Public Health Committee Discussion Paper

Title: Mental Health Service Update

Date: 5 November 2018

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I General Introduction: Overview of Activities

Service Delivery

- The community Mental Health team currently has 3 staff, one of which is the educational psychologist who works primarily within education.
- Core hours of work are 08.30 hrs – 16.00 hrs, Monday – Friday, although we have a client on daily medication dispensing so a staff member attends the house 7 days a week. We also sometimes work flexible hours to accommodate clients who work full time.
- We have an on-call system out of hours and at weekends, 2 staff take it in turns to cover the on call (not the educational psychologist).
- We work with clients who suffer with severe and enduring mental illness (such as schizophrenia, bi-polar disorder, manic depression and mania), depression, anxiety, substance misuse and personality disorder. We also assess cognitive function, and carry out forensic work, etc.
- Attendance at HM prison for assessment of prisoner's mental health.
- Attendance when requested by police when someone's mental health needs to be assessed.
- We offer a comprehensive assessment of a client's problems and needs.
- Core work includes home visits to administer anti- psychotic depot injection medications as well as oral medications.
- Support for service users who are experiencing relapse of the mental illness.
- Support for those that are deemed high risk.
- Support for those needing 1:1 therapeutic intervention.
- Giving awareness sessions about mental health to staff in other areas.

Service Information & Data

- Since 24th Sept 2018 we have been collecting data on a daily basis which will tell us:
- How many clients are seen daily
- Times that they are seen
- Where they are seen
- What activity we are doing with them
- Diagnosis
- Number of assessments each week.

- We have looked at a five week period of activity by the team (24th September – 28th October) and found the following:
- On average there are 10 face to face contacts per day.
- 2-3 new assessments per week.
- Some weekends can be busy when on- call but not all weekends.

- Total of 79 face to face (f/f) contacts were with clients suffering with Schizophrenia.
- Total of 5 f/f contacts clients suffering Bi-polar
- Total of 42 f/f contacts clients suffering Depression
- Total of 12 f/f contacts clients suffering Anxiety
- Total of 39 f/f contacts with clients suffering Substance misuse
- Total of 6 f/f contacts with clients suffering Personality Disorder
- Total of 4 f/f contacts with clients suffering Suicidal ideation.
- Total of 4 f/f contacts with clients suffering an Organic illness (dementia).
- Total of 35 f/f contacts with forensic service of which at least 18 were physical interventions.
- Total of 11 f/f contacts with clients suffering Neurological problems.
- Total of 1 f/f contact with someone suffering Anger management issues.
- Total of 3 Custody assessments
- Total of 1 Court support.
- Our largest amount of time is spent on working with people with:
- 1st Schizophrenia
- 2nd Depression
- 3rd Substance misuse
- 4th Forensic work including physical interventions.
- 5th Anxiety
- 6th Neurological problems
- 7th Personality disorder
- 8th Bi-polar
- 9th Suicidal ideation and organic illness such as Dementia
- 10th Custody assessment
- 11th Court support.

Access to essential medicines

- There is access to medications via our Consultant Psychiatrist (email) and via the hospital doctors and we can collect the medications from the hospital pharmacy.

II Workforce Development

Currently there are 3 staff in the mental health team, 2 doing adult work and one doing educational psychology work.

- Unfortunately, the Child and Adolescent (CAMHS) CPN who was due in December 2018 is now not able to take up post due to a family crisis.

- The Educational Psychologist finishes her contract in December 2018.
- We do have a Clinical Psychologist joining the team in January 2019.
- We have had some problems recruiting a second adult CPN and this post has to be re -advertised again.
- Due to current team membership, we presently are ensuring that we provide support to those clients on our caseload who suffer with severe and enduring mental health problems, most of these people are on regular depot medication and it is essential that they continue to have this administered. There are currently 18 clients that fall into this category (mostly with a Schizophrenia).
- We also deal expeditiously with emergency and urgent referrals when there is a risk to someone's own safety or that of others.
- We offer initial assessments of clients looking at their problems and needs in order to formulate a clinical plan with that client.
- There is a weekly referrals meeting where we screen referrals.
- We cannot offer 1:1 face to face psychotherapy at present but hope to resume this when the psychologist is in post. We currently can use Skype facilities to link in with an overseas therapist and pay for these sessions when the need arise.
- We have recently started weekly case load management reviews with one of the medical doctors who is going to be the link doctor with the mental health team. The Consultant Psychiatrist will continue to offer remote advice and will join in with the case load review at least monthly via Skype. She is also due on island for one week later in November so will be reviewing the work of the team as well as some clients.
- When the CAMHS CPN is in post more clinical work will be done with under 18 year olds.
- We make use of Self – Help information to give to clients who are willing to try this.

- ***Future developments include:***
- Build a library of self-help books which we will loan out.
- Preventative measures such as resilience sessions for the community as a whole, attendees would not have to come through the Mental Health Team. These are general education sessions about stress and low mood and what we can all do to build resilience.
- We would like to continue to provide bespoke training sessions for police and prison staff, care workers, medical staff, and teachers. This is dependent on staffing numbers as presently with two staff we can only do the essential work with clients.

III Financing & Supply Management

Budget Management

- Our budget for the financial year ending 31/03/2019 is adequate and have not been fully spent because the huge expenditure expected for 24/7 care is currently being paid from other cost centre. There is expected increase in cost in the near future as 24/7 on-island care is required.

- We are using remote specialists for some therapy work (via Skype) and this too will have an impact on the budget.

- There is a plan to begin some community resilience sessions when there are more team members and this will have a cost implication.

IV Clinical governance

The seven pillars of clinical governance are:

- Service user, carer and public involvement
- Risk management
- Clinical audit
- Staffing and staff management
- Education and training
- Clinical effectiveness
- Clinical information

- Some of the ways we ensure clinical governance are:
- Ensuring we get feedback from clients and their families by use of an anonymous 'friends and family test' questionnaire, collection of other forms of feedback such as letters and cards.
- With the introduction of Patient Source we have a risk management assessments that we will use systematically. There are also incident reporting forms that are in use and if there are any serious and untoward incidents these will be investigated and lessons learnt will be shared.
- In order to help understand the service we provide and the people we are working for we have since the end of September 2018 been collecting daily information for audit purposes.
- We are presently using a registration/referral form for each person referred to the team to record demographics, reason for referral and who has referred (these are sometimes self-referrals).
- We have designed a flow chart for referring into the Community Mental Health Team to help provide consistency.
- There are some essential Policies and Procedures and Standard Operating Procedures that are currently being looked at to help improve the running of the service.
- Staff undergo regular supervision sessions and also have a yearly PDR (personal development plan).
- Regular education and training is provided for staff – some mandatory such as fire, health and safety, infection control etc. and recently we have completed the Manchester Telephone Triage training.
- A programme of clinical case audits to be introduced
- Incident reporting, monitoring and lesson-learning will be strengthened

- **Clinical governance is an ongoing cycle of improvement.**

IV Key Issues

- Difficulty in recruiting suitably qualified staff particularly when it results in gaps in the service when there is a delay between staff leaving and new recruits arriving.

- Expectations of the island population can sometimes be unrealistic in that they expect a rapid response with ongoing input and support from the team. This is not the most efficient way to organise the mental health service.

- If there is a psychiatric crisis we do not have enough staff to deal with this.

- There is a need to recruit a team of unqualified 'bank staff' for a situation like this but we foresee difficulty in this recruitment.

- In a psychiatric emergency, with possibility of involuntary admission that may require overseas referral there are potential legal difficulties to deal with this.

- In any circumstance we MUST ensure that the severely mentally ill receive their regular treatment.

- Plans for the future and expected benefits in terms of patient care, experience and cost-efficiency
    - More specialist therapy Skype sessions
    - Closer link with an on- island GP.
    - More resilience work in the community
    - To consider the best skill mix on the team with optimal caseload per practitioner and defined scope of practice that covers the range of mental health needs on the island.
    - A team of 'bank staff' in case of emergency.

V Summary

This is a team that is in its infancy and currently is experiencing staff shortages (two staff members for all specialities and ages and one Educational psychologist), this along with high expectations from the community puts us in a difficult situation.

While things are relatively stable the team can cope but there is a likelihood of staff 'burnout' due to the hours having to be worked. If the team had one CAMHS nurse and a further CPN we would be able to offer a more responsive service. At present we are limited to offering work with the severe and enduring mental health population and people at high risk to themselves or others. We cannot offer routine 1:1 with clients at present - only assessments and very brief intervention work.

If someone should require 1:1 'levelling' then this would be almost impossible for the team to manage.

Looking at the numbers and types of clients we have dealt with over the past 5 weeks show that the skills and expertise in the team are excellent.

The committee is asked to:

Note the content of the attached paper, review and make further recommendations.

Support the future development of the mental health services on the island.