

## Background

The NHS 111 urgent mental health helpline is a national initiative providing open-access telephone crisis support. In Devon, DPT's First Response Service (FRS) manages this countywide — 24 hours a day, 7 days a week, for all ages.

This project focused on a critical access failure: an abandoned call rate of 21–22% from 2021, meaning callers in acute mental health crisis — from untreated psychosis to life-threatening presentations — were unable to reach help.

## Methods

Two arms were planned simultaneously and implemented in stepwise fashion — the telephony upgrade first, then the CAS. Data from the new system was compared with the same three months the previous year (December 2024–February 2025).

### Arm 1 — Wavenet Telephony Upgrade

A sophisticated call management platform providing real-time wait times, callback options, granular data reporting, and flexible call routing — enabling targeted staffing during peak demand.

### Arm 2 — Clinical Assessment Service (CAS)

Structured triage by a Telecoach using the UK Mental Health Triage Scale (A–G). Outcomes graded B–D were escalated to a qualified psychiatric nurse for a standardised clinical consultation, brief psychologically-informed intervention, and formal de-escalation. Direct transfer to HTT followed where de-escalation was unsuccessful.

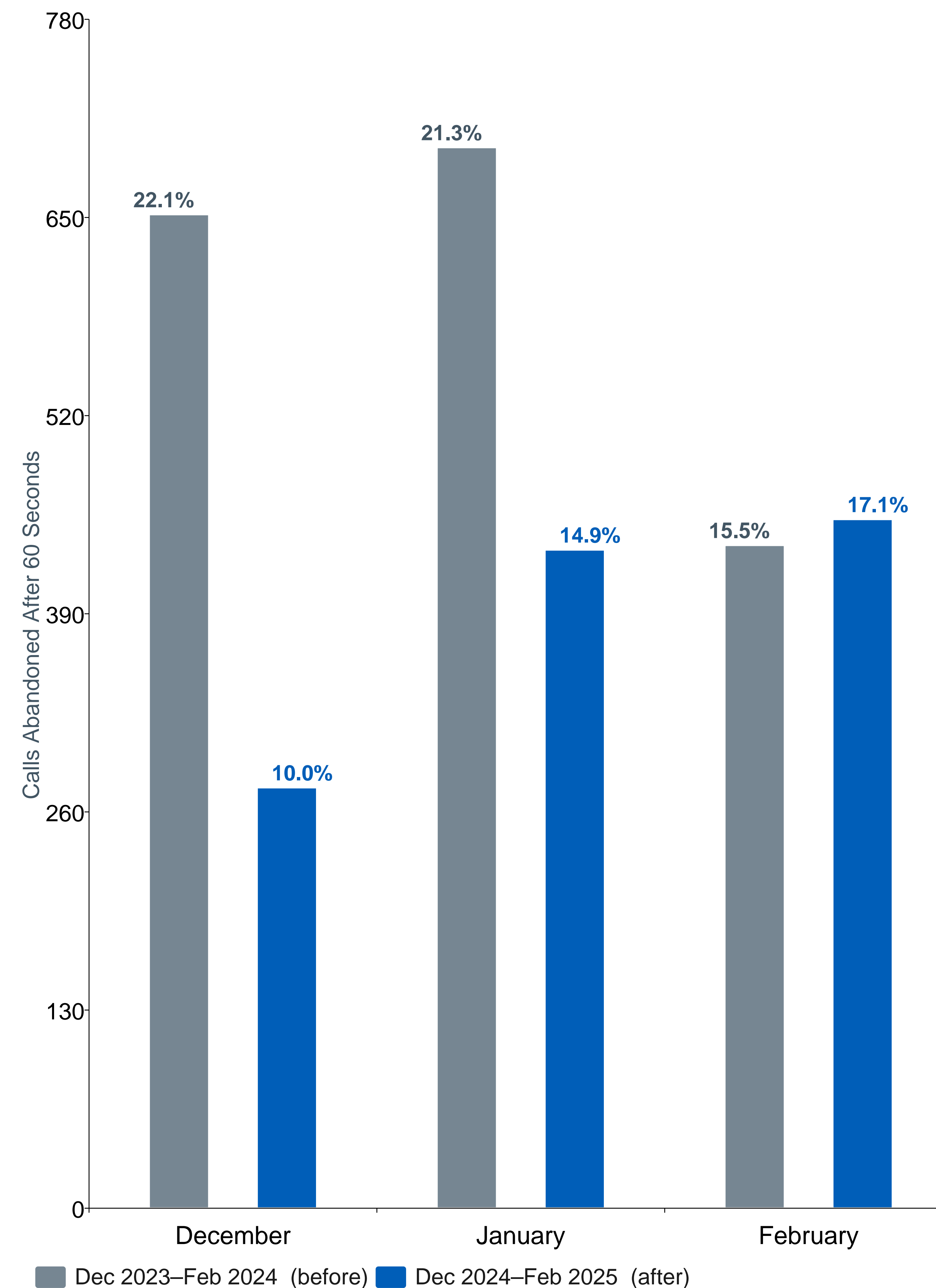
## Discussion

The use of a more sophisticated call management system enabled better call flow, real-time wait information, callback options, and granular data analysis — permitting targeted, stratified staffing rosters during periods of peak demand.

The CAS 'hear and treat' model was anchored in the UK Mental Health Triage Scale (A–G), spanning Outcome A (emergency one-hour response) to Outcome G (signposting). B–D triages were escalated directly to a qualified psychiatric nurse who conducted a mental state and risk review, deploying de-escalation and psychologically-informed approaches. Where unsuccessful, direct transfer to the Crisis Resolution and Home Treatment Team followed, with standardised clinical information to shorten time to treatment.

## Result 1: Calls Abandoned After 60 Seconds

The chart below compares calls abandoned after 60 seconds in each of the three study months (December 2024–February 2025) against the same months the previous year. The percentage of total calls abandoned after 60 seconds is shown above each bar.



### 58% fewer abandoned calls in December

276 vs 652 — the month of largest improvement post-implementation

Note: February 2025 figures reflect an elevated staff sickness rate (~19% in January 2025) which temporarily increased service pressure into February.

## Result 2: De-escalation at Clinical Consultation

Of B, C, and D rated triages requiring clinical consultation, the proportion with a changed outcome at the point of psychiatric nurse consultation was measured. The service target was 25% downgraded by March 2026.



### 42% successfully de-escalated

exceeding the 25% target by March 2026

Following triage, a qualified psychiatric nurse reviewed each B–D rated caller, deploying safety planning, mindfulness, and mentalisation-based techniques. 42% of callers were successfully de-escalated, avoiding onward referral to HTT. Where de-escalation was unsuccessful, direct transfer with standardised clinical information was made, shortening time to treatment.

## Conclusion

This two-armed innovation project has demonstrated significant improvements in access to urgent mental health support countywide. The reduction in abandoned calls means more people in crisis are now reaching help when they need it most. Concurrent de-escalation at consultation — exceeding the 25% target — demonstrates the value of a 'hear and treat' CAS model in delivering timely, psychologically-informed care for those most in need: callers, at the end of the line.