

SMD Data Workstream

IDENTIFICATION AND PREVALENCE OF SMD IN MENTAL HEALTH SUPPORT



**Integrated
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Introductions and Methodology



Introductions

Who we are and how we work in partnership



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Lori Edwards Suarez

- Principal Mental Health Transformation Analyst
- Working within Notts Healthcare Mental Health Transformation and Public Health.



Laurie Hare Duke

- Public Health Analyst
- Working within Notts Healthcare with a background in mental health research.



Sam Beard

- Advanced Data Analyst
- Hosted by the Nottingham and Nottinghamshire ICB, working with the Changing Futures programme.

NHFT Mental Health Services

Lori Edwards Suarez - Principal MH Transformation Analyst



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Community:

- Includes a range of services from assessment services, general community teams, specialist services and therapy offers. There is a large variety of pathways on offer including Assertive & Intensive Pathway for patients who have a harder time engaging, services offer input in a way that meets the patient where they are.

Urgent and Emergency Mental Health (UEMH):

- This covers a variety of services that can see patients quickly and/or frequently when they are in a crisis. This includes seeing people in Acute Hospitals, Criminal Justice Settings, on the street and in their home. There are specialist teams for people of specific ages/conditions.

Inpatient:

- **Acute** – This is our general psychiatric wards that can have people who are detained under the mental health act or who are there informally.
- **PICU** – Psychiatric Intensive Care Unit for detained patients who need a more enhanced environment for the safety of themselves and/or others
- **Forensics** – As a trust we provide Low, Medium and High Security Psychiatric settings to support patients who need treatment whether through judge orders or from the need for the enhanced environment.
- The trust has some specialist wards for psychiatric rehabilitation, children, eating disorders, intellectual and developmental disabilities

Generating Patient List

Lori Edwards Suarez - Principal MH Transformation Analyst



Why?:

- In built in the EPR we have a direct section for filling in need. Data completeness is a struggle across the public sector due to pressures and conflicting priorities. Complimenting this section with data information from other commonly completed sections in the system we could generate a list to increase awareness of SMD, inform services.

How?:

- In RiO, the patient record system, each patient has compulsory client information (CCI) defining specific needs. The SMD section of 5 tick boxes has been live for around a year. **This is not always complete for all patients.**
- The below definitions are used against each disadvantage using data from CCI, as well as additional information from RiO:
 - **Mental Health** – CCI ticked, or they have been open to a mental illness support team in the last three years.
 - **Forensics** – CCI ticked, has been referred to forensic services, ever been in a secure hospital, or ever recorded as having a conviction (identified by risk assessment documentation)
 - **Substance Use** – CCI ticked, referred to a substance use team, has a drug related risk recorded, or open to specific forensic teams
 - **Homelessness** – CCI ticked, referred to a homelessness support team, or has 'NFA' address information
 - **Domestic/Sexual Violence** – CCI ticked, ever been supported by a sexual violence team, or risk assessment identifies risk and/or history

Headlines

Prevalence and Interaction Key Headlines

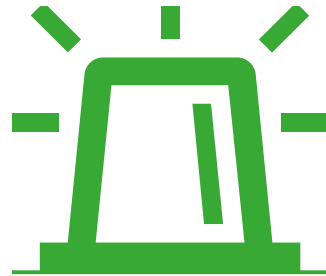


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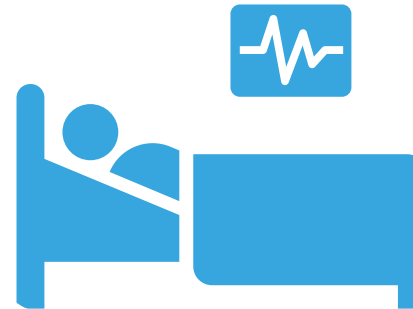
In 2024, SMD represented:



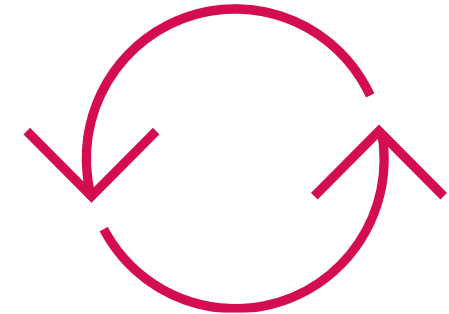
20% of contacts
in the last
twelve months



30% of all
Urgent and
Emergency
Mental Health
access



40% of all
inpatient
admissions



Over 50% of
readmissions to
inpatient care

SMD Prevalence & Demographics



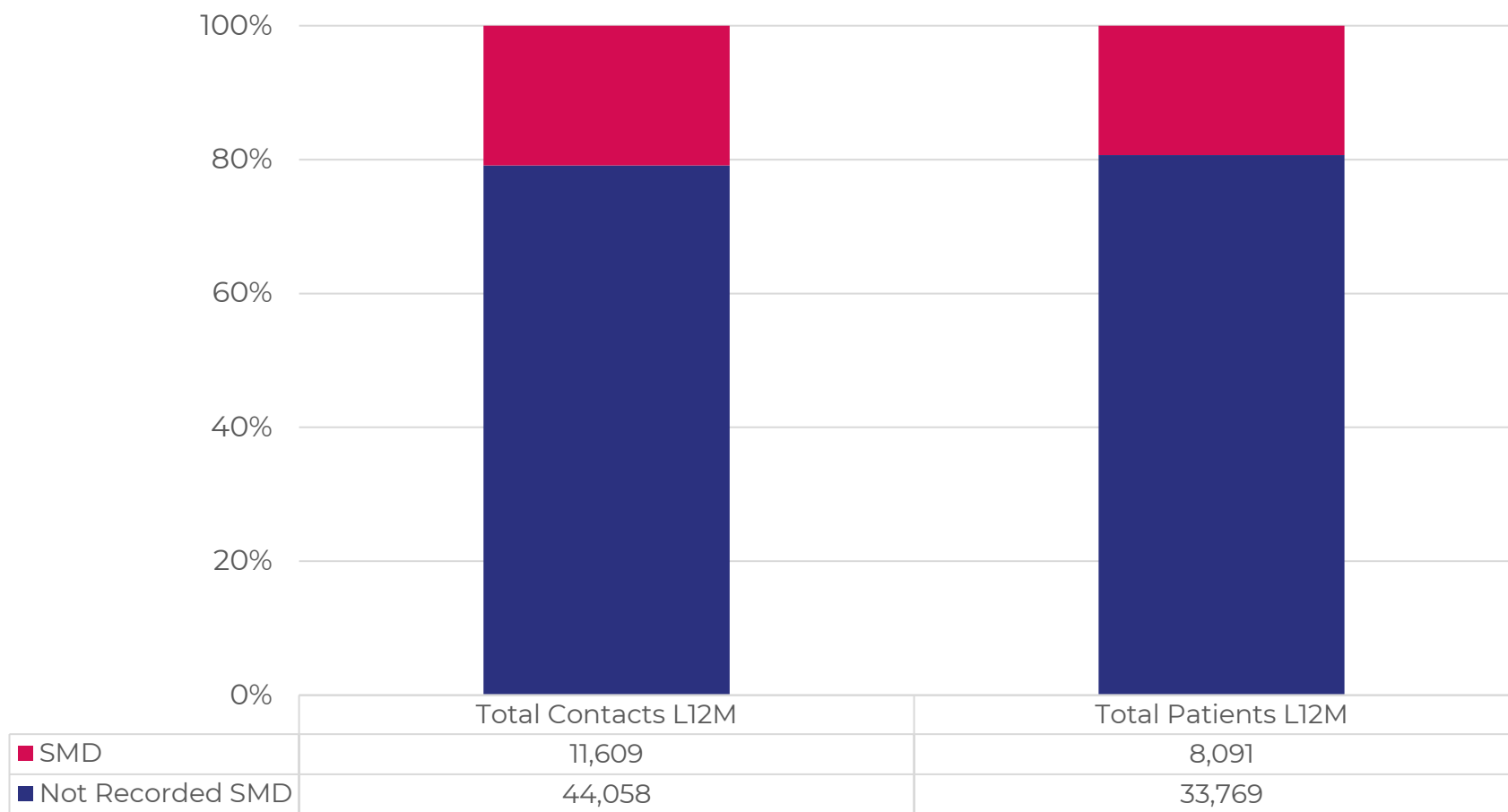
SMD Prevalence & Demographics

SMD Prevalence and Contacts in NHT Mental Health



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SMD represents
21% of the
contacts of the
last 12 months



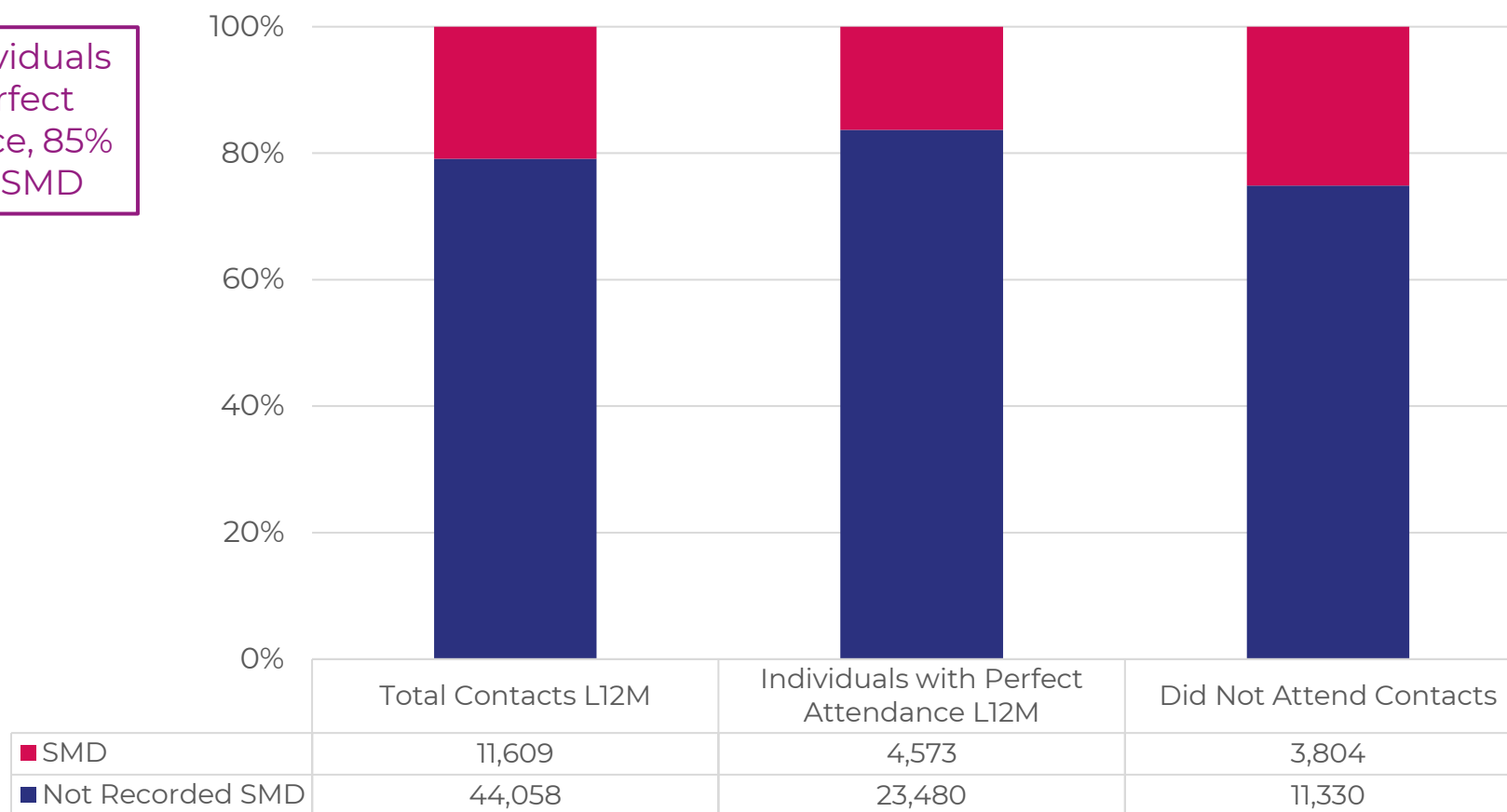
SMD Interactions & Outcomes

SMD Prevalence and Contacts in NHT Mental Health



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Of all individuals
with perfect
attendance, 85%
are non-SMD



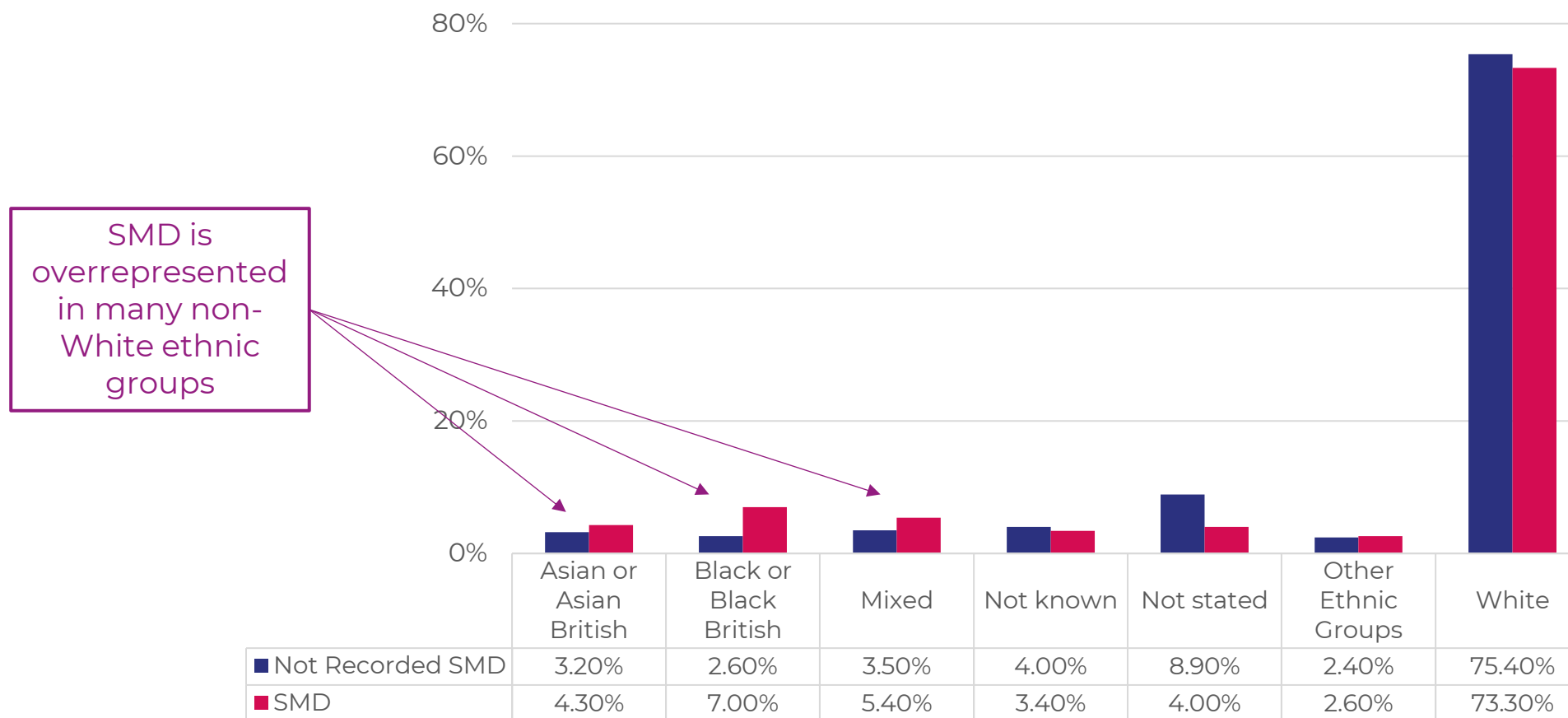
Of all contact with
SMD patients, one in
three did not attend,
compared to one in
four for non-SMD

SMD Prevalence & Demographics



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SMD Ethnicity Prevalence

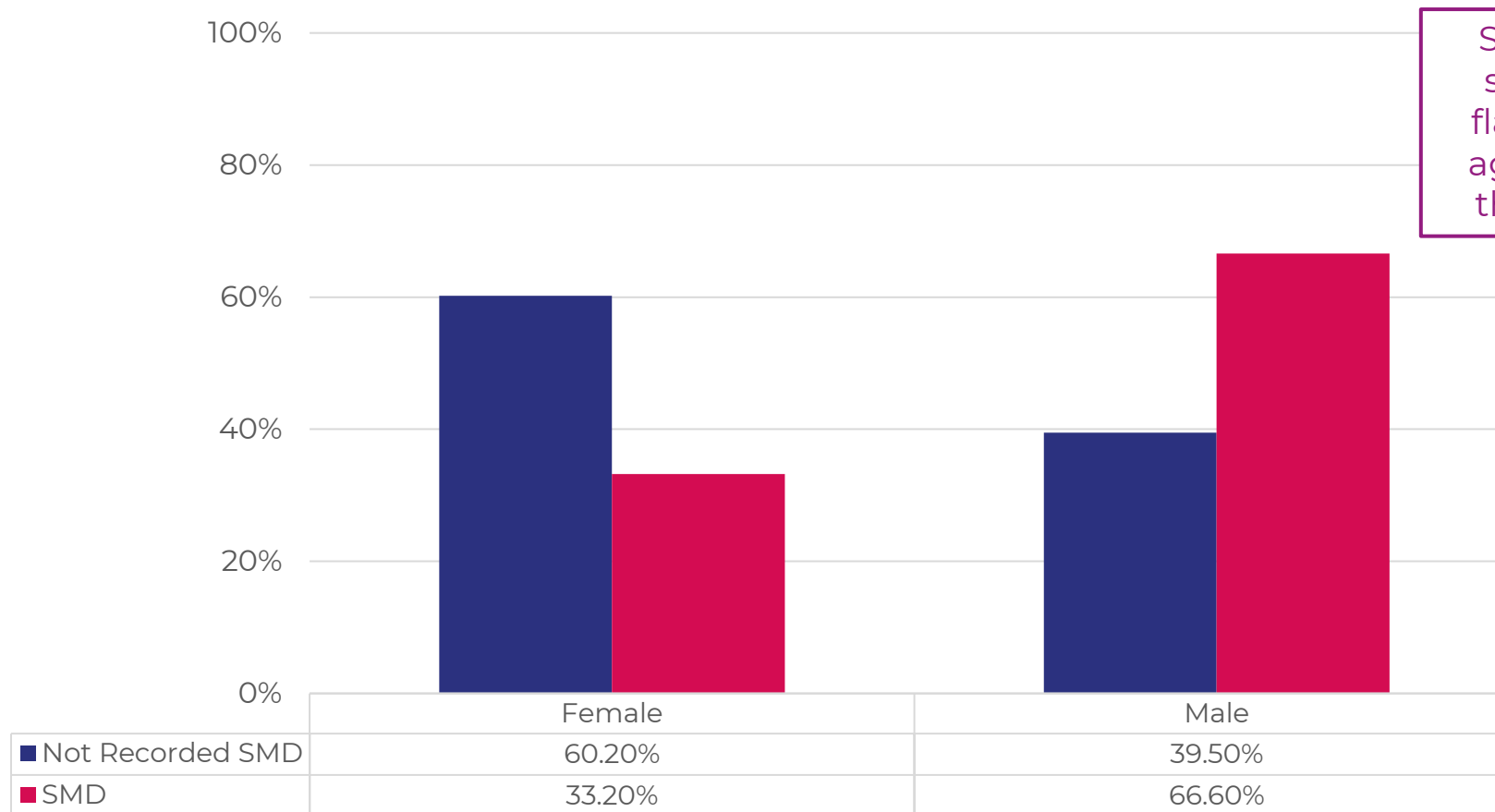


SMD Prevalence & Demographics

SMD Gender Prevalence



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SMD is more significantly flagged more against males than females

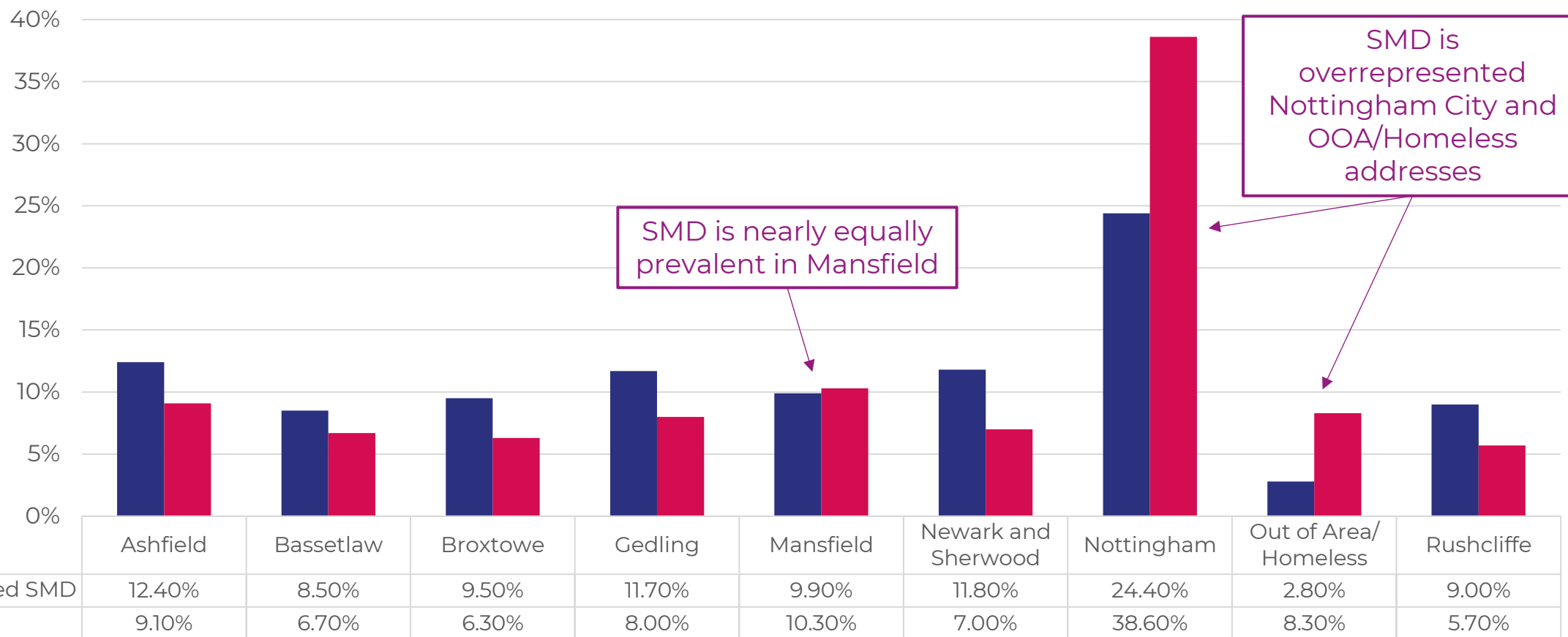
Records identified as 'Not Specified' or 'Not Known' have been omitted, but account for 0.2% of SMD patients

SMD Prevalence & Demographics

SMD Location Prevalence



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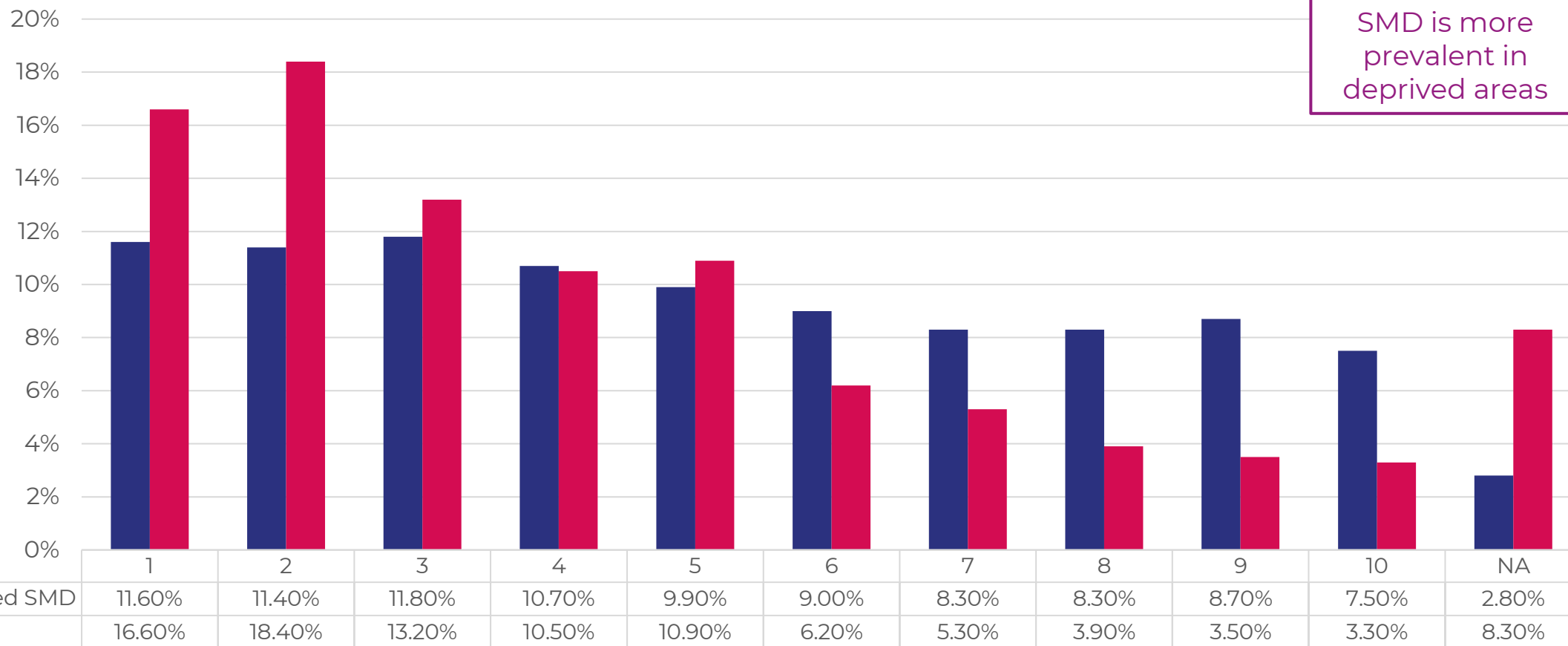
SMD Prevalence & Demographics

SMD Deprivation Prevalence



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SMD is more
prevalent in
deprived areas





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First Access Services

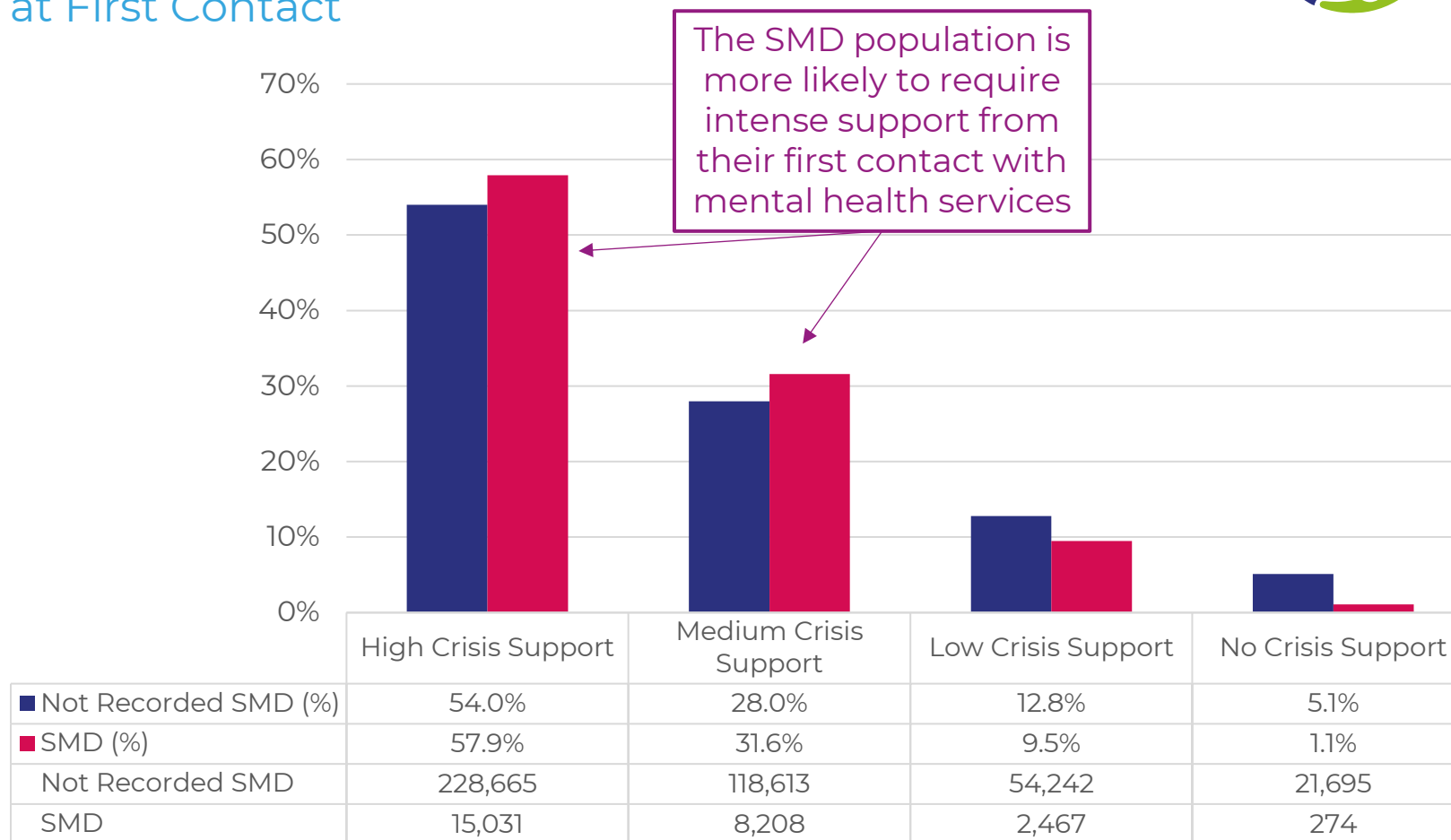


SMD Interactions & Outcomes

Crisis Risk at First Contact



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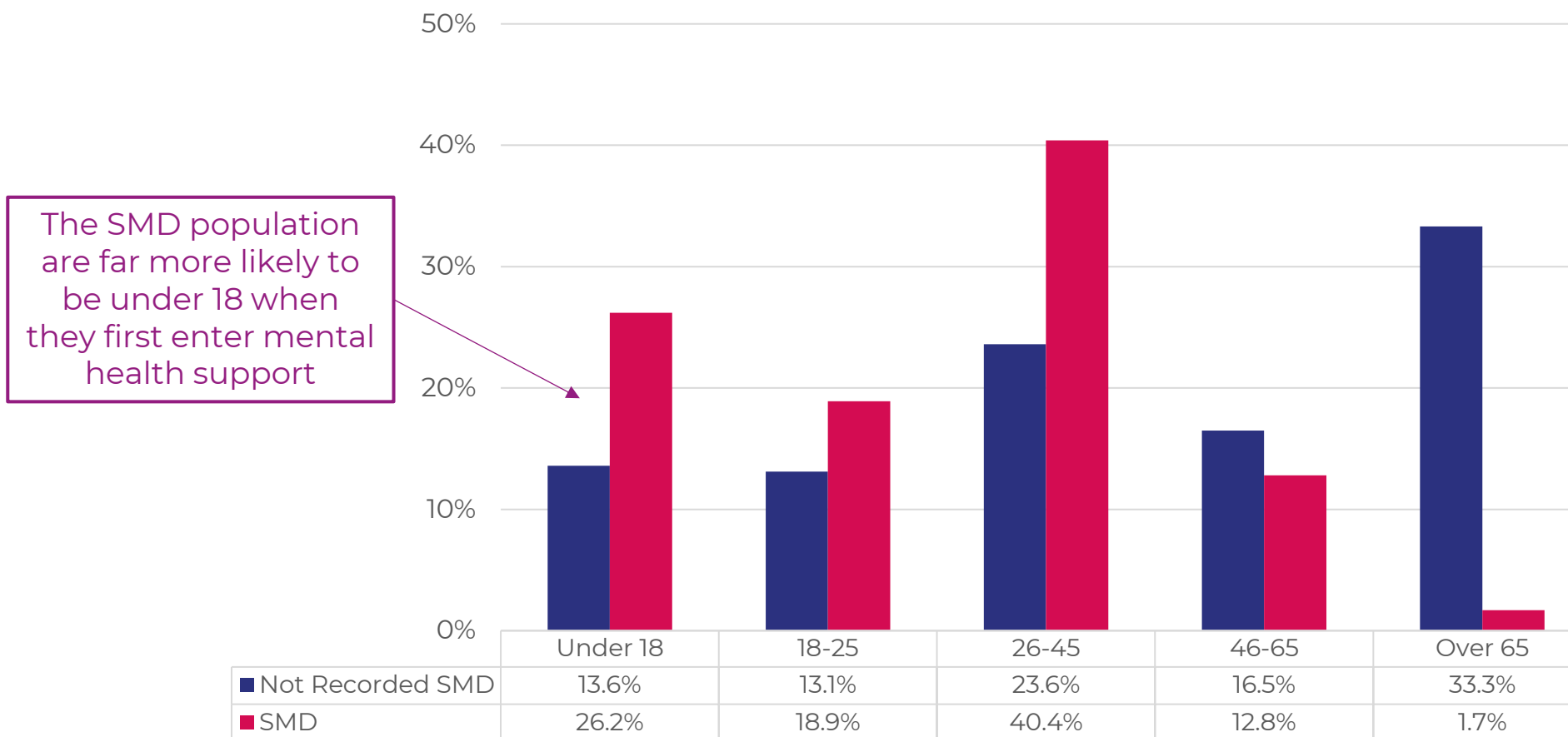


SMD Interactions & Outcomes

Age at First Contact



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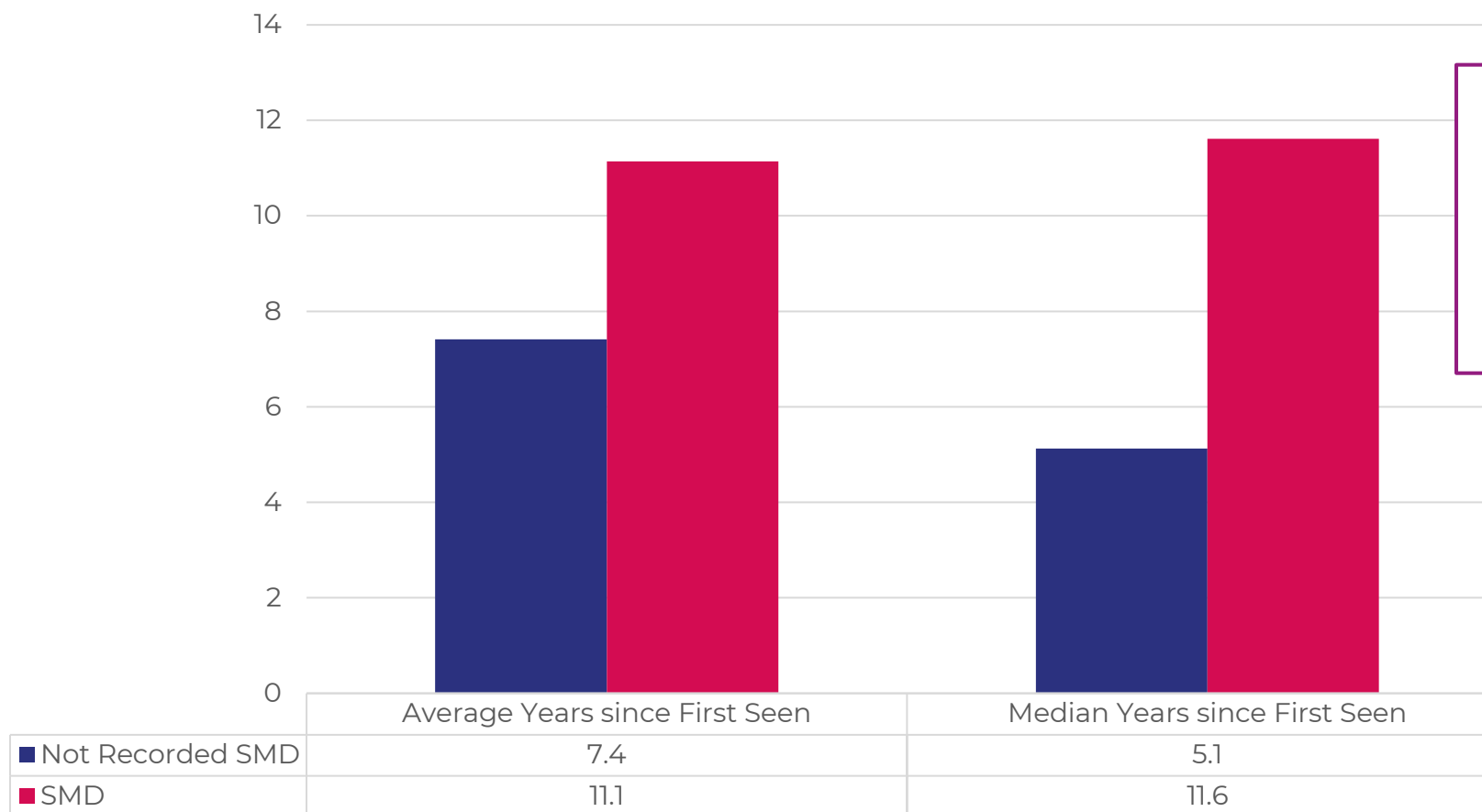


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Years Since First Interaction



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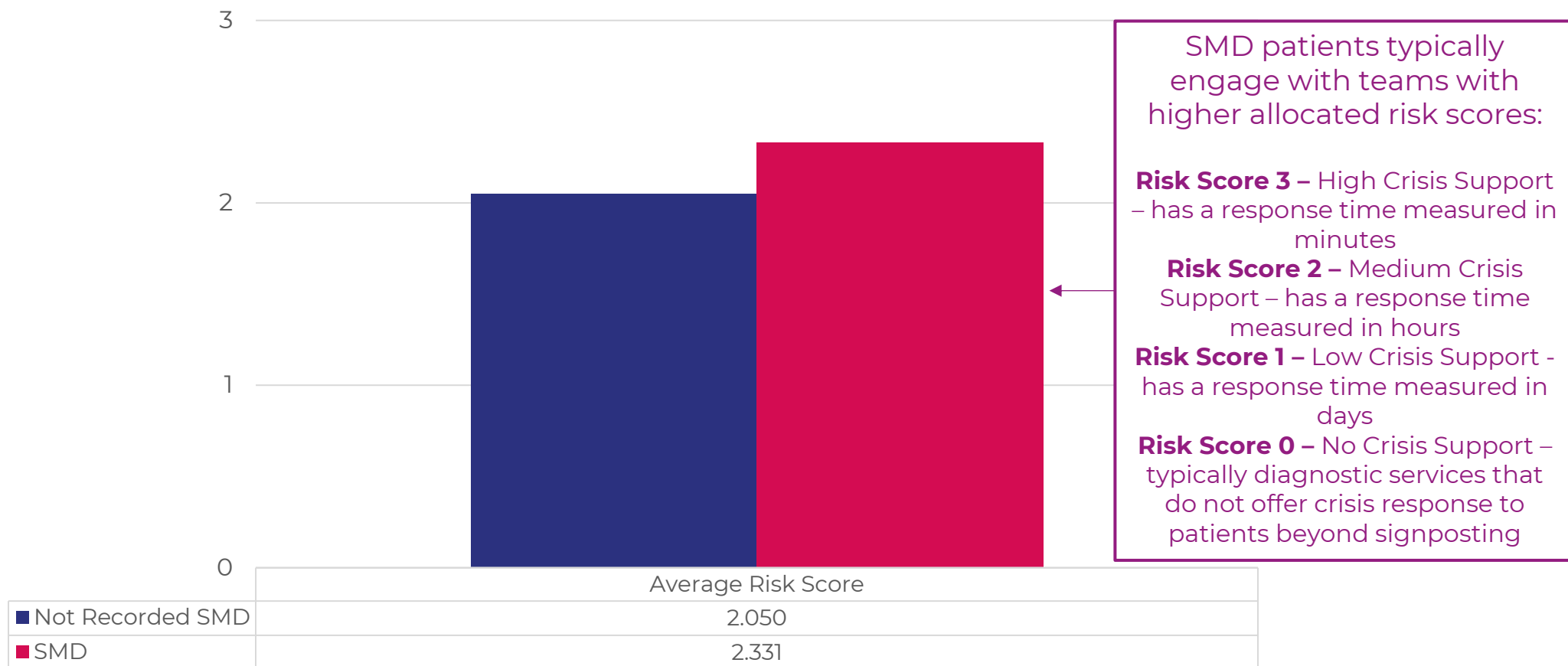
On average, the SMD cohort have been engaging in support for around 4 more years than non-SMD, and spend much longer on service

SMD Interactions & Outcomes

Current SMD Demand



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Secondary Care Referrals

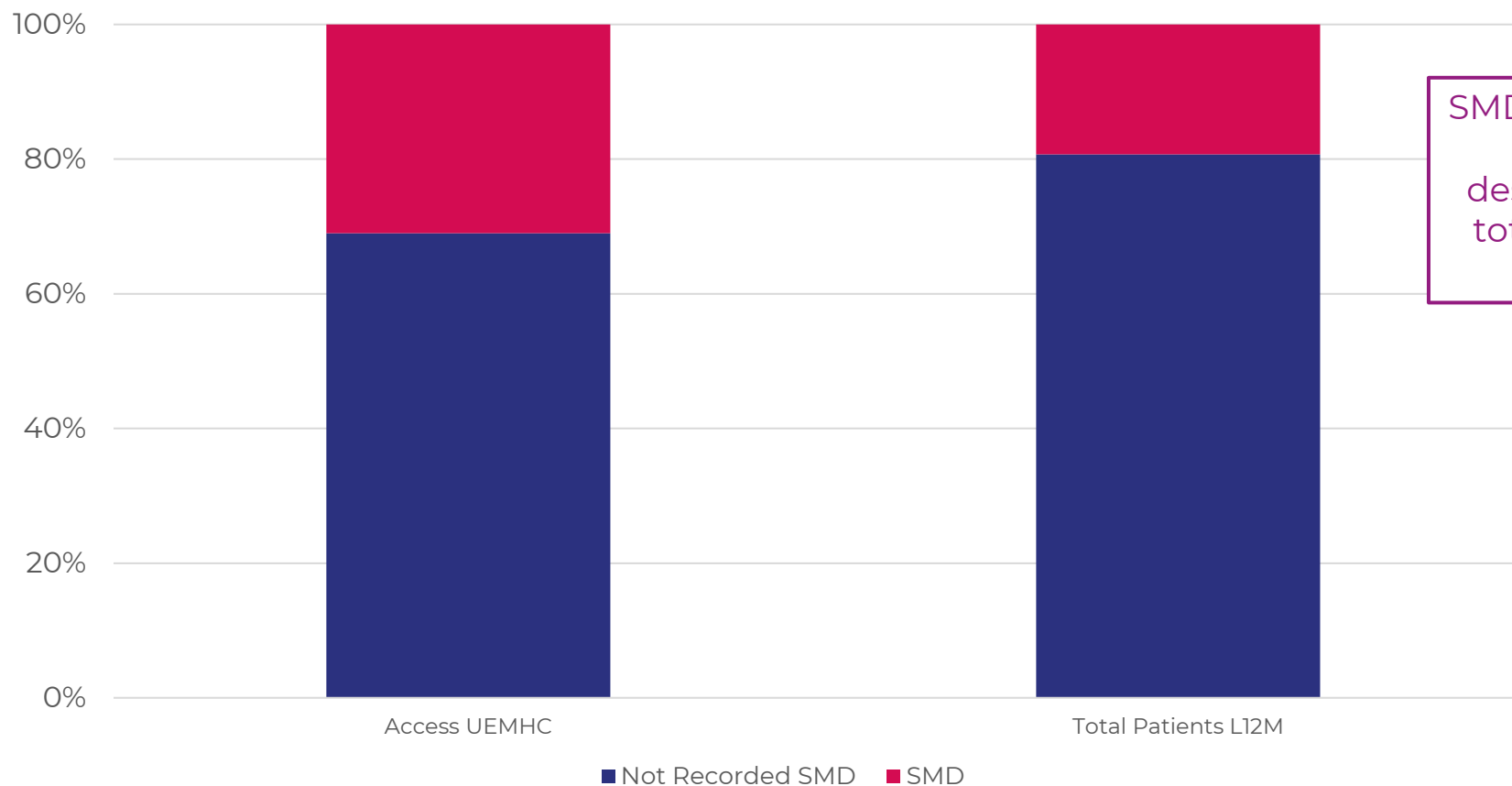


SMD Interactions & Outcomes

Prevalence of UEMHC Access Ever



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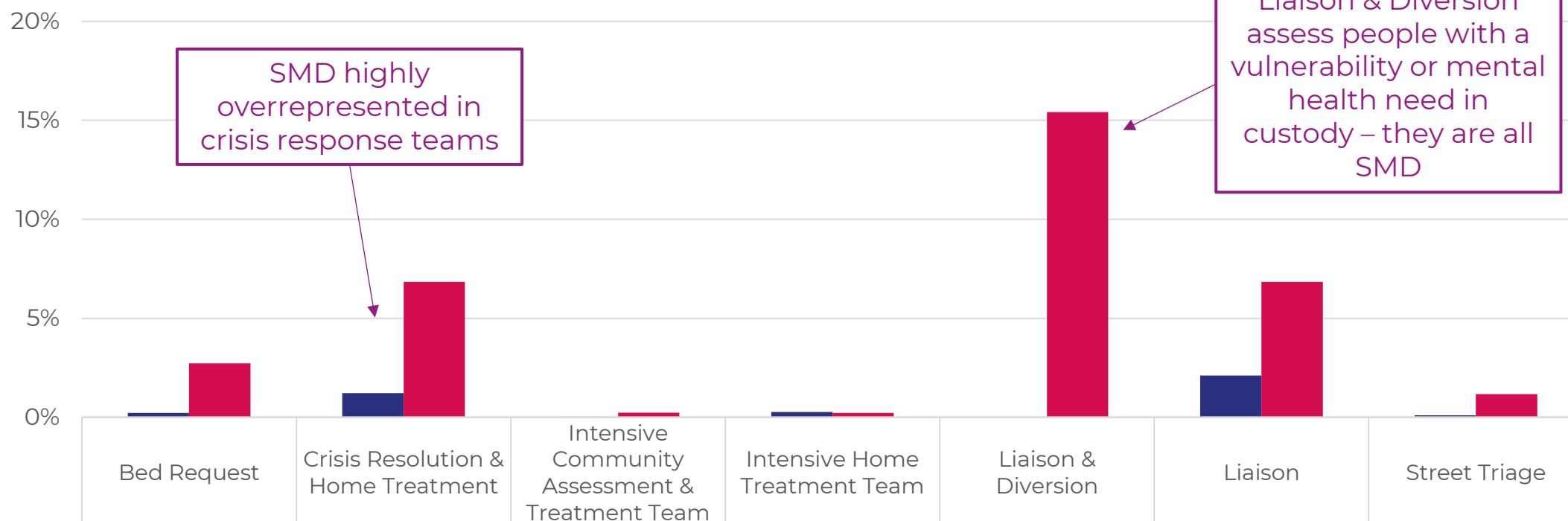
SMD represents 31% of UEMHC access despite being 19% of total patients in the last 12 months

SMD Interactions & Outcomes

UEMH Access by Team



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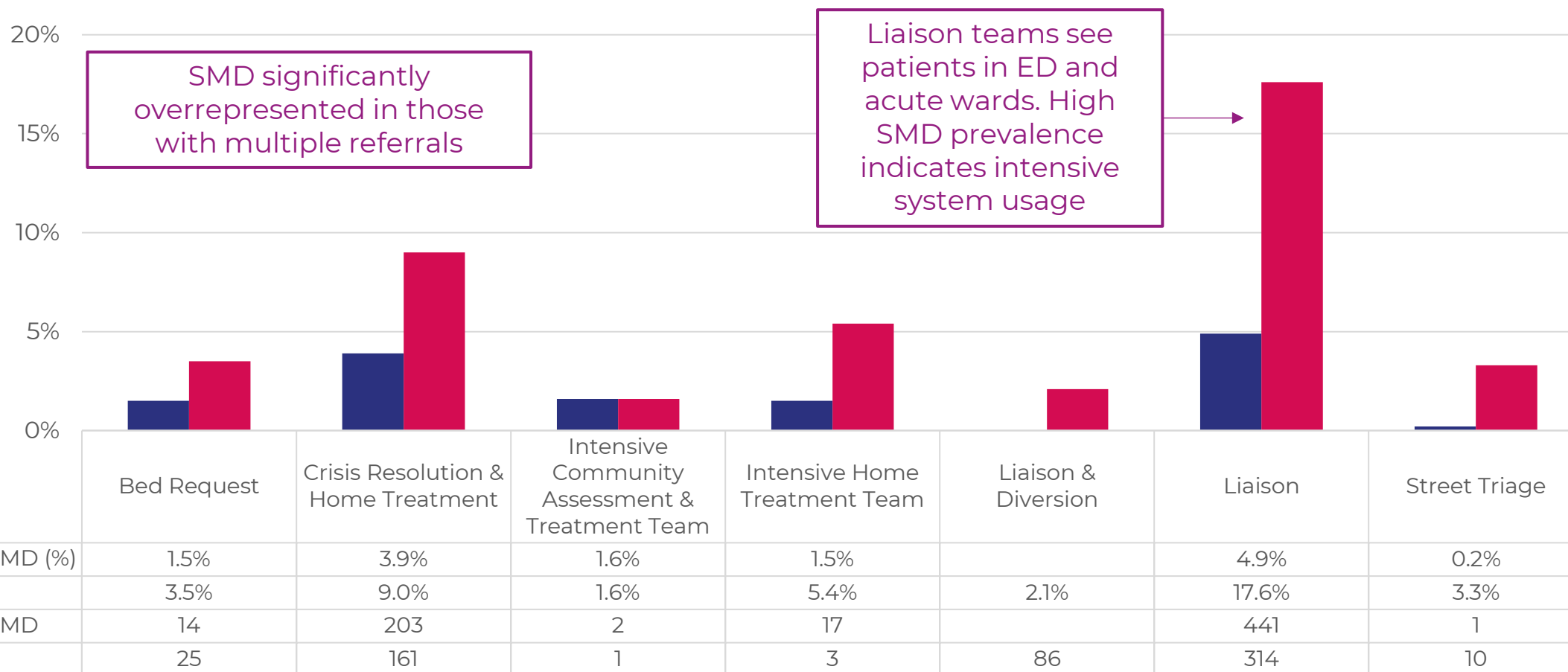
	Bed Request	Crisis Resolution & Home Treatment	Intensive Community Assessment & Treatment Team	Intensive Home Treatment Team	Liaison & Diversion	Liaison	Street Triage
■ Not Recorded SMD (%)	0.2%	1.2%	0.0%	0.3%		2.1%	0.1%
■ SMD (%)	2.7%	6.8%	0.2%	0.2%	15.4%	6.8%	1.2%
Not Recorded SMD	918	5,156	124	1,119		8,948	403
SMD	710	1,783	61	56	4,021	1,782	303

SMD Interactions & Outcomes



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UEMH Access by Team – Multiples (3+ Referrals in Last 12 Months)

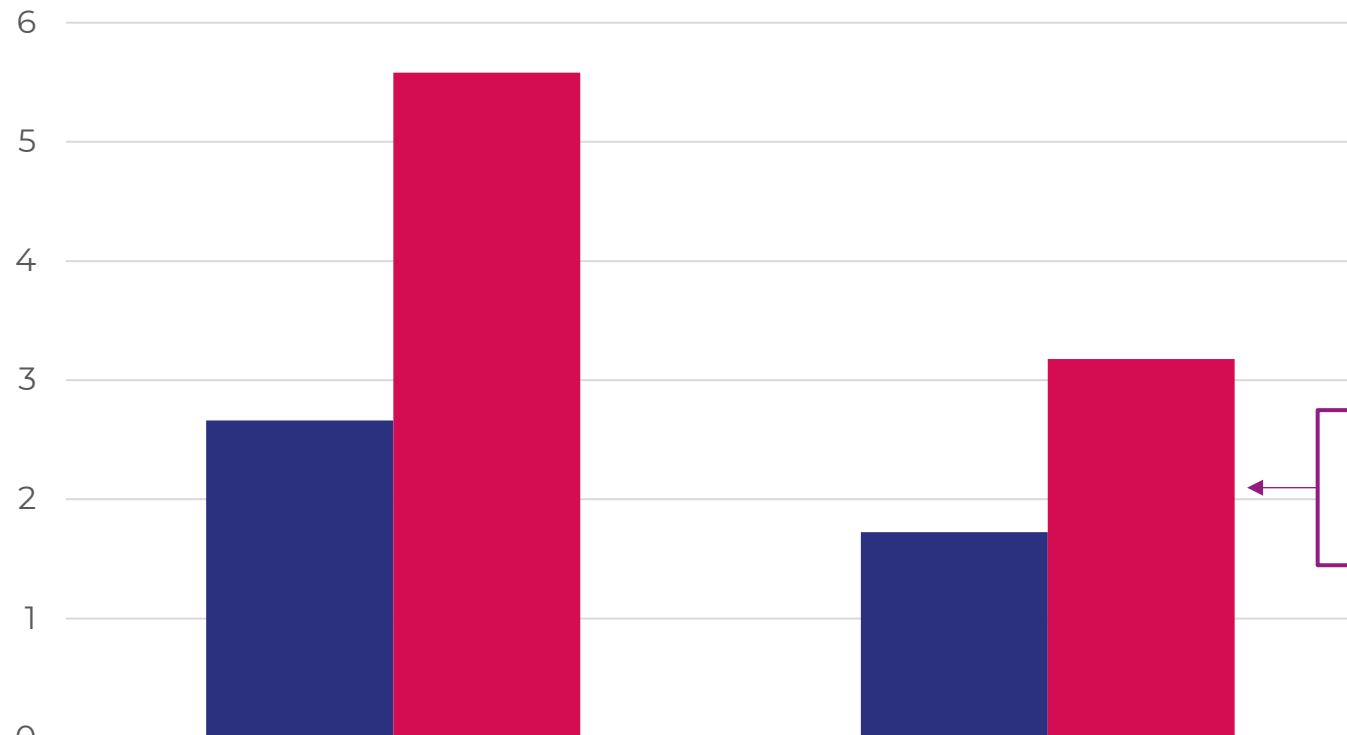


SMD Interactions & Outcomes

Referrals within Long-Term Community Support Teams



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SMD comparatively
high referrals and
unseen

Unseen is defined as
declined referral or
did not attend

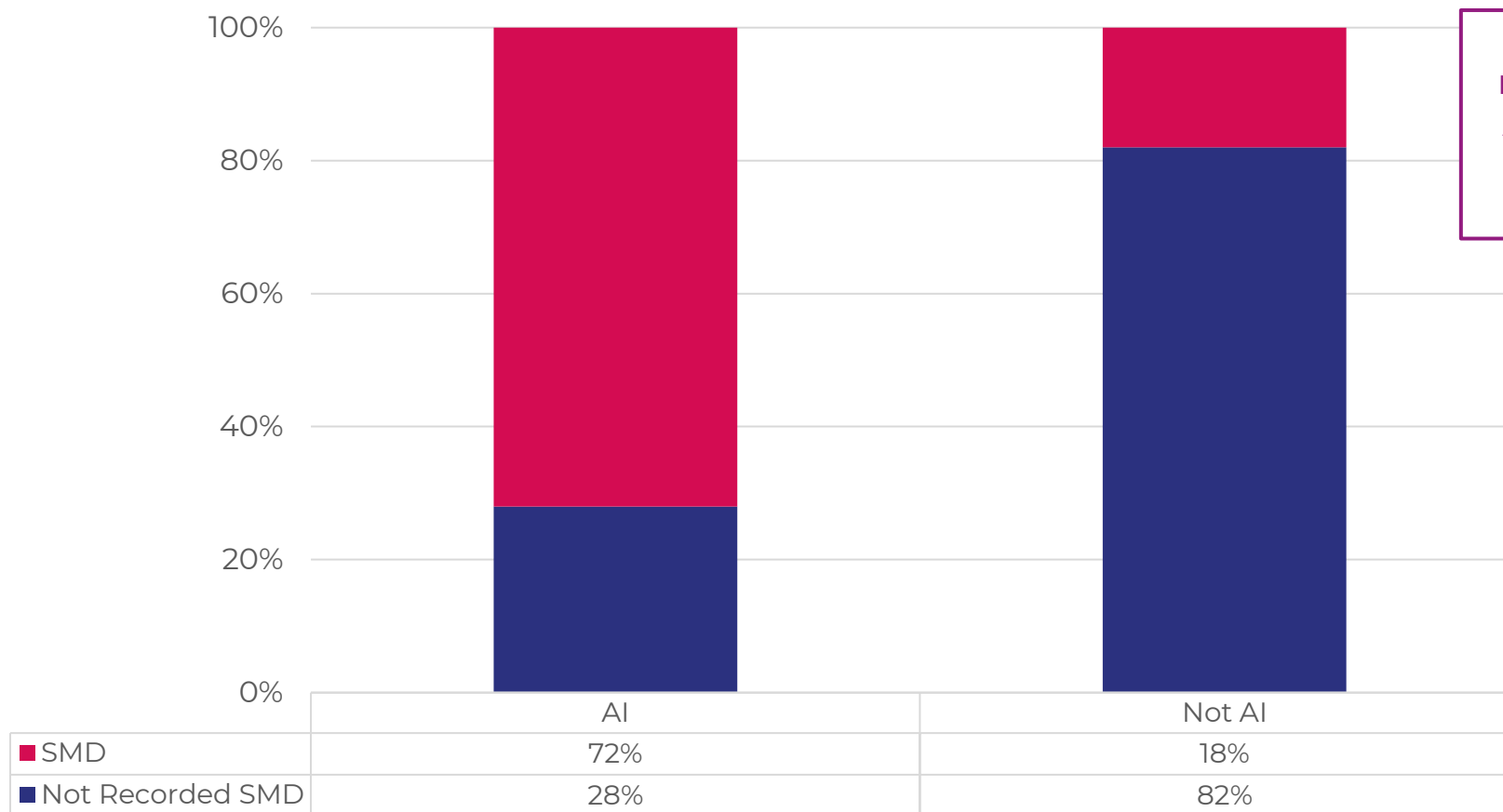
	Average Number of Referrals	Average Number of Unseen
Not Recorded SMD	2.66	1.73
SMD	5.58	3.18

SMD Interactions & Outcomes

Assertive and Intensive Pathway



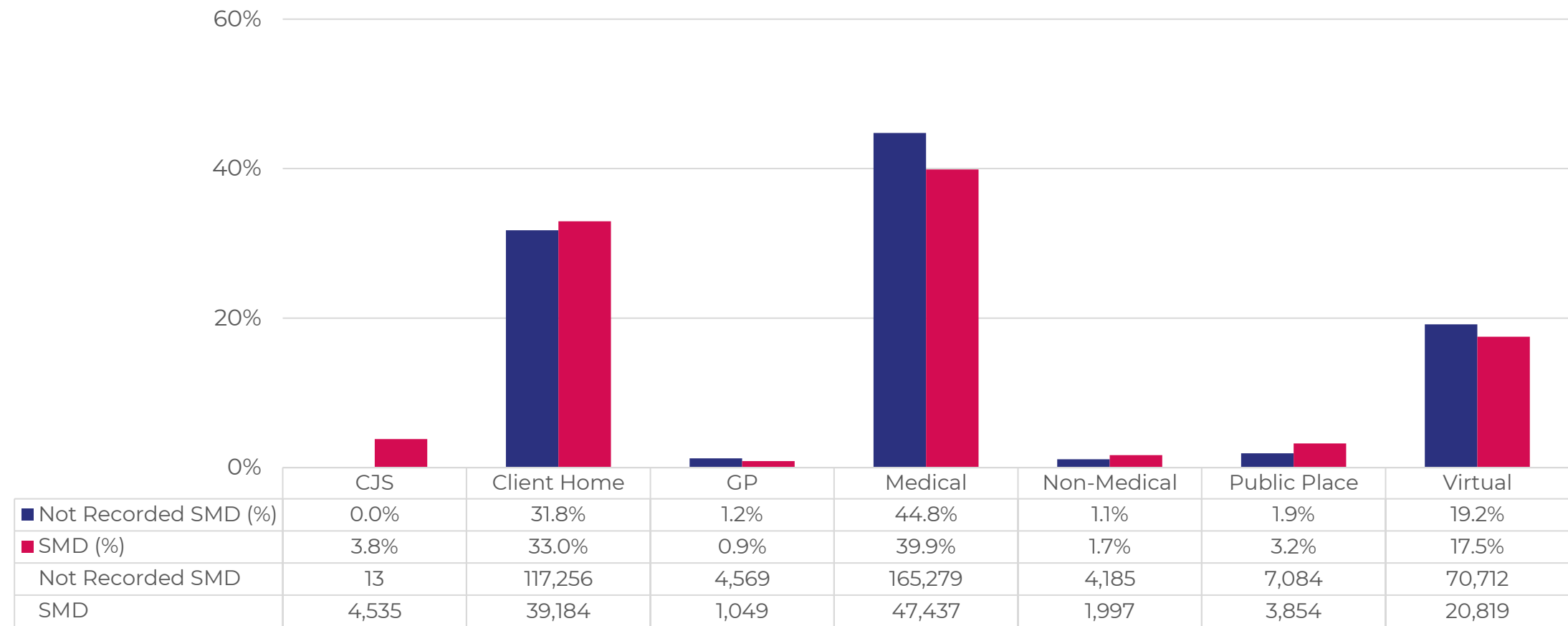
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SMD patients
represent 72% of the
AO pathway offered
by the Local Mental
Health Teams

3. SMD Interactions & Outcomes

Contact Location



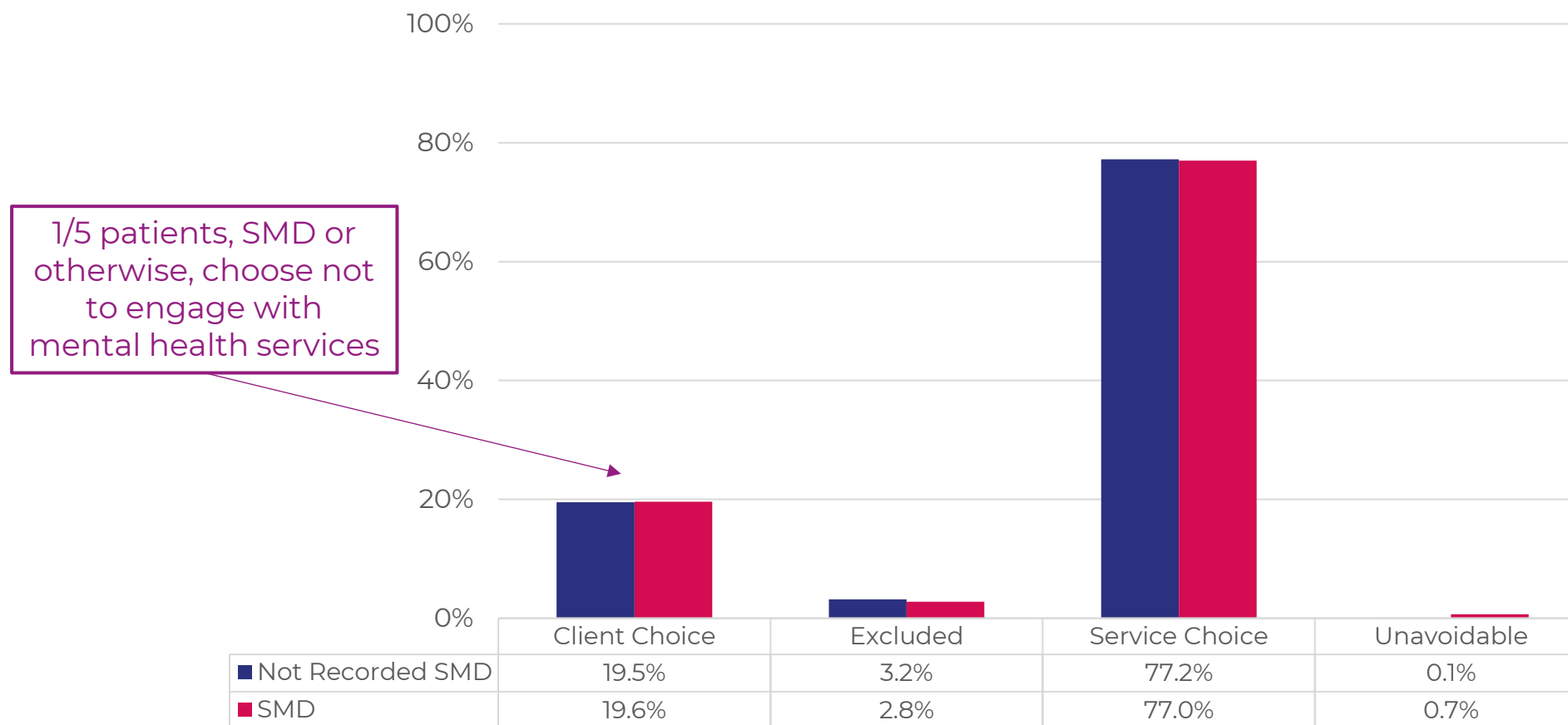
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3. SMD Interactions & Outcomes

Discharge Reason - Unseen Patients



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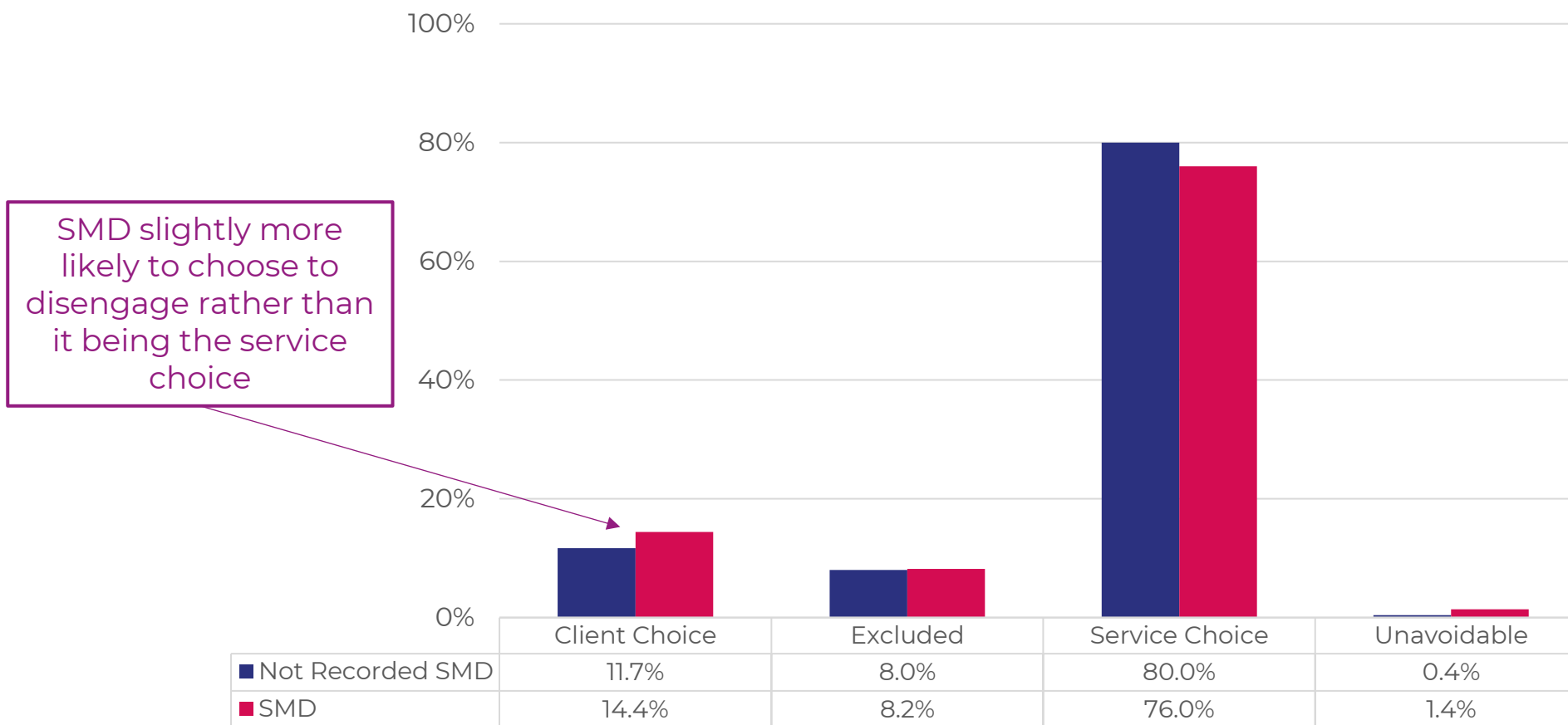


3. SMD Interactions & Outcomes

Discharge Reason – Once in Service



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Scope and Methodology – Admissions



Scope and Methodology - Admissions

Laurie Hare Duke – Public Health Intelligence Analyst



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Scope and Methodology:

- Includes data for the last 12 months
- Replicate the community SMD criteria but each indicator uses a slightly different cohort based on timeframe and service included:
 - **Admission rate:** referred to a mental health team in 2024 and admitted to any mental health ward in 2024.
 - **Length of stay:** patients discharged from a non-forensic ward in 2024
 - **Readmissions within 1 year:** patients on a non-forensic ward in 2024 and readmitted within 365 days
 - **Readmissions within 30 days:** patients on a non-forensic ward in 2024 and readmitted within 30 days
- Forensic services provide mental health care to patients who are involved in criminal legal proceedings. Their care is typically mandated by a court. **The main facilities are Rampton Hospital, Wells Road and Arnold Lodge.**
- Forensic patients tend to stay for a very long time; they are less likely to be readmitted once released. They are excluded from the length of stay and readmission stats.

Admissions

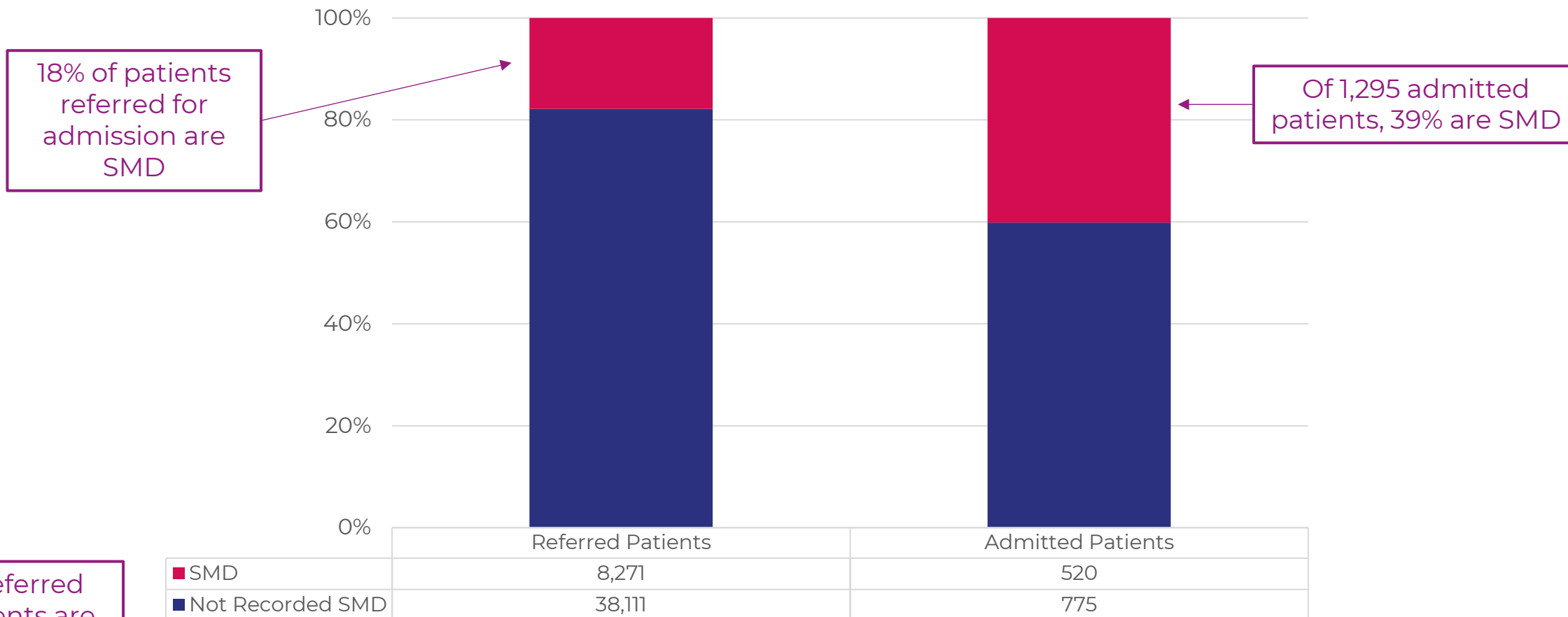


Admissions

Admission Rate – Last Twelve Months



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18% of patients referred for admission are SMD

Of 1,295 admitted patients, 39% are SMD

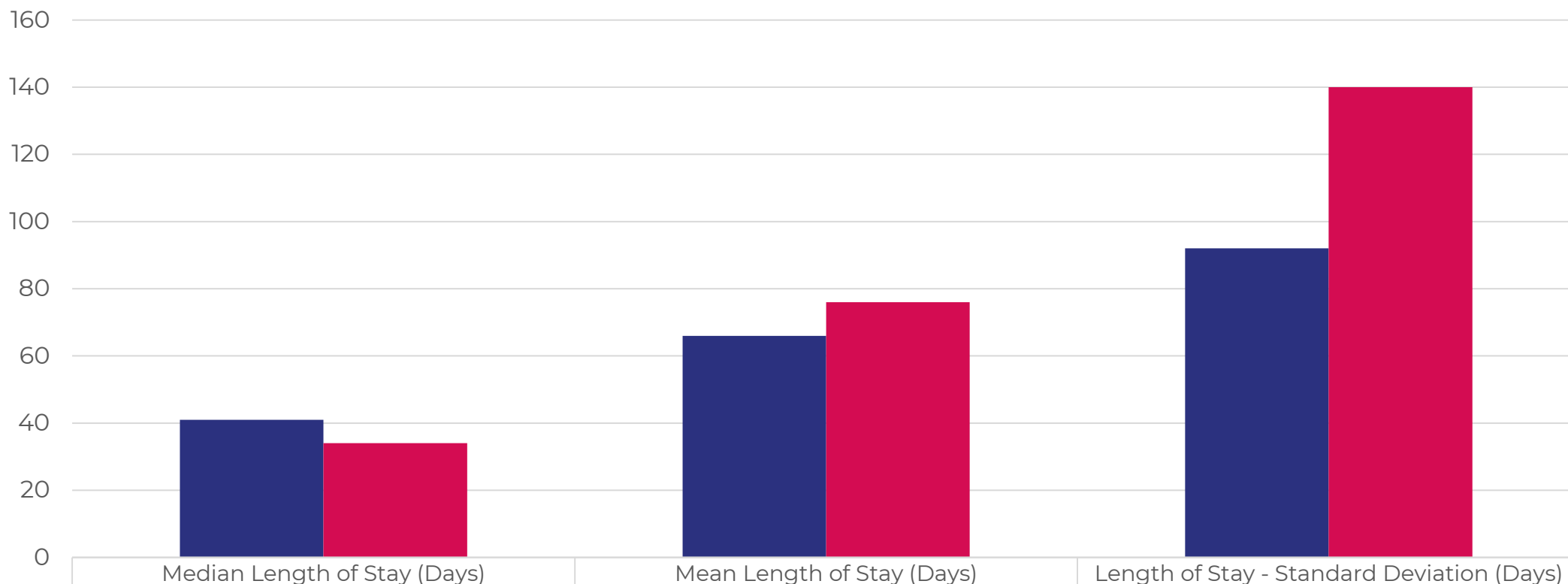
6.3% of referred SMD patients are admitted versus 2% of referred non-SMD

Admissions

Length of Stay – Non-Forensic – Last 12 Months



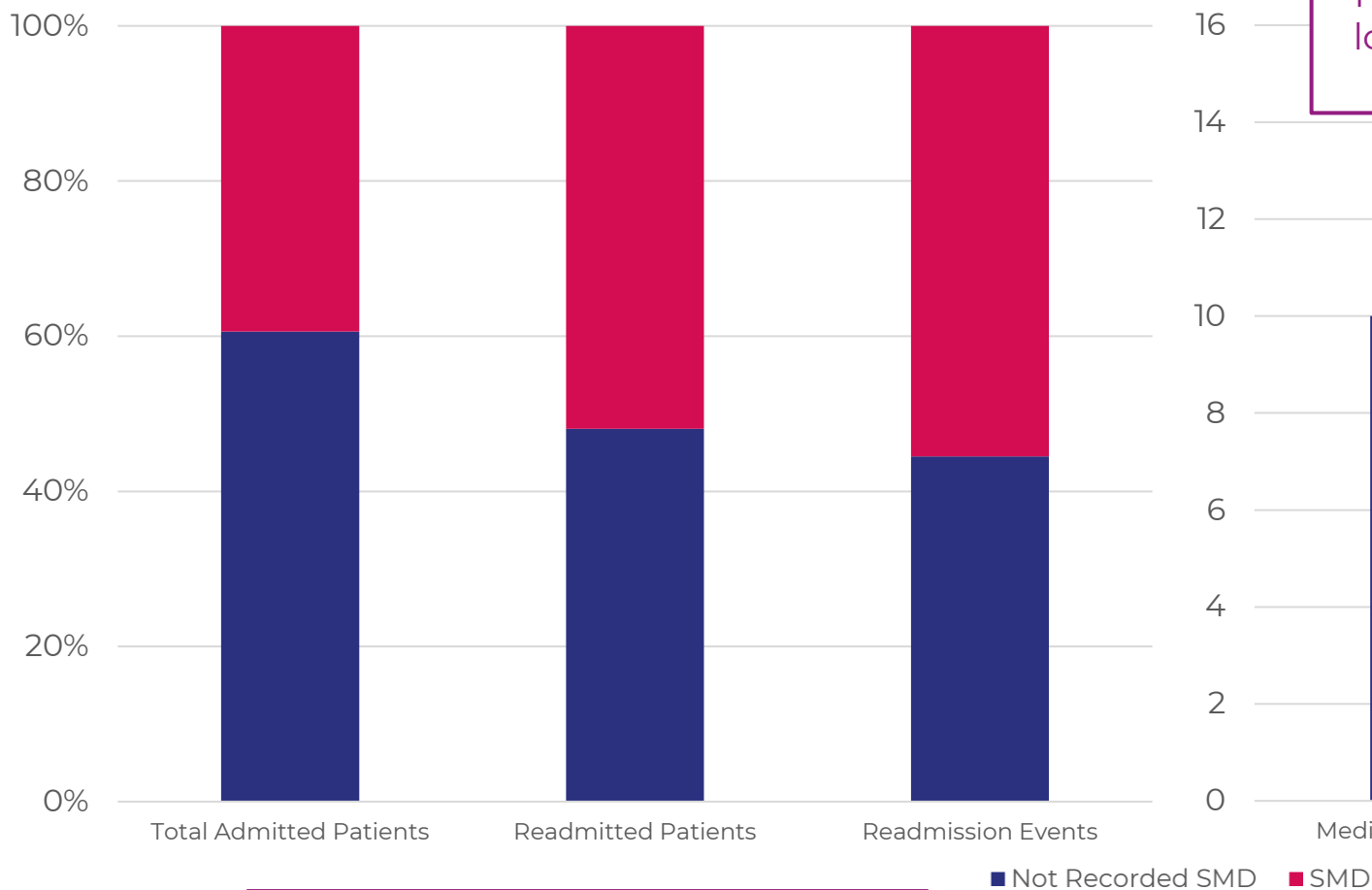
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■ Not Recorded SMD	41	66	92
■ SMD	34	76	140

5. Admissions

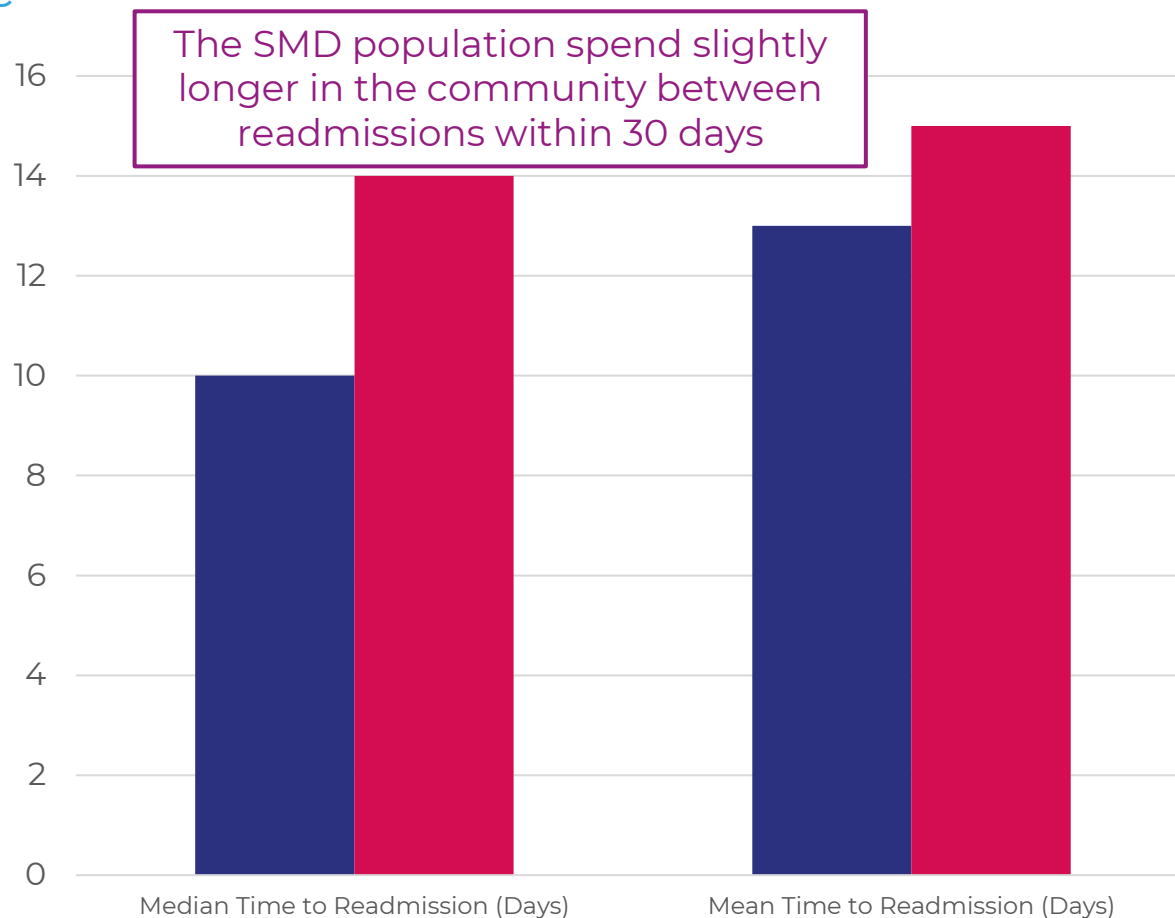
Readmissions within 30 Days – Non-Forensic



Half of the readmission events within 30 days driven by SMD



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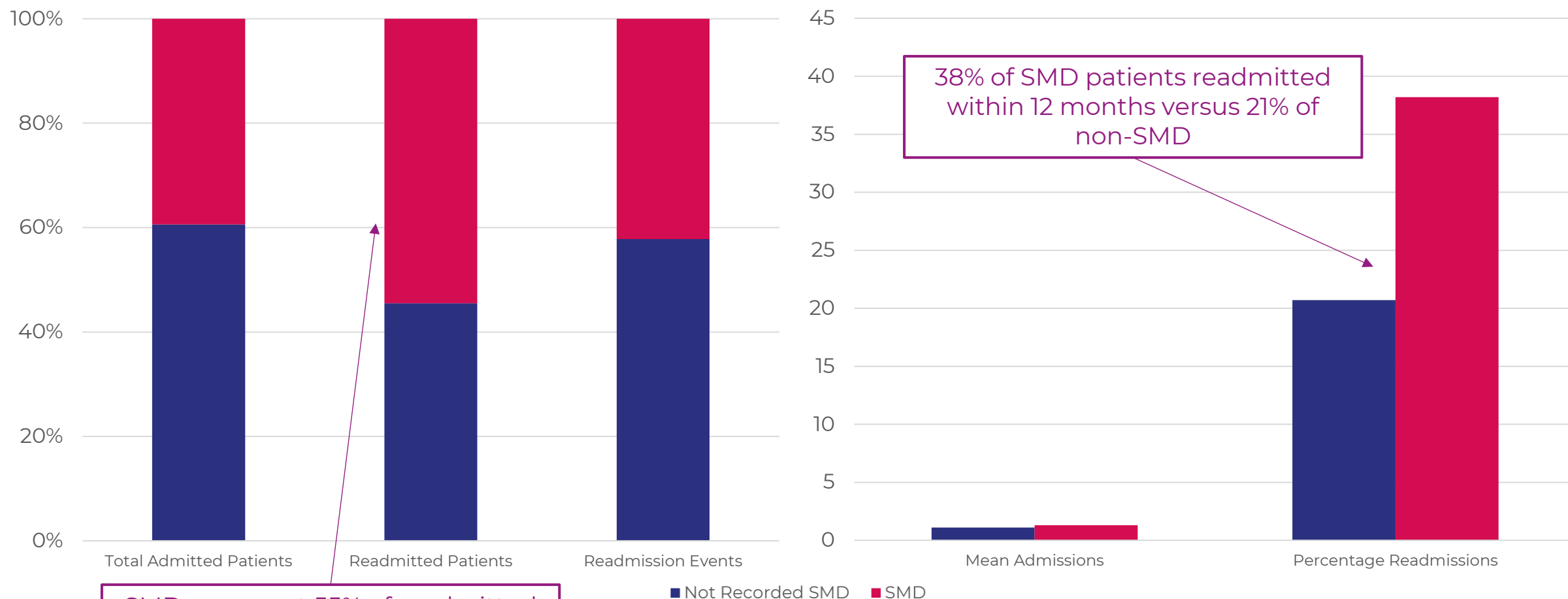


5. Admissions

Readmissions within 12 Months – Non-Forensic



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SMD represent 55% of readmitted patients despite being 40% of total admissions

38% of SMD patients readmitted within 12 months versus 21% of non-SMD

Headlines

Prevalence and Interaction Key Headlines

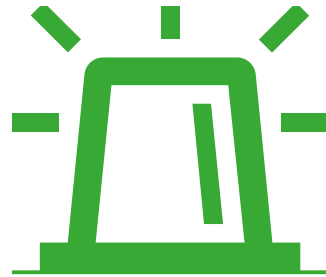


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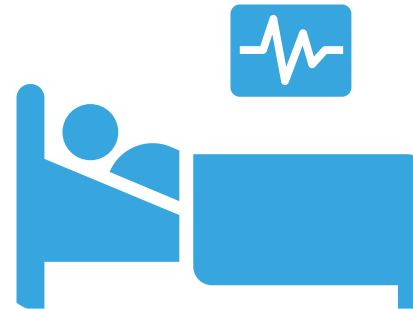
SMD Represents:



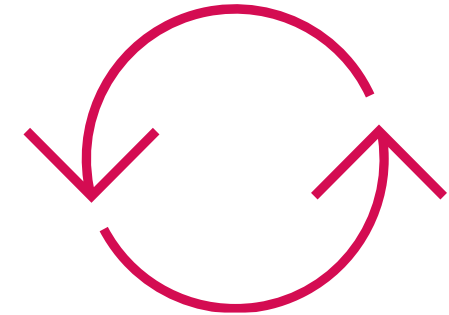
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