

Introduction to... adult mental health services



- **The legal and policy context**
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- **Interventions**
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- **Mental disorders**

This *Introduction to...* briefing gives a brief overview of the adult mental health (AMH) system, and the legislation and guidance that covers the structure and delivery of services. It is aimed at practitioners in other services who work with, or make referrals to, AMH.

The guide includes details of:

- AMH joining together with other services to give a holistic approach to assessing and supporting people with mental health problems and their families and carers
- the appropriate sharing of information
- the importance of setting effective protocols for working together and safeguarding adults and children.

It also suggests some sources of further information about mental illness, treatments and interventions.

Background

As with all health and social care services, AMH can be complex and have a wide range of elements and interventions. Each area will have a different way of delivering these services. It is therefore important that you get further information from the resources listed here and the local service that you work in.

AMH services are usually offered within a mental health trust. AMH is sometimes called secondary care, which means that it is specialised and usually only available to people who are referred by a GP or other health/social care professional. AMH teams are usually 'multi-disciplinary' and include nurses, social workers, medical staff and therapists.

AMH services offer a wide range of interventions for adults aged 18–65 in a community or hospital setting. Older people's mental health services for people over 65 will depend on local protocol, so check with your local area. The day-to-day framework for delivering AMH services is based on the Care Programme Approach (CPA) and the rules of the NHS and Community Care Act 1990 (CCA). When a GP refers a patient and the AMH service accepts this referral, the stages of care are: assessment, planning, intervention and then discharge back to the care of the person's GP.

The length of time that a person is treated within AMH services depends on the nature of their problem, any risks, the type of intervention needed, and the person's willingness to take part in the treatment.

It is also important that you understand *where* the person is receiving their mental health care – about 80 per cent of people who experience mental health distress are supported by their GP. The Increasing Access to Psychological Therapies (IAPT) initiative has raised the expectation in recent years for psychological interventions to be more easily available in primary care.

COMMON TERMS

Approved Mental Health Practitioner (AMHP)

AMHPs are responsible for organising and coordinating – as well as contributing to – Mental Health Act assessments. The AMHP's role includes arranging assessments alongside two medical practitioners and interviewing the individual service user themselves.

Assertive outreach services

The aim of these teams is to support people with high levels of need associated with severe and persistent mental health problems, who live in the community.

The legal and policy context

Care Programme Approach (CPA)

CPA is a UK-wide model for delivering community services to people with mental health problems. It is a key part of the mental health system. Health and social service professionals assess the service user's need, provide a written care plan, allocate a care coordinator/lead professional, and regularly review the plan with the service user, their family and other professionals (DH 2008).

NHS and Community Care Act 1990 (CCA)

The Act requires health authorities – working with the local authority – to put in place set arrangements for the care and treatment in the community of people with mental health problems. It places a duty on local authorities to assess an individual's needs and circumstances – in partnership with them – to decide whether or not they will offer social services. Local authorities can take into account their resources during the assessment process – each will have a threshold document, which sets out the eligibility criteria for the authority. The Fair Access to Care Services criteria will also form part of the assessment and eligibility process.

Mental Health Act 1983 (MHA)

Admission to a psychiatric inpatient unit can be voluntary. Compulsory admission under a section will only happen after all alternatives have been considered or if there is a risk to the individual or others.

The MHA sets out the required number and special expertise of mental health practitioners needed to enforce the Act, the role of the adult mental health professional (AMHP), the rights of relatives to be involved in decisions, and the rights of patients to appeal.

The most commonly used powers in the Act are:

- Section 2: Admission for up to 28 days for assessment
- Section 3: Admission for up to six months, in the first instance, for assessment and necessary treatment
- Section 4: Admission in an emergency (only one doctor needs to agree initially)
- Section 37: Hospital order by court
- Section 37/41: Restriction order by court
- Section 136: Police power in public places to remove person to a place of safety.



COMMON TERMS

Caldicott Guardian

The Caldicott Guardian is a senior healthcare professional in each NHS organisation responsible for safeguarding the confidentiality of patient information.

Section 117 of the MHA places a duty of care on a commissioner, trust or local authority to give aftercare to patients entitled to these services when they have been discharged. These responsibilities only affect those detained under certain sections of the MHA.

For more information on the rights of service users, see the MIND website www.mind.org.uk

Human Rights Act 1998

All health and social care needs to be conducted in a way that is mindful of the Human Rights Act.

Mental Capacity Act 2005 (MCA)

The aim of the MCA is to promote and safeguard decision-making within a legal framework. It does this by empowering people to make decisions for themselves wherever possible, and by protecting people who do not have the capacity to protect themselves by setting out a flexible framework that puts individuals at the heart of the decision-making process. It is a key law for supporting people with mental health problems.

The MCA is a complex area of work but is based on five key principles:

- It assumes that an individual has capacity unless it is established otherwise.
- A person should not be treated as if they cannot make a decision unless all practical steps to help them make decisions have been taken without success.
- A person should not be treated as if they cannot make a decision just because they make an unwise decision.
- Any action taken under this Act – for or on behalf of a person who lacks capacity – must be taken in their best interests.
- Before any action is taken, you must make sure that there is no other effective way of achieving the outcome in a way that is less restrictive of the individual's rights and freedom of action.

It is important to understand that – under the Act – decisions made on behalf of another person have to be time- and issue-specific. Each decision needs to be assessed separately.

Further reading on the MCA is recommended whenever working with adults who may lack the capacity to make a decision:

- Mental Capacity Act 2005
- Mental Capacity Act 2005: Code of Practice
- SCIE At a glance 5: Mental Capacity Act 2005

COMMON TERMS

Carers

Carers are those family members or adult friends who provide significant physical, social, emotional and/or practical support to the person experiencing a mental health problem. For more information, go to the Princess Royal Trust for Carers website: www.carers.org.uk

Capacity

Having mental capacity means that a person is able to make their own decisions. All individuals are assumed to have capacity, unless it is established otherwise.

Ways of working

Care pathways and approaches

Recovery model

The recovery model is a framework or guiding principle that focuses on working with the individual service user to identify their strengths and build resilience. It also focuses on working with individuals to regain control, support recovery, and to lead a life meaningful to them after experiencing a serious mental illness. It is not just about treating or managing their symptoms.

Recovery does not always mean complete recovery from a mental health problem. For many people, it is about staying in control of their life despite their mental health problem. For further information and resources, go to the Mental Health Foundation website:

www.mentalhealth.org.uk

Personalisation

People with mental health problems can benefit from personalised social care as it increases choice and control and identifies what works best for them. The concept includes prevention, early intervention and self-directed support. The individual is in control of arranging and managing their own support system through a personalised budget.

For more information on personalisation, read the SCIE Key Issues: Personalisation resource:

www.scie.org.uk/topic/keyissues/personalisation

Assessment

When a person is referred to AMH services, a mental health professional is usually allocated to assess the individual's health and social care needs. The outcome of this assessment may be an intervention by the service, advice, or referral to another service. All assessments should include an assessment of risks to the individual, and the possible impact of this on them, their family and others, including the public.

There is often confusion about the type of assessment being carried out. When requesting or receiving information from an assessment, do ask the AMH worker what assessment has been undertaken, and what it covers, so that you can identify what other information you might need or be able to provide.



COMMON TERMS

Community Mental Health Nurse

A qualified nurse providing a variety of interventions in the community, who may be a service user's care coordinator.

Community Mental Health Teams

Teams made up of a variety of professionals providing multi-disciplinary mental health interventions in the community.



COMMON TERMS

Dual diagnosis

Refers to a combination of mental illness with another condition such as alcohol or substance misuse, or learning disability.

Early intervention services

These teams offer specialist treatments, information and support to people experiencing their first psychotic illness.

The assessment of an individual's mental health includes their:

- psychological health – how they are behaving and what they think is happening to them; their mood, thought content, perception, intellectual ability and level of consciousness
- personal history and family history
- social functioning
- physical wellbeing
- social situation and stressors – for example, their housing, finance and employment situations, and the impact they have on the individual's mental health
- problematic use of substances – including alcohol, prescription drugs taken in a manner not intended by the prescriber, the misuse of over-the-counter medications, and illicit drugs such as cannabis, crack, heroin, amphetamines and ecstasy
- risk to self or others
- cultural, spiritual and ethnic identity – and any impact on the individual's understanding of what is happening to them. This should include any legal issues on getting public funds
- carers and young carers, and if the carer needs to be assessed.

Considerable emphasis is now placed on AMH professionals to understand the impact on children in a household where a parent or sibling has mental health problems. It is important to understand the potential impact a parent's mental health can have on a child's welfare and safety, particularly if looking after the child is part of the parent's mental health problem. If this is the case, urgent action may be needed. AMH services should assess the impact of parental mental health on the child and make referrals to children's social care services or other targeted/specialised children's services.

Following assessment those service users who do not need intervention from AMH services will be referred back to their GP. In some cases AMH services will suggest non-specialist services for these individuals.

Service users who do need intervention from AMH services may get that help from specific professionals or from several members of the multi-disciplinary team (MDT), depending on risk and the nature of the intervention needed. Where the MDT provides an intervention, a care plan is agreed in writing with the service user.

All assessments should include a description of the symptoms and the risk management plan, which should be created and agreed with the service user. However, there may be situations where the risk is sufficiently high for the team to make a decision to provide services even if the service user does not give consent.

Not all of those referred will want to engage in mental health services, and unless there are particular risks, AMH services cannot make an individual accept help no matter how much other professionals feel it would be useful.

It is important to understand the many misconceptions in society about mental illness and the stigma associated with experiencing mental distress. This may have an impact on the person, their family and their willingness to engage with services.

Care plan

Following assessment, the information gathered is used to form a care plan that addresses all areas of need and identifies what support will be offered, and by whom. The plan should be reviewed regularly. It may involve other agencies, and their contribution should be explained in the plan. The service user needs to give consent to share this plan and the assessment with other professionals.

Crisis and contingency plan

This should form part of the care plan. It identifies early warning signs for any setbacks and what to do if the person is becoming unwell.

Care coordinator

Most interventions will be led and organised by a care coordinator. The care coordinator is often the key person to contact. They are usually a mental health professional such as a nurse, social worker or occupational therapist. They provide a link between the individual, their family and other professionals, and work with the service user to make sure their care plan is effective. They are responsible for making sure that regular reviews take place and coordinating work with other agencies.

Confidentiality and information sharing

This is often a complex and anxiety-provoking area for practitioners. The Government has developed 'seven golden rules' for information sharing:

1. Remember that the Data Protection Act is not a barrier to information sharing but a framework to ensure that personal information is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and where possible, and respect the wishes of those who do not consent to share information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

COMMON TERMS

Forensic services

These services specialise in the assessment and treatment of people who are undergoing legal or court proceedings or who have offended.

Home treatment teams

These teams provide an alternative to psychiatric hospital admission by providing intensive care and support to people who would otherwise need hospital care. They can also be used to reduce the length of time a person spends in hospital.

Occupational therapists

A mental health professional who works either with an individual or with a group to promote therapies that allow service users to maintain, recover or improve activities of daily living, including an individual's basic motor functions and reasoning abilities.

5. Consider safety and base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of decisions and the reasons for them, whether it is to share information or not. If you decide to share, record what you have shared, withwhom and for what purpose.

All agencies will also have local procedures on information sharing. Check with your local health trust, Local Safeguarding Children Board, or local authority.

COMMON TERMS

Peri-natal services

These services provide specialist assessment and treatment for women who are pregnant or – for a defined post-birth period – are at risk of, or are experiencing a mental disorder.

Psychiatrist

A medical doctor with specialist experience and qualifications in mental illness and emotional disorders. Psychiatrists have overall responsibility for the service user's care and medication. Consultant psychiatrists are responsible for the teaching and development of junior medical staff.

Interventions

The interventions that may be offered are various and depend on local need and availability. They may be offered:

- on a one-to-one basis or in a group setting
- in the service user's home or a mental health service or community setting
- by the mental health service or by external services.

Vocational interventions

Where a need has been identified as part of a service user's recovery plan, the AMH worker will support an individual's access to vocational and/or work-based support services.

Social care interventions

A number of service users will need support in the home – for example, help with household or daily living activities. This may include helping a person get to group-based interventions.

A number of areas may offer specialist day care support.

Therapeutic interventions

A wide range of therapies may be available in each area, but it is important to note that they are not suitable for all. The service user's wish to engage in any therapy is crucial. Service users will need a specialist assessment to take part in any therapeutic intervention – all are time-limited, and there is often a waiting list. Bear in mind that the relationship formed between the service user and the mental health professional is also part of the therapeutic process.

Below is a brief description of some key therapies:

- **Cognitive Behavioural Therapy (CBT)** is a collaborative problem-focused psychological intervention. The individual and the therapist work together to set goals and strategies for achieving them using an interaction of thought, feeling and behaviour. It may be used to treat a range of problems, including depression and anxiety, and more complex disorders such as psychosis.
- **Dialectic Behavioural Therapy (DBT)** developed following attempts to use CBT with individuals with a personality disorder. The therapy is based on a set of strategies, which emphasise that change must happen if a person is to improve their life. The treatment sets specific targets and stages to reach.
- **Psychodynamic therapy** aims to look at the roots of the individual's emotional distress, often by exploring motives, needs and defences. It is one of a number of therapies regularly used to treat a variety of conditions such as depression, persistent self-harm and personality disorder.
- **Psychosocial interventions for psychoses** involve a number of interventions including working with drug treatment, therapies and rehabilitation strategies. They can include CBT, social skills training and psycho-education. Family intervention for carers may also be appropriate.
- **Family therapy or family systems therapy** is a branch of therapy that treats the whole family. Family therapists consider the family as a system of interacting members. The interaction of family members is seen as the root of problems, rather than it being down to an individual.

Medical interventions

In AMH services a range of treatments are available and the decision to offer medication is made by either the psychiatrist or the GP. The provision of medication is one tool that can aid recovery, used alongside other interventions.

Due to the range of medication available it is not possible to give a brief overview of each. However, there are key questions you may want to ask the prescribing doctor:

- What is the medication?
- What might be the side effects for the individual?
- How long will it be prescribed?
- How often will it be reviewed?
- What alternative choices are there?

Read more on medical interventions on the MIND website www.mind.org.uk

Electroconvulsive therapy (ECT) is a procedure that involves applying a brief controlled electric current to the brain – through the scalp – under a general anaesthetic. The decision to use this treatment is taken after a full discussion with the service user and is usually only prescribed if alternative treatments have failed to improve the service user's health. It remains a controversial treatment.



COMMON TERMS

Psychologist

Someone with expertise in psychological therapies to help people with emotional or psychological problems.

Psychotherapist

Someone trained in psychotherapy. They can be from any professional background, but should be registered with a professional psychotherapy organisation.

Mental disorders



There are a wide range of mental health diagnoses and these are too numerous and complex to describe here. It is important to recognise that diagnoses are based on the symptoms a person displays, and a 'text book presentation' is rare. Individuals can experience more than one disorder at a time, making diagnosis a complex and difficult process. Mental distress happens across a spectrum – not all people experience the same severity of symptoms or level of impact on their daily living.

Some people have one-off severe episode; others may experience periodic attacks of distress, while others may have ongoing symptoms. A person's mental health is affected by their current and past experiences and this will also effect their willingness or ability to engage with services and interventions.

It is essential to keep in mind the current social and personal circumstances of an individual. A person's mental health problem may be complicated by additional needs such as a learning disability, physical difficulty or substance misuse problem. These can all have an impact on the individual receiving interventions.

It is worth asking both the service user and the AMH worker certain key questions:

- What is the impact of the distress on the person?
- How is this affecting the person's ability to manage their life and day-to-day activities?
- What support is helping/might help?
- What will increase the risks to the individual or their family?

Read more about diagnoses and conditions on the MIND website www.mind.org.uk and on the Royal College of Psychiatrists' website www.rcpsych.ac.uk

COMMON TERMS

Safeguarding adults

Safeguarding refers to work that allows an adult 'who is or may be eligible for community services' to retain independence, wellbeing and choice, and access their human right to live a life that is free from abuse and neglect. Local authorities must have procedures in place to ensure a multi-agency response to the reporting and investigation of adult abuse to protect 'adults at risk'.

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COMMON TERMS

Social worker

A professional and academic discipline that aims to improve the quality of life and wellbeing of the individual, family or group they are working with. They can provide interventions both in the community and inpatients wards. They may also be a care coordinator.

Young carers

A child or young person within the family who gives care and support to a parent, sibling or other family member experiencing a mental health problem that is more than they want or can reasonably manage to give. The level of support and responsibility is inappropriate to the child's age and development. For more information, go to the Barnardos website: www.barnardos.org.uk/youngcarers

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INT02 October 2012

Registered charity no. 1092778

Company registration no. 4289790