**Visualising Social Care Data for Mental Health Sectioning**

**with Theoplots**

### 1. **Background**

When social care data was brought into the BNSSG CCG for the first time, there was a general interest in joining the data to the mental health (MH) healthcare data that was already in the system. However, it was not clear what the new data contained, or how it related to the already present mental health data.

### 2. The Question

Can we use social care data to identify patients who are ‘heavy’ MH users, especially patients who undergo sectioning? What subset(s) of social care data are most useful for this?

### 3. Approach

The new social care data was linked to the data already used in the ExploreR, and the tool was then loaded using the new expanded dataset. Primarily, the theoplots section was used for this analysis. Initially single, then group theoplots were used as it became apparent social care data was sparse. The theoplots were filtered to only show secondary and mental health activity (as those related to sectioning).

Social care S2 Hospital Discharge

A picture containing scatter chart

Description automatically generatedA picture containing scatter chart

Description automatically generated

Much community activity afterwards

Non-elective secondary inpatient activity

A picture containing scatter chart

Description automatically generated

Figure 1: Theoplot showing only activity relevant to social care data: community care, secondary inpatient activity (hospital admission, which could be sectioning) and mental health.

Red = Social Care

Blue = Community Care

Green = MH

Yellow = Secondary Care

A screenshot of a computer

Description automatically generated with medium confidence

Figure 2: Group Theoplot showing activity relevant to social care data: community care, secondary inpatient activity (hospital admission, which could be sectioning) and mental health.

### 4. Results

The social care dataset was found to be poorly documented and maintained. While some patterns were found linking it to changes in social care and mental health activity, the dataset failed to provide new insights. This was especially the case as there was no costing data (which would have helped identify intensive users), and there were over 700 distinct character names for activity types. Most of the recorded activity were ‘meetings’ or ‘conversations’, with very little to no indication as to the outcome, or the parties involved.

### 5. Outcome

The plan to use social care data in addition to mental health for patient care was revised as the potential benefits of the new data source were less clear than anticipated. It also became apparent that a more thorough documentation of the social care data was required due its current state.