

## Information Pack 6.1

### Some Examples of National Best Practice in Community Based mental health Services

The following examples are taken from the Health Services Journal national awards in mental health.

#### **1. Home Treatment Service - An award-winning project in Scotland is shifting the balance of care from hospital to home support for people**



**with severe mental health issues.**

**Service user Carl (see case study) below discusses progress with consultant psychiatrist Ihsan Kader (centre) and social worker Hilda Haddon, from NHS Lothian's intensive home treatment team (pic: Chris Watt/UNP).**

#### **Project details**

- **Name of service:** NHS Lothian intensive home treatment team.
- **Aims and objectives:** To reduce admissions and readmissions to hospital and support early discharge.
- **Cost:** £1.6m since October 2008.
- **Number of staff:** 26, including nurses, psychiatrists, OTs and social workers.
- **Number of service users:** The team saw 1,588 people between October 2008 and December 2009, 543 of whom received intensive home treatment.
- **Outcomes:** 93% service users reported improvement during IHTT care and there was a 24% decrease in acute hospital admissions between October 2008 and December 2009. An award-winning project in Scotland is shifting the balance of care from hospital to home support for people with severe mental health issues, reports Louise Hunt

An alternative to hospital admission for people with severe mental health problems is helping to speed recovery and reduce pressure on health and social care services.

NHS Lothian's intensive home treatment team (IHTT) is Scotland's only 24-hour home support service. [Last November it was named the Royal College of Psychiatrists' team of the year.](#)

Launched in October 2008, it builds on the work of the intensive home treatment teams established in England, and embraces the ethos of treating people in the community. "Some people do need to be treated in hospital, but others, provided they are safe, can be maintained at home in a comfortable environment," says IHTT consultant psychiatrist Ihsan Kader.

This team provides a seven days a week. Service with a dedicated consultant input, Patients are seen within a day of referral,

The team of 26 consultants, doctors, nurses and two local authority employed social workers is spread over two sites. Most visits are done in pairs, depending on the expertise needed, and can take place up to three times a day, lasting an hour on average. The average length of contact is three-and-a-half weeks. "The team sees five to six people at any one time so you can build a good relationship with them," Kader says.

The treatment approach is making a significant difference to patient recovery times because it is less disruptive to their lives than hospital admission, adds Kader. The average length of stay in hospital for patients with severe mental illness is five to six weeks, and there is usually a period of readjustment when they return. However, those being treated by the IHTT can, to an extent, continue normal daily activities at home. Feedback surveys show most patients and carers are satisfied with the service.

Since the IHTT launch the balance of care has shifted from hospital to the community, resulting in fewer admissions and readmissions.

"We have managed to reduce the number of people being admitted involuntarily because there is another option," says Kader. "Two years ago they wouldn't have another option if they needed intensive mental health care."

When people are admitted to the Royal Edinburgh Hospital, the IHTT works with staff and patients to achieve early discharge, and has reduced by a week the average stay.

Although it will take some time before the cost savings from reduced admissions are quantified, the wards are already benefiting from being relatively quieter, which means better patient care.

The service is also having a positive impact on social services. The two IHTT social workers employed by Edinburgh Council attend daily meetings to discuss patients' needs.

David Hewitson, social work manager for Edinburgh Council and the IHTT, says the service is easing pressure on social services: "Crucially, the team is picking up people whose lives are in distress because of mental illness. Because they are picked up by a medical team and social workers, they receive lots of practical support, such as sorting benefits, that would otherwise have led to chaos and more likely a referral to community services."

## **2. How long would you wait? Cornwall Partnership FT**

### **The initiative**

The How long would you wait? campaign was set up to raise awareness of psychosis and urge family, friends and work colleagues to reach out to help by intervening early.

The campaign aimed to:

- Increase referrals to the early intervention team;
- Meet commissioners target for first episode cases;
- Create a psychosis health promotion post;
- Make links with relevant stakeholders to increase awareness of the service;
- Attend main public events to raise awareness;
- Set up rolling awareness programmes where possible.

A striking, two minute underwater film was filmed at a local swimming pool. The film was designed and produced by a crew of young men who have experienced psychosis. It features submerged characters waiting to be rescued, to symbolise the way in which a person's reality can change when they experience an episode of psychosis.

The film was promoted virally through Facebook, Twitter and YouTube. It was also available on a standalone website — [howlongwouldyouwait.com](http://howlongwouldyouwait.com)

A series of eight postcards were produced and distributed throughout the county to direct people to the website and provide referral contact details.

The campaign was also promoted with a radio feature and two hour phone in session with BBC Radio Cornwall on the subject of psychosis.

### **Benefits**

The campaign resulted in increased referrals to the early intervention team:

- Between August 2009 and March 2010 there were 91 referrals, whereas in the period August 2010 to March 2011 there were 146.

The PCT's target was 64 new confirmed cases for the campaign — in fact 73 cases were confirmed.

### **Financial implications**

A financial incentive was applied by commissioners to meet the referral and confirmed cases target. The project's success earned the trust £150,000. After taking into account the set up and running costs, an 858% ROI (return of investment) was achieved giving an actual gain of £134,342.

## **3. Proactive intervention to enhance recovery (PIER) project — engaging the web 2.0 generation about psychosis Surrey and Borders Partnership FT**

### **The initiative**

The aim of the initiative was to involve young people (aged from 14–35 years) who are experiencing psychosis in designing and creating original resources — including a new online platform — to make information about the condition more accessible to this age group.

A recent survey of people who use the Early Intervention in Psychosis (EIP) service and their carers reported a lack of easily accessible information about the help available in the local area and about psychosis in general. They also felt frustrated at not being involved as they could be in shaping their local service.

Our objective was to reduce the duration of untreated psychosis and cut the number of hospital admissions by making more young people aware of mental health issues and enabling them to make more informed decisions. We also wanted to improve the service user experience and embed leadership, innovation and user involvement within EIP and the trust in general.

The PIER project addresses recommendations in the national mental health strategy, *No Health without Mental Health* that calls for a shared understanding between people who use services, carers, professionals and the wider community in relation to health promotion and early intervention

A group of people who use services, carers and professionals was recruited in May 2010 to meet on a bi-monthly basis to create and develop ways to make information about psychosis more accessible to the wider community.

Together they reviewed research evidence and literature on cultural health inequalities before discussing their creative ideas. The group decided on the microsite idea and developed the design style and content, even the text, with the in house team.

They agreed that videos with professionals from the team and people who use the service would be more personable, a “psychosis wiki” could explain some of the “jargon”, and blogs would convey people’s real life experiences.

Consent forms were drawn up and then case narratives and videos developed in partnership with students from the University of Surrey. Leaflets, posters and

exhibition display banners were produced to promote the site and in March 2011 the website went live.

The team distributed materials to local health, social care and community organisations and attended events such as the University of Surrey health fair.

In June a dissemination report was showcased at the PIER conference and videos uploaded on the site.

### **Benefits**

Performance has been measured by completing a comparative study before and after the project to look at its impact on the number of referrals to EIIP; referral pathways and any changes to number of self referrals; duration of untreated psychosis; and hospital admission rates.

The number of referrals has significantly increased with a 50% increase in April 2011 as compared with April 2010. In addition, a 75% reduction in admissions to acute inpatient units has been achieved (with a 50% reduction in formal admissions — sections — under the Mental Health Act.)

Research carried out within EIIP showed that the average duration of untreated psychosis was 90 days (the general average is 98 days) but since PIER project's initiative this has fallen to an average of 35 days.

In the three years prior to launching the website, the service only received one self referral. We have already had three in three months. And while detailed feedback surveys are currently in progress, anecdotal feedback on the project so far has been positive.

### **Financial implications**

There was no outright financial outlay from the trust, other than the time of those involved. The PIER project used in house experience and expertise to produce many of the resources, including the microsite itself.

Other items were funded from a £10,000 bursary from the National Leadership Council as one of six "Emerging Leader Projects".

These funds were used to produce a follow up PIER project conference and items to promote the site — such as three promotional videos, leaflets (including one in Nepalese to meet local demand), posters, display banners, t-shirts, pens etc.

This was essentially a year long project, starting in May 2010 — with tangible results recorded by the PIER conference in June 2011 — although the website will continue to be updated so will continue to reap rewards for very little financial outlay.

While we don't have a figure for the saving to the trust in reduced admissions and enhanced recovery rates, we can say that peer reviewed studies show that less use of emergency

and inpatient services results in more cost effective illness management and can lead to up to £290m in annual savings at a national level.

### **Contact**

#### **4. Mental health gateway workers: promoting positive mental health Cardiff and Vale University Health Board The initiative**

The aim of the gateway workers (GWW) is to bridge the gap between primary and secondary care utilising a stepped care approach. The GWWs ease access to and choice of effective psychological interventions with referral into specialist services if needed. Before the initiative was set up in 2008 primary care professionals felt their patients were getting a poor service from secondary care, and the community mental health teams (CMHT) felt referrals were sometimes inappropriate. Funding was secured to extend the existing primary care liaison worker

post into a dedicated service with three fulltime GWWs and a clinical nurse lead.

The service offers: • Triage assessments for routine mental health concerns; • Stepped care interventions; • Stress management courses' • Solution focused interventions.

The gateway workers needed a range of specialist skills to be able to undertake comprehensive assessment of mental health, recognise serious mental illness and ensure that people needing highly specialised care can access the appropriate service. A training programme was devised that included: • Motivational interviewing; • Solution focused work; • Bibliotherapy prescribing; • Accredited mental health first aid training; • Stress management training.

The client group is the combined adult population of 14 GP surgeries. Treatments are offered to adults and 16–18 year olds not in full time education who have been identified as experiencing mild to moderate mental health problems.

### **Benefits**

GPs were asked to give feedback on the introduction of the GWWs, comments included:

- “The gateway service is easily accessible to both GP and patients. For patients it is a lot less daunting to attend a familiar place with staff known to them in their local area. As a result some patients who have always declined referrals to CMHT have been able to engage with the service”;
- “The services are timely and save the wait for an appointment with the CMHT” .

Patient feedback included:

- “It was good knowing that I had a full hour’s consultation. It gave plenty of time to explore some very difficult issues”;
- “I attended an evening class run by a GWW, which I found very helpful, explaining ways to relax and prioritise everyday occurrences” .
- “The GWW had different ideas for me to try. I would not have got better without the support of the GWW”

### **Financial implications**

Cost savings were difficult to measure over the short period that the pilot has been in operation. However, there was anecdotal evidence that GPs now only refer the most serious cases to the secondary services.

## **5. Advice on Prescription: a partnership approach to improving mental health and wellbeing**

### **NHS Halton and St Helens**

#### **The initiative**

Advice on Prescription is a joint initiative run by NHS Halton and St Helens, Halton and St Helens Health Improvement Team (HIT) and the Citizens Advice Bureau (CAB).

Many people when feeling a change in their mood go to see their GP seeking a medical approach when a problem solving approach may be more appropriate. The aim of the initiative is to fasttrack people visiting their GP who have mental health problems due to social welfare issues into more appropriate support services than psychological therapies. Upon identifying a suitable patient, the GP refers into CAB services. Within 24 hours of referral a debt advisor rings the patient to assess which CAB intervention is required.

The initiative was undertaken to improve patients' experience of service delivery when experiencing distress. It is often this distress that a clinician identifies with and may refer to secondary care mental health services. These services often have assessment and treatment waiting times, which can result in the patient's condition deteriorating into a more severe state along with their social welfare issue.

The health improvement team's mental health improvement specialist worked alongside the CAB to produce the necessary materials and to promote the pilot project to selected GP practices, single point of access staff and psychological therapies to ensure their participation.

### **Benefits**

The initiative is ongoing in a number of selected GP practices but an interim evaluation has been undertaken between February and April 2010. Within this period 35 referrals for debt advice were made. Significantly, two people referred had been under the care of the crisis team due to suicidal intent. Through receiving debt advice and support their risk was eliminated.

The key benefits of the initiative are in:

- Reducing patients' anxiety/depression by offering a service that is responsive to their needs;
- Supporting primary care professionals during highly emotive consultations with a social prescribing problem solving, rather than a medical pharmaceutical, approach;
- Making full use of PCT funded debt advisors within the CAB to reduce mental health services costs. After the 12 week period ended we gathered qualitative feedback from staff who referred to the scheme. The general theme was about the time it saved practitioners and the appropriateness of it as an intervention:
  - "Saves time, gives people the opportunity to speak to experts within that field";
  - "Will make my work a lot easier — reduces time spent, chasing round researching what's available";
  - "Knowing I could speedily refer my patient into CAB and then onto a depression group made me feel confident I had done my best as the main problems will be addressed and then the mental health work will probably have a bigger impact";
  - "by accessing the scheme and support so quickly my gentleman went from being a suicide risk and needing crisis support to having no suicidal intent".

### **Financial implications**

The PCT provided funding to the CAB for six debt counsellors for three years and resources for referral materials at a total cost of £300,000. The HIT team performed an analysis to determine whether the project had an impact on the level/step of mental health intervention their patients received (as a proxy for cash releasing savings). They found that within a 12 week period, 38% of referrals resulted in a step down of mental health intervention and that 50% of these were discharged from mental health services completely.