# Chapter 11   Systems-Wide Issues

Introduction

Through the Mental Health Needs Assessment, local issues emerged regarding provision of mental health services that cut across clinical groups, age groups and services. These issues are pervasive and may not show up in routinely collected quantitative data. This chapter outlines concerns (and solutions) to these systems issues highlighted by service users, carers and practitioners in the course of interviews and workshops in Herefordshire.

The issues discussed were:

- Ease of Access to Care and Support
- Supported self-management
- Community mental health services
- Liaison Psychiatry
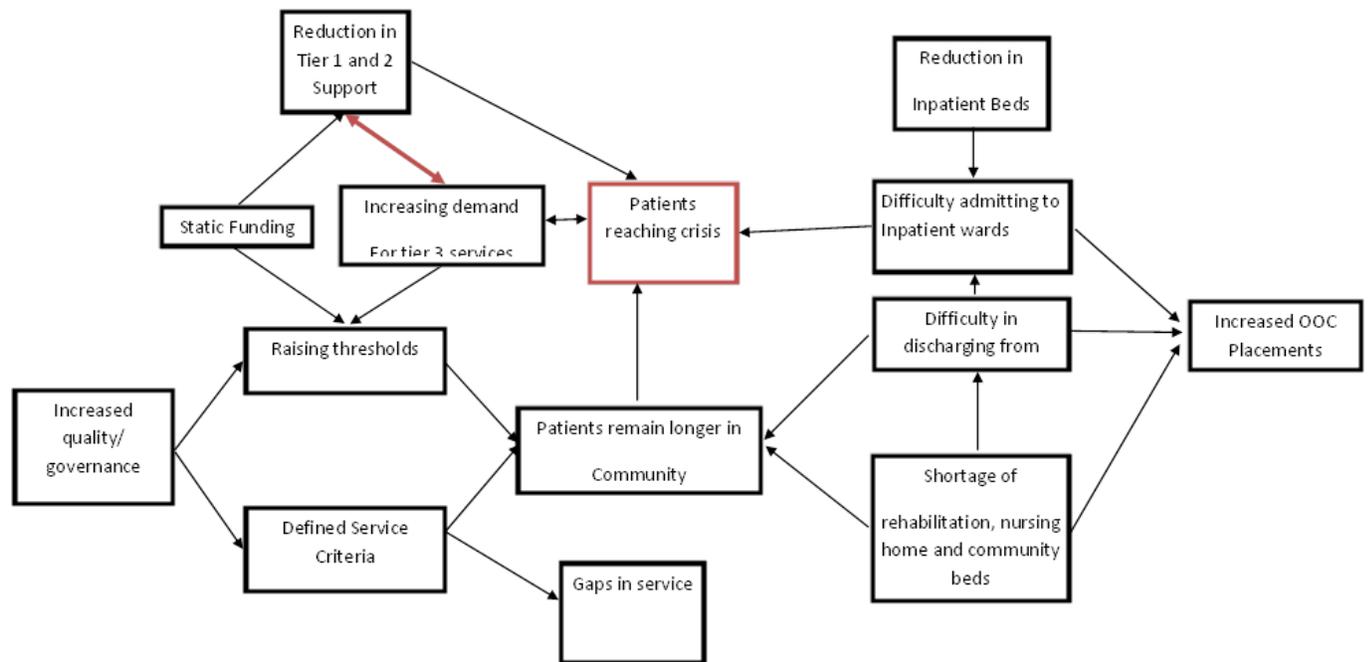
The above illustration summarises the issues.

Recommendations

Parity of Esteem

Mental health must achieve parity of esteem with physical health. This will have a number of implications:

- The system will treat people as a whole, appreciating the links between mental and physical health, housing, employment and training, deprivation and social isolation.
- The mental health impacts of long term conditions and the physical impacts of mental health conditions will be explicitly recognised.
- The functions of psychiatric liaison will be reinforced and extended to cover primary care and community hospitals, with a strong presence within the acute hospital.

All agencies have a role in promoting mental health and supporting people with mental health conditions. Identification of people's mental health needs should occur across the NHS system, reinforced by extension of psychiatric liaison services across acute and community hospitals, with communication and training links to primary care.

Supported Self-Management

Meeting people's care needs will require support to informal carers and to individuals to manage their own conditions. Supporting people to identify risk or trigger factors, and agreeing steps that they can undertake, can enable more people to take in charge of their mental health. There is a need for an active market place with choice for the person in terms of where and how they choose to access assistance. This will include support to voluntary sector, service user and carer groups.

Raising awareness of mental health with family, friends, employers and communities can help foster an environment for good mental health to develop.

Ease of Access to Care and Support

There remains significant unmet need for common mental health conditions. Insufficient numbers of people are being diagnosed and people appear to be receiving support too late. Part of this issue is that the current system is complex for patients and professionals to navigate. People do not understand where to go and how to ask for help, with the exception of

seeing a GP. This is further complicated by the need of carers and families requiring a route to ask for assistance with a concern of a loved one.

For this reason, the mental health "front door" needs to be within primary care, specifically within GP practices. This would tackle stigma and encourage more people to treat their mental health in line with their physical health. People will be able to access assessment, treatment and appropriate triage to further mental health support if and when required.

Recognising primary care's role as the front door of mental health services, there is a need to enhance and strengthen primary care mental health capacity and function.

The assessment of mental health within primary care will negate the "passing" of patients and duplication of assessment, meaning that service users do not have to repeat their story. Waiting times should reduce as people can receive early support closer to home. This is in line with the recovery model and the evidence base on early intervention.

Group therapies represent a cost effective model of delivering low level psychological support. There is a need to extend provision and make it more accessible and accepted. Other agencies have a role in promoting its availability and supporting people to attend.

Community Mental Health Services

The model of secondary mental health services must reflect the demography, geography and the financial resources available within Herefordshire, as well as issues of workforce recruitment and retention. Given its context, Herefordshire would most benefit from a model that is flexible and risk based, removing the gulfs between the existing teams with specialist workers for some specific functions. This is not removing specialisations, but gaps between teams. Multidisciplinary team working remains a critical way of managing people, with continuity of care critical.

A key consideration is whether a service configuration of separate teams for working age and older people is sustainable. Other areas have moved to a separation of teams by all-age organic and functional teams.

All patients engaged with secondary mental health services should receive a care/ crisis plan.

Within this model, day care; crisis and home treatment form part of the acute care pathway, alongside inpatients. No service model changes are recommended here however, criteria for access to support must be explicit and made available to practitioners and the public. Equally, when people are discharged, they should be equipped with strategies to maintain their health at home, to include signposting to appropriate community support.