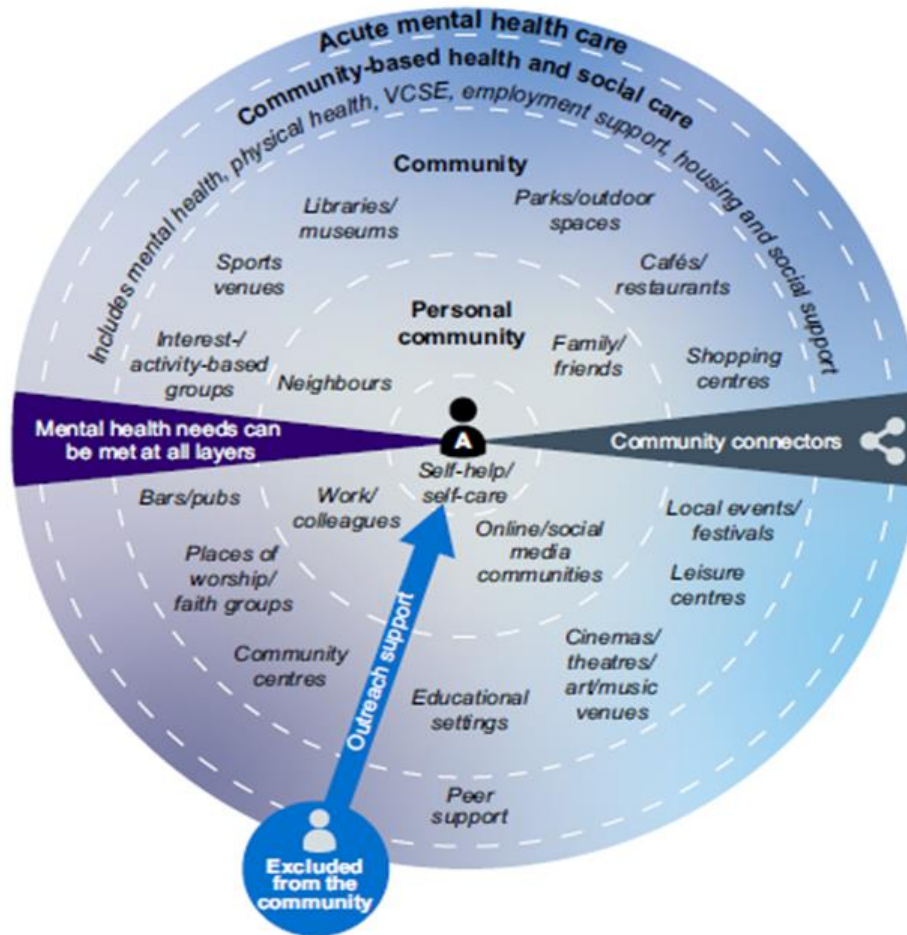


New model for community mental health services

A new vision for community mental health

- SHCP ICS community mental health services will consist of two components – emotional wellbeing services based in local neighbourhoods - and specialist community mental health services that wrap around additional support and interventions when required
- The primary aim of the emotional wellbeing service is to improve emotional wellbeing and quality of life. A key focus is on supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes. Evidenced based mental health interventions will support this.

The new model



Emotional wellbeing service: key elements

- Emotional wellbeing services will sit in primary care based around neighbourhoods and PCNs
- Care is provided by the whole community through integrated care pathways supported by Community Connectors who coordinate the effective utilisation of resources (bridging and bookending)
- Care is offered from a broad biopsychosocial perspective – with a focus initially on developing a formulation of a person's difficulties identifying need not diagnosis
- Supportive and enabling interventions are provided in a community context by local community groups – backed by increased availability of psychological interventions

- People can enter the emotional wellbeing service through a variety of front doors – including statutory and third sector providers and digitally through self referral– with a no wrong front door approach supporting easy access to services
- To ensure full integration of care pathways and a trusted assessor approach, all providers take a consistent approach to assessment – backed by a connected IT infrastructure collecting shared information and outcomes
- GPs, psychologists and primary care mental health workers provide overarching governance of the pathways – using the integrated IT infrastructure to review pathway flow and outcomes
- Everyone remains a member of the emotional wellbeing service – and care is coordinated from this service – even when more specialist mental health services are being provided

Interventions within the emotional wellbeing services include:

- signposting
- supportive trauma informed care and enabling interventions that address key social needs (including social support / connection, housing, debt, employment, education, drug and alcohol support and management of self harm and recovery college interventions
- Psychological therapy for people with common mental health problems and more complex psychological problems
- Specialist physical assessments
- Interventions for co-existing SMI and substance misuse issues
- Care for people with more stable less complex SMIT
- Medication advice for GPs to enable them to be supported to manage less complex people in primary care.
- Specifically designed services designed to address specific local needs (e.g. homeless, LGBT, BAME etc)

Staff in the emotional wellbeing services include:

- administrative staff
- clinical psychologists and other psychological therapists – including associate clinical psychologists
- mental health nurses / primary care mental health workers
- social workers
- mental health pharmacists
- primary care staff – including GPs
- community connectors/social prescribing/ link workers / support staff
- peer support workers/experts by experience

Specialist community mental health services

- Specialist community mental health services provide additional supervision, advice or interventions to support the work of the emotional wellbeing service when this is required – support is immediate and does not require a referral
- Criteria for additional support is based on a combination of a person's mental health risk and complexity, and the level of expertise or intensity of the support required
- Interventions are based on evidenced based care pathways
- Wherever possible, specialist interventions are delivered in the same premises used by the emotional wellbeing service
- Specialist community mental health services also play a role in ensuring safe and effective practice across care pathways

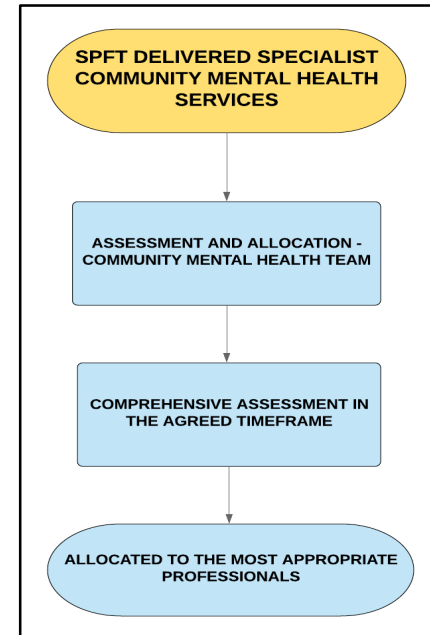
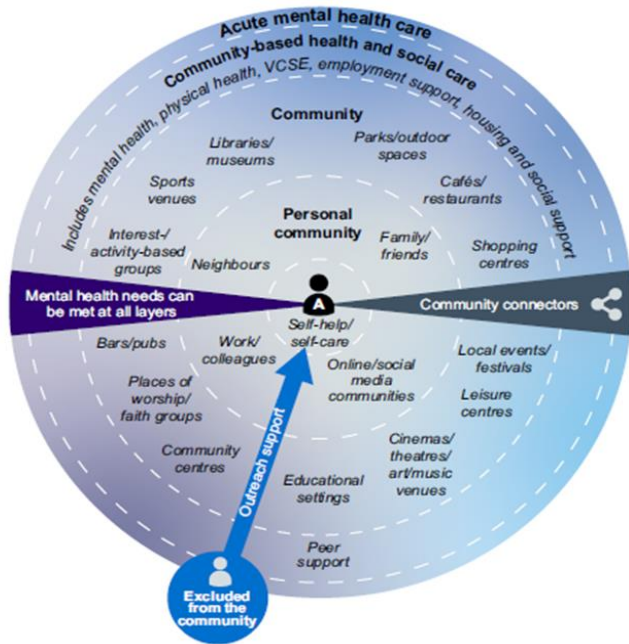
Interventions within the specialist community mental health service for more complex presentations include:

- Care-coordination for the most complex or at risk patients
- Specialist psychiatric assessment and treatment
- Psychological therapy
- Specialist psychosocial interventions
- Social care
- Providing supervision, advice and support to coordinators of care in 3rd sector services
- Providing expert supervision, advice and support to the wider emotional wellbeing service to support the effective utilisation of the whole care pathway

Staff in the specialist mental health services include:

- administrative staff
- psychiatrists
- clinical psychologists and other psychological therapists
- mental health nurses
- mental health pharmacists
- occupational therapists
- associate clinical psychologists
- social workers
- support services

Core assumption: seamless pathways exist between all parts of the new community mental health service



Key differences -1

- Previously disconnected services across sectors are brought together into a single integrated care pathway sharing common governance and outcome frameworks
- Services Locally tailored services wrapped around local communities are better able to respond to specific local needs
- Community, third sector, social care and primary care take a much greater role in providing care and treatment of people with mental health problems – particularly in the provision of supportive and enabling interventions
- Initial focus of care is on enabling people to access the support available in the wider community alongside clinical interventions if required
- People will find it easy to access care across a range of providers – without necessarily needing to visit the GP or be referred to specialist mental health provider trusts - with a no wrong front door approach

Key differences -2

- There are no longer referrals between services that might be refused or redirected and repeated assessments are eliminated wherever possible
- Integrated physical health and mental health assessments are prioritised at the outset – and interventions for physical health support and more readily available
- with greater availability of time limited psychological interventions
- Care is always coordinated from one place – no matter what services a person is receiving – so maximising continuity of care and a flexible system that proactively responds to ongoing care needs