going live on Monday (September 16).

It's a series of interviews with people with personal experience of living with mental illness, told entirely in their own voices.

It can be tricky reporting on mental illness. You need to think about things like stigmatisation and stereotyping and misinformation, and when it comes to talking about suicide in particular, the stakes are especially high.

Experts say articles that glorify suicide can cause an increase in attempted suicide and self-harm among people who were already in a vulnerable state. Compared to much of the world's media, New Zealand reporters are pretty respectful of official suicide reporting guidelines, but we still get nervous.

Which is part of the reason why we plaster stories with links to mental health support services and helplines. Even if a story falls short and leaves someone upset or distressed, at least we've made it easy for them to find the helpline number.

So yeah, I copy-pasted the usual links into the episode notes for Out of My Mind. But while doing so, I got curious about what happens at the other end of the line. Which is why I'm in the middle of this guided tour of the National Telehealth Service.

SPACE TO TALK

Tai Tolua, 30, is a shift supervisor at NTS. That means her job is mostly managing and supporting a team of 14 frontline phone and text counsellors around the country, but she still takes some calls herself – and a few recent ones stand out.

There was a man who called earlier this year from a motel room in Taupō. Tearful, and feeling hopeless, he said he felt no one cared about him and that he planned to take his own life by drinking the copious amounts of alcohol he had with him.

"For me," says Tolua, "it was about trying to de-escalate and be with him, and give him the space to talk about what was going on for him. I spent 20 minutes on the phone just building rapport and validating him and letting him talk. After that 20 minutes, I started saying, 'You've done the right thing in terms of reaching out for support; it takes a lot of courage for someone to do that.'"

Because the caller was discussing imminent self-harm, Tolua had quietly invited a colleague to listen in, and the colleague contacted police as Tolua kept talking the man down.

"I was trying to get a name and address and all those details that the police need. I kept him on the phone, just talking about everyday stuff like 'What do you enjoy doing? Do you work?' Just small talk to keep him there. Until he was like him, 'Hang on. Someone's at the door.'"

It was the police. Tolua asked the man to hand his phone to them, and confirmed that the police would take it from there.

"So that was a good outcome."

Then there was a call she took shortly after the Christchurch mosque shootings in May. A woman phoned in, wanting to talk about her eight-year-old. The family hadn't been directly affected by the terrorist attack and they weren't Muslim, but they lived in Christchurch and had seen the news coverage, and now her boy was anxious all the time, and was refusing to go to school. The mother handed the phone over so the boy could talk directly to Tolua.

"He spoke about how he was really worried that the shooter might have friends that might pop over and kill him and his family. That's why he didn't want to go to school. I spoke with him around that – validated him for reaching out."

They chatted about his hobbies – drawing, and playing on his tablet – and then Tolua asked him to describe how the anxiety felt, in a physical sense.

"Oh, I feel in my chest and feel it in my hands," said the boy.

Tolua replied: "Is there any way that you can tell Mum – so that when you notice that you have a tight chest, you can talk to her?"

The call went on for 40 minutes, and near the end Tolua asked him to hand the phone back.

"I spoke with the Mum and said, 'This is what we talked about, and this is what he said might be helpful.'

"That was a good call. I was really impressed with the kid. He was an eight-year-old reaching out and saying, 'This is what I'm feeling'. He articulated really well. I was really glad that Mum picked up the phone."

TEXTER V PHONER

More often than not, when a young person gets in touch, it's by text rather than phone call – especially since the 2017 launch of the 1737 helpline, where you can use the same easy-to-remember number whether you're texting or phoning. Since then, the number of 15- to 25-year-olds contacting NTS has soared. Overall, sessions through 1737 alone have jumped from 1500 per month in mid-2017, to around 9400 per month now.

According to NTS's lead psychiatrist Dr David Codyre, that increase is "a very positive outcome". But shouldn't we be concerned that there is so much demand in the first place? Isn't emotional support something we get from friends and family, rather than needing to rely on professionals?

Well, it's more complicated than that, says Codyre.

Social connection is "one of the most strongly protective things in terms of our mental health and wellbeing", and of course friends and family are at the heart of that.

But when people are struggling with mental health issues they're often reluctant to own up to weakness, and often their friends and family don't know how to respond when someone is seriously distressed and struggling.

Get on the phone to a telehealth service though, and you're anonymous and you're getting help from trained counsellors.

The majority of people who call or text in are feeling some combination of depression, anxiety and substance misuse – three things that tend to feed each other.

Sometimes a counsellor might suspect there's something more going on: psychosis, severe depression, bipolar disorder – but in this context diagnosis isn't really the goal: the idea is to provide immediate support regardless of the underlying issues.

Demand for helplines gets higher around Christmas – a time for tinsel and presents but also increased family violence and loneliness.

Distressing news events such as the mosque terror attacks cause huge increases in traffic. When there are reports of a celebrity suicide there'll often be a spike in calls from people with suicidal thoughts. After that documentary accusing Michael Jackson of sexual assaulting children, there was a big increase in sexual assault victims calling to talk about their own historic traumas.

The reality, says Codyre, is that in New Zealand, as in all Western countries, the common mental health conditions are becoming more common. The prevalence of anxiety, depression and addiction issues, decade by decade, is going up.

"The individual and population impact of distress, anxiety, depression is huge. It's probably the biggest thing we face as a country – the suicide rates are the tip of that iceberg. So the telehealth service is one component of a much wider move to provide access to services for people when they need them, and at scale."

Telehealth is relatively cheap – perhaps $25 to $40 per counselling interaction, based on Codyre's back-of-an-envelope maths – yet still effective.

The idea of using phone lines to provide support, encouragement and information for people in distress is hardly new. That's been happening in New Zealand since 1964, when Lifeline was launched in Christchurch. (Confusingly, Lifeline and its offshoots including Youthline and Kidsline, are still going strong but they're not part of the NTS family).

But in the past decade, says Codyre, psychotherapists have started to realise that during that brief interaction, it might also be possible to provide an effective therapeutic intervention, especially if you frame it as a "one-off intervention with an open door to come back".

THE INCREDIBLE SHRINKING SHRINK

Once, the idea that a psychotherapist could achieve anything whatsoever in a single session would have been heresy, but Codyre says the discipline has evolved.

Early last century, psychotherapists thought patients needed multiple sessions a week for years to untangle their deep-seated emotional and psychological issues – and fortuitously that was a pretty good business model too.

By the 1950s, the new discipline of cognitive behaviour therapy (CBT) asserted that you could modify a patient's thoughts and behaviours – and thereby how they felt – with just 12 to 20 therapeutic sessions, and by the 1990s and 2000s, therapists were trialling even shorter interventions, of perhaps four to six sessions. That was about the time that Codyre started working in primary care in New Zealand.

"At the time we got a lot of pushback, saying 'Well how can you possibly ethically provide help for people so briefly?' But actually what we demonstrated was good outcomes – as the literature overseas was showing anyway."

In the past decade, the push for brevity has continued, and Codyre says follow-up studies measuring wellbeing up to six months after one-off interventions have found good evidence of lasting improvements for many patients, which is great news if you're working in public health and looking for a population-level approach to soaring levels of mental distress.

Right now, says Codyre, money is being poured into this kind of thing. The recent budget has boosted overall mental health funding, and tilted the balance so that a larger proportion than before will go to primary care services such as telehealth, rather than far pricier specialist services such as inpatient mental health wards.

"Once this model is rolled out," says Codyre, "we should be able to see an additional six to 10 percent of the population each year".

Yet the goal absolutely isn't to draw ever-increasing tranches of the population into some sort of emotional dependency on well-trained strangers at the end of a phone.

"We don't want to be a replacement for people living life," says Codyre. "We want to help people to live life well, and that's what most people want as well."

TABLE OF CONTENTS

INTRODUCTION

It is now well established that 111 is used for NHS support in the UK. It provides non-emergency support 24/7 for illness across the UK.

We are proposing the introduction of a new mental health helpline, 555. This would operate 24/7, like 111, to enable immediate support for patients, carers and any associated people needing to talk.

This would be similar to 1737 in New Zealand, which started in June 2017 and is government funded. Ref: https://www.1737.org.nz/.

The people suffering from Mental Health, their carers and extended support network require a similar helpline run by trained counsellors who can provide:

- Listening support
- Advice
- Signposting to resources via email or websites
- Access to NHS systems
  - To register an individual for help through mental health services if needed.
- Emergencies
  - Escalations to Police and/or Ambulance

The proposed helpline is not intended as a replacement for the excellent Samaritans line; this goes far further and provides greater support and action through direct integration with the NHS services.

The bulk of this paper describes the New Zealand 1737 service in some detail with the aim of using it as a basis for the UK's 555 help line.

WHY INCLUDING MENTAL HEALTH SERVICES ON 111 IS NOT THE ANSWER

Presently the NHS has the proposal of a mental health line linked to 111 in the future long-term plan. So why is this not a good idea?

1. The staff needed to run the 111 service will not have the skill set that we are proposing with the 555 service.

2. The time taken to reach a mental health assistant is likely to take much longer if bundled with 111. Every extra key stroke or recorded message creates another barrier.

3. People who call for mental health issues often expend significant courage to make that reach out. This must be recognised, and they need to reach a trained counsellor at first contact rather than a generic health service assistant who will read from a script and then have to refer them into a queue or for a call back.

4. The helpline is needed now not, possibly, in a few years' time.

SUMMARY INFORMATION ABOUT THE 1737 HELPLINE

Need to talk?

Running since June 2017

Open 24/7 365 days per year

Calls and text service - Same number for both

Trained Counsellor run

No time limit on calls

Funded by the New Zealand Government

- Run by third party provider

Completely free at point of use

Well used - 1.34% of population of over 13yr olds

- 86,400 contacts from 49,000 people in the 12 months to end of June 2019

1737 meets the needs of anyone who 'wants to talk' to a counsellor

- 1737 is not tied to a specific mental health issue or condition.

Delivers the right care at the right time...

- ...by the right person in the right place to achieve positive health and wellbeing outcomes for New Zealand

Reduces acute, unplanned care

- Improving self-care, supporting clients and improving health literacy

Currently 150 staff operate the helpline - 45 are FTE

Telehealth is relatively cheap

- Perhaps $25 to $40 (£12.50 - £20) per counselling interaction (based on Dr. David Codyre's back-of-an-envelope maths – yet still effective)
  - Codyre is the National Telehealth Service's Chief Psychiatrist

WHAT IS THE 1737 HELPLINE?

ON 29 JUNE 2017, 'NEED TO TALK? 1737' A NEW, FREE 24/7 FOUR-DIGIT PHONE AND TEXT NUMBER WAS LAUNCHED. THE NEW NUMBER MAKES IT EASIER FOR PEOPLE TO CONNECT WITH MENTAL HEALTH AND ADDICTIONS PROFESSIONALS IN THE NATIONAL TELEHEALTH SERVICE (NTS).

Need to talk? 1737 is free to call or text from any landline or mobile phone, 24 hours a day 7 days a week.

The same trained mental health professionals who currently respond to calls, texts, webchat and emails across the existing National Telehealth Service mental health and addiction helplines (depression, gambling and alcohol drug helplines) will be on hand to support people who call or text 1737. The current helplines also remain available.

1737 is designed to meet the needs of anyone who 'wants to talk' to a counsellor. 1737 is not tied to a specific mental health issue or condition.

The new number is the result of consumer co-design work across the National Telehealth Service in the mental health domain, together with sector feedback. Consumers told us that the many helplines can be confusing, when they just need somewhere to go to talk to a professional, any time.

Four-digit numbers are easy to remember, especially if a person is distressed. It's multi-channel, because it is known that some people would rather text message than talk (both text and calling is free).

THE NATIONAL TELEHEALTH SERVICE LAUNCHED ON 1 NOVEMBER 2015 AND CONSOLIDATES A RANGE OF HEALTH-FUNDED HELPLINES ON ONE TECHNOLOGY AND CLINICALLY-SUPPORTED PLATFORM INCLUDING: HEALTHLINE, QUITLINE.

HOURS OF OPERATION

24 hours, 7 days per week.

PUBLIC HOLIDAYS

Open on all public holidays.

FEES

This service is completely free.

WEBSITE

https://www.1737.org.nz/

REFERENCES

https://www.health.govt.nz/news-media/news-items/need-talk-free-phone-or-text-1737

https://www.healthpoint.co.nz/mental-health-addictions/mental-health-addictions/1737-need-to-talk/

HOW DID 1737 COME ABOUT?

NTS INCEPTION

In 2011, the Government made a commitment to a comprehensive after-hours telephone health advice service. In July 2013, Cabinet (CAB Min (13) 22/4) agreed to develop NTS (Cabinet Social Policy Committee, 2013). The aim was to consolidate existing telehealth services onto a shared platform to improve the efficiency and effectiveness of telehealth services. The consolidation of back-office functions and enhanced infrastructure was expected over time to provide better value for money (Ministry of Health, 2014).

NTS PURPOSE

The purpose of NTS is to:

Deliver the right care at the right time by the right person in the right place to achieve health and wellbeing outcomes for New Zealand.
Contribute to reducing acute and unplanned care, improving self-care, supporting clients and improving health literacy.
Be integrated with local, regional and national health and injury services.
Be adaptable and flexible to develop over time to meet the changing needs of New Zealanders and technology.
Enable additional services and government agencies to use its infrastructure and relationships, as required.

NTS PROVIDES CLINICALLY APPROPRIATE SERVICES 24 HOURS A DAY, 365 DAYS A YEAR.

NTS provides unplanned care and counselling services through telephone triage and phone advice, text, email, phone applications, social media and web-based services. Service users receive triage, health advice, support, counselling, information and signposting to services and care.

NTS PROVIDER

IN SEPTEMBER 2015, HOMECARE MEDICAL SIGNED THE NTS PARTNERSHIP AGREEMENT. HOMECARE MEDICAL USES AN INTEGRATED AND ADAPTABLE PLATFORM FOR ALL NTS SERVICES.

The platform includes the communication platform, a customer relationship management system (CRM), a clinical decision support tool and a directory of services.

https://www.health.govt.nz/system/files/documents/pages/post-implementation-review-national-telehealth-service.pdf

(CRM), a clinical decision support tool and a directory of services.

IMPLEMENTING NTS IN YEAR ONE

IN 2016, HOMECARE MEDICAL EMPLOYED INITIALLY AROUND 300 STAFF ACROSS FOUR FRONTLINE TEAMS.

- General nursing team, including 90 nurses working from home
- Mental health and addiction team
- Emergency nursing team (ambulance secondary triage)
- Service and support advisors.

CURRENT STAFF ON HELP LINE IS 350[1]

OVERVIEW OF STAKEHOLDER REFLECTIONS ON THE EARLY OPERATION OF NTS BETWEEN NOVEMBER 2015 AND OCTOBER 2016.

EVALUATIVE ASSESSMENT

As expected, the first year saw the ongoing development of NTS systems, processes and staff culture. The Ministry, Homecare Medical, and wider stakeholders were mainly positive about the early operation of NTS. Their positivity reflected service continuity, clinical review, ongoing service development, and NTS's ability to respond to health emergencies. Homecare Medical also began a co-design process to innovate NTS. By October 2016, NTS systems and process were strengthening and the service mainly aligned with service specifications.

In the 12 months to the end of June 2019, 1737 serviced 86,400 contacts from 49,000 New Zealanders or 1.34% of the population of over 13 years olds that the service caters for.

A wide range of users contacted NTS from all age groups, ethnicities and areas. Inbound calls were the most common channel used. Data availability and quality issues limited the baseline analysis.

We have not compared service outcomes to previous providers due to limited comparability.

STAKEHOLDERS RECOGNISED THE FOLLOWING GAINS FROM ESTABLISHING NTS:

[1] https://www.homecaremedical.co.nz/en/about-us/faqs

▪ **Users gained the ability to access all services 24/7, and have a person-centred service through the ability to transfer them to other NTS services.**

▪ **Some users gained a more streamlined service experience**. For example, previously Plunketline staff transferred callers to Healthline, and callers had to repeat their concerns to another health professional. Plunketline nurses now use Odyssey to directly triage calls about sick babies/children.

▪ **Clinical governance of services benefitted both users and staff, and assured wider stakeholders and the Ministry about NTS.**

▪ **Staff benefitted from being part of a larger organisation with systematised processes, and access to clinical supervision, training and technology support.**

Stakeholders consistently commented on NTS's significant potential to improve users' experience and integrate with the health system over time. NTS potential derives from the consolidated platform, Homecare Medical's user centric and innovation focus, and ability to work effectively with their partners.

EVALUATIVE FINDINGS – STAKEHOLDER FEEDBACK

Demonstrated below is an overview of how NTS evolved in year one.
Homecare Medical continued to develop NTS systems and processes
Since 1 November 2015, stakeholders noted, as expected, ongoing work was undertaken to enhance NTS's technology, systems and processes. For example, insufficient time was available to test all websites before going live. Existing websites were left in place. Subsequent testing discovered significant stability and functionality issues with several websites. In July 2016, Homecare Medical received funding to upgrade the existing web platform to provide additional capability and integration (Ministry of Health, 2015d).

In year one, frontline staff were frustrated with ongoing technology challenges. Homecare Medical employed four internal technology support staff to enable timely resolution of technical issues. By October 2016, feedback indicates NTS systems and processes had strengthened. Over the next six months, NTS's technical system reached a steady state.
Data gathering and reporting were starting to be established

NTS data gathering and reporting systems were not fully established when the service went live. Homecare Medical developed new information and reporting systems to reflect the diversity of the services and channels. Feedback indicates accessing NTS data and data analysis was challenging in year one. Feedback from some partners highlighted frustration with the lack of data in year one to inform their work and decision making:

▪ HPA wanted and did not receive data, in the form they required, on the use of the Alcohol and Drug Helpline by people with alcohol issues. HPA needs this data to meet their alcohol levy obligations.

▪ St John and the Wellington Free Ambulance wanted data about ambulance secondary triage to inform their service delivery.

In early to mid-2016, quarterly and annual performance reports templates were developed. The reporting process was initially challenging due to data issues, and the need to agree content. NTS quarterly performance reporting was line-based. Feedback from the Ministry and Homecare Medical indicated a preference for reporting to be whole-of-service and/or person- or whānau-centred.

https://www.health.govt.nz/system/files/documents/pages/post-implementation-review-national-telehealth-service.pdf

BACK TO THE UK

CURRENT CHARITY RUN SERVICES IN THE UK

CLIC

https://clic-uk.org/

Clic is a free on line support community for people suffering from a mental health issues. Clic is brought to you by Mental Health UK. At Mental Health UK, they connect with people and organisations to provide mental health advice, information and support that makes a difference.

Clic know about the importance of staying socially connected to mental health, and we believe that no one need be lonely or isolated.

Launched initially by our founding charity, Hafal, in Wales four years ago and in part lottery funded, Clic is now brought to everyone UK-wide so more people can connect and thrive.

GIVE US A SHOUT

https://giveusashout.org

Give us a shout is a text based mental health support charity, part lottery funded and run by volunteers with no link to the NHS.

WHY CHARITIES ARE NOT THE ANSWER

As good as both charities probably are, part of the proposed 555 line, as it will be government / NHS funded, is for the link to be there for an individual's health records. This is vital in terms of timeliness and for the person taking the call to understand the current position, if any, with the mental health team.

WHAT IS THE CURRENT NHS OFFERING?

https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline?fbclid=IwAR0aGJsvY1c8dUkDeogKCYR0S515nbahU8a-snYYWWGtI0fWBE3fsI8fT44

Local NHS urgent mental health helpline for ME16:

Kent and Medway NHS and Social Care Partnership Trust
0300 222 0123

Help is available 24 hours a day, 7 days a week.

If you call, you'll speak to a professional in your local NHS mental health service.

They can discuss your current mental health needs and provide access to further support if needed.

WILL I BE CHARGED FOR THIS CALL?

Calls to most NHS urgent mental health helplines are free.

Some calls may be charged at the moment. The NHS is working to make all urgent mental health helplines free to call.

Calls from a BT landline are the cost of a local call. Calls from other landlines and mobile providers will vary and may cost more.

SO WHAT HAPPENS WHEN YOU CALL?

MY EXPERIENCE – 1.34PM

A brief description from Alastair Deards, a carer and mental health advocate.

This is not a centralised service this is regional specific. Why not national? The experience will be different and disjointed across the country.

"FOR THE FIRST 54 SECONDS YOU MUST LISTEN TO A WARNING AND ARE TOLD THIS IS AN ADULT ONLY HELPLINE AND A SINGLE POINT OF ACCESS. IT IS MADE CLEAR THIS IS NOT AN EMERGENCY SERVICE.

THEN I HEARD 'ALL OF OUR OPERATORS ARE BUSY ON A CRISIS CALL' - ANOTHER 1MIN 4 SECS.

MUSIC AND 'THANK YOU FOR HOLDING'. SURELY THEY SHOULD BE ASKING FOR CONTACT DETAILS, UNLESS THE PERSON HANGS UP AT THIS POINT?

PUT THROUGH AFTER 5MIN – CALL HANDLER WHO TAKES DETAILS – SPEAKS TO CLINICIAN – WHO THEN GOES BACK TO THE CLIENT.

IF YOU PREFER NOT TO CALL, READ MORE ABOUT THE SUPPORT AVAILABLE IN YOUR LOCAL AREA:

KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST WEBSITE"

THE CURRENT NHS LONG-TERM PLAN

The current NHS long-term plan has the idea as a flexible option merging with 111 [2]which makes no sense as the knowledge and skills sets required are vastly different and is not aimed at being implemented until at least 2023/2024. This could be achieved more easily and planning started almost immediately.

Mental Health Crisis Care and Liaison	• By 2020/21, all areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission • All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages with 50% of mental health liaison services meeting the 'core 24' standard	• There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including: ○ 24/7 CRHT functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24; ○ 24/7 provision for CYP that combines crisis assessment, brief response and intensive home treatment functions; ○ A range of complementary and alternative crisis services to A&E and admission (including in VCSE-/local authority-provided services) within all local mental health crisis pathways; ○ Mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators • All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults

Excerpt from the NHS long-term plan referenced below.

[2] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

A NATIONAL, STATE-SPONSORED MENTAL HEALTH HELPLINE FOR THE UK

AREAS TO BE ADDRESSED

ACCOUNTABILITY

We recognise that accountability for these calls is going to be essential. On that basis all calls will need to be recorded and the counsellors will need to be trained in as to the limits of what they can and cannot say, recommend and what resources they can provide to the caller.

The details of this would need to be confirmed as part of the proposed pilot in conjuncture with the NHS.

MENTAL HEALTH SPECIALISMS

We recognise that the range of calls could vary significantly and cover a range of mental health sufferings, a list of the range of these can be seen in the appendix.

The counsellors would need training in the top-level symptoms of these types of suffering to have a top level understanding on what that maybe encountering on phone or text, or as part of the patients NHS notes.

Depending on the need referrals may be required to specialist's in these specific fields.

CONSULTATION WITH 1737

Mental health issues are varied and complex. There will be an absolute requirement to properly engage with the UKs existing care professional bodies both to ensure that the solution is fit for purpose and also that the relevant connections with the longer-term services are in place.

New Zealand 1737 have already addressed a number of the unresolved issues within this proposal and to that end we would recommend that we learn from their experiences and if this proposal goes forward make fact finding calls or even visit to establish the issues they encountered and faced in setting 1737 up.

OUTLINE PROPOSAL FOR 555 MENTAL HEALTH HELPLINE

This proposal describes a very high-level approach to how an initial trial might be achieved.

It is assumed that a phased trial approach would be needed with appropriate measurements of success and checkpoints during the phases to provide the best environment for success.

We know the 111 service I Kent is run by Integrated Care 24 (IC24) out of Pembury Hospital and would look to learn from their experiences to set up the pilot.

DRAFT OUTCOME STATEMENT FOR WHOLE HELPLINE

The establishment of a UK national mental health helpline that:

> Provides timely and appropriate, first contact mental health care to those in need whilst remaining in alignment with the NHS's goals for the United Kingdom's overall health.
>
> Reduces the volume of acute unplanned care.
>
> Establishes and maintain integration with existing mental health services, relevant charities, local/community support groups and emergency services.
>
> Contributes to international mental health knowledge, particularly first-contact services, through establishing and refining best-practices.
>
> Is free at point of use.

PRE-PROJECT

Establish the primary stakeholder/director and the initial key stakeholders for the fact finding and main-project outcome definitions.

Questions to be answered include:

- How to phase?
  - i.e. local district county trial first → larger region or second, geographical distant region → national deployment → feedback loop for continual improvement.
- Contractual constraints
  - Are there existing contractual constraints with current providers of technical services to NHS?
- Technical constraints
  - Is it possible to have the number 555 for phone calls and SMS contact?
- Budgetary constraints
  - Can this be achieved within existing provision earmarked in the long-term plan for 111?
- Legal constraints
  - Data protection and sharing of patient/caller data with other services for ongoing care.

Define principal partners for mental health connections

- NHS mental health services and at which level
- Criteria that charities and community programmes must meet to become end point service providers

Define the service parameters

- Must be a simple to remember contact number.
- Same number for calls and texts.
- Web chat also offered.
- Calls answered in X rings.
- SMS response within x minutes.
- When to refer to other services?
    - Include emergency contacts with Police/Ambulance for callers in immediate danger.

Key metrics

- Standard, internal call centre KPIs.
- How to measure reduction in acute unplanned care?

Staffing

- Trained counsellors does not mean everyone must be a psychiatrist.
    - 1737 use counsellors they train themselves. Two weeks in the classroom and two weeks working on the job with an experienced colleague alongside
    - 1737 also have some qualified mental health professionals during each shift for escalations. E.g. a qualified social worker.
- What level of training is relevant?
- Senior management must include senior psychiatrist and mental health professionals.
- Location? Can this be done from staff home locations with appropriate support?

Selection of technical partners

- Which partners are in place for 999 and 111?
- National telecoms services.
- Service Management tools.

INITIAL TRIAL

Whilst it is difficult to understand what the call volumes are likely to be some information can be extrapolated from New Zealand's experiences so far. Yes, New Zealand is a less populated country than the UK and has some different social pressures though there are many similarities too.

STAFFING

As an example, figures for staffing the call centre are based on the county of Kent. It is one of the larger counties and given its proximity to the capital, has some densely populated regions.

New Zealand has a population of ~5m. The estimated population living within the Kent County Council area is ~1.6m. Some 3.125 times smaller.

Using an Erlang calculator and the 86.4k caller volume for the 1737 helpline in 2019, adjusted for the smaller population of Kent, it is estimated that some 24 operatives would be required to staff a trial call centre for inbound calls. This would need to be bolstered with some supervisors and management.

CALCULATIONS

NZ population of over 15-year olds = 3.653m

86,400 contacts taken from 49,000 people during 07/18 to 06/19 = 1.34% of population

On average, each person who makes contact does so 1.765 times

Kent population of over 15-year olds 2020 ~1.52m. 1.34% of which = 20,368

These 20,368 could generate 35,950 contacts to the service

Average call length estimated at 15 minutes

Volume of calls per hour for 24/7 operation, ignoring peaks and troughs = 35,950 / 8,760 = ~4.1 calls per hour (8,760 = hours in a year)

To provide a service where calls are answered within 20 seconds at a 90% service target with calls averaging 15 minutes in length, 5 FTE agents would be required for 24/7 call and SMS handling. However, this requires every hour to receive a steady 4.1 calls which is unlikely. There will be peaks and troughs with the highest volumes estimated at 15 calls per hour.

In addition, there is a need for supervisors/team managers who will also be on a shift rotation. With all of this we estimate that the following volumes are required:

- 5 FTE agents at a professional counsellor level (e.g. qualified social worker)
- 10 part-time agents at a basic counsellor level (e.g. undertaken ingestion training, perhaps a psychology degree student)
- 3 FTE shift managers

NB: These estimations need thorough checking using detailed UK data relating to Mental Health calls.

Whilst this is rather a crude estimation, simply matching the volume of calls received at 1737 as a % of population, it is the best that can be achieved without detailed access to volumes of calls currently received by 111, 999 and mental health services/charities that relate to the Kent region ***and*** are specifically related to mental health.

TELEPHONY

As a telephony and unified communications tool, Microsoft Skype for Business and Teams solutions offer very heavy discounts to non-profit and governmental agencies. These tools are already widely used across the health service and social services so it seems prudent to continue with that for uniformity. Connections between the tenancies that different services utilise can be achieved through federation, allowing voice, video, chat and documents to be shared securely between the different services without need for extensive/expensive bridging solutions.

NEXT STEPS AND CONCLUSION

The most important next step is to agree on the outcome statement, with the government, through our local MP Helen Grant and relevant ministerial colleagues. This will give a clear set of goals that all involved can align toward.

The assumptions and figures given above are built on limited information. Quite rightly, detailed information on how the current call centres of 111, 999 and others handle contacts related to mental health, are not published in sufficient detail to make the most accurate assumptions. As such, it is expected that the outline above is to be indicative of what should be done rather than absolute.

Given the close alignment of our aims for the 555 Mental Health Helpline with those of New Zealand's 1737 helpline, it would be of great advantage to make an approach to them for detailed conversations on their activities to date.

For the UK's requirements, more detailed planning and assessment using figures from NHS's Performance Analysis team should be undertaken. Alongside this, a series of discussions with those that provide the call centre expertise for 111 and 999 would need to be undertaken, seeking alliances where possible.

Similarly, the Police, major charities and community services that operate in the mental health space would also need to be engaged to ensure that their services could be called on or signposted too as and when suitable to do so for an individual caller's/texter's needs.

AUTHORS

This document was primarily compiled by Alastair Deards (carer and mental health advocate) and Andrew Norris (IT consultant and mental health advocate) with guidance from other members of Mental Health Change.

Thank you for reading the document. If you have any questions or would like further information then please get in touch with us via mentalhealthchange@outlook.com.

APPENDIX A

THE MAJOR TYPES OF ILLNESS IMPACTING MENTAL HEALTH

This is not an exhaustive list but covers the major types of illness and patients can experience a number of these at the same time.

ANXIETY & PANIC ATTACKS

Anxiety is a normal emotion, but it becomes a mental health problem when someone finds they are feeling this way all or most of the time. A panic attack is the abrupt onset of intense fear or discomfort that reaches a peak within minutes and includes at least four of the following symptoms:1) palpitations, pounding heart, or accelerated heart rate 2)sweating 3)trembling or shaking 4)Sensations of shortness of breath or smothering.

BIPOLAR DISORDER

Bipolar disorder, formerly known as manic depression, is a condition that affects your moods, which can swing from one extreme to another.

People with bipolar disorder have periods or episodes of:

Depression – feeling very low and lethargic

Mania – feeling very high and overactive (less severe mania is known as hypomania)

DEPRESSION

This is a diagnosis given to someone who is experiencing a low mood and who finds it hard or impossible to have fun or enjoy their lives.

EATING DISORDERS

This is a diagnosis given to someone who has unhealthy thoughts, feelings and behaviour about food and / or their body shape.

INSOMNIA

Insomnia is a sleep disorder that is characterized by difficulty falling and/or staying asleep. People with insomnia have one or more of the following symptoms: Difficulty falling asleep. Waking up often during the night and having trouble going back to sleep.

OBSESSIVE-COMPULSIVE DISORDER

This is a diagnosis given to someone who experiences obsessive thoughts and compulsive behaviours.

PERSONALITY DISORDERS

If someone has this disorder, some aspects of their personality might affect them in a way which makes it very difficult for them to cope with day to day life, especially when it comes to relationships. Different types of personality disorder include: -

Category	Type
Suspicious	Paranoid, Schizoid, Schizotypal, Antisocial (ASPD)
Emotional	Borderline (BPD), Histrionic, Narcissistic
Anxious	Avoidant (anxious), Dependent, Obsessive (OCPD)

POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.

PSYCHOSIS

A person experiencing psychosis perceives the world in a different way to those around them, including hallucinations, delusions or both.

SCHIZOPHRENIA

Schizophrenia is a mental disorder characterized by abnormal behaviour and a decreased ability to understand reality. Common symptoms include false beliefs, unclear or confused thinking, hearing voices that others do not, reduced social engagement and emotional expression, and a lack of motivation.

SELF-HARM

This is when someone deliberately hurts themselves, usually to cope with intense emotional distress.

SUICIDAL FEELINGS

These arise when someone feels they wish to end their life for a variety of reasons, which may be related to mental health issues, crises, insomnia, depression and the like. The list is complex and can be very individual.

APPENDIX B

A Q&A WITH THE DIRECTOR OF NEW ZEALAND'S 1737 SERVICE

Brian O'Connell is Director of Mental Health Services for Homecare Medical who run the 1737 service and all national helpline services for New Zealand which include addiction services.

Alastair Deards and Andrew Norris of Mental Health Change (www.mentalhealthchange.com) recently (Sept 2020) had a discussion with Brian to help them form the concepts for a similar service in the UK.

HOW DID YOU TRIAL THE SERVICE?

1737 Had a soft launch with no advertising. An example of a similar service being the Sexual Healthline which was only advertised in Christchurch for 3 months, then 3 months of low-key promotion nationally, then minister announced the formal launch and wider promotion was undertaken.

This allowed for ironing out the teething problems.

WHAT DO YOU LOOK FOR IN A FIRST CONTACT COUNSELLOR AND WHAT IS THE TYPICAL TRAINING AND TIME-PERIOD FOR NEW COUNSELLORS TO BE ABLE TO TAKE CALLS?

1737 has 150 agents on MH/addictions lines (45 FTE)

The mix is 65% Advisor - basic qual or good experience (university student/post-grad)

35% Counsellor - qualified social worker

All counsellors:

- Screened for stability and suitability
- 2 weeks training in classroom
- 2 week dual-attendance calls, someone with them listening and offering advice

HOW HAVE YOU CATEGORISED THE DIFFERENT MH CONDITIONS?

There are 3 main splits:

- Depression
- Anxiety
- Trauma related

HAVE YOU BEEN ABLE TO DEMONSTRATE AN OVERALL COST REDUCTION IN MENTAL HEALTH CARE SPENDING SINCE THE LAUNCH OF 1737?

Suicide rates have stayed steady as population has grown.

Overall cost reductions to the NZ health service are not currently measured directly.

HOW LONG IS AN AVERAGE CALL?

Average handling time for a call to the mental health and addiction services is 15 minutes.

HOW DO YOU MANAGE FREQUENT REPEAT CALLERS?

For the service users who call the most, often several times a day, we make them feel special and we manage this by calling the top 20 callers proactively

A small team of 4 people look after this. This keeps the main line providing more support and saves costs. We signpost them to the relevant services they actually need and check with them that they are attending/calling.

HAVE YOU HELPED SERVICES IN THE UK?

Yes, we helped the charity 'Give us a Shout' set-up in UK - it is a Crisis text line service, US-based platform and used in 4 countries.

DO YOU USE A SERVICE DIRECTORY TOOL TO AID SIGNPOSTING OF SERVICES?

Yes, we use https://www.healthpoint.co.nz/.

[i] https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers