Humber and North Yorkshire Crisis Text Line Service Specification

Expectations for the Service

The national specification for a crisis text service is defined by the comprehensive approach to supporting everyone in mental health crisis, irrespective of their background and demographics. The service aims to provide timely, accessible, and effective support including a range of interventions tailored to meet the diverse needs of service users. The provider will be expected to meet the following expectations, based on the national specification.

i. The crisis text service is designed to cater to individuals across all age groups, ensuring that no one is excluded from accessing support.

ii. Recognising that crisis can occur at any time and to anyone, the crisis text service operates 24/7, 365 days a year. The service should be easy to navigate, ensuring that individuals can seek help at any time, including when access to other support services may be limited.

iii. The crisis text service offers the following range of support interventions to address the diverse needs of service users:

- *Text-based crisis intervention.* Trained practitioners engage in real-time conversations with texters to provide immediate support and crisis intervention. These interventions may include active listening, safety planning, and de-escalation techniques tailored to the individual's needs.
- *Emotional support.* In addition to crisis intervention, the service offers empathetic and non-judgmental emotional support to individuals in distress. Practitioners work collaboratively with texters to explore their feelings, validate their experiences, and offer comfort and reassurance.
- *Signposting to appropriate services.* Recognising that some crisis may require additional support beyond the scope of the text service, practitioners are equipped to provide referral information and onward signposting to appropriate services and resources. Whether it's connecting individuals with local mental health services, urgent mental health helplines / NHS 111 'select mental health option', or community organisations, the service aims to facilitate access to ongoing support and care.
- *Safety planning and risk formulation.* Conduct a risk assessment (by qualified mental health clinician) for each new contact to understand what the presenting risks are, which will contribute to safety planning. This should be completed within 15 minutes of the beginning of a text conversation. The clinician conducting the risk assessment should sit within the crisis text service. Often a safety plan will include carers and the wider multi-agency network, and practitioners should be skilled in identifying which other agencies in the care network need to contribute to safety planning, where appropriate. Practitioners will make reasonable adjustments in line with the Equality Act 2010.

By offering a holistic and person-centred approach to crisis support the crisis text service aims to empower individuals to navigate their mental health challenges with resilience and support. Through timely interventions, empathetic care and collaborative partnerships with local services, the service aims to ensure timely access to crisis care.

Local Geography

Humber and North Yorkshire Integrated Care Board (ICB) is made up of six local 'Places' – Hull, East Riding, North Lincolnshire, North East Lincolnshire, North Yorkshire and Vale of York – serving a population of approximately 1.7 million people, and a diverse geography of more than 1,500 square miles.

The provider will ensure full geographical coverage of Humber and North Yorkshire ICB region. This consists of:

- Hull
- East Riding
- North Lincolnshire
- North East Lincolnshire
- North Yorkshire
- York

Humber and North Yorkshire face a range of interconnected public health and population challenges shaped by geography, inequality, and demographic change. The area includes both densely populated urban centres and large, isolated rural communities, which creates disparities in access to healthcare services, transport, and healthy living opportunities. Significant health inequalities persist, particularly in coastal and deprived urban areas such as Hull and parts of North East Lincolnshire, where rates of smoking, obesity, cardiovascular disease, and premature mortality are higher than the national average. At the same time, the region has a rapidly ageing population, especially in rural and coastal areas, placing increasing pressure on health and social care services due to higher prevalence of long-term conditions such as dementia, diabetes, and frailty. Workforce shortages across health and care settings further compound these pressures, alongside challenges in recruiting and retaining staff in remote areas. Additionally, mental health needs – particularly among young people and those affected by deprivation – are rising, while socioeconomic factors such as low income, unemployment, and poor housing continue to influence health outcomes. Together, these factors create a complex landscape requiring integrated, place-based approaches to reduce inequalities and improve overall population health.

In addition, there is growing demand for urgent and emergency, and crisis services, particularly linked to rising mental health needs, socioeconomic deprivation, and delays in access to early intervention support. Emergency departments and mental health crisis teams are experiencing sustained pressure, with increasing presentations from individuals in acute distress, often exacerbated by factors such as poverty, housing insecurity, and social isolation. Delays in accessing community-based services can lead to escalation of need, placing further strain on ambulance services, A&E departments, and crisis pathways. Young people's mental health demand has notably increased, alongside complex needs among adults with co-occurring conditions. Together, these challenges create a complex and evolving system pressure, requiring more integrated,

preventative, and community-focused approaches to reduce reliance on crisis care while improving overall population health outcomes.

Expectations

The provider will deliver a 24/7 service available 24 hours a day, 365 days per year to all ages. Business continuity plans must be in place to ensure this requirement is met.

The Service will reach new audiences who prefer to text, and will help to reduce pressure on local crisis phone lines and Face-to-Face Services. Using technology, the service will be accessible by communities across Humber and North Yorkshire, reaching underserved populations who would not otherwise have a means of support.

As a Digital Service, the anonymised dataset will give a unique insight into Humber and North Yorkshire's mental health trends.

The Service will enable NHS Humber and North Yorkshire ICB to deliver against NHSE advisory specifications for implementation of 24/7 crisis text message services, integrated with their local services, including 111 phone service provision.

Technical Standards

To ensure that data around access can be captured, the provider must ensure there is a given word or number for the community to use. This word/number will be signed off by HNY ICB once the award is given. To ensure effective mobilisation the agreed word/ number will work with local and regional stakeholders' understanding. *For example, the provider might suggest text "HNY" to 848484.*

It is mandatory for the provider to submit data to the Mental Health Services Data Set (MHSDS). Collection of this data is mandated via the Information Standard DCB0011: Mental Health Services Data Set. More information on the submission expectations can be found here: Using the new Drop in Contact table for recording open access crisis line and SPA triage activity - NHS England Digital Where the provider submits no other data to the MHSDS this will need to be submitted to the sub-contracting provider for onward submission to the MHSDS through completion of the 'MHS302 Mental Health Drop in Contact' table. *submission is not currently live but would be expected of the service once routes are enabled.

Legal and Regulatory Compliance

- Compliance with UK GDPR and the Data Protection Act 2018
- Adherence to the Common Law Duty of Confidentiality
- Alignment with Caldicott Principles
- ICO registration and declaration of any ICO enforcement action.

Data Protection and Privacy

- Completion of a Data Protection Impact Assessment (DPIA) before implementation
- Privacy notice specific to the service (transparent, accessible to users)
- Data minimisation (only essential data collected via text)

- Defined data retention and deletion schedule

Consent and Service User Rights

- Mechanisms to uphold data subject rights:
  - Right to access (Subject Access Requests)
  - Right to rectification
  - Right to erasure (where applicable)
- Clear explanation of limitations of confidentiality (e.g., safeguarding risk)

Data Sharing and Information Flows

- Documented data flows (end-to-end mapping of SMS/text interactions)
- Formal Data Sharing Agreements (DSAs) with partner organisations (e.g., NHS providers, local authorities, emergency services)
- Defined protocols for escalation and information sharing in crisis situations (e.g., suicidal intent, safeguarding concerns)
- Assurance of secure data transfer mechanisms

Security and Technical Controls

- Compliance with NHS Digital Data Security and Protection Toolkit (DSPT)
- Use of secure messaging platforms (encrypted where possible)
- Secure data storage
- Compliance with the NHS Digital Technology Assessment Criteria (DTAC)
- Evidence of Cyber security certifications (ISO 27001 and Cyber Essentials)
- Summary and outcome of Annual independent penetration test
- Summary and outcome of annual test of Business Continuity/Disaster Recovery Plan

Clinical Safety and Risk Management

- Alignment with DCB0129 (clinical risk management for digital systems) and DCB0160
- Defined protocols for handling high-risk contacts
- Clear thresholds for when confidentiality may be breached to protect life

Safeguarding and Confidentiality

- Developed safeguarding policies (children and adults at risk) with regular review
- Defined processes for information sharing without consent in safeguarding situations
- Linkages to multi-agency safeguarding hubs where relevant
- Staff training on confidentiality and safeguarding responsibilities

Third-Party Providers and Suppliers

- Assurance that any technology providers meet NHS IG and security standards
  - Contracts including:

- Data processing agreements
- Defined roles (data controller vs processor)
- Hosting and subcontractor transparency, including disclosure of data hosting locations and any overseas processing arrangements.

Staff Training and Awareness

- Mandatory Information Governance training
- Training on:
  - Data protection principles
  - Crisis communication confidentiality
  - Handling sensitive information via text
  - Regular updates and refreshers
- Incident Management and Breach Reporting
- Processes for identifying and managing data breaches
- Reporting to:
  - Internal IG teams
  - ICO (within 72 hours if required)
- Learning and prevention mechanisms following incidents

Governance and Accountability

- Named Caldicott Guardian
- Senior Responsible Officer (SRO) for the service
- Defined accountability for IG compliance
- Regular audit and assurance processes

Accessibility and Inclusion Considerations

- Ensuring privacy for vulnerable users (e.g., shared phones)
- Consideration of digital exclusion risks
- Clear communication about how data is used in plain English

Monitoring and Evaluation

- Use of anonymised/pseudonymised data for service evaluation
- Clear governance around secondary uses of data (e.g., research, reporting)

Staffing Requirements

All staff should hold an enhanced DBS certificate and the appropriate qualifications to meet the requirements of their role.

The crisis text service may employ unqualified practitioners in order to carry out the activity of delivering the crisis text. These staff members should be extensively trained in the below skills, and overseen by a qualified mental health clinician at all times.

Staff Training and Support

Addressing the training requirements for crisis text service staff are key to ensure effective collaboration with other services and the delivery of high-quality support to texters.

All practitioners must undergo comprehensive training that covers essential topics such as:

- Active listening
- De-escalation techniques
- Suicide risk formulation
- Risk assessment and safety planning across all age ranges
- Mental Health First Aid
- Applied Suicide Intervention Skills Training (ASIST)
- ZSA Suicide Awareness training
- Trauma-informed care

These skills are essential for practitioners to effectively engage with individuals in crisis, provide empathetic support, and manage potentially life-threatening situations.

Furthermore, all staff, including practitioners and qualified mental health clinicians, must undergo training that addresses the diverse needs of all age groups and populations, this includes specific training on engaging with individuals with (but not limited to), ADHD, learning disabilities, dyslexia, autistic people, LGBTQ+ individuals, refugees, asylum seekers, individuals whose first language is not English, deaf and hard of hearing individuals, and racialised and/or marginalised communities. By equipping staff with the knowledge and skills to engage effectively with diverse populations, the crisis text service can ensure that all individuals receive culturally sensitive and inclusive support that meets their unique needs.

Guidelines for ongoing support and supervision of all staff are essential to prevent burnout and ensure the delivery of high-quality service. This will include regular check-ins with staff to assess their well-being, provide opportunities for debriefing and reflection, and offer of additional training or support as needed. By prioritising the well-being of the crisis text staff and providing them with adequate support and supervision, the crisis text service can maintain a resilient and effective workforce dedicated to supporting individuals in crisis with compassion and professionalism. Supervision should be provided by qualified mental health clinicians, this not only supports the well-being of the practitioner but also ensures that they are able to understand and manage risk as appropriate.

Accessibility and inclusivity

The crisis text service must ensure *accessibility and inclusivity* ensuring that individuals from all backgrounds and demographics can readily access timely crisis support. This encompasses disabled and neurodivergent people, non-speakers, and those with other language barriers, as well as careful considerations for older people and children and young people. The service will be free of charge for all users, reducing the financial barriers to access.

- *All-age accessibility* - the crisis text service will be designed to be accessible to individuals of all ages, from children to older adults. The crisis text workforce will be specially trained, competent, and experienced in all-age mental health, ensuring that texters receive support tailored to the developmental stage and specific needs of the users. For example, for children and young people, the service must offer age-appropriate support and safeguarding measures to ensure their safety and well-being. For older people, this may involve providing support tailored to age-related concerns, such as loneliness, bereavement, and physical health issues.

- *Culturally competent care* - cultural competence is valued and culturally sensitive care is provided to individuals from diverse backgrounds. The crisis text workforce will be trained to understand and respect the cultural norms, beliefs, and values of texters, ensuring that support is delivered in a way that is respectful and affirming. Language barriers must also be addressed to ensure that individuals from diverse backgrounds can access support in their preferred language. This may involve employing multilingual staff or utilising translation services to facilitate communication with non-English speaking texters.

- *Neurodivergent and learning disability affirming care* - the needs of neurodivergent individuals must be accommodated, this includes autistic people, people with ADHD, dyslexia, or Tourette's to name a few. People with learning disabilities must also be considered. The crisis text workforce will be trained to adapt their communication style, language use, and approaches to meet the needs of various neurodivergent communities ensuring that support is accessible, effective, and neurodivergent affirming. This will also include providing clear and concise communication, minimising sensory overload, and affirming that the individuals neurodivergence not as a flaw that needs correction but as a distinct neurotype or brain style that is an integral part of their identity.

By prioritising accessibility and inclusivity, the crisis text service will aim to reach and support individuals from all walks of life, ensuring that everyone has access to the mental health support they need, when they need it. Through these focus areas a more inclusive and supportive service is created for all individuals experiencing a mental health crisis.

Integration with NHS 111 'select mental health option' and other services

Ensuring individuals in crisis have access to a variety of options for timely support is paramount in supporting those in mental health crises effectively. With the streamlining of all age urgent mental health helplines via NHS 111 'select mental health option,' it becomes equally crucial to provide an alternative access option via text, ensuring seamless care pathways.

Integration, in this context, refers to the ability to support individuals most acutely unwell through an uninterrupted pathway of care. Practitioners within the crisis text service must be equipped to seek advice or refer individuals to urgent mental health helplines staff, particularly where face-to-face assessment may be necessary, with local protocols in place setting out operating guidelines for how this will be implemented and monitored.

It is essential that crisis text support staff have access to up-to-date information on services available locally, ensuring texters are directed to the most appropriate support options for their needs. Strong links between the crisis text service and identified local mental health providers will need to be maintained, to ensure identified onward referral routes are correct. The crisis text service will link with local services via a directory to allow direct signposting across Humber and North Yorkshire. Information on the services to be included and their contact and referral routes will be provided by the relevant local mental health provider trusts.

Opportunities for collaboration between services should be explored to ensure the seamless integration of care pathways. There will be clear communication channels and referral pathways, where possible, between crisis text services and urgent mental health helplines to ensure that individuals in crisis receive timely and appropriate support, regardless of the access route they choose and to ensure no unnecessary delays in seeking the right support.

Crisis and Risk to Life

Where a risk assessment, or the content of a conversation indicates a risk to life, the crisis text provider must have robust escalation routes to respond to immediate danger.

This should include contacting local mental health crisis services, emergency services on 999, and ensuring emergency service attendance.

National Guidance Document

Crisis Text Support Guidance and Specification

Implementation support

The crisis text provider will provide the following:

- Quarterly review meetings, check-in calls, email support, quarterly contract review meeting
- Local signposts for keyword texters.

Marketing support and resources

The crisis text service provider will support with keyword marketing consultancy: materials and tools will be designed to help promote the keyword across Humber and North Yorkshire.
Keyword insight and trend reporting will be provided to help understand the issues keyword texters are facing.
Comms resources will include:

- Bespoke marketing toolkit tailored to the keyword. Inclusion of artwork for three posters, one leaflet, one business card, three social media assets and two additional designs such as a banner or email signature.
- Meeting to support in marketing the launch of the keyword, plus six-monthly check ins to review marketing toolkit and plans.
- Regular content based on external calendar dates and new data insights.
    - Stakeholder Mapping Template which can be used for comms planning.

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Key Performance Indicators (KPIs)

The crisis text service will monitor and continuously improve its performance to ensure the highest standards of care for individuals in crisis. Key service KPIs have been developed in alignment with the national NHS 111 'select mental health option' pathway, emphasising responsiveness, the quality of interventions and patient experience. These KPIs are designed to measure various aspects of service delivery, including response times, the effectiveness of interventions and user satisfaction. By tracking and analysing these metrics, the service can identify areas for improvement and implement targeted strategies to enhance the overall quality and effectiveness of crisis support provided through the text service.

Activity Levels

Activity levels targets will not be set for the first 12 months as the contract value has been determined by modelling from other commissioned partnerships. This will allow the Provider to manage the demand based on the size and demographic makeup of the Humber and North Yorkshire population. The Provider will manage demand to ensure they have enough capacity to meet the needs of the Humber and North Yorkshire population during the first 12 months of the contract.
Texts received should be expected to vary throughout the year, with rises in demand needing to be accounted for in the services provision.

Category	**KPI***
Clinical Effectiveness - CROM	Re-access rates (number of repeat texters) within 24 / 48 / 72 hours
Access - Crisis Text Service is responsive	Text abandonment rate Text response wait times
Patient experience. Patient reported experience measure - PREM	Texters feel that the service was to the standard they would recommend to friends and family members
Mental Health Services Data Set	A measure of data completeness across relevant data items Completion of the 'MHS302 Mental Health Drop in Contact' table (where the provider submits no other data to the MHSDS this will need to be submitted to the sub-contracting provider for onward submission to the MHSDS).

Quality and Activity Indicators

Category	Indicator
Activity - Demand	No. new contacts made in period Total texts received in period [Data to be broken down by reason for contact]
Activity - Demographics	Appropriate demographic data to be collected in line with MHSDS specification requirements
Quality – Incidents, complaints, compliments	Details of incidents/complaints/compliments, learning identified and actions taken. This should include number of escalations to 999.
Quality - Staffing	% staff with required DBS checks % mandatory training completion, by training requirement
Quality – onward referrals	No. of onward referrals by receiving service

Reporting

The below form details an example KPI report, with information expected to be collected and reported on by the provider.

Crisis Text line data KPI collection form
Provider Name:
Contract Dates:
Report Quarter:
Report Date Range:

Keyword Texters	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Conversations				
Texters				
Cumulative texters				
New Texters				
No. of Repeat texters total				
No. of Repeat texters within 24 hours				

No. of Repeat texters within 48 hours				
No. of Repeat texters within 72 hours				
Number of non-engaged conversations				
% of texters who would recommend to a friend				
% found conversation helpful				
% Says they felt more calm				
% Says they can work out their problems better				
% Says that whilst in contact with Shout, I felt I was treated with dignity and respect				
% Conversations connected within 15 minutes				
Number of Active Rescues				
Number of Safety Plans				
Number of Keyword Complaints				
Number of Keyword Safeguarding Escalations				

Day of week (% of conversations)	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Hour of day (% of conversations)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

Top Issues (% of conversations)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Anxiety/Stress				
Isolation/Loneliness				
Relationship				
Self Harm				
Depression/Sadness				
Suicide				

Age Bracket (% of conversations)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Under 13				
14-17				
18-24				
25-34				
35-44				
45-54				
55+				

Gender (% of conversations)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Female				
Male				
Non-Binary				
Other				