Chapter 6 Severe and Enduring Mental Health

Introduction

Some people have a diagnosed mental health condition that will be ongoing throughout their life time. This Chapter explores the experience of people with severe and enduring mental health conditions (adults); the responses to those needs such as recognition of signs of exacerbation; and actions to stay well and rehabilitate after an episode of poor mental health.

This chapter considers psychosis, bi-polar, schizophrenia, self-harm, eating disorders and personality disorders.

Issues

In terms of community care, the current configuration of services has not been commissioned to meet the full complement of patients' needs, a situation exacerbated by raised thresholds and more defined boundaries between services. Far from being patient centered, patient needs are seen as having to "fit" services. In particular, there is no commissioned service for patients with personality disorder, leading to inefficient use of resource.

For acute care, there is evidence that we are making effective use of the resource available with good outcomes for patients such as short length of stays. There is a shortage of beds at times, suggesting that an additional 1.6 beds are required to avoid patients travelling out of county to other units.

The care pathways to avoiding inpatient admission requires reconsideration, including what is the most effective function of the Crisis Response and Home Treatment Team. A key element of this is the re-commission of the Place of Safety.

Rehabilitation requires transformation to ensure its sufficiency:

- Local specialist placements – to enable repatriation of current out of county placements for rehabilitation;

Stakeholder Views

There has been a move away from maintenance towards recovery- Although it should be recognised that maintenance is appropriate for some people
Mental Health Practitioner

Medical staff need to know my History
Patient/ service user

There needs to be better care planning of patients, with a care plan that is written out, given out and held by the patient, both in primary and secondary care.
General Practitioner

Services have become more fragmented. Consultants formerly took care of both in-patient and community. Care is now divided between different teams ad this can lead to a "pass the patient". It can take time for a person to be found the most appropriate team. Often patients don't fit the criteria for other services and so remain in recovery.
Mental Health Practitioner

Good mental health services should provide phased "stepping stones" to greater independence via a range of placements.
Patient/ Service User

- Satellite recovery facilities – a step down from intensive support services, providing clinical supervision and observation (e.g. for titration for medication) in an "own front door" environment;
- A crisis house – to provide a managed alternative to hospital admission for those whose accommodation arrangements reach crisis; There is no Crisis House in Herefordshire, a facility recognised as able to prevent avoidable admissions to inpatient or higher acuity of care if managed appropriately to provide a secure temporary residence during times of acute crisis. This is a gap in the current services available in-county.
- Priority access to housing and accommodation services – to support resettlement and recovery in the community.

Recommendations

The recommendations are:

- Development of a single point of entry / effective triage to avoid duplication of assessment across mental health services, embedding a stepped approach and retaining a recovery ethos.
- Improvement in managing referrals across teams, e.g. reducing the gap in eligibility between teams.
- Improvements to person-centered care plans and crisis plans take-up to support self management and services' response.
- Review Place of Safety and its suitability for those with dual needs, e.g. mental health and substance misuse.
- Increase the capacity of crisis resolution and home treatment to continue preventing the deterioration of patients to the extent of requiring an inpatient admission.
- A coherent recovery and accommodation pathway for people requiring rehabilitation or step down, including a redesign of rehabilitation provision in-county to include a crisis house, access to housing and more rehabilitation provision.

Facts and Figures

7805 people aged between 18-64 years are predicted to have two or more psychiatric disorders.

2500 patients are seen by secondary mental health services at any one time.

On average, there are 300 people admitted to mental health inpatient unit locally.

Herefordshire has low rates of formal detained patients.

The lifetime prevalence of bipolar I disorder (mania and depression) is estimated at 1% of the adult population, and bipolar II disorder (hypomania and depression) affects approximately 0.4% of adults.

Projections suggest that by 2021, 4,800 adults will meet the criteria for having a personality disorder.

The lifetime prevalence of binge eating disorder is 3.5% in women and 2.0% in men