MTW
Exceptional people, outstanding care

NHS
Maidstone and Tunbridge Wells
NHS Trust

Mental Health Strategy
2025-2030

Contents

"In A&E they showed compassion and worry for our young person's needs"

Parent

"I'm in desperate need of support as my health is deteriorating"

Outpatient with a mental health condition

Foreword

> Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community. It has intrinsic and instrumental value and is a basic human right. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

World Health Organisation (WHO) definition

Mental health conditions pose a significant contemporary health issue, with substantial implications individually and for broader society. It currently represents 23% of ill health in the UK and is the largest single cause of disability.

The NHS aspires to improve mental healthcare provision across England, working with local communities, voluntary sector organisations and key service partners. Maidstone and Tunbridge Wells NHS Trust is supporting this agenda through this Mental Health Strategy and its implementation plans for the next five years.

Challenging the stigma around mental health is crucial for fostering the right environment for mental health care. There is an increasing acceptance of mental health discussions, but people still face challenges in getting the right help in the right place and at the right time.

We are truly grateful to all those individuals and groups who have contributed to this document. We are wholly committed to making this strategy a reality in the coming years.

Amy Daniels Head of Mental Health

Jo Haworth Chief Nurse

Executive summary

Mental health continues to demand urgent attention across the country. Many people still struggle to get the support they need. Growing pressures and gaps in care means demand regularly outweighs what is available. Improvements across crisis support, community services, and tailored provision for specific groups – including young people and pregnant individuals – are needed.

Maidstone and Tunbridge Wells NHS Trust is committed to a collaborative approach with system partners to drive forward improvements in care delivery for those with mental health needs.

Despite progress, population need remains high. One in four adults experiences a mental health issue, but only half receive support. Suicide remains a major concern, with 17 deaths per day in the UK.

Maternal mental health is especially impacted by inequality, with higher suicide rates in deprived areas and LGBTQIA communities. Locally, Kent and Medway face a number of challenges. Hospital admissions for self-harm for 10–24 year-olds remain high. Veterans are more likely to seek treatment for alcohol use than other substances. Between 2020 and 2023, 67% of local suicide deaths involved people not known to secondary mental health services, underlining the need for better early intervention.

This Mental Health Strategy 2025-2030 recognises and responds to these challenges. As an acute care provider we are setting out five priority areas of focus into 2030 to ensure we are improving outcomes, reducing inequalities, and embedding mental health as a core part of our care to patients with mental health needs.

National picture

Mental health is a national priority, with NHS England highlighting the importance of strengthening crisis and acute pathways, improving access to community-based support, and supporting at-risk populations. The need for action is pressing and despite progress in expanding services, the scale of unmet need remains high.

The Centre for Mental Health reports that 23% of adults now experience a common mental health difficulty, yet only half receive the help and support they require.

Services continue to face sustained demand, and many people still struggle to access care in a timely or convenient way. This gap carries serious consequences. Every day, 17 people die by suicide in the UK, including five who were in contact with mental health services at the time of their death. Those at greatest risk nationally include young persons, people who have self-harmed and new parents. Furthermore, suicide rates are closely linked to inequality, with higher rates for people in the most deprived areas or from the LGBTQIA community.

Statutory mental health services alone cannot meet this level of demand. In 2020, the Care Quality Commission reviewed the assessment of mental health care in acute trusts and found that patients with mental health needs are not always treated with the same importance as those with physical health needs. The CQC recommended acute trust-level changes, including stronger governance of mental health care and investment in upskilling the workforce to ensure staff have the skills and confidence to meet people's mental health needs.

This strategy responds to these challenges. It sets out how we will work collectively across systems and providers to address national priorities, reduce inequalities, and ensure mental health is given equal weight to physical health in every part of care.

Parity of esteem

is the principle by which mental health must be given equal priority to physical health. It was protected by law in the Health and Social Care Act 2012.

The importance of ‘parity of esteem’

We are committed to ensuring patients’ mental health needs are supported alongside their physical health needs. Parity of esteem is central to this approach; when holistic, person-centred care is provided, patients experience better outcomes and higher-quality care.

In preparing for this strategy, our engagement with patients, carers, staff and partners has highlighted areas where improvements are needed:

- Physical health needs are not always addressed alongside mental health needs.
- There is a lack of consistent information about waiting times or onward care.
- Staff do not always have the right skills to understand mental health needs or deliver care to those in crisis.
- Environments are not always optimal for delivering high-quality mental health care.

Physical health needs are not always addressed alongside mental health needs

In response, and in line with the three shifts within Fit for the Future: 10-Year Health Plan for England, we are committed to:

1. **Working with partners** to reduce the length of time people spend in hospital, ensuring timely, safe discharge and access to specialist care as needed.
2. **Ensuring the right digital tools** and resources are in place to target improvements, learning, and resources at the right time and in the right areas.
3. **Reviewing outpatient pathways** and links to primary care providers to enable preventative support and signposting, reducing the likelihood of people reaching crisis.
4. **Ensuring staff have the necessary skills** and resources.

Local picture

The picture in Kent and Medway reflects these national challenges, with local data highlighting both areas of progress and persistent concerns.

Hospital admissions for self-harm among 10–24-year-olds have shown a slight reduction (479 per 100,000), but rates remain higher than in other health and care partnerships in Kent (Kent JSNA, 2025).

The prevalence of mental health conditions locally is broadly in line with national rates. However, among veterans, distinct patterns are evident: in Kent, veterans are more likely to seek treatment for alcohol use than for opiates or non-opiates compared to non-veterans. Between 2020 and 2023, there were seven recorded suicides among serving personnel and veterans (Kent JSNA, 2025).

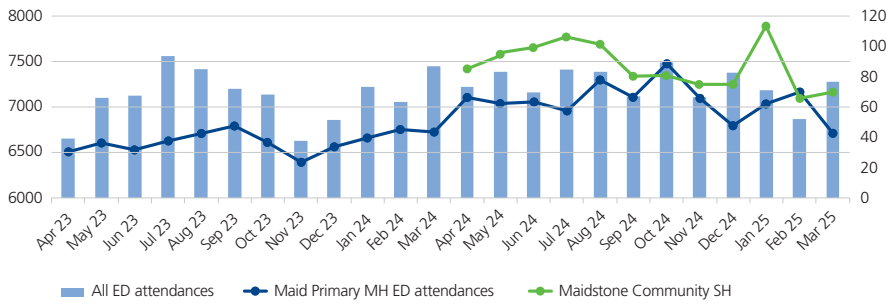
Suicide remains a significant local public health concern. Between 2020 and 2023, 67% of people who died by suicide in Kent and Medway were not known to secondary mental health services, though many had been in contact with primary care. This highlights the importance of early identification and intervention in frontline and community settings (Kent JSNA, 2025).

Young people are particularly at risk. The Kent Public Health Observatory identified suicide as a leading cause of death for 10–35-year-olds, causing a disproportionate number of ´years of life lost´. The Kent and Medway Multi-Agency Suicide Prevention Strategy (2020–25) recognised this as a major public health issue and prioritised collaborative action to reduce risks.

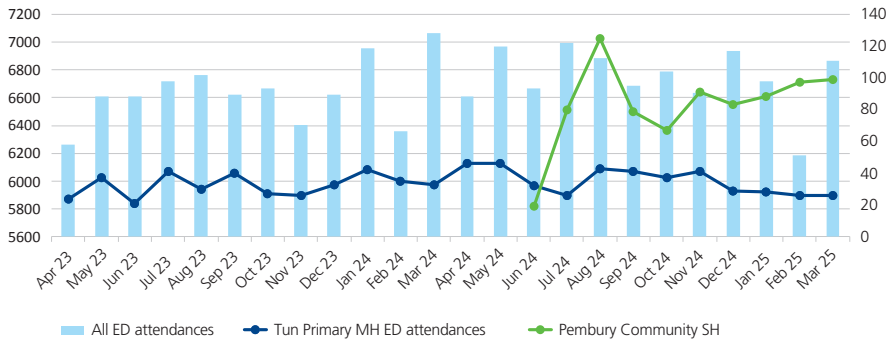
Emergency Department (ED) mental health attendances and Safe Haven presentations

18 years and older

Maidstone Hospital and Maidstone Community Safe Haven presentations



Tunbridge Wells Hospital and Pembury Community Safe Haven presentations



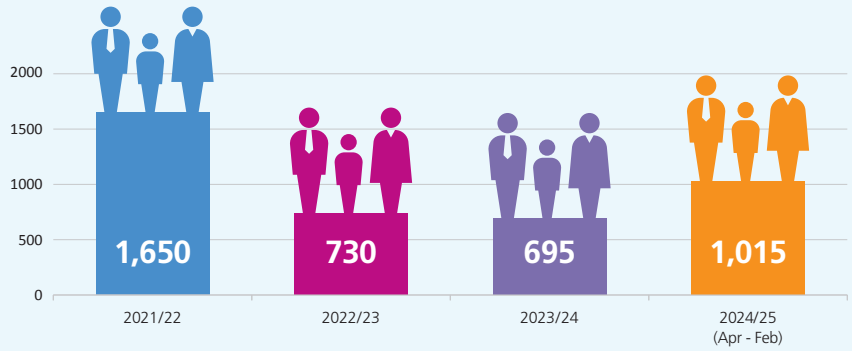
Data source: Lightfoot
Secondary Uses Service (SUS) dataset | Emergency Care dataset (ECDS) | Accident & Emergency dataset
Mental Health Matters (safe Haven)

There has been a steady rise in primary mental health ED attendances at Maidstone Hospital since April 2023.

Primary mental health ED attendances at Tunbridge Wells Hospital have remained consistent, reducing slightly from October 2024 with increased footfall to the Pembury Community Safe Haven.

Across the system, work continues on flow to crisis alternatives to reduce the need for people to present to ED. We are committed to working collaboratively with system partners.

Total mental health attendances – Maidstone and Tunbridge Wells NHS Trust



Data source: ECDS

Maidstone and Tunbridge Wells NHS Trust saw a reduction in total mental health attendance for people aged 18 and over until 24/25, where there has been an increase to over 1000 between April and February.

All referrals via the crisis/A&E pathway for children and young people (CYP)

Presenting 2+ times in a 90-day period therefore considered a high-intensity user, aged up to and including 17 years

Kent and Medway High-Intensity User Service Review

during 90-day period (05/9/2024- 03/12/2024)

Kent – of 61 young people:

2.6
average referrals recorded

72%
had safeguarding concerns

85%
were known to social services

23%
looked after / cared for child

21%
lived in residential placement

18%
had gender identity concerns

ASD
25%
had a known diagnosis of Autistic Spectrum Disorder (ASD), with a further 30% awaiting assessment

ADHD
26%
had a known diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), with a further 25% awaiting assessment

Data source:
CAMHS High Intensity User (HIU) Review

Age	No. seen by age	% seen by age
9yr	0	0%
10yr	0	0%
11yr	0	0%
12yr	4	7%
13yr	4	7%
14yr	9	15%
15yr	15	25%
16yr	15	25%
17yr	14	23%
18yr	0	0%
Total	**61**	**100%**

Kent admissions classified as a high-intensity user during a 90 day period

Our vision

It is our intention with this strategy to set out a 5-year plan to support patients of all ages experiencing mental health difficulties at any point in their care with us. This includes the individuals themselves, and their network of support.

- We will ensure the care we deliver to people experiencing mental health difficulties is in the **right place**, and at the **right time**.
- We will support people to get **better** or prevent things from getting **worse**.
- We will make sure our environments are **safe**.
- We will make sure our staff have the **right skills**.
- Lastly, we will make sure we work as part of the whole health and social care **system**.

"We are committed to providing outstanding, patient-centred care, meeting the needs of physical health alongside mental health.

It is crucial that our patients feel safe, listened to and have confidence in the knowledge and skills of our staff."

Our priorities for the next five years

We have identified **five key priorities** for our strategy, each with a specific commitment to support continuous improvements in care across all ages.

1

Safe emergency and inpatient care

Deliver timely, compassionate, and effective care in environments designed to protect the physical and psychological safety of individuals experiencing acute mental health crises.

2

Preventative outpatient care

Provide outpatient services and pathways designed to identify, support and manage mental health needs early – before they escalate into crises or require emergency or inpatient care.

3

Digital and innovation

Use digital tools and data-driven approaches to enhance the accessibility, effectiveness, efficiency and personalisation of mental health support.

4

Skilled people

The multi-professional workforce will possess the knowledge, practical competencies and confidence to deliver safe, compassionate and evidence-based care to individuals experiencing mental ill health.

5

Strong partnerships

Ensure effective, collaborative relationships between mental health services and MTW to ensure integrated, person-centred care for patients with mental health needs who access or are treated within our services.

Priority 1: Safe emergency and inpatient care

Our commitment: Deliver timely, compassionate, and effective care in environments designed to protect the physical and psychological safety of individuals experiencing acute mental health crises.

Objective 1
Provide a safe, therapeutic environment for all ages of patients and their carers.

Objective 3
Use experience feedback to improve services.

Objective 2
Ensure there are clear and structured processes for clinical escalation and staff support.

Objective 4
Embed tools that help identify and manage risk in a more holistic, person-centred, and collaborative approach.

What we are doing already:

- We have a designated Head of Mental Health and have established a Mental Health Committee with responsibility for the delivery of quality mental health care.
- There is a new hub for staff to access resources when caring for patients with mental health conditions, and tools in place such as the MRT or new escalation procedures to support decisions in care.
- A dedicated Enhanced Therapeutic Observations and Care team (ETOC) has been introduced to help care for our most at-risk patients, and a complex case panel has been set up to coordinate complicated discharge plans.
- We have operating models in place for all ages and are working with national improvement initiatives such as the NHS Confederation programme including social care partners, the police, SECAmb and charitable organisations.
- We monitor experience of care scores, noting strong performance in mental health care. We are engaged with and integrating Kent and Medway system initiatives such as the new 'Sit & Wait' service.

In 2024 the following was observed in the population of west Kent.

479
Patients aged 10-24 years admitted to hospital due to self harm (per 100,000)*

*worse than the national picture

11
Suicide rate (per 100,000) **

**similar to the national picture

	The improvements we want to make:	What this will look like:	By when
Year 1	Review of out of hours support and decisions to admit for patients in mental health crisis.	24/7 operational support for mental health patients.	2026
	Effective transfer of care for children within MTW moving into adult services at 16 years old.	Anticipatory care planning with partner organisations, and in support of the all-age mental health approach within the system.	2026
	Establish a system for monitoring the safety of patients in our care through minimising the use of restrictive practice and reducing the number of adverse events.	Specific objectives agreed and added to the digital dashboard for tracking and learning outcomes shared, identifying specific trends in relation to health inequalities.	2026
	An all-age Complex Case Panel to support the care planning and management of those with complex needs.	An agreed process for patients of any age requiring complex care planning and management.	2026
	Consistent application of the internal transfer policy to ensure at-risk patients are not left unattended when moving around the site.	Effective communication between ward and other internal locations (e.g. radiology) in monitoring at-risk patients when off the ward.	2026
Year 2-3	Having the capacity to identify needs and appoint specialist support staff for at-risk patients on admission, adopting a therapeutic approach to minimise the use of security services.	Effective use of a suitably skilled ETOC team and reducing use of security staff to reactively manage challenging behaviours.	2027/28
	Ready access to and capacity to share medical history with partner organisations at handover and transfer points.	Information readily available across data platforms at handover or transfer, with multidisciplinary colleagues able to enter own contacts.	2027/28
	Improving feedback processes and reviewing operational and legal processes to ensure patients are safe.	Specific experience of care feedback at directorate level and up to date operating policies and procedures.	2027/28
	Correct identification processes on admission, with suitable carryover of prescribed medications, but also an awareness of diagnostic overshadowing.	Early identification and reference to known mental health conditions on admission.	2027/28
	Communicating timescales and processes while patients wait in our Emergency Departments, encouraging kindness and understanding of others.	Visible signage of triaging processes and cultural kindness messaging.	2027/28
Year 4-5	Evaluating our waiting room provision to create safe spaces for patients awaiting care.	A list of safe spaces across all sites and creating additional spaces where none exist.	2029/30
	Compliance with emerging national objectives.	Recognition of and work towards all emerging national objectives.	2029/30

Priority 2: Preventative outpatient care

Our commitment: Provide outpatient services and pathways designed to identify, support, and manage mental health needs early – before they escalate into crises or require emergency or inpatient care.

Objective 1
Identify, develop and implement clear outpatient pathways for those requiring mental health care and support both in a crisis or when an early need is identified.

Objective 3
Understand the educational needs of outpatient staff, and formulate an ongoing plan to provide access to high-quality learning and development to influence the wider organisational culture.

Objective 5
Ensure links and maintain key relationships with external providers and campaigns to feed back into the trust.

Objective 2
Scope what is currently being collected in all outpatient settings regarding wellbeing and mental health information, and then aggregate and validate data to understand the bigger picture.

Objective 4
Ensure patients and carers are involved in work to improve services, reduce stigma and share learning.

What we are doing already:

- Successful implementation of insight experiences and adapted approaches for patients struggling to attend typical appointments (e.g. phlebotomy). Has been well received by patients, with suggestions for rolling out into other areas of the trust to overcome barriers to care.
- Recognising our role in the wider patient journey, acting as advocate for partner services and signposting accordingly.
- Dedicated psychological resource for mental health care such as those accessing Cancer or Maternity services and living with a long-term condition.

From Sickness to Prevention is a core focus of the new NHS "Fit for the Future" 10-year Health plan.

The intention is to move away from solely treating illness towards a model that prevents it, ensuring health services are intervening earlier and promoting healthy choices. By ensuring we have this as a priority area of focus, we are well-placed to support delivery of the 10-year plan.

	The improvements we want to make:	What this will look like:	By when
Year 1	Clarify the current approach being taken to ensure all patients and/or their carers are asked about their mental health, and identify where there are gaps in onward referral and/or signposting processes.	A standard operating procedure in place for recognising mental health need across all outpatient settings, leading to appropriate onward referral and/or signposting.	2026
	Ensuring there is a clear response to patients disclosing potential mental health concerns with onward referral to Talking Therapies among other options as appropriate.	Evidence of an active response to all patient disclosures.	2026
	Actively playing a role in the signposting to safe havens and in sharing information to primary care in avoiding ED.	Safe havens and alternative treatment options are well-communicated to patients or referrers in contact with our outpatient services.	2026
Year 2-3	Ensuring there are processes in place to flag the early warning signs of crisis for patients with long-term or complex conditions (e.g. cancer, cardiology, maternity).	Clear identification and escalation of patients flagging as in crisis when in our care.	2027/28
	Patients or their carers are offered the opportunity to discuss reasonable adjustments in support of their outpatient appointment(s), recognising there are inequalities in accessing care.	Patient or their carers feel they were asked about reasonable adjustments in support of their outpatient appointment.	2027/28
Year 4-5	Evaluating digital platforms to ensure consistency in the mechanism for encouraging disclosures, so that those booking through a digital portal are equally screened.	Consistency of screening mechanisms across all booking systems.	2029/30
	Ensuring our outpatient teams are aware of and are avoiding diagnostic overshadowing for patients with mental health conditions.	Staff will receive awareness training and embed this knowledge in clinical practice.	2029/30
	Conduct an audit of the care for patients with long term conditions and their mental wellness throughout treatment.	Audit completed with an analysis of mental wellness during treatment for a specific long-term condition e.g. cancer.	2029/30

Priority 3: Digital and innovation

Our commitment: Use digital tools and data-driven approaches to enhance the accessibility, effectiveness, efficiency, and personalisation of mental health support.

Objective 1
Ensure ownership and action related to mental health data by divisions and partners.

Objective 3
Improve data validity by reducing duplication and streamlining data collection.

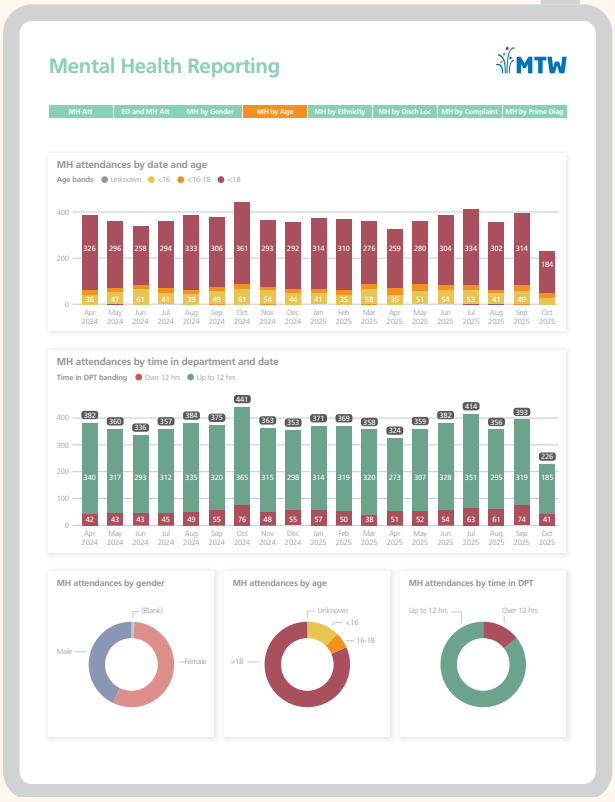
Objective 5
Harness technology to ensure patients are treated in the right place, and that we have the right information at the right time.

Objective 2
Use digital systems to improve clinical care and experience.

Objective 4
Investigate and seek to invest in innovative concepts to improve future services.

What we are doing already:

- Internal alerting and identification systems have been strengthened particularly in the Emergency Department.
- There is a digital dashboard to have oversight of patients across sites (see right) and an intranet Mental Health hub with resources to support staff in their care of patients.
- Reporting incidents has been simplified with agreement of an 'approved user' list to ensure non-MTW staff can also input.
- Automated handovers have been introduced in Maternity.
- Digital feedback mechanisms are in place to capture insights on experience of care.
- A new e-referral system is used to access liaison psychiatry.
- There is a dedicated section in the electronic note record for high-intensity user plans.
- Validation processes are triangulated with data captured, and all new developments are digitally-based in a move away from analogue processes.



	The improvements we want to make:	What this will look like:	By when
Year 1	Use of integrated digital platforms to free up direct clinical time (e.g. Teletracking to Sunrise)	Lean digital processes that create clinical capacity.	2026
	Regular reporting on the outputs of the digital dashboard to governance groups and divisions.	A minimum of quarterly reporting on the outputs of the dashboard from ward to board.	2026
	Extracting themes and trends from data to improve clinical care and experience of patients.	Service improvements that reflect the need identified from the data, and monitoring of experience.	2026
	Improve the user awareness of system availability and accessibility (e.g. KMCR).	Communications to be shared across the trust and relevant external agencies.	2026
Year 2-3	Approved data sharing agreements between MTW and key partners (KCHFT, KMMH, KCC).	Data sharing agreements installed and effective.	2027/28
	Data outputs to be routinely screened for duplication and accuracy.	Data will be cleansed and offer greater reliability to users.	2027/28
	Implementation of innovative approaches moving away from restrictive practice.	Minimal use of restrictive practice and a 'therapeutic first' culture of care.	2027/28
Year 4-5	Introduction of relevant AI and remote technologies to analyse the soft signs in patient data and predict further mental health care needs.	Integrated AI processes in specialist care as aligned with the Digital Transformation Programme Board.	2029/30
	Eliminating all paper-based touchpoints in the mental health pathway.	Purely digital interface across the pathway.	2029/30
	Optimal integration between key digital systems across the system.	Digital systems will interface optimally in the sharing of key patient data.	2029/30

Priority 4: Skilled people

Our commitment: The multiprofessional workforce will possess the knowledge, practical competencies and confidence to deliver safe, compassionate, and evidence-based care to individuals experiencing mental ill health.

Objective 1
Educate all staff to know how to access vital resources and support to signpost patients to the right services.

Objective 3
Design and implement evidence-based training to upskill the workforce.

Objective 5
Commit to ensuring patient stories are shared and heard to improve care and services.

Objective 2
To support staff to develop practical skills to support patients and carers more effectively.

Objective 4
Ensure there is shared learning from things that went well and things that did not go so well.

What we are doing already:

- Dedicated workforce through ETOC team and recognised mental health leads.
- A focus on preceptorship pathways and embedding routine mental health care (e.g. through case studies).
- Annual Learning Needs Analysis ensures funding available for investing in mental health.
- Continued promotion of the role of a Mental Health First Aider.
- Widespread use of patient stories to share lived experiences.
- External education support from specialist partner agencies (e.g. KMMH psychiatry liaison teams commissioned).
- Syllabus changes to reflect more holistic mental and physical healthcare.
- A culture that is motivated to improve mental health care.

	The improvements we want to make:	What this will look like:	By when
Year 1	Follow through on the learning from incidents and patient stories to embed this into practice.	A closed learning loop of continuous improvement where identified changes are brought into future practice.	2026
	Provision of a comprehensive specialist 'on-the-floor' training from liaison psychiatry colleagues.	Regular provision of this specialist training.	2026
	Ensuring safe staffing levels when there are high volumes of complex patients and at-risk patients with mental health needs.	Effective rostering practice and use of the ETOC referral pathway.	2026
Year 2-3	Provision of comprehensive mental health training for all professional groups (e.g. doctors, nurses, health care professionals) and including non-clinical staff (e.g. Switchboard) where appropriate. This is to be based on a clear foundation of mental health law and application in practice.	Wide ranging, inclusive offer of mental health awareness training.	2027/28
	Continued move away from temporary workforce to bank or substantive staff in caring for people with mental health conditions.	Predominately substantive or bank staff involved in care, who have had comprehensive training, feel valued and choose to remain within the organisation.	2027/28
	Introduction of simulation-based learning or partner shadowing opportunities.	Creation of bespoke programmes to be delivered through Learning and Development.	2027/28
	Comprehensive wellbeing and safety resources for all staff managing complex behaviours.	Support available to all staff.	2027/28
Year 4-5	Introduction of bespoke training programmes to minimise diagnostic overshadowing.	A training programme specific to overcoming diagnostic overshadowing is available to staff.	2029/30
	Embedding preventative mental health care for long-term conditions in line with the 10 year Health plan.	Shared models of care across long-term condition pathways (e.g. bariatrics, cancer, neonatal) that embody a preventative approach to mental health care.	2029/30

Priority 5: Strong partnerships

Our commitment: Ensure effective, collaborative relationships between mental health services and MTW to ensure integrated, person-centred care for patients with mental health needs who access or are treated within our services.

Objective 1
Ensure there is multi-agency working in the care of patients with mental health needs and actively contribute as a mental health system partner.

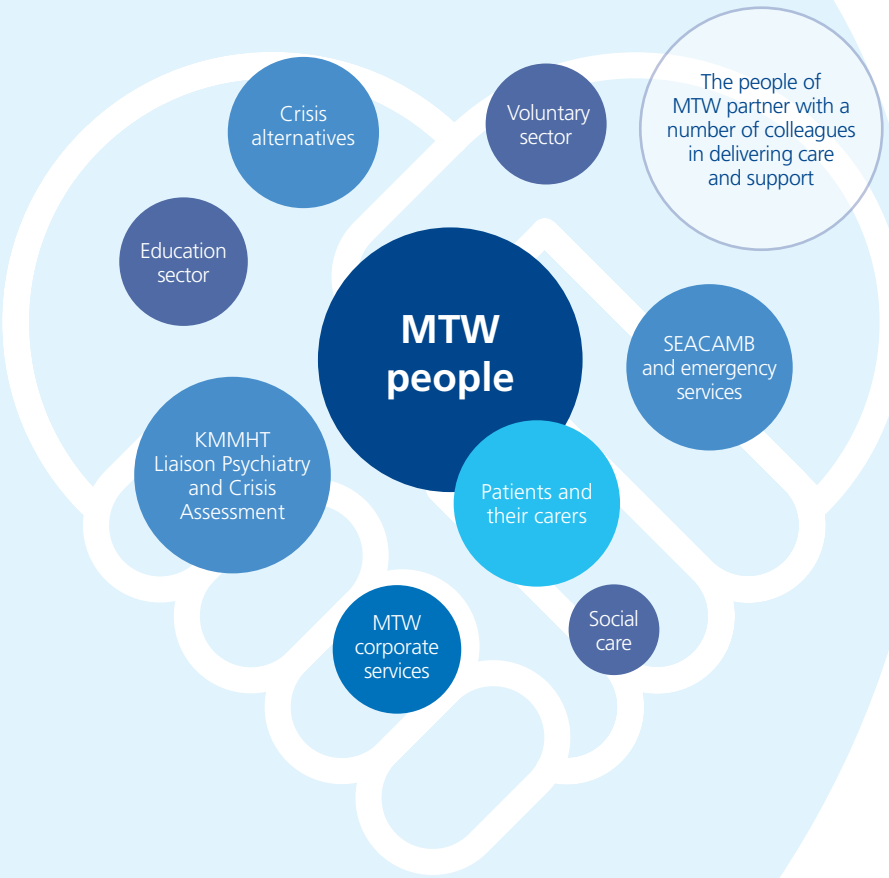
Objective 3
Work collaboratively with patients as 'experts by experience' to inform how we deliver and improve our services.

Objective 2
Review working relationships and embed strong oversight and governance to improve engagement and equity of care provided.

Objective 4
Be clear how particular roles and responsibilities are defined in relation to providing good quality care working with carers, service users, volunteers, staff and partners.

What we are doing already:

- Close working with internal security services to move away from involvement in caring for at-risk patients.
- Working within the system to share good practice and signing up the relevant national programmes (e.g. NHS Confederation).
- Adopting an 'all age' vertical approach to care, and working collaboratively when patients move across the system to ensure continuity.
- Introduction of a Complex Case Panel (see page 22 for more information).
- Improved governance and interface meetings established and effective.
- Links with partners for Right Care, Right Person implementation, and other voluntary, community or social enterprise agencies.
- Work with local education providers on undergraduate programme content.



	The improvements we want to make:	What this will look like:	By when
Year 1	Working with primary care colleagues to avoid Emergency Department attendances when alternative locations more suitable (e.g. crisis alternatives).	A reduction in unnecessary attendances to the Emergency Department.	2026
	Improving internal and external partnerships to ensure consistency in care.	Collaborative working across agencies.	2026
	Refining escalation pathways and communicating more effectively when there are barriers.	Effective escalation decision-making and experience of care for patients	2026
Year 2-3	Improving the transition for patients between children and adult services.	Improved communication and awareness in the period leading up to and during the transition phase.	2027/28
	Ensuring patients have access to specialist advice (e.g. drug and alcohol services).	Effective collaboration with specialist services.	2027/28
	Introducing a number of 'experts by experience' to contribute to service developments into the future.	Co-production with experts with lived experience of wide-ranging mental health conditions.	2027/28
Year 4-5	Continuing to contribute to system-wide efforts on creating a positive mental health culture, acknowledging the 10-year health plan's focus on prevention.	Regular attendance at system meetings addressing broader public health approaches.	2029/30
	Ensuring our work culture continues to represent our PRIDE values.	A strong culture embodying the trust's values.	2029/30

Complex Case Panel *Please be advised this page comes with a trigger warning*

One of our achievements in 2024 and as part of the the build up to this strategy, has been the introduction of a Complex Case Panel.

This innovative process is currently used to support the care planning and management of those 16 years and older with complex mental health needs alongside a diagnosed or undiagnosed neurodiversity need and/or physical health challenges, who may not always have a clear or safe discharge destination.

It involves the meeting of a widespread group of healthcare professionals and partner agencies, the patient or their representatives and local community providers. The aim is ´To work collaboratively in response to a person in crisis to provide a timely and clear action plan to avoid extended stays in hospital.´

A patient account involving the Complex Case Panel:

Miss D is an 18-year-old patient who was admitted to MTW from Cygnet Hospital in Maidstone. She has Emotionally Unstable Personality Disorder and disordered eating. She used to be a cheerleader and felt pressured to look slim with weekly weighing at the club. She recently had undergone a complex transition to adult services and been receiving specialist care in the community for four and a half years. Prior to this admission, she had been an inpatient in Maidstone Hospital and discharged only two days previously. However, having had minimal food in this time she required readmission for dehydration.

In the Emergency Department she was reviewed by an Approved Mental Health Professional and placed under Section 3. The plan was to start tube feeding through her nose and support her return to Cygnet Hospital once fit for discharge. A feeding regime was put in place and Miss D was deemed medically ready for discharge. She was seen by Psychiatry regularly and referred to a specialist eating disorders team for ongoing care. But following assessment this service declined the referral due to her acutely disordered eating. As her initial discharge plan and destination had changed Miss D was referred to a social worker for discharge planning. Multiple other agencies were also involved, and she remained under the collaborative care of the Psychiatry Liaison team and medical team while an inpatient at the hospital.

On the medical ward where she stayed, there was mixed experience in the staff to provide the complex care Miss D required. Mandatory weight monitoring was a constant source of conflict and stress, and Miss D would exercise excessively to burn off her consumed calories. Although Miss D weighed 48.9kg on admission, her self-imposed goal weight was 30kgs. She was often combative during feeding times necessitating security restraint for her wellbeing. This was particularly distressing for her but also the staff.

Miss D continued to lose weight and after several weeks, a full Complex Case Panel was initiated, paving the way for weekly meetings to coordinate care, overseen by the Trust's Head of Mental Health. Eventually Miss D was successfully referred to the specialist centre, ultimately leading to a return to her original destination.

What we reflect on from this account

Positives

- Good collaborative working with MDT and multiple agencies to plan care and discharge.
- Inclusion of the medical team in the MDT meeting to ensure physical and mental parity.
- An individualised care plan was successfully put in place, including a feeding plan that meant Miss D did not have to be told about her weight, and could observe all feeds being prepared.
- Miss D was kept up to date on progress and hurdles in her discharge planning.
- Appropriate use of trained personnel to restrain Miss D during feed times when required.
- Further ward-based training for staff on ad hoc physical intervention was explored.

Negatives

- The identification and management of mealtime distress was not as timely and effective as we would have liked. For example, Miss D later reported that continued talking about her weight gain had a negative impact.
- There were limited alternatives to the use of security staff in restrictive practice with Miss D, which caused not only widespread distress but occasional delays to care.
- The initiation of the complex case panel could have taken place earlier and led to a swifter discharge.
- Other referral centres could have been explored sooner.
- The mixed experience of the staff on a busy medical ward for Miss D's complex needs led to additional challenges.

Takeaway learning and actions:

- ✓ Ongoing individualised MDT care plans for complex patients.
- ✓ Development of a policy to manage the transition of children with complex needs into adult services.
- ✓ Weekly complex case panel discussions for patients with complex needs to manage care and discharge plan.
- ✓ Tactical commanders to escalate delays in complex patients via daily system calls.

Our sincere thanks to Miss D for permission to share this story.

Summary

Delivering the Mental Health Strategy 2025-2030 will improve the experience of care for people of all ages using our services, and for the teams delivering their care.

The delivery of this strategy will be monitored through our Mental Health Committee and separate workstreams for each of the priority areas. We will formally review our progress annually to ensure our actions stay on track.

Our thanks once again to everyone who has contributed to the writing of this document.

If you would like this document in an alternative format or language, then please contact the Patient Experience Team at mtw-tr.ppe@nhs.net

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Glossary – useful terms in the reading of this strategy

Analogue	The use of traditionally paper-based systems or processes in healthcare.
Anticipatory care	Involves proactively working with individuals, particularly those with frailty or complex conditions, to plan for their future care needs and preferences.
Challenging behaviours	Any behaviour that poses a risk to the individual or others, significantly reduces quality of life, or interferes with daily activities and social interactions.
Clinical practice	The provision of health or mental health services to patients through the application of medical knowledge, skills, and professional judgment to diagnose, treat, and manage patient care.
Continuous improvement	The ongoing effort to enhance care and services through small, incremental changes to achieve greater quality and efficiency over time.
Dashboard	An information management tool that receives data from linked databases to provide data visualisations.
Data platform	Technology that allows organisations to collect, store, manage, process, and analyse data from various sources, enabling them to extract insights and make data-driven decisions.
Diagnostic overshadowing	The tendency for healthcare professionals to mistakenly attribute a person's physical symptoms or new behaviours to an existing diagnosis, such as a learning disability or mental health condition, rather than considering them as symptoms of an unrelated or co-occurring medical problem.
Digital	Computer and technology-based systems or processes in healthcare.
Directorate	A management or administrative unit within the hospital, responsible for a specific clinical specialty (like surgery or women's services) or support function (such as HR).
Disclosure	The action of making new or secret information known.
Division	The grouping of hospital services and directorates into larger units to manage and deliver care.
Duplication	When an action or process is repeated more than once for no obvious reason or benefit.
Emergency	A serious, unexpected, and often dangerous situation requiring immediate action.
E-referral	An electronic booking and referral system that allows patients and healthcare professionals to manage appointments for care.
Expert by experience	An individual with firsthand, personal knowledge of using, or caring for someone who has used health, mental health, or social care services.
External	Not directly linked to the hospital and based outside of the physical footprint.
Feedback	Helpful information or criticism that is received to inform what can be done to improve a performance, services etc.
Governance	The systems and processes an organisation uses to direct and control itself effectively, ensuring high standards of care, patient safety, and legal compliance.
Handover	The formal transfer of professional responsibility and accountability for a patient's care from one healthcare professional or group to another, either on a temporary or permanent basis.
Health inequalities	The unfair and avoidable differences in health outcomes between groups of people or populations, which can be seen in factors like life expectancy, health conditions, and access to or quality of care.
Incidents	Any unintended or unexpected event or occurrence that has caused or could have caused harm to patients, staff, visitors, or the organisation itself.
Inclusive	Fostering a culture and providing services where everyone, including staff and patients, feel valued, are treated fairly, and have equal access to opportunitiesand resources, regardless of their background or protected characteristics like age, race, or disability.
Inpatient	A patient who is admitted to a hospital for treatment and needs to stay overnight or for one or more nights.
Internal	From within the physical footprint or directly linked to the hospital.
KCC	Kent County Council.
KCHFT	Kent Community Health NHS Foundation Trust.
KMCR	Kent and Medway Care Record, an electronic system securely linking health and social care information from different providers.
KMMH	Kent and Medway Mental Health NHS Trust.
Long-term condition	A health problem that is not curable at present but can be managed with medication or other treatments, requiring ongoing management over months, years, or even decades.
Maternity	The entire period of pregnancy, including antenatal care, the process of labour and childbirth, and the postnatal care for both mother and baby.
Medication	Prescribed medicines to treat health conditions.
Mental or physical	Describes the state and function of the mind or body.
MRT 'Managing Risk Tool'	A tool to support health and social care practitioners to assess a patient's level of risk and the level of supervision required. It also guides staff as to when Police should be contacted.

National	Relating to or characteristic of a nation; common to a whole nation.
Objectives	Specific, measurable, and time-bound (SMART) goals that define what the organisation, teams, or individuals aim to achieve to deliver high-quality, safe patient care.
Outpatient	A patient who receives healthcare services at a hospital or clinic, such as for a consultation, test, or procedure, but does not require an overnight stay.
Oversight	Assessing performance to ensure public accountability, identify support needs, and drive improvement.
Parity of esteem	The principle of valuing mental health equally to physical health, ensuring that people with mental health needs receive the same priority, access to care, quality of treatment, and respect as those with physical health conditions.
Pathway	The defined route a patient takes through a healthcare service, from initial contact to treatment and beyond.
Patient stories	Personal, detailed accounts of individuals' experiences with healthcare services, capturing both positive and negative aspects of their journey.
Perinatal	The time from conception through to about 12 months after giving birth.
Policy	A mandatory, written statement of intent from a Trust or organisation that sets out a broad approach or principle for a particular issue, guiding staff in their decisions and actions to ensure consistency, compliance with legislation and best practice.
Postpartum	The time immediately following childbirth.
Preceptorship	A structured support period for healthcare professionals as they transition from student to autonomous practitioner.
Procedure	Clinical intervention or a standardised series of actions performed by a care professional on a patient to prevent, cure, relieve, or diagnose disease.
Provider	Any organisation that delivers health and care services to patients, such as NHS trusts, GP practices, and independent hospitals.
Psychiatric	Relates to psychiatry, the medical field focused on the diagnosis, treatment, and prevention of mental health conditions, particularly severe ones.
Psychosis	A mental state characterised by a loss of contact with reality, often involving symptoms like hallucinations (seeing or hearing things that aren't there) and delusions (strong, false beliefs).
Reasonable adjustments	A change to a service, policy, or physical environment that removes or reduces a disadvantage for a person with a disability, ensuring they have equal access to healthcare.
Restrictive practice	Any intervention or practice that restricts a person's movement or freedom to act, to control a dangerous situation where there is a risk of harm to the person or others.
Safe haven	A dedicated facility offering support for people with mental health crises, providing a safe alternative to A&E.
Safe space	A supportive space within the hospital footprint.
SECAmb	South East Coast Ambulance Service.
Soft signs	Subtle, early indicators that a patient may be becoming unwell or deteriorating in health before more obvious physiological changes are observed.
Stigma	The devaluation and discrediting of an individual due to a health condition, mental illness, or social attribute. It involves negative attitudes, labels, and social exclusion that can lead to discrimination, causing people to feel shame, low self-esteem, and reluctance to seek help.
Streamlining	The movement of patients through the different stages of required hospital care and considers whether they are subject to unnecessary delay.
Syllabus	The basis for the preparation of detailed training modules.
System	A collection of providers and groups that work together towards a shared purpose such as patient care or improving public health.
Temporary workforce	Staff employed to fill short-term gaps in permanent roles.
Transfer	The physical movement of a patient from one care setting or specialty to another.
Transition	A planned and gradual process that supports young people to move from children's services to adult services and become more independent in managing their healthcare needs.
Triage	The process of assessing a patient's condition or request to determine the urgency of their need and the most appropriate clinical pathway or clinician for their care.
Triangulation	The process of combining data from multiple, diverse sources to gain a more complete and accurate understanding of a complex situation, issue, or performance.
Validation	Confirmation that patients waiting for appointments still require the appointment.

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