

UPDATE ON COMMUNITY MENTAL HEALTH SERVICES



THE NEED FOR CHANGE

- Substantial waiting lists for accessing MH assessment and particularly consultant
- No clear referral guidance
- Recovery and Primary CMHTs: difference in MDT models and alignments, disagreement about where patients should be managed
- Outpatients: Large outpatient caseloads often managed by a single consultant
- Internal waiting lists
- Due to large numbers of routine reviews at consultant clinics-difficulty getting rapid access to psychiatric review when needed and difficulty in consultant accessing CMHT input
- Outpatient clinics often booked many months in advance

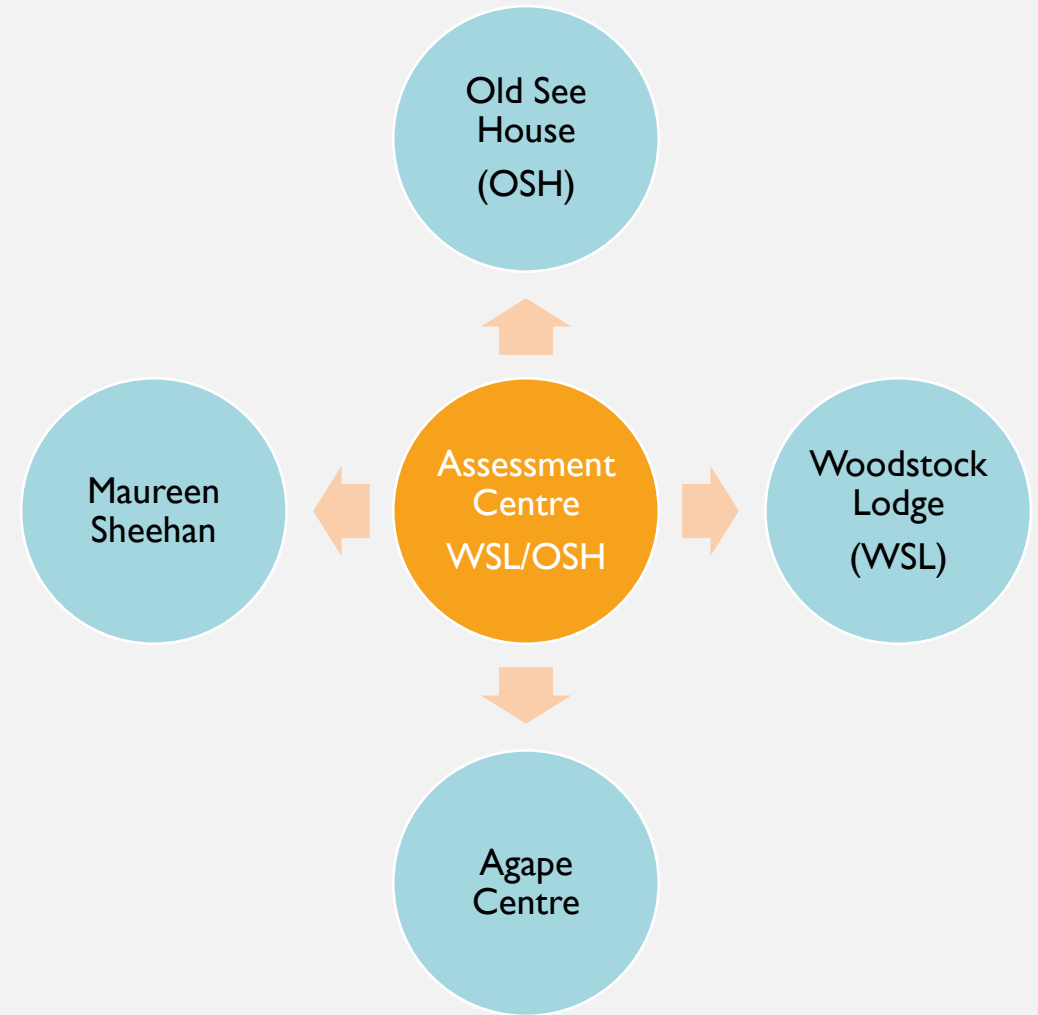
Redesign of services

Project 1: Re-design of the Single Point of Access- now Referral Management and Assessment Centre

Project 2: The integration of Primary and Recovery CMHTs to form 6 integrated community mental health teams across Belfast.

CMHTs located at four geographic hubs across Belfast

Establishment of Assessment Centre in Woodstock Lodge and Old See House



REFERRAL TO ADULT MH SERVICES

REFERRAL FOR ADVICE

- Done via CCG RFA function
- 1. Aged 18-64 and living in the catchment area of Belfast Mental Health service.
- 2. **Not** currently open to Mental Health Services.
- 3. **Not** currently requiring specialist mental health assessment

REFERRAL FOR ASSESSMENT

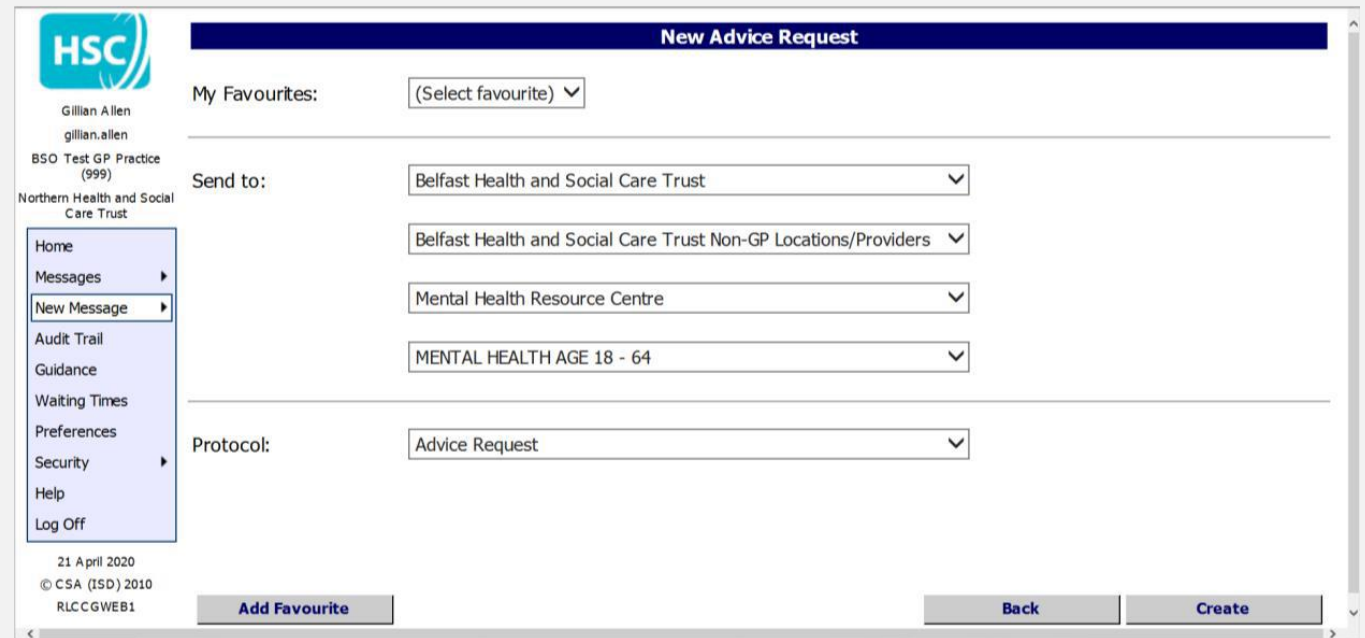
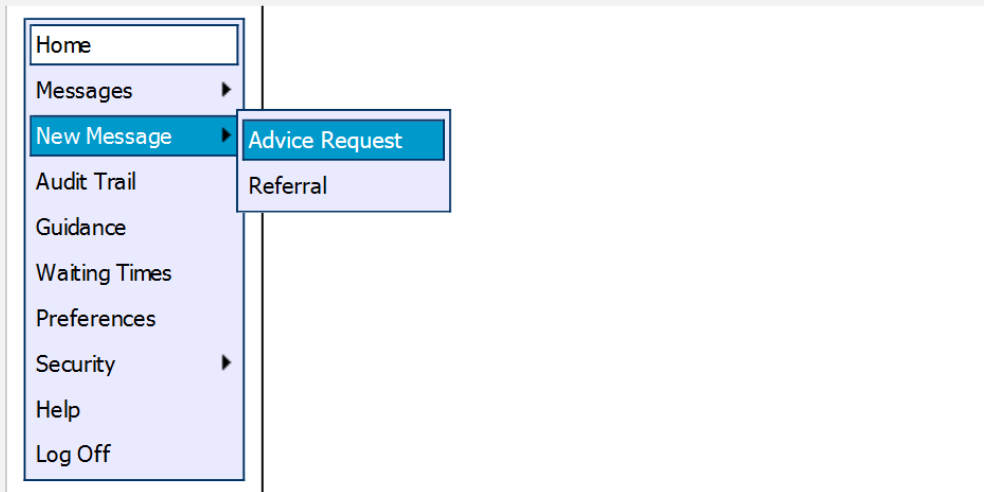
- Referral made on CCG as usual
- Emergency/ urgent and routine categories and guidance
- Clinical information to justify request for urgency

Note: If advice regarding existing patients is required please contact the contact CMHT team directly (contact details should be on the last letter) or Duty Line on 028 95041327

REFERRAL FOR ADVICE

- Advice regarding change and choice of antidepressants.
- Management of medication side effects.
- Prescribing psychotropic medication on a background of physical health conditions eg epilepsy or cardiac disease.
- Ongoing treatment plans and management of patients GPs are happy to review but would like some advice and support to do so.

PROCESS OF REFERRAL



Referrals are responded to within a maximum of three days but normally 24-48 hours

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REFERRAL FOR ASSESSMENT

- *During working hours (9am-5pm) all referrals should be directed to Referral Management on **028 95042920**. For out of hours emergency assessment please contact: **028 90454999**.*
- Please provide clinical indications for assessment or GP may be contacted for discussion if this is insufficient/ does not justify urgent status

REFERRAL FOR ASSESSMENT

- **Routine** (appointment within 9 weeks): request for mental health assessment of individuals requiring mental health intervention where there is no significant risk to self or others.
- **Urgent**: A referral that requires a response within a maximum of 10 working days due to identified clinical risk or complexities that if left unattended may result in an emergency referral.
- **Emergency**: An acute mental health crisis when personal safety is compromised or there is significant risk to others. This requires a 4-hour response.

REFERRAL FOR ASSESSMENT: **ROUTINE**

Routine (appointment within 9 weeks): request for mental health assessment of individuals requiring mental health intervention where there is no significant risk to self or others. These include:

- Moderate-severe anxiety/depression, with significant change in functioning and where two anti-depressants at therapeutic dosage¹ have been trialled without success
- Other moderate to severe mental health disorder impacting significantly on functioning, such as obsessive compulsive disorder, bipolar disorder, PTSD, ADHD and where presenting symptoms require further advice and support
- Eating Disorder presentations (see below for urgent criteria)
- Emotionally Unstable Personality Disorder or other Personality Disorder where there is a history of severe social disability.
- Addictive disorders with evidence of motivation for change

REFERRAL FOR ASSESSMENT: **URGENT**

***Urgent:** A referral that requires a response within a maximum of 10 working days due to identified clinical risk or complexities that if left unattended may result in an emergency referral. This includes as for routine above and any of the following:*

- Severe agitation accompanying anxiety or depression
- Psychotic symptoms including delusions, hallucinations and/or thought disorder
- Recurrent suicidal ideas or plans, with clear means, and/or history of such attempts but low intent and able to provide reassurance that will be able to keep themselves safe while waiting for assessment
- Evidence that there is risk to their own or others safety through direct harm or neglect but with low intent, and able to provide reassurance that will be able to keep themselves safe while waiting for assessment.
- Eating disorder presentations with any of the following: BMI <17.5; a rapid rate of loss (>0.5kg per week); disordered biochemistry, vomiting occurring more than once per day
- Pregnancy or post-natal presentations ²
- Injecting drug users, or a patient who is actively using drugs and pregnant.

REFERRAL FOR ASSESSMENT: **EMERGENCY**

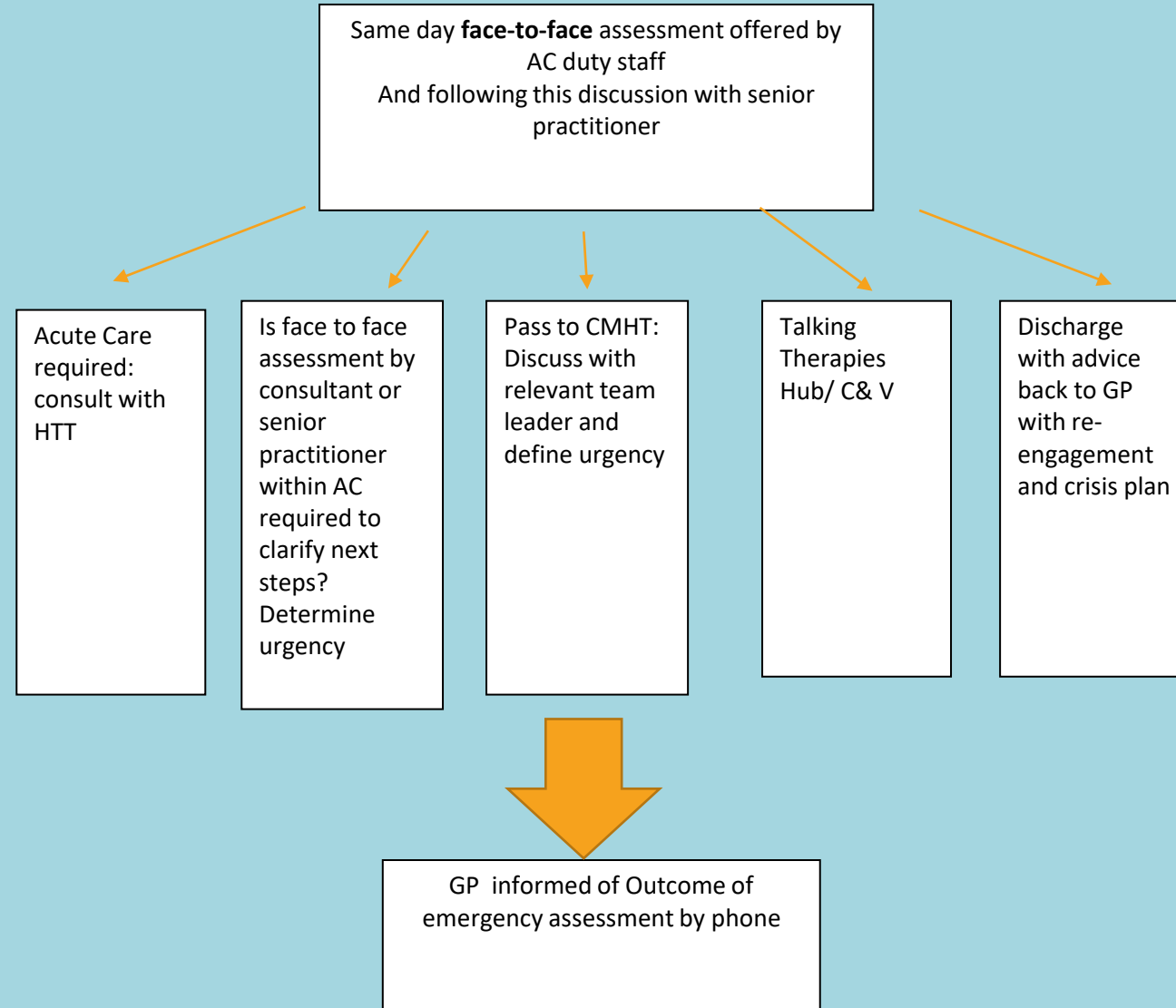
Emergency: An acute mental health crisis when personal safety is compromised or there is significant risk to others. This requires a 4-hour response and includes as for routine and any of the following:

- Active suicidal ideation or plans, with intent and means to harm self and no other means to mitigate risk temporarily.
- Severe mental health crisis and thoughts to harm others with no other means to mitigate risk temporarily.
- Severe self-neglect
- Acute psychotic symptoms with risk of harm to self or others, including command hallucinations.
- Serious and immediate safeguarding concerns for vulnerable adults which appear related to mental health.

REFERRAL FOR ASSESSMENT

- Following referral the clinical information is reviewed, and status confirmed (routine/ emergency/ emergency)
- All routine requests are subject to partial booking process (this does not apply to urgent or emergency requests)
- Patient then allocated an appointment with a mental health practitioner.
- Following the initial assessment there is then a multidisciplinary team discussion, and this may include consultation or further review with a psychiatrist within AC or referral to a CMHT or specialist service

Emergency Referrals to Assessment Centre



FROM ASSESSMENT CENTRE TO CMHT

Referral priority status allocated within AC and sent to relevant integrated CMHT as per GP alignments



Weekly referral meeting for triage of all referrals within each CMHT



Patients allocated appointment at the weekly multidisciplinary clinic. This facilitates consultant oversight of initial assessment and treatment plan and allocation of KW

Community Mental Health Team

