MHNA: mental health crisis in Suffolk

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Lead Consultant: Dr Rosie Frankenberg, Consultant in Public Health Medicine

Author: Jessica Hulbert, Health and Care Programme Manager

Editor/ revisions: Alison Matthews, Senior JSNA Researcher

Acknowledgements:

Rachel Mabb
West Suffolk and Ipswich and East Clinical Commissioning Groups (CCGs)

Lynne Williams
Norfolk and Suffolk NHS Foundation Trust (NSFT)

Stephen Patterson and Nowreen Azim
Suffolk County Council

Suffolk Police

British Transport Police
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Key points

This report is intended for health professionals and commissioners to improve understanding of service demands and needs in Suffolk relating to mental health crisis. There is no clear coding for mental health crisis and therefore a range of data and classifications have been used to investigate the topic. Not all the events analysed will be mental health crises, however, they give an idea of the level of contacts with people likely to be experiencing a mental health crisis or distress. The data analysed covers periods between April 2012 and March 2018.

What is a mental health crisis?

*a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.*

(as defined in *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care*).

Causes or triggers may include:

adverse life events that include a psychological, physical or social element, which leads to a need for an urgent or emergency response from mental health services.

All crises will be different in their cause, presentation and progression. It is important to identify the trigger (for example, abuse, trauma or homelessness), associated risks and options for ongoing care, and respond to the crisis according to the individual’s need and circumstances.

A local definition of mental health crisis has been used in Suffolk:

*When a person with mental health issues urgently needs help due to their behaviour being out of control or irrational and likely to endanger the person or others. But the nature of each crisis is unique and variable and may not be due to a mental illness.*

Relevant contacts have been extracted from several systems for this analysis. Each system may use different coding, and individuals may classify events differently, leading to inconsistency. A full list of codes used to extract data for analysis is included in Appendix 2. Categories covered:

- Mental and behavioural disorders (including anxiety, depression, suicidal, stress, self-harm, schizophrenia and affective psychoses)
- Poisoning, including toxic effects of various substances
- Dementia
- Sleep disorders
- Confused state
- Social problems

Section 136 (S136) data from the Police and Norfolk and Suffolk NHS Foundation Trust (NSFT) is also used to indicate crisis contacts. S136 of the Mental Health Act 1983 allows a police officer to either remove a person to a place of safety, or keep a person in a place of safety if they are considered to
be suffering from a mental disorder. It often leads to an admission to Woodlands ward at Ipswich Hospital, or Wedgewood ward (West Suffolk Hospital), services provided by NSFT.

Data
Data sources: Ipswich and East Suffolk Clinical Commissioning Group (IESCCG), West Suffolk Clinical Commissioning Group (WSCCG), British Transport Police, Norfolk and Suffolk NHS Foundation Trust (NSFT), hospital episode data for West Suffolk Hospital and Ipswich Hospital.

Incidents may be coded in more than one system. For example, a Section 136 (S136) incident may be recorded by the Police, the Ambulance Service and then NSFT (if admitted). Some people will have multiple attendances, admissions or incidents.

This report does not contain data for the GP Out of Hours (OOH) service in Waveney, nor Waveney ambulance data. Hospital episode data is for West Suffolk Hospital and Ipswich Hospital only, and does not include data for Lowestoft’s James Paget hospital. Although Suffolk residents may use Addenbrookes and Colchester hospitals, this data is not included. These gaps, and the fact that some people in crisis may not contact health services (for example contacting the Samaritans instead), mean this report is likely to underestimate the number of mental health crises experienced in Suffolk.

When do mental health crises occur?
Data has been analysed to identify differences by:
- Year
- Season (spring: March-May, summer: June-August, autumn: September-November, Winter: December-February)\(^1\)
- Month
- Day of the week
- Time of day (hour and 4 hour block)

Annual trends
- There has been a significant increase in Accident and Emergency (A&E) attendance for mental health crisis (using the codes specified) year on year since 2013-14.
- The number of hospital admissions for mental health crisis is gradually increasing each year (since 2014-15).

Trends within years
- A&E attendance, and S136 admissions are significantly higher in summer than in winter or spring.
- Ambulance attendances for mental health crisis are significantly higher in summer than autumn or winter.
- A&E attendance is significantly lower in winter than the other seasons.
Ambulance attendances for mental health crisis are significantly lower in winter than spring or summer.

There is no significant pattern in emergency admissions, although admissions fall slightly from spring to winter.

Demand by day
- A&E attendance is significantly higher on Saturday and Sunday compared to week days.
- GP Out of Hours (OOH) contacts are significantly higher on weekend days (08:00-18:00) than any evenings.
- Police incidents where poor mental health is a contributing factor are significantly lower on Sundays than every weekday. Incidents on Saturdays are significantly lower than Friday, Monday and Tuesday.

Demand by time of day
- A&E attendances increase through the day from 7am to 1am. Around a third (32.4%) of attendances are during the typical working day (between 9am and 5pm), however almost half (47.4%, significantly higher) of all attendances are in the following eight hours, from 17:00 to 00:59.
- Over a quarter of GP OOH contacts (27.4%, significantly higher than any other period) are between 20:00 and 23:59, nearly half (48.2%) contact is between 16:00 and 23:59.
- Ambulance attendances are significantly higher for the periods 16:00-19:59 and 20:00-23:59.
- The (significantly) highest proportion of police incidents where poor mental health is a contributing factor are recorded between 16:00 and 19:59. Midnight to midday (00:00 – 11:59) have significantly lower proportions of incidents than 16:00 to 23:59.

Who is experiencing mental health crisis?

Service contacts by sex or gender
- Significantly more S136 admissions are for men (54.2%) than women (45.8%).
- A higher proportion (50.7%) of railway incidents involved males (36.2% female), however the difference cannot be said to be significant as the numbers are relatively small, and gender is not recorded for 13.0%.

There is a significantly higher proportion of contact with women than men in the following:
- A&E attendances (53.6% compared to 46.4%)
- Emergency admissions (52.6% compared to 47.4%)
- GP OOH contacts (59.7% compared to 40.3%)

Service contacts by age
- Nearly half (44.4%) of A&E attendances are for people aged 16-34. Rates (per 1,000 population) are significantly higher for people aged 16-24 and 25-34.
• The proportion of emergency admissions for people aged 25-34, 35-44, and 45-54 are significantly higher than other age bands.

• Around half (51.0%) of S136 admissions where age is recorded are for people aged 15-24 and 25-34. Admissions for these age groups are significantly higher than all other age groups. However, a third of the data from Woodlands hospital (Ipswich) had no age details recorded.

Age information is not available for ambulance attendances or police data, and is not complete for railway incidents.

By areas of relative deprivation
A&E attendances were analysed against the deprivation score (2015 Indices of Multiple Deprivation IMD) for the patients’ GP practice. This showed that attendance for a (potential) mental health crisis were more likely to be by people registered with a GP practice in a more deprived area than people with a GP in a less deprived area.

Recommendations
• The National Health Service (NHS) and Care Quality Commission (CQC) note that improving integrated services reduces demand on services, including A&E. Access to appropriate and timely services which better meet patients’ needs should lead to a more positive patient experience.

• Services in Suffolk should be developed to cover evenings as this may reduce use of urgent and emergency services, and meets the requirement for parity of esteem.

• Best practice and evidence of what works should be used in any service redesign.

• Suicide prevention work by Public Health Suffolk should continue.

• The findings indicate differences in service use by sex, and by age. The needs of different groups should be considered in service design.

• Those aged 15-24 are significantly more likely to attend A&E (24% attendance for the selected codes). Work to support young people up to the age 24 should continue and possibly be enhanced. Other service designs need to also consider the greater mental health crisis needs of people under 44.

• Patients registered with GP practices in more deprived areas are more likely to attend A&E because of potential mental health crisis. Services, mental health promotion and prevention activities could be targeted to those more deprived practices.

Accident and Emergency (A&E)
Analysis of data on people registered with GPs in IESCCG and WSCCG who attended the A&E departments at Ipswich or West Suffolk Hospital between April 2012 to March 2017. This report uses
data for departments at specific hospitals and so refers to the hospitals by name rather than the NHS Foundation Trusts to which they now belong.

Primary diagnosis reasons used:
- Intentional and unintentional poisoning including overdose
- Psychiatric conditions
- Social problems (includes chronic alcoholism and homelessness)

These reasons will not cover some mental health crisis attendances and may include some attendances that were not due to mental health crisis.

There were 15,660 A&E attendances at the two hospitals for these codes in 2012-2017.

How people attend A&E
82.4% of A&E attendances under these codes were recorded as self-referrals. The second most common referral path was the emergency services (10.6%).

When people attend A&E: year and time of year
There has been a significant increase in A&E attendance for mental health crisis (using the codes specified) year on year since 2013-14.

Figure 1: Ipswich and West Suffolk A&E attendance by year, 2012/13-2016/17, selected mental health crisis codes

There is no significance difference in attendance across months, although attendance was significantly lower in winter compared to the other three seasons, and attendance in summer was significantly higher than winter and spring.
When people attend A&E: day and time

Attendance is significantly higher on Saturday and Sunday compared to week days.
A&E attendances increase through the day from 7:00 to 00:59. Around a third (32.4%) attendances are during the typical working day (09:00-16:59), however almost half (47.4%, significantly higher) attendances are in the following eight hours, 17:00-00:59.
Who is attending A&E?

A significantly higher proportion of A&E attendances are by women: 53.6% compared to 46.4%.

Nearly half (44.4%) attendances are people aged 16-34. Rates per 1,000 population (2016 estimates) are significantly higher for people aged 16-24 and 25-34.
GP practice deprivation and attending A&E

A&E attendances for a (potential) mental health crisis are more likely to be by people registered with a GP practice in a more deprived area than in a less deprived area.

Attendance rates per 1,000 registered patients (IESCCG and WSCCG) at Ipswich Hospital and West Suffolk Hospital for the three selected conditions (2012/13 – 2016/17) were plotted against the GP practice deprivation score (estimates – Indices of Multiple Deprivation 2015) to identify any correlations between the two variables. To understand how much of the variation observed within the plots could be due to deprivation, R² is calculated to show what proportion of variation in attendance can be explained by GP practice deprivation.

Correlation was moderate to moderate-strong combining data for the two CCGS, with very weak correlation in WSCCG and strong correlation in IESCCG.

Figure 8: Ipswich and West Suffolk A&E attendance for selected mental health crisis codes correlated with GP practice deprivation (IMD 2015), 2012/3-2016/7

Table 1: Correlations of GP practice deprivation (IMD 2015) with Ipswich and West Suffolk A&E attendance, 20123-2016/7, selected mental health crisis codes

<table>
<thead>
<tr>
<th>CCG</th>
<th>Patient Gender</th>
<th>R – correlation coefficient</th>
<th>R² – coefficient of determination</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>IESCCG Males</td>
<td>0.78 (positive) Strong</td>
<td>0.61 (61%)</td>
<td>0.0000</td>
<td></td>
</tr>
<tr>
<td>IESCCG Females</td>
<td>0.76 (positive) Strong</td>
<td>0.58 (58%)</td>
<td>0.0000</td>
<td></td>
</tr>
</tbody>
</table>
Emergency admissions to acute hospital (inpatients)

Data for people registered with GPs in IESCCG and WSCCG who were admitted to Ipswich Hospital or West Suffolk Hospital as inpatients between April 2012 to March 2017.

Admissions were considered to be mental health crises if the primary code was in the following categories (the full list of diagnosis codes is available in Annex 2):

- Alzheimer’s disease and dementia
- Anxiety & depression
- Mental and behavioural disorders
- Intentional and unintentional poisoning
- Toxic effect (intentional and unintentional)
- Other

Most admissions are referred from A&E, followed by referrals from the GP. The data also indicates that over 90% of the total admissions are not a readmission. Many of the admissions are short term, for one or two days, and around 10% of people admitted are in hospital for eight days or more.

When people are admitted to hospital (emergency admissions)

Between April 2012 and March 2017, Ipswich Hospital Trust and West Suffolk Foundation Trust had nearly 6,000 (5,845) admissions for a diagnosis which could indicate a mental health crisis. Numbers have been increasing since 2014-15.

Although admissions fall slightly from spring to winter, the change is not significant. There are no significant patterns in emergency admissions by month.

Admission time of day is not available for analysis.
Figure 9: Ipswich and West Suffolk emergency admissions by year, 2012-2017, selected mental health crisis codes

IESCCG and WSCCG. Inpatient and A&E data. April 2018

Figure 10: Ipswich and West Suffolk emergency admissions by month, 2012-2017, selected mental health crisis codes

IESCCG and WSCCG. Inpatient and A&E data. April 2018
Who is admitted to hospital (emergency admissions)?

Significantly more emergency admissions for a mental health crisis are for women (52.6%) than men (47.4%).

There are some differences in the age groups of people admitted to hospital compared to those attending A&E. The proportion of admissions for people aged 25-34, 35-44, 45-54 are significantly higher than other age bands. For A&E the highest proportions of attendance are in the 16-24 and 25-34 age bands.
Figure 12: Ipswich and West Suffolk emergency admissions by age band, 2012-2017, selected mental health crisis codes

IESCCG and WSCCG. Inpatient and A&E data. April 2018

GP out of hours service

The GP out of hours service (GP OOH) provides cover outside core GP practice hours: 18:00 to 08:00 weekdays, and 24 hours on weekends and bank holidays. Contacts by patients registered with GPs in IESCCG and WSCCG who used GP OOH services between April 2014 to March 2017 that were classified as relating to mental health (see list below) have been analysed.

Primary diagnosis codes (full list of diagnosis codes used is available in Annex 2):

- Anxiousness, anxiety states and acute reaction to stress/panic attack
- Depressed and depressive disorder
- Suicidal, poisoning – intentional / suicide – self-inflicted poisoning, and intentional self-harm (excluding poisoning)
- Mental health assessments and mental disorders
- Senile (including presenile), acute confused state;
- Unspecified nonorganic psychosis, neurotic disorder
- Schizophrenia, personality disorder
- Social problems (including homelessness) and life crisis

When people attend GP OOH

Between April 2014 and March 2017, there were just over 3,500 (3,553) attendances to GP OOH with diagnosis which could indicate a mental health crisis.

There was no significant trend across the three years, or across months and seasons.
Although there is an increase in August, this is not significantly higher than other summer months (May, June).
Demand for GP OOH services during weekend daytime hours (08:00 to 17:59) was significantly higher than weekday evenings (Figure 16, excludes bank holiday days). There was no significant difference between days for overnight services (18:00 to 07:59 the following day).

Over half (53.6%) contact with the GP OOH service is at weekends, significantly higher than weekdays (46.4%). Over a quarter of contacts (27.4%, significantly higher than any other period) are 20:00-23:59, nearly half (48.2%) of contacts take place between 16:00 and 23:59.

Source: CCG GP out of hours data10
Figure 1: GP OOH crisis contacts by time blocks (4 hours) including bank holidays, IESCG andWSCCG, 2014-2017

Source: CCG GP out of hours data^{10}.

Figure 18: GP OOH crisis contacts by time including bank holidays, IESCG and WSCCG, 2014-2017

Source: CCG GP out of hours data^{10}.
Table 2: GP OOH crisis contacts by time block and day of week including bank holidays, IESCCG and WSCCG, 2014-2017

<table>
<thead>
<tr>
<th></th>
<th>00:00-03:59</th>
<th>04:00-07:59</th>
<th>08:00-11:59</th>
<th>12:00-15:59</th>
<th>16:00-19:59</th>
<th>20:00-23:59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>69</td>
<td>31</td>
<td>29</td>
<td>22</td>
<td>77</td>
<td>121</td>
</tr>
<tr>
<td>Tuesday</td>
<td>65</td>
<td>34</td>
<td>4</td>
<td>2</td>
<td>55</td>
<td>153</td>
</tr>
<tr>
<td>Wednesday</td>
<td>64</td>
<td>24</td>
<td>0</td>
<td>8</td>
<td>79</td>
<td>162</td>
</tr>
<tr>
<td>Thursday</td>
<td>62</td>
<td>15</td>
<td>3</td>
<td>8</td>
<td>87</td>
<td>129</td>
</tr>
<tr>
<td>Friday</td>
<td>60</td>
<td>25</td>
<td>8</td>
<td>8</td>
<td>84</td>
<td>161</td>
</tr>
<tr>
<td>Saturday</td>
<td>58</td>
<td>62</td>
<td>329</td>
<td>250</td>
<td>206</td>
<td>119</td>
</tr>
<tr>
<td>Sunday</td>
<td>68</td>
<td>63</td>
<td>229</td>
<td>223</td>
<td>177</td>
<td>120</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>446</strong></td>
<td><strong>254</strong></td>
<td><strong>602</strong></td>
<td><strong>521</strong></td>
<td><strong>765</strong></td>
<td><strong>965</strong></td>
</tr>
</tbody>
</table>

Who is attending GP OOH

Significantly more GP OOH for potential mental health crisis were by women (59.7%) than men (40.3%).

Although the highest proportion of contacts are people aged 25-34 and people aged 65-84, the rate (contacts per 1,000 population) is significantly higher for people aged 85 and over.

Figure 19: GP OOH crisis contacts by age band, IESCCG and WSCCG, 2014-2017

Source: CCG GP out of hours data\textsuperscript{10}.
Section 136 (S136) admissions to hospital (NSFT)

Section 136 of the Mental Health Act 1983\(^\text{11}\) allows a police officer to either remove a person to a place of safety, or keep a person in a place of safety if they are considered to be suffering from a mental disorder. Woodlands ward is located at Ipswich Hospital, Wedgewood is at West Suffolk Hospital. The services are provided by Norfolk and Suffolk NHS Foundation Trust (NSFT).

The data period ranges from January 2012 to March 2018, although data from 2012 and 2018 are excluded from some analyses as it is incomplete. There were 1,900 S136 admissions in Suffolk over the whole period, with an average of 345 admissions per year (2012-2017 data).

When are S136 admissions?
S136 admissions were significantly higher in 2016 than all years except 2013.
Although there is no significant trend in contacts by month, admissions are significantly higher in summer than autumn and winter.
A third (33.6%) admissions in “office hours” (09:00-17:00). However, admissions outside this period are not evenly split, with 44.1% admissions in the eight hours from 17:00 to 00:59 (significantly higher), and early morning (01:00-08:59) is significantly quieter than the other two periods (22.3%).

**Who is admitted to hospital under S136?**

Significantly more S136 admissions are for men (54.2%) than women (45.8%).
Around half (51.0%) S136 admissions are of people aged 15-24 and 25-34. The proportion of admissions for these age groups are significantly higher than all other age groups. A third of the data from Woodlands hospital had no age details recorded.

East of England Ambulance Service

The data presented in this section has been provided by IESCCG and WSCCG for incidents attended by the East of England Ambulance Service (EEAST) from April 2014 to March 2017. The extracted data covers codes for:

- Overdose or poisoning (intentional or unintentional)
- Psychiatric
- Psychiatric illness
- Psychiatric problems
- PSYCHUP (mental health call to a patient upgraded by NSFT. This is normally after the police/mental health team have notified the Trust that the patient is ready to convey).
- Section 136

When people need an ambulance

There were 8,316 ambulance attendances for potential mental health crisis from 2014/15 to 2016/17. On average, this is nearly 2,770 attendances per year.

Three-year trend data for potential mental health crisis responses from EEAST shows attendances were significantly lower in 2014/15, compared to later years.

There is higher attendance in March, and June, July and August, but the proportion of attendances is not significantly higher than other months.

Figure 25: EEAST ambulance attendance in IESCCG and WSCCG by year, 2014/15-2016/17 for selected codes

Source: CCG ambulance data.
41.0% of attendances are between 16:00 and 23:00, in line with the A&E (Figure 5) and NSFT admissions data. The proportion splits for ambulance response hour, and time of A&E attendance are almost identical, yet the emergency services only account for 10.6% of A&E attendances.
Who needs an ambulance and why?

Nearly half (45.7%) of ambulance attendances for crisis were for people aged 16-34.
Significantly more ambulance attendances were to females (50.1% of calls) than males (46.8%). In 3.0% of attendances, gender was unknown.

**Suffolk Police**

There were 19,823 police incidents in Suffolk (including Waveney) in January 2014 to 2 March 2018 where mental health was recorded as a factor.

The data was provided in response to a Public Health Suffolk’s Freedom of Information (FOI) request. Categories:

- mental health - other
- mental health - Section 135 (allows a police officer to remove a person from a dwelling by entering the home and remove to a place of safety if they are considered to be suffering from a mental disorder)
- mental health – Section 136 (allows a police officer to either remove a person from a public place to a place of safety, or keep a person in a place of safety if they are considered to be suffering from a mental disorder)
- mental health - Mental Capacity Act (MCA)

Mental health coding is at the discretion of control room staff. There has been no national definition for ‘mental health related incidents’, so from September 2017 Suffolk Police has used the following:

“A person’s mental ill health is a significant contributing factor to THIS incident”

An NHS mental health practitioner is available within the police control room daily to provide immediate advice and support and make referrals where appropriate.
Around 4,750 mental health related incidents were recorded each year (2014-2017). Most incidents are coded as “mental health – other” (4,285 average) each year. This is followed by S136 with around 330 incidents per year, which is in line with NSFT data on S136 hospital admissions above.

**When do police incidents related to mental health occur?**

The number of recorded incidents for 2017 was significantly lower than in 2014, but there is no clear year on year trend.

Incidents related to mental health are significantly higher in the summer than other seasons, and incidents in winter are significantly lower than spring and summer.

**Figure 31: Suffolk Police, mental health related incidents, by calendar year, 2014-2017**

![Bar chart showing mental health related incidents by calendar year (2014-2017)].

*Source: Norfolk and Suffolk constabularies FOI response, 2018*
When do police incidents related to mental health occur?

Police incidents related to mental health are significantly lower on Sundays than every weekday. Incidents on Saturdays are significantly lower than Friday, Monday and Tuesday.

Source: Norfolk and Suffolk constabularies FOI response, 2018

Source: Norfolk and Suffolk constabularies FOI response, 2018
The (significantly) highest proportion of police incidents related to mental health is recorded between 16:00-19:59. The periods between midnight and midday (00:00-11:59) have significantly lower proportions of incidents than the period 16:00-23:59.

This pattern is also seen in the hourly data: 00:00-09:59 are significantly quieter than the afternoon and evening.
Figure 36: Suffolk Police, mental health related incidents, by time, January 2014 to March 2018

Source: Norfolk and Suffolk constabularies FOI response, 2018

Suffolk railway lines: incidents
From April 2015 to mid-July 2018, British Transport Police recorded around 70 incidents on Suffolk railway lines which are believed to have been related to a mental health crisis.

When railway incidents happen
Displayed in Figures 37 and 38 below, the railway incidents data shows peaks in April, May and September, and in spring. However, the differences cannot be said to be statistically significant due to the small numbers.
Who is involved in railway incidents?

50.7% of incidents involved males, compared to 36.2% female. Gender was recorded as “not known” in 10.3% of incidents. These differences are not statistically significant as the numbers are small.

The person’s age is “not known” for nearly half (47.8%) of incidents. This, together with the small numbers involved, means no statistically significant differences can be analysed by age.
National context

‘Right here, right now: Mental health crisis care review’ undertaken by the Care Quality Commission (CQC) described people’s experiences in England of help, care and support during a mental health crisis. The CQC found a weakness in mainstream mental health provision for 24-hour crisis care, and reported that patients with a mental health condition had poor experiences in A&E.

Table 3: Users’ experience of mental health support, Care Quality Commission, 2014

<table>
<thead>
<tr>
<th>Local Service</th>
<th>I felt...</th>
<th>Average number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I received the help I needed in a timely way</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My concerns were taken seriously and listened to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I was treated with warmth and compassion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I was not judged for what I had done or how I felt</td>
<td></td>
</tr>
<tr>
<td>Volunteers or a charity</td>
<td>74%</td>
<td>97</td>
</tr>
<tr>
<td>GP</td>
<td>52%</td>
<td>538</td>
</tr>
<tr>
<td>Telephone helpline</td>
<td>50%</td>
<td>112</td>
</tr>
<tr>
<td>NHS ambulance</td>
<td>63%</td>
<td>156</td>
</tr>
<tr>
<td>Police (encountered in a public place)</td>
<td>65%</td>
<td>104</td>
</tr>
<tr>
<td>Crisis resolution home treatment team</td>
<td>41%</td>
<td>317</td>
</tr>
<tr>
<td>Community mental health team</td>
<td>38%</td>
<td>431</td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>35%</td>
<td>316</td>
</tr>
</tbody>
</table>

Source: CQC’s call for evidence 2014

Risk factors for mental health crises

The crisis care profiles available on PHE Fingertips offer some insight on risk factors for developing a mental health crisis. Indicators for Suffolk county (including Waveney) that are significantly different to England include:

- significantly higher levels of social isolation among carers (2016/17 data): only a quarter (Suffolk 24.9%) of adult carers have as much social contact as they would like (England 35.5%)
- significantly higher dementia prevalence (all ages, Quality Outcomes Framework data, 2017/18): 0.9% Suffolk (0.8% England)
- significantly higher percentage of the population with a long-term health problem or disability (17.9% Suffolk, 17.6% England, 2011 data)
- significantly higher proportion of primary school fixed period exclusions (2016/17): rate per 100 pupils (3.01% in Suffolk compared to England 1.37%)
- significantly higher percentage of marital breakups: 12.2% Suffolk, 11.6% England (2011)

Crises in people with dementia can be grouped (top two reasons, from survey data, given in brackets):

- behavioural/psychological (wandering, physical aggression)
- physical health (falls, infection)
- vulnerability (inability to identify potential risks, very poor eating and drinking)
• family carer (burden, sudden absence)
• environment (physical hazards around the home, hazards relating to daily living tasks)

Effective interventions to prevent crises in dementia include:\17:
• a coordinated care plan (in 2017/18, 76.6% of dementia care plans had been reviewed within the last 12 months in IESCCG, 78.2% in WSCCG, in line with England: 77.5%)
• family carer education
• presence and training of home care staff
• education and support for family carers
• home adaptations
• a daily routine

Further information
The NHS RightCare commissioning for value, mental health and dementia packs\18\19 provide pathways on a page and other useful data insights to help guide commissioning decisions using local analysis. Pathways are available by CCG for common mental health conditions, severe mental health conditions and dementia.

References
9. Oxford Consultants for Social Inclusion (OCSI), Department of Communities and Local
Crisis: Mental health needs assessment 2018

10. Ipswich & East Suffolk CCG, West Suffolk CCG. GP out of hours data. April 2018.
Annex 1 – Mid-2017 population estimates
Office for National Statistics (ONS), population estimates mid-2017
(www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates)

Annex Table 1: Suffolk population mid-2017 estimates; females, males and persons

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>382,675</td>
<td>51%</td>
</tr>
<tr>
<td>Males</td>
<td>374,303</td>
<td>49%</td>
</tr>
<tr>
<td>Persons</td>
<td>756,978</td>
<td>100%</td>
</tr>
</tbody>
</table>

Annex Figure 1: Suffolk female population mid-2017 estimates; proportion by age

Annex Figure 2: Suffolk male population mid-2017 estimates; proportion by age
Annex 2 – Categories of contact extracted for this analysis

Inpatient codes

Ipswich Hospital
Acute and transient psychotic disorder, unspecified
Acute stress reaction
Alzheimer disease with early onset
Alzheimer disease with late onset
Alzheimer disease, unspecified
Alzheimer's disease, unspecified
Anorexia nervosa
Anxiety disorder, unspecified
Bipolar affective disorder, unspecified
Bulimia nervosa
Catatonic schizophrenia
Conduct disorder, unspecified
Delusional disorder
Dementia in Alzheimer disease, atypical or mixed type
Dementia in Alzheimer disease, unspecified
Dementia in Alzheimer's disease with late onset
Dementia in Alzheimer's disease, unspecified
Dementia in other specified diseases classified elsewhere
Dementia in Parkinson's disease
Depressive episode, unspecified
Disorders of initiating and maintaining sleep [insomnias]
Dissociative [conversion] disorder, unspecified
Dissociative motor disorders
Emotionally unstable personality disorder
Generalized anxiety disorder
Hypochondriacal disorder
Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]
Irritability and anger
Manic episode, unspecified
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances: Acute intoxication
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances: Dependence syndrome
Mental and behavioural disorders due to use of alcohol
Mental and behavioural disorders due to use of alcohol: Acute intoxication
Mental and behavioural disorders due to use of alcohol: Dependence syndrome
Mental and behavioural disorders due to use of alcohol: Harmful use
Mental and behavioural disorders due to use of alcohol: Withdrawal state
Mental and behavioural disorders due to use of alcohol: Withdrawal state with delirium
Mental and behavioural disorders due to use of cannabinoids
Mental and behavioural disorders due to use of cannabinoids: Acute intoxication
Mental and behavioural disorders due to use of cannabinoids: Psychotic disorder
Mental and behavioural disorders due to use of cocaine
Mental and behavioural disorders due to use of cocaine: Harmful use
Mental and behavioural disorders due to use of hallucinogens
Mental and behavioural disorders due to use of opioids
Mental and behavioural disorders due to use of opioids: Acute intoxication
Mental and behavioural disorders due to use of other stimulants, including caffeine
Mental and behavioural disorders due to use of other stimulants, including caffeine: Acute intoxication
Mental and behavioural disorders due to use of other stimulants, including caffeine: Harmful use
Mental and behavioural disorders due to use of sedatives or hypnotics
Mental and behavioural disorders due to use of tobacco
Mental and behavioural disorders due to use of tobacco: Harmful use
Mental disorder, not otherwise specified
Mild cognitive disorder
Mixed anxiety and depressive disorder
Multi-infarct dementia
Other Alzheimer disease
Other Alzheimer's disease
Other depressive episodes
Other reactions to severe stress
Other somatoform disorders
Other symptoms and signs involving emotional state
Panic disorder [episodic paroxysmal anxiety]
Paranoid schizophrenia
Persistent somatoform pain disorder
Poisoning: 4-Aminophenol derivatives
Poisoning: Alpha-adrenoreceptor antagonists, not elsewhere classified
Poisoning: Analgesics and opioid receptor antagonists
Poisoning: Angiotensin-converting-enzyme inhibitors
Poisoning: Antiallergic and anxiolytic drugs
Poisoning: Anticoagulants
Poisoning: Antidiarrhoeal drugs
Poisoning: Antiepileptic and sedative-hypnotic drugs, unspecified
Poisoning: Antihyperlipidaemic and antiarteriosclerotic drugs
Poisoning: Antineoplastic and immunosuppressive drugs
Poisoning: Antiparkinsonism drugs and other central muscle-tone depressants
Poisoning: Barbiturates
Poisoning: Benzodiazepines
Poisoning: Beta-blockers and chelating agents, not elsewhere classified
Poisoning: Butyrophenone and thioxanthene neuroleptics
Poisoning: Calcium-channel blockers
Poisoning: Cannabis (derivatives)
Poisoning: Carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics
Poisoning: Cardiac-stimulant glycosides and drugs of similar action
Poisoning: Cocaine
Poisoning: Coronary vasodilators, not elsewhere classified
Poisoning: Emollients, demulcents and protectants
Poisoning: Expectorants
Poisoning: Fibrinolysis-affecting drugs
Poisoning: Glucocorticoids and synthetic analogues
Poisoning: Heroin
Poisoning: Hydantoin derivatives
Poisoning: Iminostilbene
Poisoning: Insulin and oral hypoglycaemic [anti-diabetic] drugs
Poisoning: Iron and its compounds
Poisoning: Loop [high-ceiling] diuretics
Poisoning: Methadone
Poisoning: Mineralocorticoids and their antagonists
Poisoning: Monoamine-oxidase-inhibitor antidepressants
Poisoning: Other agents primarily affecting the gastrointestinal system
Poisoning: Other and unspecified antidepressants
Poisoning: Other and unspecified antipsychotics and neuroleptics
Poisoning: Other and unspecified drugs, medicaments and biological substances
Poisoning: Other and unspecified general anaesthetics
Poisoning: Other and unspecified narcotics
Poisoning: Other and unspecified psychostimulants and psycholeptics
Poisoning: Other antacids and anti-gastric-secretion drugs
Poisoning: Other antiepileptic and sedative-hypnotic drugs
Poisoning: Other antihypertensive drugs, not elsewhere classified
Poisoning: Other estrogens and progestogens
Poisoning: Other nonopioid analgesics and antipyretics, not elsewhere classified
Poisoning: Other nonsteroidal anti-inflammatory drugs [NSAID]
Poisoning: Other opioids
Poisoning: Other parasympathomimetics [anticholinergics and antimuscarinics] and spasmyloytics, not elsewhere classified
Poisoning: Other parasympathomimetics [cholinergics]
Poisoning: Other psychotropic drugs, not elsewhere classified
Poisoning: Other specified systemic anti-infectives and antiparasitics
Poisoning: Other synthetic narcotics
Poisoning: Otorhinolaryngological drugs and preparations
Poisoning: Penicillins
Poisoning: Phenothiazine antipsychotics and neuroleptics
Poisoning: Predominantly alpha-adrenoreceptor agonists, not elsewhere classified
Poisoning: Psychostimulants with abuse potential
Poisoning: Salicylates
Poisoning: Succinimides and oxazolidinediones
Poisoning: Thyroid hormones and substitutes
Poisoning: Tricyclic and tetracyclic antidepressants
Poisoning: Vitamins, not elsewhere classified
Post-schizophrenic depression
Post-traumatic stress disorder
Psychological and behavioural factors associated with disorders or diseases classified elsewhere
Reaction to severe stress, unspecified
Restlessness and agitation
Schizophrenia, unspecified
Severe depressive episode with psychotic symptoms
Severe depressive episode without psychotic symptoms
Somatoform autonomic dysfunction
Somatoform disorder, unspecified
State of emotional shock and stress, unspecified
Toxic effect of carbon monoxide
Toxic effect of soaps and detergents

Additional codes used at West Suffolk Foundation Trust
Adjustment disorders
Depressive episode, unspecified
Disorders of initiating and maintaining sleep [insomnias]
Dissociative convulsions
Eating disorder, unspecified
Hypomania
Mania with psychotic symptoms

Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances: Harmful use
Mental and behavioural disorders due to use of alcohol: Amnesic syndrome
Mental and behavioural disorders due to use of alcohol: Psychotic disorder
Mental and behavioural disorders due to use of alcohol: Residual and late-onset psychotic disorder
Mental and behavioural disorders due to use of hallucinogens: Acute intoxication
Mental and behavioural disorders due to use of opioids: Withdrawal state
Mental and behavioural disorders due to use of sedatives or hypnotics: Withdrawal state
Mental and behavioural disorders due to use of volatile solvents: Dependence syndrome
Mental disorder, not otherwise specified
Mild cognitive disorder
Mixed and other personality disorders
Other dissociative [conversion] disorders
Other mixed anxiety disorders
Poisoning: Anticholinesterase agents
Poisoning: Antimalarials and drugs acting on other blood protozoa
Poisoning: Antiviral drugs

Out of Hours (GP) code

1B13. Anxiousness
1B13. Anxiousness 1828. Atypical chest pain
1B13. Anxiousness 1B13. Anxiousness
1B13. Anxiousness 1B17. Depressed
1B13. Anxiousness 1B17. Depressed 1B17. Depressed
1B13. Anxiousness 8B3H. Medication requested 8B3S. Medication review
[V] Other reasons for encounter ZV6.. [V] Other reasons for encounter 8B3H. Medication requested 8B3S. Medication review
1B13. Anxiousness 9N4G. Failed Encounter - phone number unobtainable
1B13. Anxiousness E200. Anxiety States
1B13. Anxiousness E28.. Acute Reaction To Stress/Panic Attacks 1C92. Has a sore throat
1B13. Anxiousness F2626 [X] Tension type headache
1B13. Anxiousness G2z.. Hypertensive disease NOS 677B. Advice about treatment given G2z..
Hypertensive disease NOS 677B. Advice about treatment given
1B13. Anxiousness H3z.. Chronic obstr.airway dis.NOS
1B13. Anxiousness K190. Urinary tract infection
1B13. Anxiousness R004. [D] Dizziness and giddiness

Poisoning: Other and unspecified drugs primarily affecting the autonomic nervous system
Poisoning: Other antacids and anti-gastric-secretion drugs
Poisoning: Peripheral vasodilators
Poisoning: Pyrazolone derivatives
Poisoning: Saline and osmotic laxatives
Psychological and behavioural factors associated with disorders or diseases classified elsewhere
Somatization disorder
Toxic effect: Ingested mushrooms
Toxic effect: Lead and its compounds
Toxic effect: Methanol
Toxic effect: Other alcohols
Toxic effect: Other ingested (parts of) plant(s)
Toxic effect: Toxic effect of other specified substances

1B13. Anxiousness R00zD [D] Restlessness and agitation
1B13. Anxiousness
1B13. Anxiousness R051. [D] Palpitations
1B17. Depressed
1B17. Depressed 16D.. Falls
1B17. Depressed 1B13. Anxiousness
1B17. Depressed 1B17. Depressed
1B17. Depressed 1B17. Depressed TJ...
Adverse Reac
1B17. Depressed 1B19. Suicidal
1B17. Depressed 1B16. Headache
1B17. Depressed 677B. Advice about treatment given
1B17. Depressed 8B3H. Medication requested 8B3H. Medication requested 8B3H. Medication requested
1B17. Depressed 8B3H. Medication requested E200. Anxiety States
1B17. Depressed 9N4.. Failed encounter
1B17. Depressed 9N4C. Failed encounter - no answer when rang back
1B17. Depressed B.... Neoplasms R007z (D) Malaise and Fatigue NOS ZV57C [V]Palliative care
1B17. Depressed C.... Endocrine and metabolic H33.. Asthma C108. Insulin depnd diabetes melitus
1B17. Depressed C108. Insulin depnd diabetes melitus
1B17. Depressed E.... Mental disorders
1B17. Depressed E.... Mental disorders 1B17. Depre
1B17. Depressed E030z Acute confusional state NOS
1B17. Depressed E030z Acute confusional state NOS K190. Urinary tract infection
1B17. Depressed E200. Anxiety States
1B17. Depressed E200. Anxiety States 1B17. Depressed
1B17. Depressed E200. Anxiety States 9N4C. Failed encounter - no answer when rang back
1B17. Depressed 9N4C. Failed encounter - no answer when rang back
1B17. Depressed E200. Anxiety States E.... Mental disorders
1B17. Depressed E200. Anxiety State F56.. Vestibular syndromes/disorders
1B17. Depressed E200. Anxiety States ZV6.. [V]Othe
1B17. Depressed E23.. Alcohol dependence syndrome
1B17. Depressed E28.. Acute Reaction To Stress/Panic Attacks
1B17. Depressed E28.. Acute Reaction To Stress/Panic Attacks E28.. Acute Reaction To Stress/Panic Attacks 1B17. Depressed
1B17. Depressed E28.. Depressive disorder NEC
1B17. Depressed E2B.. Depressive disorder NEC 1B17. Depressed
1B17. Depressed E2B.. Depressive disorder NEC E.... Mental disorders
1B17. Depressed E2B.. Depressive disorder NEC E2B.. Depressive disorder NEC
1B17. Depressed Ez... Mental Disorders NOS
1B17. Depressed Ez... Mental Disorders NOS
1B18. Suicidal 1B17. Depressed
1B17. Depressed K190. Urinary tract infection
1B17. Depressed
1B17. Depressed K596. Metorrhagia
1B17. Depressed M18z. Pruritus NOS
1B17. Depressed N145. Backache, unspecified
1B17. Depressed Nz... Musculoskeletal diseases NOS
1B17. Depressed R004. [D]Dizziness and giddiness
1B17. Depressed R0050 [D]Sleep disturbance, unspecified
1B17. Depressed R0050 [D]Sleep disturbance, unspecified 1B17. Depressed
1B17. Depressed R0070 [D]Malaise
1B17. Depressed R00zd [D]Restlessness and agitation
1B17. Depressed R00zd [D]Restlessness and agitation shock+stress
1B17. Depressed R021z [D] Rash/nonspec. skin erupt
1B17. Depressed TK0.. Suicide + selfinflicted poisoning
1B17. Depressed U2z.. Intentional Self Harm by unspecified means E.... Mental disorders
1B17. Depressed ZV57C [V]Palliative care
1B19. Suicidal
1B19. Suicidal 1B13. Anxiousness
1B19. Suicidal 1B17. Depressed
1B19. Suicidal 1B17. Depressed A07y0 Viral gastroenteritis A07y0 Viral gastroenteritis
1B17. Depressed 1B19. Suicidal
1B19. Suicidal 1B19. Suicidal
1B19. Suicidal 1B19. Suicidal E.... Mental disorders
1B19. Suicidal 9N4C. Failed encounter - no answer when rang back
1B19. Suicidal E.... Mental disorders
1B19. Suicidal E.... Mental disorders E.... Mental disorders
1B19. Suicidal E.... Mental disorders E21.. Personality disorders
1B19. Suicidal E200. Anxiety States
1819. Suicidal E200. Anxiety States 1819. Suicidal
1819. Suicidal E21.. Personality disorders 1819. Suicidal E23.. Alcohol dependence syndrome
1819. Suicidal E23.. Alcohol dependence syndrome E.... Mental disorders 1819. Suicidal E28.. Depressive disorder NEC
1819. Suicidal E2.. Mental Disorders NOS 1819. Suicidal K190. Urinary tract infection 1819. Suicidal R00zD [D]Restlessness and agitation
1819. Suicidal R0700 [D]Nausea R0700 [D]Nausea 1819. Suicidal TK0.. Suicide + selfinflicted poisoning
1819. Suicidal U2z.. Intentional Self Harm by unspecified means 1819. Suicidal U2z.. Intentional Self Harm by unspecified means 1819. Suicidal
1819. Suicidal U2z.. Intentional Self Harm by unspecified means E2B.. Depressive disorder NEC 1819. Suicidal ZV6.. [V]Other reasons for encounter
38C1. Mental health assessment 1819. Suicidal E.... Mental disorders 38C1. Mental health assessment 1819. Suicidal E.... Mental disorders
38C1. Mental health assessment E.... Mental disorders 38C1. Mental health assessment E.... Mental disorders
38C1. Mental health assessment E.... Mental disorders R090. [D]Abdominal pain 38C1. Mental health assessment E000. Senile dementia 419.. Lab. test result abnormal
38C1. Mental health assessment Eu2z. [X]Unspec nonorganic psychosis 38C1. Mental health assessment Eu2z. [X]Unspec nonorganic psychosis E.... Mental disorders
38C1. Mental health assessment R0050 [D]Sleep disturbance, unspecif 38C1. Mental health assessment R00zW [D]State emotion shock+stress H05z. Upper respiratory infect.NOS
38C1. Mental health assessment ZV6.. [V]Other reasons for encounter E.... Mental disorders E.... Mental disorders 1813. Anxiousness E.... Mental disorders 1819. Suicidal E.... Mental disorders
E.... Mental disorders 1819. Suicidal E.... Mental disorders E.... Mental disorders 1819. Suicidal
E.... Mental disorders 1819. Suicidal ZV6.. [V]Other reasons for encounter E.... Mental disorders 18E.. Life crisis E.... Mental disorders 677B. Advice about treatment given
E.... Mental disorders 677B. Advice about treatment given K1.. Other urinary system diseases E.... Mental disorders 8B3H. Medication requested
E.... Mental disorders 8B3H. Medication requested 8B3H. Medication requested E.... Mental disorders E.... Mental disorders 8B3H. Medication requested E.... Mental disorders E.... Mental disorders 8B3H. Medication requested E1.. Schizophrenia,
Affect.Psychoses, Non-Organic 8B3H. Medication requested E.... Mental disorders
E.... Mental disorders 8B3S. Medication review 8B3S. Medication review
E.... Mental disorders 8B41. Repeated prescription
E.... Mental disorders 9N4C. Failed encounter - no answer when rang back
E.... Mental disorders 9N4G. Failed Encounter - phone number unobtainable
E.... Mental disorders 9Ni.. Did not attend
E.... Mental disorders AD30. Scabies AD30.
Scabies
E.... Mental disorders C.... Endocrine and metabolic
E.... Mental disorders E.... Mental disorders
E.... Mental disorders E01.. Alcoholic psychoses
E.... Mental disorders E02.. Drug psychoses
E.... Mental disorders
E.... Mental disorders E200. Anxiety States E200. Anxiety States
8B3H. Medication requested
E.... Mental disorders E21.. Personality disorders
E.... Mental disorders E21.. Personality disorders E030z Acute confusional state NOS
E.... Mental disorders E23.. Alcohol dependence syndrome E23.. Alcohol dependence syndrome 1B19. Suicidal
E.... Mental disorders E24.. Drug dependence
E.... Mental disorders E2B.. Depressive disorder NEC
E.... Mental disorders J520. Constipation
E.... Mental disorders K190. Urinary tract infection
E.... Mental disorders K190. Urinary tract infection E.... Mental disorders
E.... Mental disorders R090. [D]Abdominal pain
E.... Mental disorders U2z.. Intentional Self Harm by unspecified means
E.... Mental disorders ZV6.. [V]Other reasons for encounter
E00.. Senile/presenile organic psych
E00.. Senile/presenile organic psych 16D.. Falls
E00.. Senile/presenile organic psych E00.. Senile/presenile organic psych E00.. Senile/presenile organic psych R009. [D] Confusion R007z (D) Malaise and Fatigue NOS E000. Senile dementia
E000. Senile dementia 173.. Breathlessness
E000. Senile dementia 1738. Difficulty breathing
E000. Senile dementia 19C2. Constipated
E000. Senile dementia 1B13. Anxiouslyness
E000. Senile dementia 2225. O/E - dehydrated
E000. Senile dementia 2225. O/E – dehydrated R0000 [D]Drowsiness
E000. Senile dementia 222G. Only use if diagnosis not made
E000. Senile dementia 2232. O/E - mentally confused R009. [D] Confusion
E000. Senile dementia AB21. Candidal vulvovaginitis
E000. Senile dementia C.... Endocrine and metabolic K1905 Urinary Tract Infection
E000. Senile dementia C10.. Diabetes mellitus
E000. Senile dementia E.... Mental disorders
E000. Senile dementia E.... Mental disorders
E000. Senile dementia
E000. Senile dementia E.... Mental disorders N145. Backache, unspecified E000. Senile dementia
E000. Senile dementia E00.. Senile/presenile organic psych
E000. Senile dementia e000. Senile dementia
E000. Senile dementia F12.. Parkinson’s Disease
E000. Senile dementia E030z Acute confusional state NOS
E000. Senile dementia E030z Acute confusional state NOS R00zD [D]Restlessness and agitation E000. Senile dementia
E000. Senile dementia E200. Anxiety States E000. Senile dementia E28.. Acute Reaction To Stress/Panic Attacks E000. Senile dementia
E000. Senile dementia Eu2z. [X]Unspec nonorganic psychosis R00zD [D]Restlessness and agitation
E000. Senile dementia F11.. Other cerebral degenerations
E000. Senile dementia Hz.. Respiratory System Diseases NOS E000. Senile dementia J520. Constipation
E000. Senile dementia K1... Other urinary system diseases
E000. Senile dementia K15.. Cystitis
E000. Senile dementia K15.. Cystitis K190.
Urinary tract infection
E000. Senile dementia K190. Urinary tract infection
E000. Senile dementia K190. Urinary tract infection R007z (D) Malaise and Fatigue NOS
E000. Senile dementia N145. Backache, unspecified
E000. Senile dementia N245. Pain in limb
E000. Senile dementia R0000 [D]Drowsiness
E000. Senile dementia R0062 [D]Fever NOS
SNS52. Drug hypersensitivity NOS R009. [D] Confusion
E000. Senile dementia R0070 [D]Malaise
E000. Senile dementia R007z (D) Malaise and Fatigue NOS
E000. Senile dementia R007z (D) Malaise and Fatigue NOS R009. [D] Confusion
E000. Senile dementia R009. [D] Confusion
E000. Senile dementia R009. [D] Confusion Rz... Symptoms Signs and ill-defined conditions NOS
E000. Senile dementia R00zD [D]Restlessness and agitation
E000. Senile dementia R00zD [D]Restlessness and agitation E00.. Senile/presenile organic psych
E000. Senile dementia R00zD [D]Restlessness and agitation E000. Senile dementia
E000. Senile dementia TC... Accidental falls
E000. Senile dementia TLx.. Assault by other means
E000. Senile dementia ZV6.. [V]Other reasons for encounter
E001. Presenile dementia
E030z Acute confusional state NOS R0000 [D]Drowsiness Kz... Geniturinary Disease NOS
E030z Acute confusional state NOS R0070 [D]Malaise R0062 [D]Fever NOS
E030z Acute confusional state NOS R009. [D] Confusion
E030z Acute confusional state NOS R051. [D] Palpitations R051. [D] Palpitations
E1... Schizophrenia, Affect.Psychoses, Non-Organic
E1... Schizophrenia, Affect.Psychoses, Non-Organic 8B3H. Medication requested
E1... Schizophrenia, Affect.Psychoses, Non-Organic E1... Schizophrenia, Affect.Psychoses, Non-Organic
E1... Schizophrenia, Affect.Psychoses, Non-Organic E1... Schizophrenia, Affect.Psychoses, Non-Organic 8B3H. Medication requested
E1... Schizophrenia, Affect.Psychoses, Non-Organic E1... Schizophrenia, Affect.Psychoses, Non-Organic
E200. Anxiety States
E200. Anxiety States 173.. Breathlessness
E200. Anxiety States 1738. Difficulty breathing
E200. Anxiety States 1738. Difficulty breathing R062. [D] Cough
E200. Anxiety States 1739. Shortness of breath 1B17. Depressed
Diarrhoea
E200. Anxiety States 1B13. Anxiousness
E200. Anxiety States 1B17. Depressed
E200. Anxiety States 1B17. Depressed 1738. Difficulty breathing
E200. Anxiety States 1B17. Depressed 1B17. Depressed
E200. Anxiety States 1B17. Depressed 1B19. Suicidal
E200. Anxiety States 1B17. Depressed E200. Anxiety States
E200. Anxiety States 1B17. Depressed E200. Anxiety States
E200. Anxiety States 1B19. Suicidal
E200. Anxiety States 1B1G. Headache
E200. Anxiety States 1B1G. Headache 1B1G.
Headache
E200. Anxiety States 1C3.. Earache symptoms
E200. Anxiety State 1C92. Has a sore throat 1B1G. Headache R062. [D]Cough
E200. Anxiety States 1M... Pain E200. Anxiety States 1M... Pain
E200. Anxiety States 1Z0.. Terminal illness
E200. Anxiety States 38C1. Mental health assessment
E200. Anxiety States 677B. Advice about treatment given
E200. Anxiety States 677B. Advice about treatment given Eu46z [X]Neurotic disorder, unspecify E.... Mental disorders
E200. Anxiety States 8B3H. Medication requested
E200. Anxiety States 8B3H. Medication requested 8B3H. Medication requested
E200. Anxiety States 8B3H. Medication requested E200. Anxiety States
E200. Anxiety States 8B3S. Medication review 8B3H. Medication requested 8B3H.
E200. Anxiety States Eu46z [X]Neurotic disorder, unspecified
E200. Anxiety States Ez... Mental Disorders NOS
E200. Anxiety States Ez... Mental Disorders NOS 1B17. Depressed E... Mental disorders
E200. Anxiety States Ez... Mental Disorders NOS E200. Anxiety States 1B17. Depressed
E200. Anxiety States Ez... Mental Disorders NOS Ez... Mental Disorders NOS 1B17. Depressed
E200. Anxiety States F12.. Parkinson's Disease
E200. Anxiety States F26.. Migraine 1BA2. Generalised headache
E200. Anxiety States F3... Peripheral nervous system dis.
E200. Anxiety States F5611 Benign paroxysm. posit. vertigo
E200. Anxiety States F583. Tinnitus
E200. Anxiety States G2z.. Hypertensive disease NOS
E200. Anxiety States G66.. Stroke/CVA unspecified E200. Anxiety States
E200. Anxiety States G84.. Haemorrhoids
E200. Anxiety States H01.. Acute sinusitis
E200. Anxiety States H05z. Upper respiratory infect. NOS
E200. Anxiety States H05z. Upper respiratory infect. NOS H05z. Upper respiratory infect. NOS
E200. Anxiety States H06z1 Lower resp tract infection
E200. Anxiety States H06z1 Lower resp tract infection H06z1 Lower resp tract infection
E200. Anxiety States H120. Chronic rhinitis
E200. Anxiety States H27z. Flu-like illness H27z. Flu-like illness
E200. Anxiety States H3z.. Chronic obstr. airway dis. NOS H05z. Upper respiratory infect. NOS
E200. Anxiety States H3z.. Chronic obstr. airway dis. NOS H3z.. Chronic obstr. airway dis. NOS
E200. Anxiety States J16y4 Dyspepsia
E200. Anxiety States J16y4 Dyspepsia E200. Anxiety States
E200. Anxiety States J16y4 Dyspepsia H06z1 Lower resp tract infection 173..
E200. Anxiety States J16y4 Dyspepsia H06z1 Lower resp tract infection 173. Breathlessness R0062 [D] Fever NOS 1C92. Has a sore throat
E200. Anxiety States Jz... Digestive System Diseases NOS R0601 Hyperventilation
E200. Anxiety States K15.. Cystitis
E200. Anxiety States K190. Urinary tract infection
E200. Anxiety States L1... Pregnancy complications L1... Pregnancy complications
E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States M0... Skin/subcutaneous infections
E200. Anxiety States N145. Backache, unspecified
E200. Anxiety States R004. [D] Dizziness and giddiness
E200. Anxiety States R004. [D] Dizziness and giddiness 1B1G. Headache 173..
Breathlessness R0700 [D] Nausea
E200. Anxiety States R0050 [D] Sleep disturbance, unspecified
E200. Anxiety States R0050 [D] Sleep disturbance, unspecified E200. Anxiety States
E200. Anxiety States R0062 [D] Fever NOS ZV6.. [V] Other reasons for encounter
E200. Anxiety States R0070 [D] Malaise
E200. Anxiety States R007z (D) Malaise and Fatigue NOS
E200. Anxiety States R009. [D] Confusion
E200. Anxiety States R00zd [D] Restlessness and agitation
E200. Anxiety States R00zd [D] Restlessness and agitation F4... Disorders of eye and adnexa
E200. Anxiety States R023. [D] Oedema
E200. Anxiety States R047. [D] Epistaxis
E200. Anxiety States R051. [D] Palpitations
E200. Anxiety States R1812. Palpitations
E200. Anxiety States R062. [D] Cough
E200. Anxiety States R065. [D] Chest pain
E200. Anxiety States R090. [D] Abdominal pain
E200. Anxiety States S5z.. Sprains and strains NOS
E200. Anxiety States ZV57C [V] Palliative care
E200. Anxiety States ZV6.. [V] Other reasons for encounter
E21.. Personality disorders
E21.. Personality disorders E.... Mental disorders
E21.. Personality disorders E.... Mental disorders E2B.. Depressive disorder NEC
E21.. Personality disorders E.... Mental disorder SG... Foreign body (FB) in orifice
E21.. Personality disorders E200. Anxiety States E200. Anxiety States
E21.. Personality disorders E2B.. Depressive disorder NEC E.... Mental disorders
E21.. Personality disorders H06.. Acute bronchitis/bronchiolitis E21.. Personality disorders
E21.. Personality disorders R00z2 [D] Pain, generalized E.... Mental disorders
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 173.. Breathlessness 173.. Breathlessness
E28.. Acute Reaction To Stress/Panic Attacks 1738. Difficulty breathing 1738. Difficulty breathing E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks 1B17. Depressed R00zW [D] State emotion shock+stress
E28.. Acute Reaction To Stress/Panic Attacks SN52. Drug hypersensitivity NOS
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 19F2. Diarrhoea E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness 1B17. Depressed R00zW [D] State emotion shock+stress
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness SN52. Drug hypersensitivity NOS
E28.. Acute Reaction To Stress/Panic Attacks 1B17.
E28.. Acute Reaction To Stress/Panic Attacks 1B17. Depressed 1B19. Suicidal
E28.. Acute Reaction To Stress/Panic Attacks 120.. Terminal illness
E28.. Acute Reaction To Stress/Panic Attacks A79z. Viral infection NOS
E28.. Acute Reaction To Stress/Panic Attacks C108. Insulin depnd diabetes melitus
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks H06z1 Lower resp tract infection
E28.. Acute Reaction To Stress/Panic Attacks H06z1 Lower resp tract infection E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks H3122 Acute exacerbation of chronic obstructive airways disease
E28.. Acute Reaction To Stress/Panic Attacks H3122 Acute exacerbation of chronic obstructive airways disease
E28.. Acute Reaction To Stress/Panic Attacks H33z. Asthma unspecified H33z. Asthma unspecified
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks H3z.. Chronic obstr.airway dis.NOS
E28.. Acute Reaction To Stress/Panic Attacks Jz... Digestive System Diseases NOS
E28.. Acute Reaction To Stress/Panic Attacks K15.. Cystitis 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks N145. Backache, unspecified
E28.. Acute Reaction To Stress/Panic Attacks R0050 [D] Sleep disturbance, unspecified
E28.. Acute Reaction To Stress/Panic Attacks
R007z (D) Malaise and Fatigue NOS
E28.. Acute Reaction To Stress/Panic Attacks
R007z (D) Malaise and Fatigue NOS R007z (D)
Malaise and Fatigue NOS
E28.. Acute Reaction To Stress/Panic Attacks
R00zD [D]Restlessness and agitation
E28.. Acute Reaction To Stress/Panic Attacks
R062. [D]Cough
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks
R0701 [D]Vomiting
E28.. Acute Reaction To Stress/Panic Attacks
S5yz1 Muscle injury / strain
E28.. Acute Reaction To Stress/Panic Attacks
ZV57C
E28.. Acute Reaction To Stress/Panic Attacks
ZV57C [V]Palliative care
E28.. Acute Reaction To Stress/Panic Attacks
ZV6.. [V]Other reasons for encounter
E2B.. Depressive disorder NEC
E2B.. Depressive disorder NEC 1B13. Anxiousness
E2B.. Depressive disorder NEC 1B17. Depressed
E2B.. Depressive disorder NEC 1B19. Suicidal
E2B.. Depressive disorder NEC 677B. Advice about treatment given
E2B.. Depressive disorder NEC 8B3S. Medication review
E2B.. Depressive disorder NEC 9N4C. Failed encounter - no answer when rang back
E2B.. Depressive disorder NEC E.... Mental disorders
E2B.. Depressive disorder NEC E.... Mental disorders E.... Mental disorders E200. Anxiety States
E2B.. Depressive disorder NEC E200. Anxiety States
E2B.. Depressive disorder NEC E23.. Alcohol dependence syndrome
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Eu46z [X] Neurotic disorder, unspecif Rz... Symptoms Signs and ill defined conditions NOS
Eu46z [X] Neurotic disorder, unspecif ZV6z [V] Other reasons for encounter
Ez... Mental Disorders NOS
Ez... Mental Disorders NOS 1B17. Depressed
Ez... Mental Disorders NOS E23z Alcohol dependence syndrome E23z Alcohol dependence syndrome Ez... Mental Disorders NOS
Ez... Mental Disorders NOS E24z Drug dependence
Ez... Mental Disorders NOS E2Bz Depressive disorder NEC
Ez... Mental Disorders NOS Ez... Mental Disorders
Ez... Mental Disorders NOS Ez... Mental Disorders
Ez... Mental Disorders NOS R062. [D] Cough
Ez... Mental Disorders NOS U2z.. Intentional Self Harm by unspecified means 1B17z Depressed
SL... Poisoning U2z.. Intentional Self Harm by unspecified means
TK0.. Suicide + selfinflicted poisoning
TK0.. Suicide + selfinflicted poisoning E23z Alcohol dependence syndrome
TK0.. Suicide + selfinflicted poisoning
TK0.. Suicide + selfinflicted poisoning
U2z.. Intentional Self Harm by unspecified means
U2z.. Intentional Self Harm by unspecified means 1B19z Suicidal
U2z.. Intentional Self Harm by unspecified means 1B17z Suicidal
U2z.. Intentional Self Harm by unspecified means 1JK.. Suspected transient ischaemic attack
U2z.. Intentional Self Harm by unspecified means E.... Mental disorders
U2z.. Intentional Self Harm by unspecified means E200. Anxiety States
U2z.. Intentional Self Harm by unspecified means H06z1 Lower resp tract infection
U2z.. Intentional Self Harm by unspecified means J15z Gastritis or Duodenitis
U2z.. Intentional Self Harm by unspecified means SL... Poisoning
U2z.. Intentional Self Harm by unspecified means TK0z Suicide + selfinflicted poisoning
U2z.. Intentional Self Harm by unspecified means U2zz Intentional Self Harm by unspecified means
ZV4z All social problems including homelessness
ZV4F All social problems including homelessness ZV6z [V] Other reasons for encounter