Mental Health Response Vehicles in Wales: A Pilot Initiative

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Aims: Emergency NHS services are under considerable pressures from patient demand and ineffectual care and social pathways. This is especially felt within the mental health services where demand has grown from long periods of austerity and the Covid pandemic. To reduce demand on both ambulances and emergency departments Welsh ambulance implemented the roll out of mental health practitioners within its 999 call centres which has been very successful, however, the successful closure/treatment rate is less than half the callers. Over half of all mental health 999 callers require face to face intervention therefore ambulances within Wales need to implement mental health response vehicles in order to achieve this.
Methods: To test this further between January and March this year a pilot was conducted in Aneurin Bevan University Health Board over a 9-week period operating Friday to Sunday 1 pm to 12 am.
Results: The pilot achieved very positive outcomes in staff satisfaction and perceived patient satisfaction, along with 74% see, treat and close at scene rate, 7% conveyance to mental health facilities and 19% Emergency department conveyance rate.
Conclusion: The project has been a huge success and demonstrates how working in partnerships across organisations can achieve significant success through overcoming barriers as and when they arise. Mental health patients can face long waits and psychological hardships whilst they wait for treatments. MHRV can provide not only rapid responsive assessments but also provide a therapeutic intervention to those patients, thereby improving quality of care to mental health patients and releasing further ED and ambulance resource to the general public.

Finally, a national rollout of this way of working will require a significant investment, both financially and staffing; obtaining suitably qualified, experienced and skilled staff will represent a significant burden upon Welsh health boards or English Trusts. English ambulance trusts have already faced issues with recruiting staff into their services, which may be the same in WAST or if successful will mean that health boards will lose staff from within their organisations placing an additional burden upon their services (in 2023 the National Commissioning and Collaborative Unit reported that there were circa 500 mental health nurse vacancies across Wales).

The authors propose that a partnership approach is required with the Welsh NHS executive, HEIW, Welsh universities and health boards to explore training options and create a national mental health education package for Wales. WAST will be able to train and equip its existing staff with mental health knowledge and skills to treat patients utilising the ambulance service.

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Developing iSWITCHED (Implementing SWITCHing EDucational Intervention): A Co-Designed Intervention to Support Safer Antipsychotic Switching in Severe Mental Illness

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Aims: Individuals with severe mental illness (SMI) face two–three times higher-risk of early death; over 60% are deaths linked to preventable physical health issues. Commonly prescribed antipsychotics (APs) like olanzapine, quetiapine, and risperidone effectively manage mental health (MH) symptoms but carry serious cardiometabolic risks. Although lower-risk APs have been available for nearly a decade, most patients remain on higher-risk APs as switching to improve cardio-metabolic side-effects is rarely implemented due to clinician uncertainty and relapse concerns. We aimed to co-design an educational intervention to support clinicians in evidence-based AP switching, incorporating input from clinicians, patients and caregivers.
Methods: Our intervention was co-designed iteratively, guided by Medical Research Council (MRC) framework for complex interventions. Work Package (WP) 1 formed exploratory basis for intervention development and included (i) two theory of change (ToC) workshops with clinicians (n=28) to identify barriers and opportunities for supporting people with SMI in switching APs; (ii) evidence review and synthesis of 32 clinical practice guidelines on switching APs; (iii) qualitative interviews with patients and caregivers (n=18) to explore perspectives on switching APs. Findings from WP1 were used to develop and refine intervention in WP2 iteratively through (i) two consensus-building workshops (CBWs) with clinicians and lay members (n=26); (ii) early user-feedback will be generated through ongoing think-aloud interviews and role-play activities.
Results: Insights from ToC workshops (28 MH clinicians), qualitative interviews (13 patients and five caregivers), and CBWs (22 MH clinicians and four lay members) highlighted importance of clear communication, collaborative clinician-patient relationships, clinician training, shared decision-making, and patient support while also addressing system-level barriers like poor integration and time constraints. The co-design approach established iSWITCHED, a five-component intervention to support clinicians in switching patients from higher-risk APs to lower-risk alternatives while promoting SDM between patients, carers, and clinicians. Intervention components include (i) a decision-aid that can be embedded in MH record systems to support clinicians in safely managing AP switches; (ii) peer-reviewed evidence-based guidelines for clinicians on AP switching; (iii) SDM guidelines to engage patients and carers; (iv) clinician training to enhance understanding and application of guidance and tool; (v) patient and clinician leaflets to support