

FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND

SECTION 3: SERVICE PROFILES

ADULTS WITH MENTAL HEALTH PROBLEMS

Prevalence: More than 20% of adults are affected by mental health problems at any time - 30% of general practice consultations involve mental health problems. 10% of adults are depressed; 5% have anxiety disorders; 0.4% of people living at home have schizophrenia (but many are not registered with a GP); and 0.5-1% have bipolar affective disorders. 13% of those with schizophrenia and 17% with recurring major depressive illness will end their own lives. The suicide rate for young males has risen.

Service Element	Description of Needs	Ways in Which Services May Respond
Maintaining Contact	There is a need to sustain contact with people who receive a service who are homeless; who are solitary; have drink or substance misuse problems; or whose environment gives rise to particular concern. Some who shun active contact with the service will have vulnerabilities which require some distant contact be kept. It is also important to maintain contact between agencies to facilitate a co-ordinated response to the needs of such individuals.	<ul style="list-style-type: none"> • Clear inter-agency/inter-locality policies on people who use services who move. • Programmes for assertive outreach which ensure continuing contact. • Care Programme Approach and Care Management arrangements which identify responsibility for sustaining contact (and regularity), this will include those on Leave of Absence and those subject to a Community Care Order.
Services for People with Moderate Mental Health Problems	<p>People with moderate mental health problems usually need short-term, focused treatment and social support to address symptoms which, while not severe, cause significant psychological distress (eg anxiety).</p> <p>Behavioural-cognitive interventions can be effective and can be adapted for use by a non-specialist primary care staff.</p>	<ul style="list-style-type: none"> • Targeted interventions in primary care potentially provided by primary health care team members, and/or supervised counselling schemes. • Psychological therapies provided in primary care settings by mental health staff. • Self help groups. • Voluntary sector counselling services.
Time Limited Support	Many mental health needs (eg those associated with agoraphobia, major depression, severe anxiety disorder, post-traumatic stress disorder, obsessions, eating disorders and abnormal grief reaction) fall outside the criteria of "severe and/or enduring", but are distressing enough to disrupt significantly day-to-day life, eg rendering the individual unable to work, although able to maintain personal safety and live independently. The needs of these individuals can only rarely be fully dealt with by primary care, and they will usually need treatment and social support delivered to them through the mainstream mental health service or by mental health staff working in primary care settings.	<ul style="list-style-type: none"> • Day hospital individual or group therapy (in rural settings this may need to be peripatetic). • Targeted interventions by members of the community mental health team, including psychological therapies and behavioural/cognitive approaches. • Targeted outpatient appointments. • Input to primary care support from mental health services. • Self help groups with specialist support. • Voluntary sector services with specialist support.
Long Term Support	There is a group of people with a substantial history of severe and enduring mental health problems who have complex needs (often characterised by difficulty in forming relationships and high risk of homelessness; and/or involvement in petty crime) for whom medication is often of value but who also require long-term and	<ul style="list-style-type: none"> • Locality-wide specialist targeted team with limited caseloads. • Dedicated mental health workers in locality community mental health teams. • Services for mentally disordered offenders with a wide brief to deal with people with similar needs.

ADULTS WITH MENTAL HEALTH PROBLEMS (continued)

Service Element	Description of Needs	Ways in Which Services May Respond
<p>Long Term Support (continued)</p>	<p>active social support (eg immediate support in frequent crisis and high levels of practical support, etc) and treatment from mental health staff. This group's risk of suicide is significant and is a reason to maintain treatment and support. Cities usually contain a disproportionate number of people with these needs, through the effects of "urban drift", etc. Such individuals may be difficult to keep track of, unlikely to attend the normal service settings; and are a priority for the Care Programme Approach. They need a service which responds creatively and in a co-ordinated way to their needs; is assertive in maintaining contact; and offers highly structured support.</p>	<ul style="list-style-type: none"> • Rehabilitation services. <p>All of the above may offer intensive care management and assertive outreach.</p> <ul style="list-style-type: none"> • Specified staffed accommodation (eg 24-hour psychiatric care); • Liaison with child protection services; • Provision of crèche and other support facilities for use by people who receive services.
<p>Acute Psychiatric Support</p>	<p>An acute psychiatric emergency is when an individual's behaviour or distress requires an immediate response because of the risk of harm to self or others. This may include in-patient admission for assessment, with high levels of supervision and observation and intense medical and therapeutic input. In certain circumstances admission to hospital allows the supervision of specific programmes of care and treatment. These individuals will usually have a diagnosis of schizophrenia, manic depressive illness or severe personality disorder. Some will be at risk of self harm or, in rare instances, may present a risk to others and will require compulsory admission. Women may need access to women only care, in some cases with facilities for children. Home based treatment and day care is a viable alternative to admission for some individuals.</p>	<ul style="list-style-type: none"> • Multi-agency care teams with psychiatrist, Mental Health Officer and community psychiatric nurse involvement. • Crisis phonelines offering immediate advice and potential referral. • Immediate response service (with or without residential back-up) which delivers 24-hour multi-disciplinary assessment. • Home-based crisis treatment and care. • Intensive day care (extended hours, high levels of qualified worker input) as an alternative to admission. • Hospital based intensive and acute in-patient treatment. • Clear liaison protocols with primary care, A&E and the police. • Specific crisis care (with or without residential back-up) eg women-only or refuge. • Suicide prevention projects in collaboration with interest groups. • Effective risk assessment policies in all services.
<p>Sub-Acute Care</p>	<p>As people progress they may need to step down from acute care when they are no longer so acutely unwell that they pose a risk to themselves or others, and/or are not deemed to need continued acute treatment or care, but still require high levels of observation and support, to prevent relapse.</p>	<ul style="list-style-type: none"> • Intensive day care, peripatetic or dedicated transport in rural locations. • Home-based care. • Community support houses - residential care in ordinary houses with lower level, 24-hour qualified input.
<p>Respite</p>	<p>Individuals able to care for themselves with minimal support can often be at risk of relapse and possible admission unless given access to short-term support. People may need "respite" from their current</p>	<ul style="list-style-type: none"> • "Safe" houses, including women only facilities (usually staff cover during day, sleeping/no cover at night). • Family placement and "landlady" schemes.

ADULTS WITH MENTAL HEALTH PROBLEMS (continued)

Service Element	Description of Needs	Ways in Which Services May Respond
Respite (continued)	domestic situation as part of their planned medical care, or as social support. In both cases there is likely to be a need for therapy and counselling support. These needs will be greater in areas where there are few community supports or stable social networks.	<ul style="list-style-type: none"> • Short-term community support roles, potentially connected to the primary health care team. • Counselling support from within the primary health care team.
Active Rehabilitation	Due to a long in-patient stay and/or disabling effects of their mental health problems, some people may lack or lose necessary independent living skills and require a focused medium-term intervention. A long-term view of the individual's requirements is necessary. Rehabilitation should focus on supporting people in their own environment, rather than on in-patient rehabilitation.	<ul style="list-style-type: none"> • Specialist workers in community mental health teams. • Rehabilitation services with: <ul style="list-style-type: none"> - dedicated inpatient beds/unit; - therapeutic day care; - home-based support. • Proper application of the Care Programme Approach.
Emergency Response	<p>Early identification of a crisis and immediate proactive response to avoid the worst effects is needed if people who have received a service for a long time are to have the maximum opportunity of maintaining independent living. They may need:</p> <ul style="list-style-type: none"> • an easily identified access route; • assessment by experienced staff; • a safe environment; • medication; • respite for family; • advice and/or social support or counselling with problem solving; • company; • information; • rest and safety; • 24-hour observation; • stress release; • help with self care; • detoxification; • relief from responsibility; etc. • accommodation and food. <p>It is important that people retain links with ordinary routines and living environments, and responses to predictable aspects of their crisis are pre-planned to avoid unnecessary acute admission. Commissioners should require effective links with housing agencies to ensure that the homes of people using the service are not lost.</p>	<ul style="list-style-type: none"> • Specialist service for this client group including: <ul style="list-style-type: none"> - dedicated intensive and acute care inpatient beds; - community treatment unit/staffed safe house/fostering schemes; - intensive day care; - home-based crisis care. • Identified psychiatrist/nursing staff in acute wards. • Record of an individual's preferred/appropriate response by the service to a crises in care plan or on crisis card. • Continuing contact during any admission with community workers to ensure an easier transition on discharge. • An appropriate environment for the management of patients liable to detention under the Mental Health (Scotland) Act 1984.