Case for change

- A growing population
- Increase in need for Acute Mental Health services (October 2014 had risen from 2650 referral to 3218 a rise of 21.4%)
- Increase in application for Community Treatment Orders (CTO)
- Non acute patients being managed by acute services
- No Increase in funding or resources to meet the increasing need for public mental health care
- Allocation of funding to Non Government Agencies

Goal

To enable the acute care team to provide recovery focused interventions to patients who are acutely affected by their mental illness. Allowing the right patient to receive the right level of care at the right time.

Objectives

- Ability to stay efficient and maintain resources for a service with an increasing demand is a significant challenge.

Method

Issues identified through:-
- Face to face workshops with staff
- Face to face workshop with carers and patients
- 1:1 patient interview
- Local data collection
- Literature review of best practice models and risks

Solutions identified

- Lifeline partnership care pathway
- Introduction of inclusion & exclusion criteria Clinical Triage Rating Scales (CTRS)
- Extension of non acute teams after hours service.

Results So Far

Number of Non Acute clients

Progress has been made but there is still some way to go

- Increasing demand for mental health services is a bigger issue than first envisioned.
- Some solutions were successful, however did not have the projected impact through a increased demand for service.
- CTRS audits showed a reduced number of non acute clients, however saw 26% rise of acutely unwell patients being referred for care.
- Ability to stay efficient and maintain resources for a service with an increasing demand is a significant challenge.