Roundtable
From Crisis to Care

The NHS 111 Press 2 journey across continents
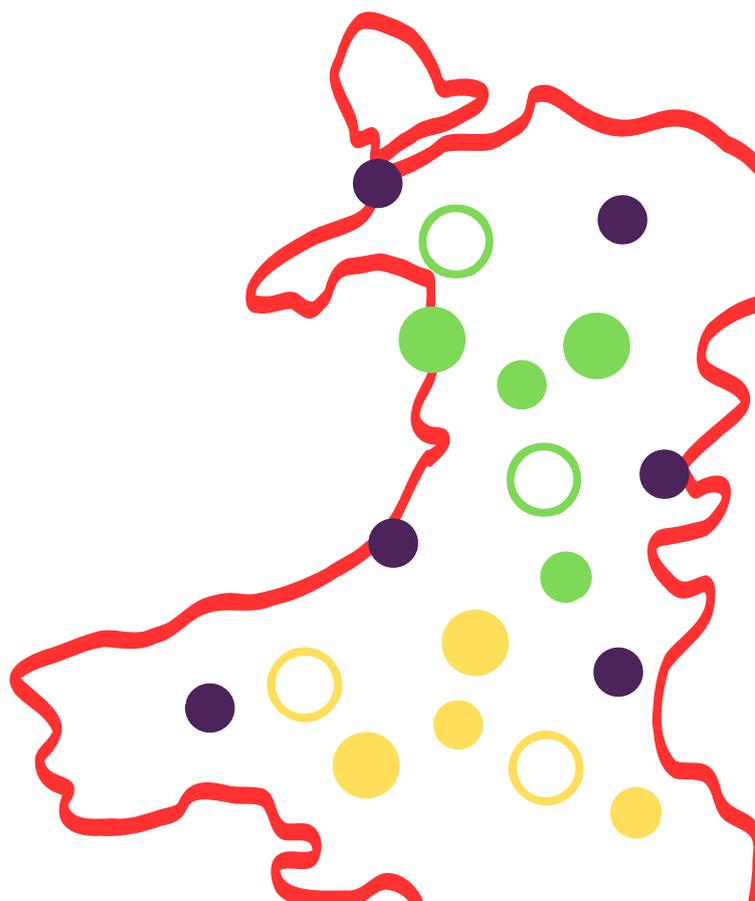
November 2025

CYMDEITHAS DDYSGEDIG CYMRU
THE LEARNED SOCIETY OF WALES

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About this roundtable

The Royal College of Psychiatrists Wales have undertaken a review of the 1st year implementation of the NHS Wales 111 press 2 for mental health service.

The review considered data over 12 months - during this time over a 100k calls were received, whilst pre and post triage findings showed that 99% of those calls led to a reduction in distress. The review highlights and commends the 'nationally commissioned and locally implemented' approach across Wales.

The review gives recommendations to sustain and further develop 111 press 2 - Linking 'front door services', crisis sanctuaries and conveyance, psychiatric liaison and primary care mental health services is part of that picture.

Similarly, increasing waiting lists, reduced outpatient care availability and increased numbers of children experiencing mental health (MH) crises has strained emergency departments (EDs) in Australia. The combination of demand, complexity and resources required encouraged development of specialised mental health crisis services.

In 2021, CAMHS Crisis Connect (CCC) was established at Perth Children's Hospital and aims to improve patient flow, reduce hospital resource utilization and improve the experience of children experiencing crises.

This roundtable explored the commissioning and evaluation of 111 press 2, and complimenting services; and the learning that can be gathered from teams across the world to align and develop future models of mental health care in Wales.

Additionally, this roundtable generated a number of actions and areas of follow-up work to be delivered through partnership of the Royal College of Psychiatrists Wales and the CAMHS Service, Government of Western Australia.

This report has been compiled by:

- Ollie John, Royal College of Psychiatrists, Wales
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Attendees

The roundtable was attended by representatives from:

- NHS Wales' Joint Commissioning Committee
- Welsh Government
- Royal College of Psychiatrists Wales
- CAMHS Service, Government of Western Australia
- Royal College of Psychiatrists
- National Collaborating Centre for Mental Health
- Public Mental Health Implementation Centre

In addition to organisational representatives, the session was attended by clinicians and health service managers from a Health Trust in England, and a Health Board in Wales.

Presenters

The session was Chaired by Prof Alka Ahuja MBE.

Ollie John
National Manager, Royal College of Psychiatrists Wales
presented on:

NHS Wales 111 Press 2: Findings and future focus

Dr Vineet Padmanabhan,
Director of Clinical Services CAMHS, Government of Western Australia
Dr Laura Dondzilo,
Research Manager, Government of Western Australia
Dr Cayla Bellagarda,
Senior Research Psychologist, Government of Western Australia
presented on:

CAMHS Crisis Connect: Patient outcomes and hospital resource utilisation

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Background

1.1   Wales | NHS Wales 111 Press 2 for Mental Health

The 111 press 2 for mental health service (MH 111#2) was commissioned with a view to transform how urgent mental health support is accessed in Wales.

It's a service that's designed to be available to all ages, 24 hours a day, 7 days a week.

This service reflects ongoing commitment to improve access to mental health support in Wales and seeks to deliver upon a Welsh Government commitment to prioritise service redesign and a 'no wrong door' approach to mental health support. It also aims to respond to recommendations in the Beyond the Call review, which was commissioned by Welsh Government and led by a multi-agency steering group to help to better understand the needs of individuals who contact emergency services with mental health concerns. The Beyond the Call review highlighted the breadth of social and welfare needs that often sit behind a mental health crisis, as well as the need for easy access to joined-up, multidisciplinary support.

MH 111#2 seeks to provide rapid access to advice, assessment and de-escalation from a specially trained mental health practitioner, over the phone. Where required, individuals should be able to be seamlessly referred into specialist mental health services or to self–help support.

1.2 Western Australia | CAMHS Crisis Connect

CAMHS Crisis Connect (CCC) is a 24/7 multi-disciplinary emergency mental health service embedded in the emergency department of Perth Childrens Hospital (PCH). It provides urgent mental health support, advice and assessment for children and young people.

The service was funded by the Mental Health Commission (MHC) in response to the COVID- 19 pandemic, in efforts to divert unnecessary presentations to emergency departments (ED) and offer appropriate support.

Whilst, during 2014 to 2020, Mental Health presentations to emergency departments in Western Australia had increased by 64.9%.

CAMHS Crisis Connect has been developed in collaboration with Perth Childrens Hospital emergency department, metro EDs, Western Australia Country Health Service (WACHS), Office of Chief Psychiatrist and the Mental Health Commission, police/paramedics, schools, community mental health services, and the CAMHS Lived Experience Advisory Group (LEAG).

There are several functions of CCC:

- Coordinates referrals and admissions to PCH ED and Ward 5A
- Crisis line, psychoeducation and advice prior to ED admission
- ED consultation, advice and assessment at PCH and other metro EDs
- Comprehensive mental health and psychosocial assessment
- Brief intervention in ED and/or through CCC-I
- Treatment planning and referrals

Roundtable Notes

2.1 Evaluation and Impact of 111 Press 2 in Wales

Ollie John led a comprehensive review of the first year of the 111 Press 2 mental health support line in Wales, discussing its national commissioning, local implementation, service utilisation data, outcome measures, local variations, and recommendations for future development, with contributions from others in the JCC and Welsh Government.

- Service Overview and Commissioning: Ollie explained that 111 Press 2 was commissioned by the Joint Commissioning Committee (JCC) as a 24/7 mental health support line in Wales, designed to provide immediate access to mental health practitioners and complement the Welsh Government's 'no wrong door' approach. The service is nationally commissioned but locally implemented, allowing for tailored responses across health boards.
- Service Utilisation and Outcomes: Ollie presented data showing over 100,000 calls in the first year, with 99% of callers experiencing a de-escalation in distress as measured by subjective units of distress. The majority of calls (about 50%) were resolved with self-care advice during the call, while 10% of calls required immediate crisis intervention. The service also tracks onward referrals to community mental health teams, third sector organisations, and GPs.
- Local Variations and Data Insights: Ollie highlighted significant local variations in call patterns, triage outcomes, and referral pathways between health boards, such as differences in the proportion of crisis calls and self-care resolutions. The review also mapped service usage against indices of deprivation, revealing unexpected patterns such as high rates of suicidal ideation calls from affluent areas, prompting further investigation into local factors and awareness.
- Challenges and Recommendations: Ollie discussed challenges including increased demand on crisis teams, staff capacity, and medical cover, as well as the need to reduce unnecessary variation in pathways and improve patient experience measures. Recommendations included formalising shared learning across health boards, leveraging the rich data set for service improvement, and developing public dashboards for transparency and education.
- Future Development and Data Analytics: Ollie emphasised the importance of iterative reviews, particularly focusing on children and young people, and highlighted ongoing collaborations with JCC and NCCMH on mathematical modelling and predictive analytics. The potential for machine learning and AI to identify trends and inform service design was identified as a key development priority.

2.2   Comparative Analysis of CAMHS Crisis Connect in Western Australia

Vineet Padmanabhan, Cayla Bellagarda, and Laura Dondzilo from the CAMHS Service, Government of Western Australia presented an overview and evaluation of the CAMHS Crisis Connect service, detailing its structure, outcomes, and future directions, and compared it with the Welsh 111 Press 2 service, with a focus on children and young people.

- Service Structure and Expansion: Vineet described how CAMHS Crisis Connect operates as a 24/7 crisis line for young people under 18, offering phone and telehealth support, face-to-face assessments, and a two-week follow-up intervention. The service is expanding from the Perth metropolitan area to cover all of Western Australia, supported by additional funding.
- Evaluation Methods and Outcomes: Cayla outlined the use of interrupted time series (ITS) analysis to evaluate the impact of Crisis Connect on emergency department (ED) presentations, re-presentations, inpatient admissions, and bed occupancy. The analysis showed a 29% reduction in ED presentations, a 23% reduction in re-presentations, and a 28% reduction in inpatient admissions after the service was introduced, with sustained effects over time.
- Interpretation of Data and Service Implications: The team noted that while the number of ED presentations and admissions decreased, the length of stay in ED increased, likely reflecting higher acuity among those still presenting. The inpatient length of stay remained stable, and bed occupancy decreased, raising questions about funding models tied to occupancy rates.
- Future Research and Service Development: Laura discussed ongoing and planned research, including evaluating the regional expansion of Crisis Connect, examining the integration of stepped care models, and investigating service access for neurodivergent children. A direct comparison project between CAMHS Crisis Connect and 111 Press 2 is underway, focusing on similarities, differences, and transferable lessons.

2.3   Cross-National Learning and Service Comparison

The group held a collaborative discussion to compare the 111 Press 2 and CAMHS Crisis Connect services, exploring similarities, differences, and opportunities for shared learning and service improvement.

- Service Model Differences and Similarities: Ollie and Vineet discussed the distinction between the Welsh 111 Press 2, which serves a broad range of mental health needs (with about 10% crisis calls), and the WA CAMHS Crisis Connect, which is positioned as a crisis line but also receives many non-crisis calls. Both services provide immediate access to mental health professionals and have similar patterns in call types and outcomes.
- Data Sharing and Comparative Evaluation: Cayla described the ongoing comparative evaluation project, which aims to analyse service usage, call patterns, and outcomes across both countries, including regional and deprivation-based differences. The project seeks to identify best practices and inform service adaptation to local needs.
- Challenges in Service Accessibility and Communication: Participants highlighted challenges in raising awareness, managing expectations, and ensuring accessibility for diverse populations, including language barriers and digital engagement preferences among young people. Both teams are exploring innovative communication strategies, such as co-designed TikTok-style videos and multi-platform outreach.
- Integration with Broader Mental Health Systems: The discussion addressed the importance of integrating crisis lines with other mental health services, such as school-based hubs, community teams, and alternative admission pathways, to provide a continuum of care and avoid service fragmentation.

2.4   Service Accessibility, Communication, and Co-Production

The group discussed the importance of improving service accessibility, tailoring communication strategies, and involving young people and communities in the co-production of mental health services.

- Barriers to Access and Digital Engagement: Participants noted that awareness and accessibility remain challenges, particularly for minority groups and young people who may prefer digital communication channels such as WhatsApp, TikTok, or Snapchat. Language barriers and cultural factors also affect service uptake.
- Co-Production and Youth Involvement: Ollie and Vineet emphasised the value of coproducing services with young people, including the design of communication materials and service pathways, to ensure relevance and effectiveness. Examples included co-designed videos and the use of youth-friendly platforms.

2.5   Data-Driven Service Improvement and Economic Considerations

The group discussed the use of data analytics, predictive modelling, and economic evaluation to inform service improvement, capacity planning, and policy advocacy for mental health crisis services.

- Data Analytics and Predictive Modelling: Ollie and Cayla described ongoing work using machine learning, time series analysis, and clustering to identify trends, predict demand, and tailor interventions. These approaches support proactive service planning and targeted support for frequent callers or high-need areas.
- Economic Evaluation and Policy Influence: Participants discussed the challenges of quantifying prevention and the economic impact of crisis lines, particularly in terms of avoided admissions and reduced demand on emergency services. Linking service data with broader health and social care databases was identified as a potential strategy for demonstrating value and influencing funding decisions.

2.6   Impact of External Events and Climate on Service Demand

The group explored the relationship between external events such as climate-related hazards and mental health service demand, considering the potential for data-driven surveillance and targeted interventions.

- Monitoring Service Usage During External Events: Ollie discussed the potential to analyse call patterns during events such as flooding or economic shocks, using time series analysis and vulnerability indices to inform capacity planning and targeted support for affected communities.

Fig 1 | Illustration of session 'From Crisis to Care' by Laura Sorvala

Focus Areas

We've extrapolated three areas from the complementing presentations, to highlight in this report. These are areas of learning-exchange that will be taken forward through the partnership.

We have intentionally made sure that this data is anonymised for this report.

4.1   Deprivation Mapping

4.2   Forecasting

4.3   Interrupted Time Series Analysis

4.1   Deprivation Mapping

The Welsh Index of Multiple Deprivation (WIMD) is Welsh Government's official measure of relative deprivation. It ranks all areas from 1 (most) to 1,909 (least deprived). The index is based upon eight domains of deprivation: *Income, employment, health, education, access to services, housing, community safety, and physical environment.*

During the course of the review, data from the calls into 111 Press 2 was mapped against WIMD profiles. This was intended to give a basis to better understand local need and provision, and consider the best approach to commissioning services and support.

Giving consideration to the WIMD mapping, we were able to present data that poses anomalies, the need for intervention, and ultimately evidences the value in the mapping exercise.

Fig 2 shows calls received to a city in Wales relating to Suicidal Ideation, over a 12 month period. The most significant number of calls was from one of the least deprived areas of Wales, whilst we know that high deprivation is a risk-factor for suicide.

Ultimately, this example needs to be understood, as there could be multiple reasons for this, including accessibility barriers for different communities in using 111 Press 2. It does reinforce the need for local intervention.

Ranking in Calls on subject over 12 months	Percentile in WIMD (1=most deprived, 100=least deprived)	% of Calls, across whole City	Number of Calls
1 (Most Calls)	96	7.3	71
2	11	2	20
3	3	1.9	19
4	9	1.8	18
5	13	1.8	18
6	7	1.7	17
7	19	1.2	12
8	19	1.2	12
9	7	1.1	11
10	32	1.1	11

Fig 2 | 111 Press 2 calls reporting Suicidal Ideation, in a city, over a 12 month period

4.2 Forecasting

We presented an exercise that was undertaken during the review.

We were aware of an anticipated announcement of phased job redundancies in a specific community of Wales. We worked to ensure that 111 practitioners could quickly adapt and update the scripts and resources they had to support any calls that were to be received in relation to redundancies, whilst the service worked to ensure they had an appropriate number of practitioners available.

This was a helpful exercise in structuring teams to readily offer the most informed support. We also monitored call volume, and that's displayed below.

Fig 3 shows a sustained increase in call volume during the period of the announcement of phased redundancies.
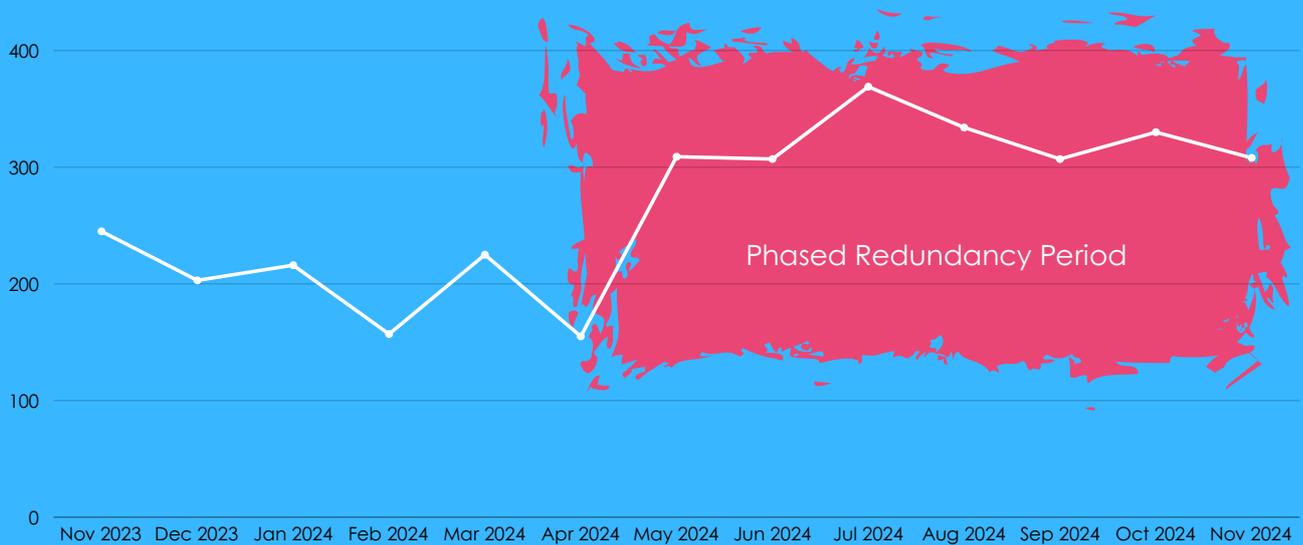

Fig 3 | 111 Press 2 calls, to a town, during the time of phased job redundancy

4.3   Interrupted Time Series Analysis

An Interrupted Time Series (ITS) Analysis is a strong method for the evaluation of health care services. It's a 'natural experiment' that evidences the introduction of an intervention at a given point of time from the same population before and after.

An ITS analysis was undertaken to evaluate the impact of CCC on hospital resource utilisation between 2014 & 2024. This considered:

- number of presentations to the ED for mental health concerns
- length of stay in ED
- representations to ED
- number of inpatient admissions to Ward 5A
- length of stay on Ward 5A
- in-patient bed utilisation on Ward 5A
- in-patient bed occupancy on Ward 5A

Fig 4 is a diagramatic representation of single interrupted time series. We have displayed how ITS evidenced some of the findings of the evaluation of CCC.
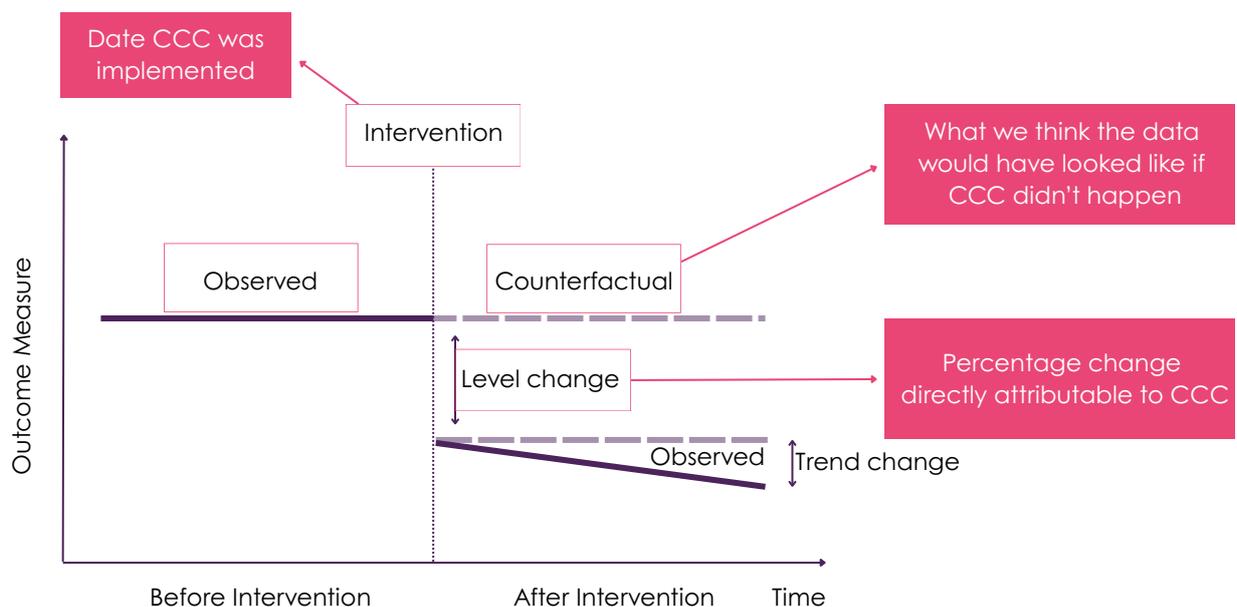

Fig 4 | Diagrammatic representation of a single interrupted time series

Results for the Emergency Department

Post the introduction of CCC = the number of young people presenting to ED for mental health concerns decreased by 29% (RR .75, 95% CI .72-.78, p<.001).
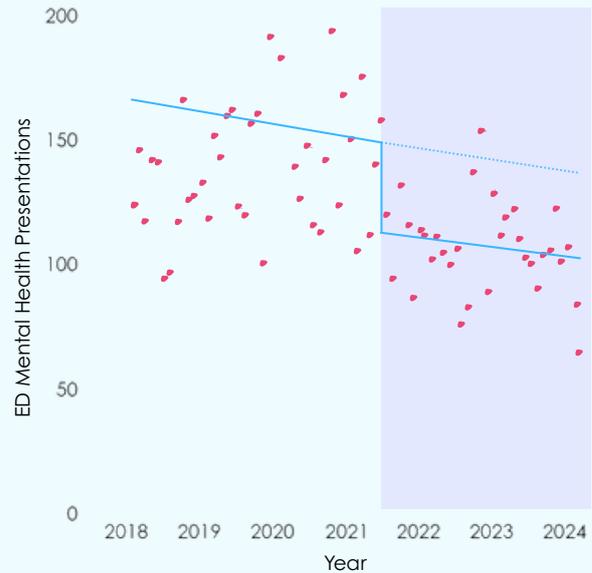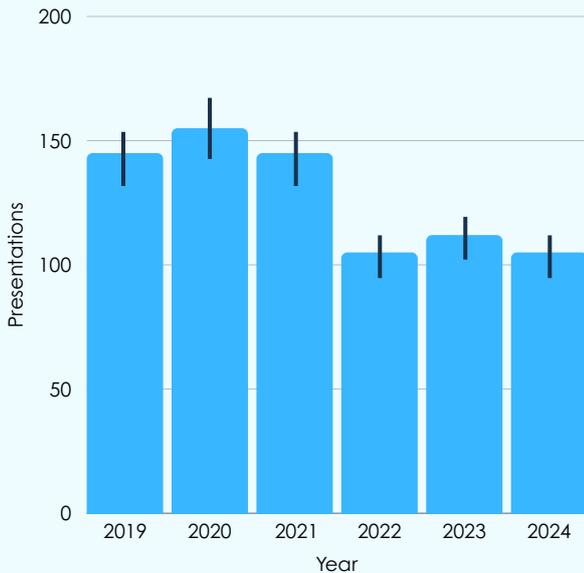

Fig 5 | CCC - Results for the emergency department (Bar chart)
Fig 6 | CCC - Results for the emergency department (Interrupted time series)

Results for Inpatient Admission (Ward 5A)

Post the introduction of CCC = significantly fewer young people were admitted to the inpatient ward decreasing by 28% (RR .76, 95% CI .70-.81, p<.001).
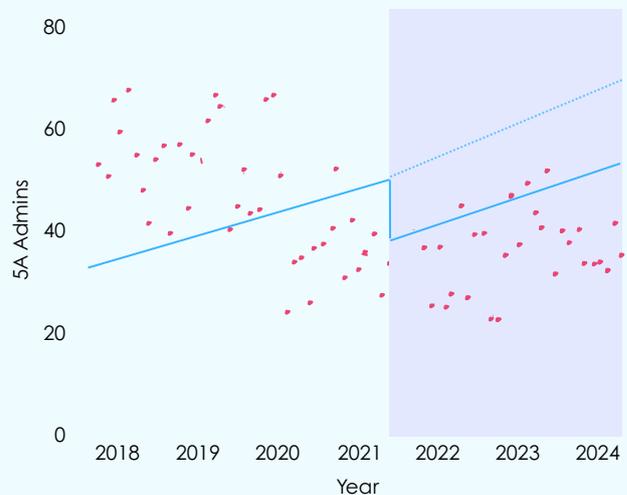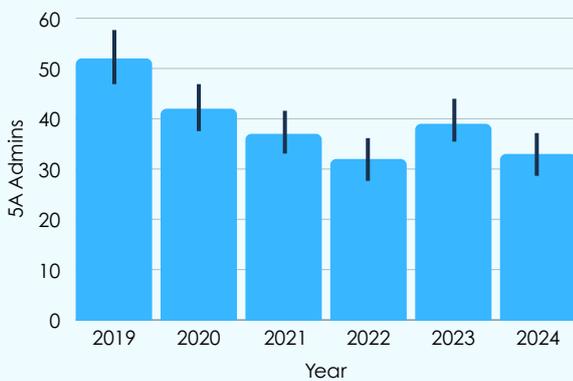

Fig 7 | CCC - Results for inpatient admission (Ward 5A) (Bar chart)
Fig 8 | CCC - Results for inpatient admission (Ward 5A) (Interrupted time series)

Roundtable Actions

A number of actions emerged from the roundtable and it was agreed that these would be considered for both Wales and Western Australia, for the comparative work being undertaken through the partnership, and for each organisation to share any respective expertise or learning.

Several of the actions relate directly to the commissioners of these services as well.

5.1   Data Accessibility for Research

Agree access to data sharing from 111 press 2 and CAMHS Crisis Connect to support research on healthcare service usage during climatic hazards and supplement vulnerability index development.

5.2   Service Accessibility and Communication

Review accessibility of 111 press 2 for minority groups and non-English speakers, including consideration of language barriers and communication channels.

5.3   Co-Production with Young People

Engage young people in co-producing and shaping mental health crisis services, including input on language, access methods, and service design.

5.4   Comparative Service Evaluation

Conduct a comparative analysis of 111 press 2 and CAMS Crisis Connect, including regional and deprivation index patterns.

5.5   Economic Case Development

Develop an economic case for 111 press 2 by exploring metrics such as A&E avoidance, crisis support costs, and potential long-term savings, and share with relevant stakeholders.

5.6   Awareness and Communication Strategy

Enhance awareness and communication strategies for 111 press 2, including targeted outreach to different demographics and consideration of digital platforms popular with young people.

5.7   Climate Event Data Analysis

Investigate the impact of climate events (e.g., flooding) on mental health service usage using available call data and report findings to inform service planning.

A progress report on any actions taken forward will be produced within 6 months.

'From Crisis to Care' The NHS 111 press 2 journey across continents
Roundtable
Nov 2025

Progress Report
May 2026

Further work that is being undertaking to complement our focus on the front door of mental health services is described in [Fig 11] on page 24 of this report.

Partnership

6.1 Context

The Royal College of Psychiatrists Wales and the CAMHS Service of the Government of Western Australia will be collaborating on a number of projects through its emerging research partnership.

This has initially focused upon some reciprocal knowledge exchange roundtables and symposiums, namely the 'From Crisis to Care' roundtable supported by the Learned Society of Wales (Nov 2025), and the 'Child Health Research Symposium' led by Government of Western Australia (Nov 2025).

The research partnership now aim to compare and contrast 111 Press 2 & CCC across geographical contexts, and through an Interrupted Time Series Analysis.

Additionally, each partner has identified a number of individual research priorities that will complement each other's development, with a view to joint working. These are identified in this section.

6.2 Complementing Priorities | Wales

Iterative Reviews into 'front door of services'
(i.e. Deprivation mapping, Outcome Measurement)

Alignment of interventions across services
(i.e. Alternatives to Admissions, 111 Press 2, School Attendance)

Mathematical Modelling across services
(i.e. informed commissioning)

Data Science & Machine Learning (ML)
(i.e. Analysis of key trends & forecasting)

Fig 9 | Complementing priorities for Wales
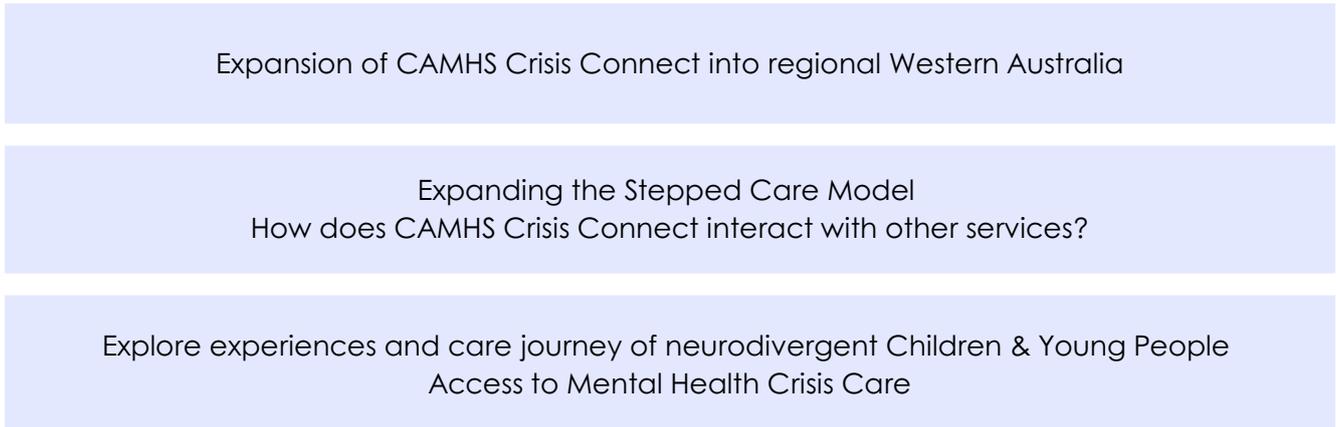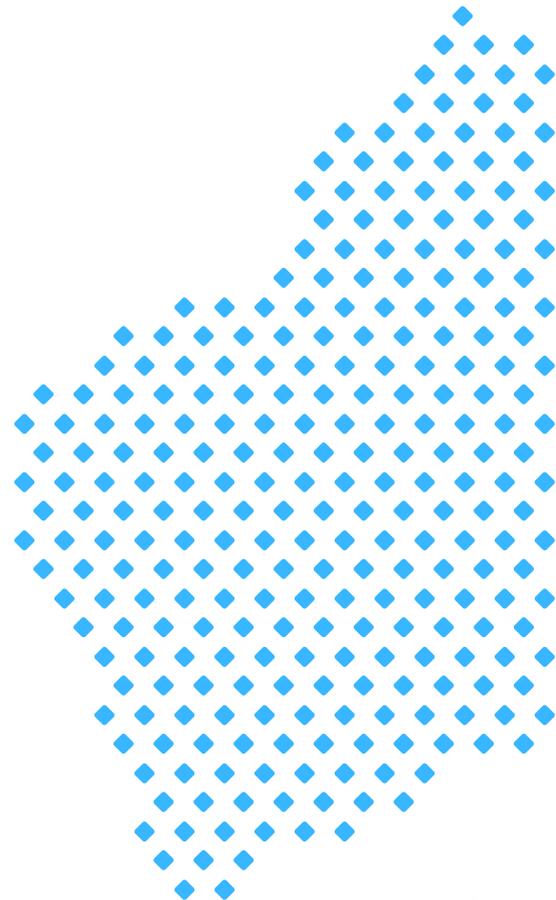
6.3 Complementing Priorities | Western Australia

Expansion of CAMHS Crisis Connect into regional Western Australia

Expanding the Stepped Care Model
How does CAMHS Crisis Connect interact with other services?

Explore experiences and care journey of neurodivergent Children & Young People
Access to Mental Health Crisis Care

Fig 10 | Complementing priorities for Western Australia

Appendix

7.1 Figures

7.2 Complementing Focus in Wales

The Royal College of Psychiatrists Wales will be issuing a number of complementing reports in its focus on the front door of mental health services.

We undertook a review of the 1st year of the NHS Wales 111 press 2 for mental health service. The review considered data over 12 months, from July 2023 up until June 2024.

We completed a rapid evidence assessment of the attendance interventions in schools. This was undertaken in partnership with the Public Mental Health Implementation Centre, Swansea University, and the National Centre for Suicide Prevention and Self-harm Research.

We held a roundtable 'From Crisis to Care' in partnership with the Government of Western Australia, supported by the Learned Society of Wales. This roundtable explored the commissioning and evaluation of 111 press 2, and complimenting services; and the learning that can be gathered from teams across the world to align and develop future models of mental health care in Wales.

We have reviewed into the Alternatives to Admission programme from Welsh Government was published. This review considered data over 18 months from April 2024 to September 2025.

We have presented findings across this work to the 2025 Child & Adolescent Health Service | Child Health Research Symposium from the Government of Western Australia.

We will be consolidating the recommendations across our recent reviews and issuing a short report. This will be issued through the Dyfodol programme, hosted within the National Collaborating Centre for Mental Health.

We will be undertaking a programme of work in advancing the actions and commitments identified in this report, our roundtable 'From Crisis to Care'. A progress report on actions will be produced within 6 months.

We will be undertaking a porgramme of work through our partnership with the Government of Western Australia. These focus areas are identified in this report [Fig 9, 10]

Fig 11 | Complementing focus in Wales

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