The Community Mental Health Transformation: Meeting the Needs of People Who Fall Between the Gaps in Services

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Problems the Transformation is addressing….

- Services are not joined up - people considered too complex for Primary Care & IAPT but not severe enough for secondary care (people falling between the gap).
- Long waits for access to CMHTs and rejected referrals
- Care constructed around “traditional services”, rather than the needs of service users.
- Lack of choice: limited access to evidence based psychological therapies for people with severe mental health problems.
- Illness/diagnosis focused treatment – focused on treating symptoms as opposed to promoting wellbeing.
- Social needs often unrecognised and not met.

The Community MH Transformation

Is focused on meeting the wide range of individual needs of:

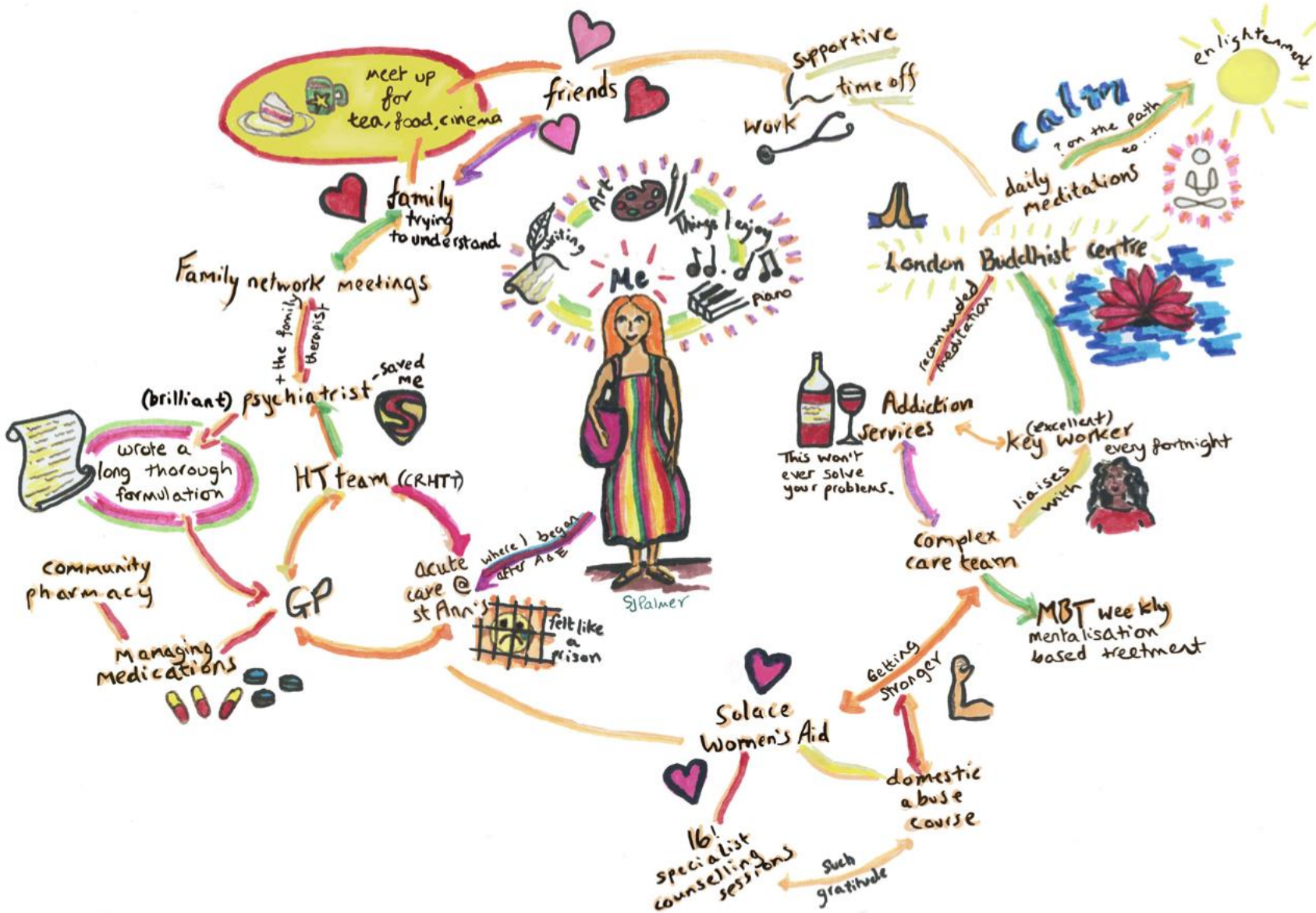
- people with severe mental health problems including (and going beyond) those with a diagnosis of psychosis, bipolar disorder, personality disorder and eating disorder.
- working age and older adults

Key Principles of the Community Framework

- A personalised, recovery orientated approach that addresses **needs** and helps someone to live as healthy and fulfilling a life as possible
- Recognises the wide range of community assets (including families & carers) and dedicated services that may be involved in meeting needs.
- Integration & partnerships with other services (primary care; social care; VCSO; housing; community based services; education etc).
- Single, coherent, integrated & seamless model
- Interoperability across systems
- No wrong door: Removal of arbitrary exclusion criteria; proactive and inclusive care including for co-existing needs.

Key Principles of the Community Framework

- Enhanced, integrated support within primary care to help manage fluctuating needs with flexible ‘stepping up’ / ‘stepping down’ of care based on intensity of input required (moving away from concept of “discharge”.)
- Shorter waiting times
- Equalities: Ensuring the needs of marginalised groups and those who are often invisible to services are met.
- Access to high quality evidence based care including psychological therapies.
- A competent & confident workforce to meet the needs of the population it serves:
    - Should incorporate paid roles for people with lived experience, including peer support workers and lived experience practitioners.
- Service measuring outcomes that are meaningful to service users.


meet up for tea, food, cinema
friends
family
trying to understand
Family network meetings
+ the family therapist
(brilliant) psychiatrist
saved me
wrote a long thorough formulation
HT team (CRHTT)
community pharmacy
GP
managing medications
acute care @ St Ann's
where I began after A&E
felt like a prison
Me
Art
writing
Things I enjoy
piano
SJPalmer
work
supportive
time off
calm
on the path to...
enlightenment
daily meditations
London Buddhist centre
recommended meditation
Addiction services
This won't ever solve your problems.
(excellent) key worker
every fortnight
liaises with
complex care team
MBT weekly mentalisation based treatment
Solace Women's Aid
getting stronger
domestic abuse course
such gratitude
16! specialist counselling sessions

Meeting the Needs of people with Drug and Alcohol Problems: Specific Challenges

- Mental Health Services often have specific illness and risk related acceptance criteria (often not consistently applied).
- Drug and Alcohol problems often not considered “our problem”.
- Perceived split between ‘illness’ and socially determined distress: services often not trauma informed.
- Service offer often focused on medication and risk management
- Practitioners often lack confidence and competence to provide effective psychosocial help and support.
- Limited access to psychological therapies for people with complex needs.
- Why take someone on if nothing effective to offer?

What needs to happen….

- Taking a partnership approach with all relevant stakeholders – joined up planning, delivery and governance. A new approach to service delivery – not more of the same:
  - Coproduction at the heart.
  - Service users and their needs at the centre of care.
  - Increased investment in local community and voluntary sector services.
  - Consider creative ways of doing things - not more of the same.
  - New roles, increase staff competences to meet the needs of their local community and to be able to deliver evidence-based care.
  - Greater range of “services” and opportunities to meet service users’ needs

Yorkshire and the Humber Mental Health Clinical Network

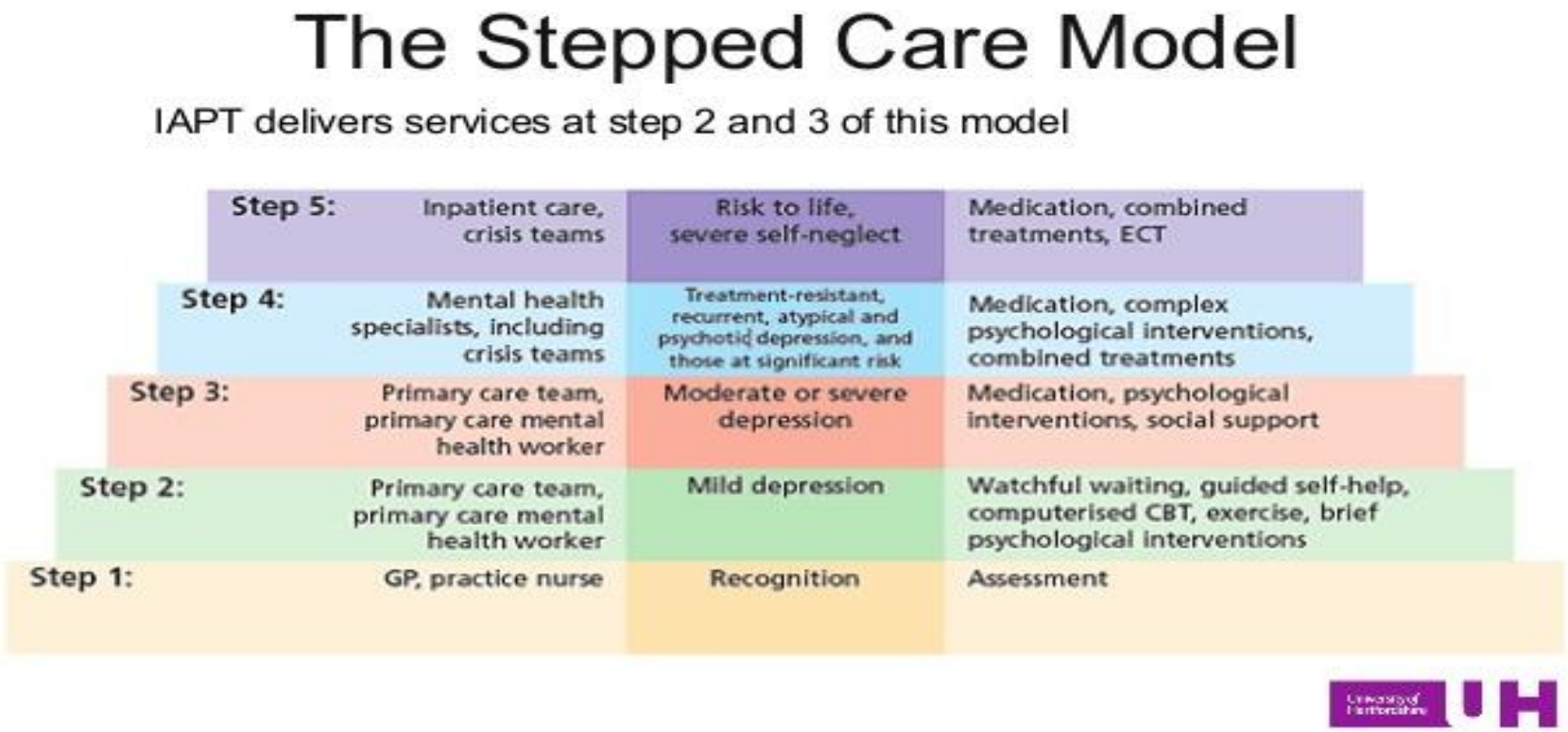
IAPT

Andy Wright, IAPT Advisor

What is Increasing Access to Psychological Therapies?

- IAPT services are characterised by three key principles:
- **Evidence-based psychological therapies at the appropriate dose**: where NICE-recommended therapies are matched to the mental health problem, and the intensity and duration of delivery is designed to optimise outcomes.
- **Appropriately trained and supervised workforce**: where high-quality care is provided by clinicians who are trained to an agreed level of competence and accredited in the specific therapies they deliver, and who receive weekly outcomes-focused supervision by senior clinical practitioners with the relevant competences who can support them to continuously improve.
- **Routine outcome monitoring** on a session-by-session basis, so that the person having therapy and the clinician offering it have up-to-date information on the person's progress. This helps guide the course of each person's treatment and provides a resource for service improvement, transparency and public accountability.
- Core IAPT services provide treatment for people with the following **common mental health problems**
- **1.9 million people** per year will be seen by 2023/24

Where Does IAPT Fit ?



Drug and Alcohol Misuse: Some Context

- Not and automatic exclusion criteria
- Routine assessment for D&A recommended
- There is a place for psychoeducation
- Engagement may be difficult
- Simultaneous vs sequential treatment
- We should anticipate high prevalence rates
- Evidence of motivation to change
- Does not provide complex treatments
- Robust attendance policies are in place
- High volume high turnover environment

What Can We Do ?

- View D&A as a strength and advantage
- Recognise own service strengths and weaknesses
- We would expect a non-judgmental approach but there could be anxiety about a knowledge gap in this area of work
- Consider additional training e.g. around D&A, motivation, assessment, contracting as well as treatment pathways
- Co-produce pathways with partners and integrate the offer
- Be open to connections with other special interest groups, for example work with veterans
- IAPT Manual v5 for additional resources