NHS South West London

mind Richmond Borough

healthwatch Richmond upon Thames

Journey Recovery Hub (Crisis Cafe)

Contents

Introduction

Background

Richmond Borough Mind is a provider offering accessible support services to adult residents experiencing or at risk of experiencing a mental health crisis. In December 2019, the Journey Recovery Hub (JRH), also known as the Crisis Cafe, was created in partnership with Mind in Kingston. The aim of the JRH is to deliver out of hours' crisis interventions across Richmond and Kingston. This was in response to NHSE's Long Term Plan to develop crisis alternatives by utilising the Voluntary Community and Social Enterprise (VCSE) sector. It was also supported by patient experiences recorded in our Richmond's Mental Health Crisis Care report published in early 2020. This service forms an integral part of the local JRH pathway across the two boroughs.

The **purpose** of the service is to:

- Help prevent mental health crisis escalation
- Reduce isolation
- Increase independence and self-management when facing struggles
- Improve individual wellbeing by drawing on people's strengths, resilience, and coping mechanisms

The **aim** is to prevent people from experiencing a mental health crisis by providing timely, supportive interventions outside of working hours and to reduce the need to use emergency services across the boroughs.

Healthwatch

Healthwatch Richmond is the independent health and social care champion for services across the London Borough of Richmond. Healthwatch Richmond was commissioned to gather experiences from service users of the Journey Recovery Hub/Crisis Cafe to inform the business case for the recommissioning and to identify any improvements that should be made.

Methodology

The purpose of this review is to determine if the Richmond and Kingston JRH:

- Has met its aims of supporting people who are experiencing mental distress
- Prevents service users from reaching a mental health crisis requiring emergency or hospital intervention
- Provides good value for money

The methodology was agreed accordingly to obtain data from the perspectives of three different cohorts: service users, staff members and key stakeholders.

Service user data collection

Our intention was to contact all service users who had accessed the JRH within the past 3 months. The service provider was however unable to support our request to contact all users due to concerns about the vulnerability of these individuals.

Instead, a pragmatic approach was taken, reaching service users through all available means. The service coordinators identified individuals to participate in the interviews and gained their consent. Altogether, we gained responses from 10 users via:

- **Face-to-face interviews:** these were conducted during three visits to the Journey Recovery Hub. To avoid the risk of any adverse impact on people in an acute crisis, staff on duty selected people for us to interview. A total of 4 people were selected and agreed to be interviewed.
- **Telephone interviews:** these were carried out with service users selected by the service coordinators. This led to limited data being collected due to only 5 people being contactable and agreeing to participate.

- A link to an **online survey** was sent out to 30 service users of which only 1 person responded.

Staff data collection

A total of 5 face-to-face interviews were conducted in person to collect feedback from staff at the Twickenham centre.

Stakeholder data collection

A list of key stakeholders within mental health services was collated to ensure a range of professionals were represented. This was checked with the commissioner and service provider to ensure accuracy.

A total of 7 virtual interviews were undertaken covering the A&E department, social prescribing and the home treatment team.

Contract monitoring data

The contract monitoring data from December 2021 to June 2023 was obtained from the provider and the commissioner. This was analysed to identify common trends. The contract monitoring data was reviewed against the qualitative data collected to identify measures to be used in estimating the value of the service's impact.

Limitations

Access to service users

Ultimately, access to the users of any service is controlled by the service provider. Collecting service user experience in this instance was challenging and time-consuming due to the service providers' concerns about the vulnerabilities of their service users. Notably, the users of this service are at risk of experiencing mental health crisis and so we did not dispute this.

Furthermore, the small sample size, and the participant selection by the service coordinators does present a high risk of bias to the sample. Taken together, these factors would reduce the level of confidence that we can draw from our qualitative findings, if left unmitigated.

Some mitigation of this otherwise serious limitation was possible by triangulating user experience with other data sources including staff, stakeholder and the services' contract monitoring data (see below). This provides a reasonable level of confidence that our findings are not biased.

We did not however reach data saturation. This means that we cannot be confident that this report identifies all themes of importance to service users. The reader should therefore be aware that it is possible that additional themes, not reflected in this report, may exist that we are not aware of. An example of this would be the number inpatient admissions avoided which did not arise from qualitative or quantitative data, but logically would be an expected impact of this service and one confirmed by discussion with the Mental Health Commissioner.

Contract monitoring data

Whilst the contract monitoring data was useful, there were changes to the way in which the data was collected which limited the extent to which we could compare and analyse this over time. The Service User Feedback data contained within the contract monitoring data however was recorded consistently over time. It also aligned closely to both the goals of this work, and to the data that we collected from patients, which provides some further confidence in our findings.

Key Findings

There were common themes identified between service users, staff and stakeholders. Overall, service users stated they had positive experiences while using the JRH and provided extensive detail and examples to support this. The JRH staff were also very positive about the service they deliver in

addition to praising their team morale. Stakeholders provided interesting insights, mainly surrounding the lack of awareness of the service.

Referrals

Most service users self-referred themselves to the JRH by searching online for mental health support in Richmond or by being referred by a different Mind charity i.e. Sutton Mind.

"I googled for support and it came up. Went to Mind in Surbiton first, then moved to Mind in Richmond due to location convenience"

"Twickenham Mind suggested Richmond Mind to benefit from the support they offer"

Only one of the service users cited an external organisation as a form of referral.

"I was referred by the Lotus Ward, they sorted it all out for me on my behalf"

Service user experience aligned closely with stakeholder feedback. The majority of stakeholders were unaware the JRH still existed post pandemic.

"Crisis Cafe - we don't promote it as much as we need to, but we have meetings coming up to discuss how to promote the service"

"Don't know much about it, but I would like more info as the Crisis Cafe seems like a good environment and is non-clinical"

"It would be great to be provided leaflets, comms materials and brief the clinical team to improve awareness. A&E might present people to come for an appointment regarding a physical issue but might pick up a leaflet as they might have Mental Health problems too"

Some staff members cited collaborating with other organisations to make the service even more effective.

"Collaborate with other services - i.e. those who look after milder wellbeing can refer people to the crisis cafe"

"It would be nice to be more integrated with single point of access and home treatment teams. People often get put on long waitlists when we can help in the intermediate. More communication and advertising would help."

"Set up a hub at A&E West Mid, Kingston hospital. Would love to extend the team, have more time for promotion. Would love to have someone whose role is to solely signpost to the crisis cafe service."

One staff member mentioned the drop in service on offer.

"It would be great to have more drop ins as advertised on our website, however it would make sense to have someone on duty to solely deal with drop ins as it can be difficult to manage when we are all in sessions."

When stakeholders were asked where they would refer patients presenting mental health concerns, most stated the cases were situation dependent. However, some general examples included:

Kingston & Richmond Assessment team

Speak to GP **Adult social care** **Crisis line**

Hearing voices group **Journey Recovery Hub**

Richmond Wellbeing **Helplines e.g. Samaritans**

Listening project for under 25s **The retreat - crisis house**

Local IAPT service **Reading groups**

Art and craft groups **Your Healthcare**

Stakeholders were also confused over the name of the service: Journey Recovery Hub, Mind Recovery Hub or Crisis Cafe.

"The Journey Recovery Hub has gone off the radar, partly because of COVID and a new team, not sure what's been going on post-covid. I knew of it as the Mind Recovery Hub, not the Crisis Cafe."

Lack of alternative mental health services

Service users explained how there are a lack of alternatives or longer waiting times for other mental health services. As a Healthwatch, our wider signposting and engagement work enables us to confirm that concerns about waiting times for mental health services are part of a wider pattern of experience.

"I have been on the waiting list for NHS therapies for over a year. The JRH is a good alternative, I have done therapy before but the JRH is more open-ended to your specific needs, whereas therapy was more generic".

"Left messages and spoke to various organisations, there is a 2 year waiting list for Survivors UK."

"I tried to access lots of services through work & the NHS. But most just did assessments & offered nothing else. I was referred to a CMHT, but after a long wait they gave me nothing & discharged me. The local primary NHS put me on a CBT seminar course, but they wanted us to discuss symptoms of panic attacks, which brought on panic attacks, and so they took me off the course but didn't have anything else to offer."

One service user also acknowledged that although they were aware the service was not the right one to meet their needs, it was nice to

be able to access some level of support by talking to someone at the JRH.

I know it's not the therapy I need but she helped me understand that some therapy is better than no therapy. Not even touched my trauma but it's been nice to speak to somebody, been supportive. Got a diagnosis of complex PTSD. I need a different type of service but at least it is a service and she has delivered it beautiful.

There is some evidence from user experience that this can reduce pressure on A&E. Whilst service user feedback is limited, it is supported by the contract monitoring data which indicates that 27.45% of service users would access A&E if the JRH were not available. There are also cost implications when people come to A&E presenting a mental health crisis (see Value Calculations).

"It is good that it is an out of hours' service…"

"A&E deal with a lot of mental health patients, so they would definitely save money. Just need to promote it more. It is more of an informal service; people might go to A&E but the Crisis Café is so much better as it's on the high street - easy access. If they can de-escalate the severity of the crisis, then A&E would have to spend less money and time."

Operating an out of hours' service and being available without a waiting list via self-referral make the JRH particularly useful to service users and fill an important gap in wider mental health provision.

Service Quality

The JRH's contract monitoring data included several measures that demonstrate generally positive feedback; including that 78.43% users reported that they felt better as a result of contact with the service. This is supported by statements made by service users praising the JRH, especially when comparing it to other mental health services.

"RB Mind is so positive, it really supported me having someone to talk to about giving another perspective with certain things. ***They saved my life.*** *Other services haven't helped [the other service] didn't support me, they just said I have to deal with it myself - in fact they made me feel even worse."*

"The support worker often says he's not a counsellor, 'just' a support worker, but he's helped far more than many counsellors I've had in the past."

"I looked into Richmond wellbeing but wanted to physically talk to someone in person, they could only give me an online course. I used them at the same time, they told me to do an online course and then you can speak to someone, but they said they can't offer that at the moment. I prefer to speak to someone."

"...invaluable service, if it can be multiplied to help more people it should."

All cohorts also acknowledged the JRH environment to be a non-clinical and non-judgemental environment to encourage individuals to be open and honest. This aligns closely with the service's contract monitoring data which shows that 88.24% of service users agree that the environment was safe and relaxed. The staff were also praised for building a good rapport with their service users.

"Struggled with mental health. It seemed a bit more relaxed compared to therapies which can be more structured, more informal and non-judgemental safe space."

"No judgement, I've felt judged in the past through other therapeutic services. It's nice being in person than doing talking therapy over the phone, it is a lot more effective. End up building a rapport with the person you are seeing, can open up to them about anything and everything. It is so

valuable, independent view and offers a different perspective on the situation."

Although service users did not comment on the physical environment, staff felt that it should be more appealing and welcoming to service users, particularly at the Alfriston Centre in Surbiton.

"The place should look nicer; most people initially get shocked when they see the place then when they get the support they decide to stay."

"Make the space look better - mainly the Surbiton Centre."

The positive staff morale was highlighted when asked questions about what is particularly good about the JRH.

"We're a very strong and diverse team, bring a lot of strengths to the service from different backgrounds, unique approaches, whenever talking to visitors try not to make it dry e.g. musical instruments - the biggest thing is accessibility. We need to make it resonate with their interests."

Service users also supported the staff by stating how supportive, understanding and encouraging they are.

"...more than helpful, friendly, polite, listened to issues, really tried to help the best he can, tried looking out for me, that's what I needed, more than grateful."

"I can't speak any more highly of [staff name] and the service, so easy to speak to, my saviour, good with dealing with my dark humour, safe space to do what I needed to do. I know if I reached out again I would be able to speak to them or someone else in the team and get the same outcome."

"Really nice, can't fault them. Felt comfortable with them straight away."

There were some really powerful statements made from the service users when talking about certain members of staff, especially when talking about issues surrounding suicidal thoughts.

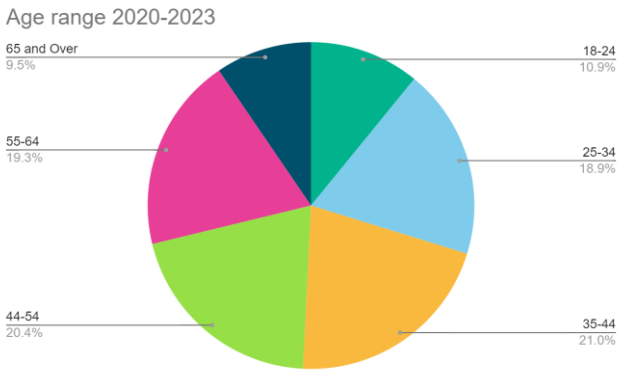
"They're all great. I can very confidently say [staff name] helped me stay alive."

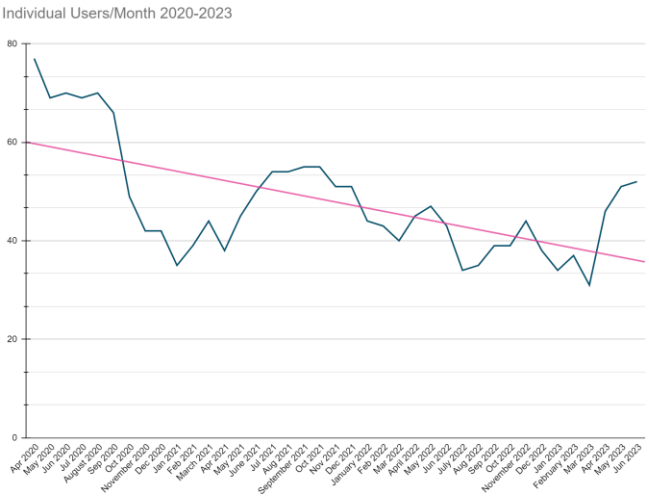
"They're amazing, really quick response unlike other organisations, non-judgemental, better than any therapist I have ever seen… (the crisis cafe) have given certain tools to help unlike any other therapist. (the volunteer) helps guide you and explore your feelings, found it very valuable having advice from a normal person rather than a professional opinion, clearly has valuable experience from somewhere, has encouraged me and given me hope to try and help other people when I have recovered as would love to give back, it is a lifeline for certain people."

"If it wasn't for the crisis cafe I would have committed suicide. I don't leave the house except to come to the crisis cafe due to fears of my life. Don't feel intimidated by coming here with a big doorbell / big sign etc."

Contract monitoring data analysis

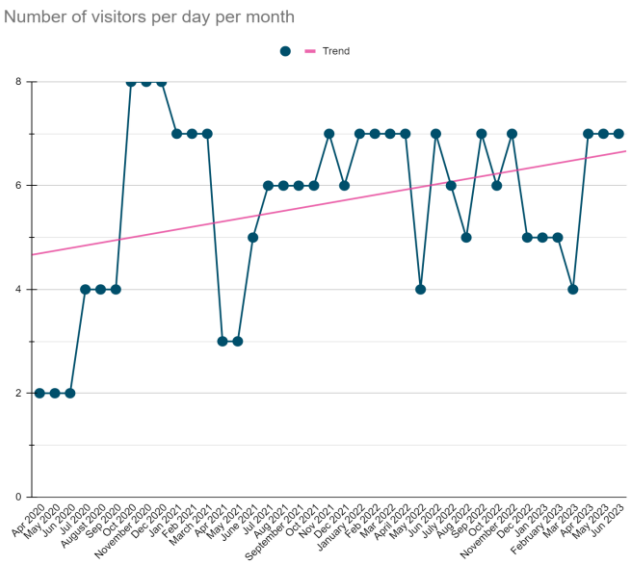
Predominantly, service users were spread equally over the range of ages, with slightly fewer people aged 65 and over.



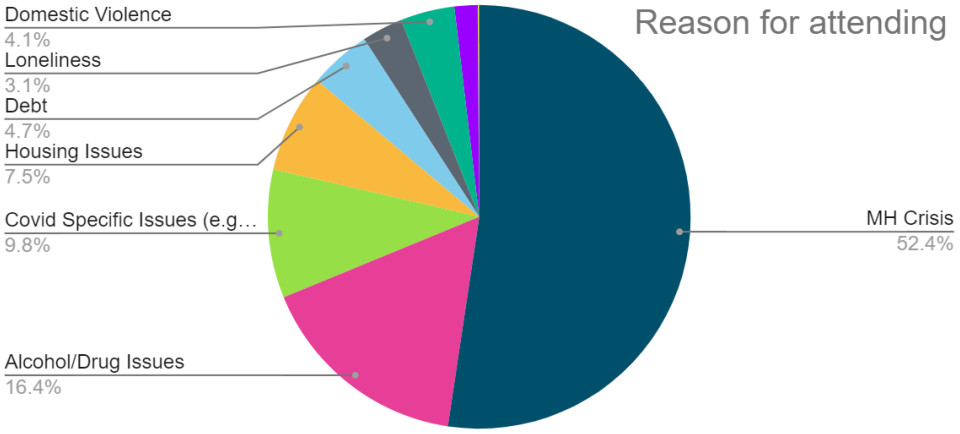


There is a marked reduction in the number of people using the service per month when comparing Q1 2020 and Q1 2023. The impact of Covid-19 and the related restrictions on both demand and the service model are likely to play an important part in this.

At the same time, the number of visitors per day has increased suggesting an increase in the number of contact that each individual has with the service.

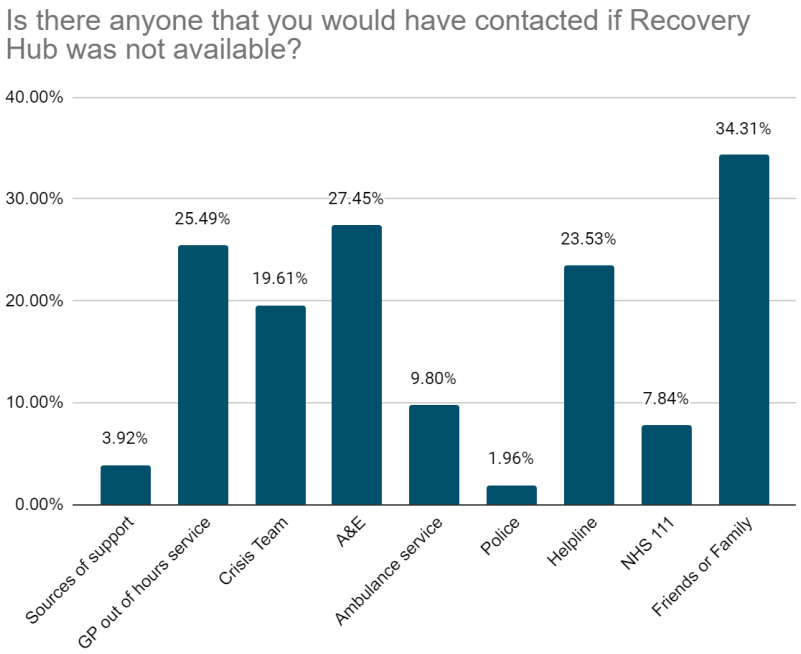


The reasons for people's attendance varied over time with Covid at its peak around Q3/Q4 of 2021/22. Staff recorded data is logged more consistently than service user reported data. This is presented below. Service users identified sources of support that they would have used if the JRH had not been available. The Service User surveys include feedback of over 100 service users, and aligns with the qualitative feedback that service users provided through our own data collection.



It is therefore a reasonably reliable measure from which the value of the service can be estimated.

It is important to note that respondents could select multiple answers and that the data we were provided was aggregated.



Estimate of service value

As the data that we collected and the quantitative measures from the service contract monitoring data align, we are able to make some estimates of the value of the service in terms of saved NHS activity. Whilst there is some confidence in these measures, it is important that the key considerations and assumptions that underpin the value calculations are set out:

Consideration 1:

The lack of corroborating data from stakeholders reduces the confidence with which it can be claimed that patients reported dispositions to access services would relate to actually seeking care or the extent of need with which they would present. This makes it difficult to assess the most appropriate proxy cost (i.e. an A&E visit can vary in cost from £80 for patients with low needs to £1,370 for patients who require hospital admission).

Consideration 2:

Many individuals indicated that they would seek support from several sources and it is unclear if they would, in reality, need to seek support from one, some, or all of these before their needs were met. The aggregated nature of the data makes it impossible to calculate low and high estimates of value which would otherwise be an appropriate mitigation.

Consideration 3:

There is no data to calculate an estimation of the number of times a JRH service user would have sought support from these alternative sources. The extent to which service users might require a single instance of care, or multiple interactions to meet their individual needs is therefore uncertain.

Consideration 4:

The intangible value of meeting people's needs was abundantly clear from the qualitative data. Two individuals stated that they would likely have committed suicide were it not for the support that they had received.

The impact that the service has had on the mental health of service users is clearly of significance both individually and financially. Indeed, the London School of Economics estimates that *"The cost of mental health problems is equivalent to around 5 percent of the UK's GDP"*. Calculating the value of improved mental health is inherently difficult however and the cost of care is often used as proxies. Given that these are already being used to measure the direct impact of the service, it is inappropriate to use 5% of average Richmond earnings as a measure of personal value.

Consideration 5

About half of the total number of service users were invited to provide feedback for the user survey as part of the contract monitoring data from which there was a response rate of 33%. This is a robust sample but the lack of patients in our sample leaves us unable to confirm whether or not it reflects the experience of all service users or just those who respond to the feedback forms. It is therefore necessary to identify reasonable best-case and worst-case scenarios.

Consideration 6

The limitations section of this report found that we may not have identified all of the potential values from patient experience data. Inpatient Mental Health stays were not mentioned in either the qualitative data or within the contract monitoring data. The commissioner and provider agreed that this was a value that appeared to be missing from the analysis. Some impact on inpatient admissions would be expected as a consequence of people being supported by the service and not deteriorating to the point that they required A&E, Ambulance or Police involvement. Police involvement is used

as an indirect proxy for the proportion of people for whom inpatient admissions had been saved.

Calculations

These calculations are based on the following assumptions:

- Service users would access support from each given source only once
- A conservative approach is taken to selecting proxy costs
- 5% of the average Richmond wage (2022) of £59,511 (£2,975.55) is used as a proxy for the intangible value for both service users and the portion of carers referenced

From these, 3 scenarios are presented to provide a range within which we can be reasonably confident:

- **Best case:** the proportions identified by the provider's user experience survey apply equally to all service users
- **Worst case:** the proportions identified by the provider's user experience survey apply only apply to the proportion who respond to surveys (33% of total service users)
- **Median case:** the median of the above

Value calculations

Measure	Patients	% of total	Proxy description	Proxy value	Best case	Median case	Worst case (33%)
Friends and family	168.75	34.31%	5% of average Richmond wage	£2,975.55	£172,279	£114,565	£56,852
GP out of hours service	168.75	25.49%	Unit costs for a GP	£41.00	£1,764	£1,173	£582
Crisis Team	168.75	19.61%	Average for all PLICS IAPT Care Clusters unit costs	£146.86	£4,860	£3,232	£1,604
A&E	168.75	27.45%	A&E mental health liaison services per contact	£312.25	£14,464	£9,619	£4,773
Ambulance service	168.75	9.80%	See & Convey	£390.08	£6,451	£4,290	£2,129
Police	168.75	1.96%	Criminal justice liaison service	£300.00	£992	£660	£327
Helpline	168.75	23.53%	Figure for Ambulance Hear & Treat is used as the closest fit	£62.90	£2,498	£1,661	£824
NHS 111	168.75	7.84%	Figure for Ambulance Hear & Treat is used as the closest fit	£62.90	£832	£553	£275
Saved MH bed days	168.75	1.96%	Average acute mental health bed cost of £553.95 per day and stay of 28 days	£15,510.60	£51,301	£16,929	£34,115
Value to service user	168.75	100.00%	5% of average Richmond wage	£2,975.55	£502,124	£333,912	£165,701
				Total value	£790,192	£502,124	£333,913
				Cost	£202,634	£202,634	£202,634
				Value add per annum	£587,558	£322,844	£58,129
				Return on investment	£3.90	£2.59	£1.29

*The value calculations are illustrative and we encourage the reader to consider the value of the service themselves.

Conclusion

The Journey Recovery Hub is perceived as an extremely positive and supportive service by its service users. This includes individuals experiencing a mental health crisis who are unable to access alternative services.

It is clearly a valuable source of support for these individuals and contributes to managing the risk and personal impact of experiencing a mental health crisis. It also contributes to creating time and monetary savings to the healthcare system. When considered together, these provide a positive return on investment of at least £1.29-£3.90 for every £1 spent. The median figure of £2.59 is perhaps more likely to be realistic.

The value of the service cannot be measured purely in savings to the system or indeed in financial terms. There is considerable evidence to suggest that the open door of the Crisis Café's, has filled a material gap in service provision created by long waiting lists and access issues with mainstream services that would otherwise have left people without support when they were at their most vulnerable.

The idea of the JRH has been praised by stakeholders, and its value has clearly been demonstrated. More needs to be done however to increase awareness of the service with external service providers and to ensure that they feel confident and able to refer patients to the service if deemed appropriate.

Most service users self-referred into the JRH because they required imminent intervention which can be difficult to access by NHS or other mental health services. This demonstrates considerable need for this service to continue. This report also demonstrates the value of the service and its capacity through increased referrals, enabling it to make a bigger difference to individuals and the system through continued investment.

Recommendations

Based on the reasoning and considerations outlined above, the following recommendations have been made.

Increasing promotion of JRH:

It was clear there was a lack of awareness of the JRH amongst stakeholders. Although Mental Health organisations were originally briefed on JRH and the services offered, there is much work to be done regarding the promotion of services offered. External trusts and organisations should ensure the knowledge of JRH is still being referred to and staying relevant despite uncontrollable factors such as staff turnover. One of the stakeholders discussed plans in motion for clinicians to visit the centres and have a briefing on the service at the end of September 2023 which may help with this.

This report provides evidence of the value of the service. This evidence should be used to educate stakeholders in the value of, and thereby encourage more referrals to, the JRH.

Increasing the number of referrals to the JRH would particularly benefit people who are awaiting access to other mental health services, providing an additional source of support for users and also benefiting the wider system by decreasing the demand for other services. Hence, if stakeholders were required to monitor the number of referrals they make to the JRH, this would provide an additional measure of value to the service.

Improving data collection:

Historical monitoring data collection methods were inconsistent over time, which is not uncommon with a new and developing service. However, this made it difficult to compare results over the years, as there were some gaps amongst the data.

The service user feedback and demographics obtained from the contract monitoring data provide excellent sources of information and should be retained. In many areas, this provided more in depth data than the monitoring data.

The data provided for the number of visitors per month under the Trust was incomplete, along with the number of visitors reporting attendance at the JRH as an alternative for the Emergency Department. This information would help add value to the JRH as an alternative source of support.

Total numbers of unique service users could not be identified from the data, but were available from the commissioner upon request. This figure should be reported either cumulatively or in terms of new service users per month as an adjunct to the number of visits.

Improving the physical environment:

Ensuring the space that the JRH service takes place in is calm and inviting is fundamental in putting people at ease. Based on the feedback highlighted above, consideration should be given to reflect this in the Surbiton building. For the avoidance of doubt, this recommendation does not relate to the environment in terms of the "atmosphere" created by the service, feedback about which was positive. It is more of a reflection of the physical appearance of the building both internally and externally.

User involvement

The findings paint a positive picture of the service that was fairly consistent when triangulated with other sources of data. This provided us with a reasonable level of confidence.

We do however recognise substantial challenges with collecting service user data. It is unfortunate that this reduces the confidence with which the value of the service can be claimed. The service should develop a better

way of communicating with and engaging its service users so that it can better involve them in its development and quality monitoring.