

the period of untreated psychosis, which in turn, evidence shows, is likely to lessen future problems and improve the person's health and well being in the long term.

Functional mental health problem – Problem not due to organic degenerative conditions.

Intake function – Assessment and short term interventions

Model of Care – A 'model of care' broadly defines the way health services are delivered.

PCT – Primary Care Trust -Purchases/commissions health service provision locally e.g. GP services and hospital services not just mental health specific but all health care. Provides community nursing and therapy services.

Previous consultation – where the Primary Care Trust has talked to service users and carers about their needs.

Primary care – Primary care is the care that you will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers

Secondary services – Secondary care is specialist care, usually provided by hospitals, after a referral from a GP or health professional. Mental Health Services are included in secondary care.

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Planning Mental Health Services in West Kent



For better
mental health

Sevenoaks Area Mind



Introduction

It is likely that mental health problems may touch all our lives at some point—whether it be ourselves, family, friends, neighbours or work colleagues.

The aim of this review is to hold a Primary Care Trust (PCT) led listening exercise about the mental health services which are commissioned by the PCT. This will involve asking you to comment on how primary and community mental health services should be delivered.

What has already happened

In 2004, we held a public consultation about changes in the delivery of mental health services in West Kent. The subsequent redesign altered the balance between community services and inpatient services; so that now more people get a service at home or in the community rather than in hospital.

Research shows that individuals prefer solutions to their mental health crisis outside of hospital wherever possible. Local feedback supported this.

The government found new money for mental health and locally this was invested in:

- Crisis Resolution and Home Treatment
- Assertive Outreach and Early Intervention in Psychosis teams

Existing Community Mental Health Teams established Intake processes to access these services. This was described in the consultation document made widely available at the time.

Our guiding principles

In 2006 the government funded National Institute for Mental Health in England [NIMHE] launched 10 High Impact Changes for Mental Health Services which are the areas of greatest positive impact on service user and carer experience, service delivery, outcomes, staff and organisations. They aim to improve quality of care and the efficiency of services; so making the best use of resources to benefit the service users.

The 10 High Impact Changes for mental health services reflect the journeys that service users and carers make through services and ways in which that experience can be improved. They are really about being seen by the 'right' person, in the 'right' place and the 'right' time.

We would like to share with you the 10 changes, to give you an idea of the areas we need to consider during the planning process.

1. **Treat home based care and support as the norm for the delivery of mental health service.** Hospital admission can be used efficiently and effectively when it is the most appropriate intervention required but can be avoided when alternatives are in place.
2. **Improve flow of service users and carers across health and social care by improving access to screening and assessment.** This change makes it easier for service users and carers to access screening and assessment services throughout their journey.
3. **Manage variation in service user discharge processes.** This change looks for timely and consistent discharge regardless of the day of week or clinician availability. Discharge from all services should be integral to care planning and in collaboration with service users and carers.
4. **Manage variation in access to all mental health services.**

This change is about having in place effective and consistent processes that ensure responsive access to services regardless of the day of week or clinician availability through a coordinated approach.

5. **Avoid unnecessary contact for service users and provide necessary contact in the right setting.** Follow up appointments should only occur on request by the service user.
6. **Increase the reliability of interventions by designing care around what is known to work and that service users and carers inform and influence.** This change aims to increase the reliability of therapeutic interventions by enabling service users and carers to be at the centre of decision-making and establishing systems that support meaningful service user and carer involvement and participation.
7. **Apply a systematic approach to enable the recovery of people with long term conditions.** This change aims to provide an approach that supports and empowers people with long term conditions to better manage their mental health.
8. **Improve service user flow by removing queues.** The aim is to reduce the time service users wait at any point in the health and social care processes e.g. between referral and the first point of appointment and any referrals to internal services.
9. **Optimise service user and carer flow through the service using an integrated care pathway approach.** This change increases efficiency and outcomes through a whole system approach to delivering care packing
10. **Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.** This change aims to develop staff roles to make user that the services provided meet the needs of service users and carers and to attract and retain skilled and motivated staff.

However, we need to find out what YOU think is important.

What we want to discuss with you now

We wish to make our mental health services even more responsive to each individual's requirements; we want service users to have more say in what their services look like.

We want to be better at providing services earlier in someone's recovery journey.

Our aim is that in the future these services will be easier to access and we propose to do this through the introduction of care pathways. Care pathways are one way of detailing the standard and type of care service users can expect. They also help us to think of mental health as a journey, working towards recovery for individuals, where the individual is living life as fully as possible.

- We want to think more about wellbeing; such as considering physical and spiritual health in a holistic approach along with mental health; involvement in community and leisure activities; employment, education, and accommodation.
- Pathways will begin in primary care with the GP because that is where most people go when someone needs help.
- This will mean developing more services in Primary Care, which is where most people first see their GP about what is troubling them. A major component for better services in primary care is improving access to psychological [talking] therapies like short term counselling and cognitive behavioural therapy.
- We want to arrange services for adults over the age of 18 with no upper age limit. So, they will be based on what people actually need, whatever their age.

How we want you to help us with improving services

You can do this by:

1. Completing the questions which are relevant to your experience, on the following pages and send the page to the freepost address: **Mental Health Review, FREEPOST RRJX JUR UYAC, West Kent PCT, Wharf House, Medway Wharf Road, Tonbridge, TN9 1RE**
2. Between July and September you will be able to come and discuss these plans at a focus group which will be held around the area. If you would like to attend one of these please let us know by telephone or email.
Tel: 01732 459558
Email: admin@sevenoaksareamind.org.uk
3. Dates and venues of focus groups and the questionnaire are also available at : www.westkentpct.nhs.uk and www.kmpt.nhs.uk/wkredesign
www.sevenoaksaremind.org.uk
4. Writing to us at the Freepost address above.

It is likely that mental health problems may touch all our lives at some point—whether it be ourselves, family, friends, neighbours or work colleagues.

The aim of this review is to hold a Primary Care Trust (PCT) led listening exercise about the mental health services which are commissioned by the PCT. This will involve asking you to comment on how primary and community mental health services should be delivered.

1. How could the different types of support available be sign posted so people know where to go for help?

2. What sort of support is needed for GPs and services in primary care to enable them to help you if you experience mental health difficulties?

3. How could access to psychological (talking) therapies be improved?

4. What 3 things could we do to improve people's recovery journey?

5. In your experience, which services most help people with severe mental illness who are experiencing a crisis?

6. What services are needed out of hours?

7. In your opinion, what one thing would make the service successful for you?

8. Age:

15 - 25 26 - 35 36 - 45 46 - 55 56 - 65 65+

9. Locality:

Dartford Gravesham Maidstone Tunbridge Wells
Tonbridge and Malling Sevenoaks

10. Ethnicity:

Asian or Asian British:

Bangladeshi Indian Pakistani
Any other Asian background

Black or Black British:

African Caribbean Any other Black background

Mixed:

White & Asian White & Black African
White & Black Caribbean Any other Mixed background

White:

British Irish Any other White background

Chinese or other:

Chinese Any other Not know/not provided

11. Are you:

Carer User Professional
Voluntary Organisation

- Services will be provided in accordance with the 'New' Care Programme Approach this is the approach used to assess, plan, review and coordinate the range of treatment, care and support needs for people in contact with secondary mental health services who have a wide range of needs from a number of services, or who are most at risk. [Refocusing the Care Programme Approach, Department of Health guidance published March 2008]

The outcomes that the PCT wish to achieve:

- Establishing an integrated care pathway for adults of all ages with a functional mental health problem and a separate care pathway for people with dementia; in line with NIMHE [National Institute for Mental Health England] best practice recommendations.
- Redesign of services in primary care settings that will provide more services in the community rather than hospital.
- Establishment of clear criteria for acceptance into services and defined at every stage of care pathway.

Glossary of terms

Assertive Outreach – Assertive outreach services aim to support people in the community who find it difficult keeping in contact with mental health services.

Care Programme Approach - from October 2008 describes the approach used in secondary mental health care to assess, plan, review and co-ordinate the range of treatment, care and support needs for people in contact with secondary mental health services who have complex characteristics. It is called an "approach", rather than just a system, because the way that these elements are carried out is as important as the actual tasks themselves. Active service user involvement and engagement will continue to be at the heart of the approach, as will a focus on reducing distress and promoting social inclusion and recovery.

Community based services – Services provided at home, in GP surgeries, local centres like cafes and leisure centres, and Mental Health Centres which are not hospitals.

Community Mental Health Team – A team of different professionals working together offering specialist assessment, treatment and care to people in their own homes and the community.

Complex and severe mental health problem – These are mental health problems that are serious enough to warrant contact with mental health services. There may be a combination of medical needs [e.g. diagnosis, treatment and rehabilitation] and social needs [e.g. housing, social care and independent living].

Early Intervention in Psychosis – Early intervention services provide support and treatment in the community for young people with psychosis and their families. The aim is to reduce