

# Better Care Fund resources

## Mental health access team (MHAT) pilot: developing a multidisciplinary team response within Newcastle Royal Victoria Infirmary (RVI) for adults with mental health needs

### Scheme

#### Who?

Newcastle City Council



#### What

The project has been set up to pilot a new approach to supporting adults with mental ill health who present to the RVI emergency department (ED) in a mental health crisis.



## Why?

The scheme has been set up with the aim of:



- reducing hospital admissions
- reducing ED attendance
- better outcomes for patients with follow up post psychiatric liaison team (PLT)

The project arises from both national and local policy drivers, including:

- NICE paper on 'Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care'
- implementing the 'Five-Year Forward View' for mental health
- the local Crisis Care Concordat development plan
- the NHS 10-Year Plan.

## When?

Temporary funding from the Improved Better Care Fund (iBCF) between 2017 and 2020.



## How?

The role of the team is to provide:



- short-term intervention
- short-term assessment
- signposting
- screening.

The scheme is aimed at adults aged over 18 (no upper age limit) with a primary mental health presentation. They may have any other secondary support reason, for example learning disabilities and autism. Referrals may come from liaison psychiatry or the crisis team.

The MHAT will work alongside existing clinical responses, in particular the psychiatric liaison team and the Newcastle crisis team, to provide a multidisciplinary approach and social work perspective for adults presenting as the result of a mental health crisis.

## Challenges

The two main challenges have been:



- data-sharing between three organisations – this took some time to resolve but now seems to be working
- negotiating between multiple services about particular cases.

## Impact

Growing evidence of:



- enabling access to services
- achieving quicker, safer discharge plans
- following the person once PLT's involvement has ended is a strength
- ensuring other support is in place and engaged with, or providing a 'place holder' until this can be achieved
- providing support for informal carers, whose needs often only become evident outside the hospital environment
- strengths in co-location of teams and establishing personal relationships between different practitioners
- access to live information within the multidisciplinary team reviews provides a more comprehensive risk assessment and whole-person approach.

## Case study

Maeve is in her 30s and was awaiting a place on a detox programme because of her alcohol use. She was taken to A&E following a collapse after she had been drinking heavily.



MHAT visited Maeve following her discharge so they could explore alternative coping strategies with her and signpost her to other services that could provide support. Maeve has a complex family situation, including involvement with children's social care services. She is currently living with her mother and MHAT made a referral to the carer centre/PROPS (substance misuse support service) to support Maeve's mother in her caring role.

Maeve was readmitted to the medical assessment unit the following week. She was highly intoxicated and suicidal. MHAT saw Maeve on the unit and made contact with the rehab programme to see if they could offer her a place straight away so that she didn't have to be discharged to her home where her social stressors were more likely to result in another relapse.

MHAT followed up after four weeks and Maeve had been engaged in the rehab programme successfully during that time.

[View all practice examples](#) link 1



**link 1** | <https://www.scie.org.uk/integrated-care/better-care/practice-examples>