MENTAL HEALTHCARE
Community, choice and collaboration
DAC Beachcroft’s Health Adviser publications seek to provide insight, foresight and thought-provoking features and articles that provide practical solutions for the issues of the day, for health and social care professionals.
Attitudes to mental health and wellbeing are going through a major change. Alongside increased public awareness of mental health issues, there are also significant changes in the way that individuals are cared for.

The recent review of the 1983 Mental Health Act¹, with recommendations from Professor Sir Simon Wessely, focuses on the reduction of restrictions and detention. It is estimated that implementation of the recommendations could mean that some 10,000 fewer people will be subject to detention, with a continued move of patients from hospital into the community.

Alongside this is a drive for reduction in restrictive practices. The Mental Health Units (Use of Force) Act² (implementation date awaited) continues the focus on new national approaches and reduced levels of restraint. There is also a call for more patient autonomy, with reduced use of coercive treatment, more choice for patients, even if they are detained, and patients having a clear voice in these proposed changes.

There will be significant shifts in the mental healthcare landscape, towards a more collaborative approach to patient care, where possible. The recently published NHS Long Term Plan³ promotes technology-based approaches as part of the wider solution to the challenges faced by the sector. Mental health is now leading the way within healthcare, with its uptake of digital healthcare technology, in proactively diagnosing and treating the rising rates of mental illness, particularly when it comes to children and young people.

In support of this, a new cadre of education mental health practitioners⁴ will be trained to form relationships with schools and colleges, the police and local authorities, as well as Child and Adolescent Mental Health Services (CAMHS), young people and families.

However, there are challenging systemic, financial, legal and societal obstacles to achieving the laudable aims of providing accessible, effective care, with patient choice and autonomy at its heart.

In this report, DAC Beachcroft examines these challenges, alongside experts in mental health who call for better contracting and new models of funding and care to ensure proper integration between health and social services and housing and care providers so people receive appropriate and safe care for mind and body.

These challenges include addressing the fact that inpatient wards are increasingly becoming places for only the most severely ill, who are usually detained under the Mental Health Act. This results in precious little space to admit less acutely unwell patients on a voluntary basis. Whilst every detained patient has the right to access an independent mental health advocate (IMHA), our experts worry that cash-strapped local authority commissioners won’t be able to continue to pay for them. They call for more money for local authorities so that patients can be treated in the community.

A key concern, repeated by several interviewees, was the importance of specialist community support and therapy services, and ‘soft’ community support to keep people out of hospital living an independent life.

We’d like to take this opportunity to thank our experts: Dr Gill Bell (Assistant Medical Director at Northumberland, Tyne and Wear NHS Foundation Trust), Dr Lynne Green (Consultant Clinical Psychologist and Clinical Director at XenZone), Dr Ahmad Khouja (Medical Director at Tees, Esk and Wear Valleys NHS Foundation Trust), Sue McLaughlin (Interim Deputy Director of Nursing for Patient Safety and Quality at Berkshire Healthcare NHS Foundation Trust), Dr Keith Reid (Associate Medical Director for Positive and Safe Care at Northumberland, Tyne and Wear NHS Foundation Trust), Dr Tony Romero (Chief Executive Officer at Cygnet Health Care) and Mel Wilkinson (Head of Mental Health Legislation at Tees, Esk and Wear Valleys NHS Foundation Trust).

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Sue McLaughlin, Interim Deputy Director of Nursing for Patient Safety and Quality at Berkshire Healthcare NHS Foundation Trust, says the changes recommended in the review of the Mental Health Act give much greater legal weight to people’s wishes and preferences, and the need to require stronger, transparent justification for using compulsory powers is positive. “However, we need to ensure the community structures exist alongside this to support people with recovery-focused approaches, especially when the threshold for secondary care services is not met, to avoid deteriorating mental health.”

**Pre-emptive action is key**

McLaughlin is concerned that without resources to enable a focus on early intervention and preventive strategies in the community, people will continue to look to hospital admissions due to a lack of alternatives. “Advance refusals of treatment, such as ECT, and the ability to nominate a relative to make decisions are welcome, but will require robust infrastructure to enable these conversations to take place at the right time and with support.”

She wants more resources to enable trusts to deliver services in line with best practice and NICE guidance, together with more effective use of non-clinical/medical modes of support.

“People with complex physical and mental health needs should always have help available to plan and co-ordinate their care and also ensure timely access to the appropriate care or treatment options and services, whatever they may be. However, it isn’t always a clinical or medical intervention that is required. A narrow focus on only clinical outcomes is likely to be detrimental and much more effort is required to find out what outcomes matter most to individuals. Utilising quality improvement approaches

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so that those closest to the problem (staff and patients) can devise the best solutions and implement them, agreeing outcomes collaboratively, can help.

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“Service providers also need to connect to work collaboratively, and this can be hindered at times if we are constantly relocating and retendering. A balance needs to be achieved between cost and quality. Effort needs to be allocated to these relationships across sectors at all levels.”

Embracing new technologies to connect with people is also important. Electronic health records and telehealth support that are accessible to commissioners, providers and patients will have a huge impact if used to the full potential. “New technology can assist with monitoring and care co-ordination at scale, remove duplication and will reap benefits for all those receiving and providing care.”

Dr Tony Romero is the Chief Executive Officer at Cygnet Health Care, which cares for around 3,000 adults and young people with mental illness, learning difficulties and other disorders in secure and community settings.

The role of DoLS

Romero feels the need for more clarity about how Deprivation of Liberty Safeguards (DoLS) will impact - especially for elderly people and those with learning disabilities who are moving into community settings.

“Even if the Mental Health Act does not apply to you, restrictions on freedom of choice do. If you have learning difficulties, I may not be able to detain you under the Act, but I could do so under DoLS if my assessment is that you don’t have capacity. This means we go from detaining people in hospital to ‘detaining’ them in care homes under DoLS, with fewer safety mechanisms and appeals processes.”

Romero’s concerns become even more valid, as DoLS is due to be replaced by the new Liberty Protection Safeguards (LPS) in October 2020, with arguably even fewer safeguards than under the current DoLS regime, and with a much broader application to patients in any setting.

Romero calls for care services to ensure staff are fully trained in carrying out capacity assessments. “We train our staff on evaluation and try to be as least restrictive as possible, but that does not mean that in a country where 40,000-50,000 people might be affected, we don’t sometimes get it wrong.”

He is concerned that the closure of learning disability beds might create a ‘revolving door’ pressure on inpatient psychiatric beds, where a patient is in crisis and there is no option but detention. To prevent this, he feels that people with learning disabilities need specialised community psychologists, and speech and language therapists. “If they don’t get these services, they will be prompt to relapse. Running such complex services will rely heavily on the third sector, charities and the private for-profit and not-for-profit sector.”
CHAPTER 2.
COMPULSION VERSUS AUTONOMY

Mental health professionals welcome the main thrust of legislative reforms to provide the ‘least restrictive’ treatment. However, they note that detention is now the rule on some wards.

“On organic mental health wards, 95% of people are now detained - even those who may not be resisting treatment - and it’s the same percentage for our learning disability wards. Case law is driving more people to receive treatment under the safeguards of the Mental Health Act,” says Dr Ahmad Khouja, Medical Director at Tees, Esk and Wear Valleys NHS Foundation Trust.

“The direction of travel for more autonomy is important, but the difficulty for clinicians, and service users agree, is that there is not really much of a choice when a patient wants to do something one way, and clinicians say ‘if you do that we will do a Mental Health Act assessment on you’.”

Start a conversation
Khouja says that in order to avoid this, these issues must be built into discussions at an early stage. “The more upstream you are about what the choices and consequences might be and come to a shared decision about what route you want to go down, the more likely the right choices and approaches will be made at the point of crisis.

“Our Trust is radically redesigning services so when you talk about compulsion and autonomy, that kind of ‘sharp’ decision-making affects a very small number of the people that access our service. For 95% of people it’s not an issue - we are working collaboratively.”

If psychiatrists and the legal profession are talking about the question of capacity, and whether there should be a move to a more ‘capacitous’ based Mental Health Act, then Khouja agrees: “We can’t ask for parity of esteem yet have an intervention that is based on the fact that we can do it even if you have capacity. I have always been in favour of a capacity-based process. Even though it might not make life easier, for clinicians, it’s about doing the right thing.”

Seni’s Law
Seni’s Law - the Mental Health Units (Use of Force) Act - that received Royal Assent last year - commemorates Olaseni Lewis, who died in September 2010 after being restrained by police officers at an NHS psychiatric hospital.

Dr Keith Reid, Associate Medical Director for Positive and Safe Care at Northumberland, Tyne and Wear NHS Foundation Trust, is also part of a national team across providers that

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has drawn up ‘Towards Safer Services’; new national guidance on reducing restraint and use of force on wards, which goes to the heart of Seni’s Law.

The national guidelines will be published by BILD (British Institute of Learning Disabilities) for the Department of Health, but Reid says that in the three years since a strategy compliant with the guidelines was implemented at his Trust, they have achieved “a cultural change at all levels of the organisation that has reduced our restrictive interventions, while reducing assaults on staff”.

Key to its success was that senior managers devolved decision-making to staff and patients. “If staff don’t think they can make autonomous decisions at the right level, they are less likely to let patients make them.”

Reid says the guidelines work on three levels:

1. Primary interventions include consistently providing a supportive patient-centred ward environment, such as regular mutual support meetings for patients, a clear complaints system and good regular supervision.

2. Secondary interventions support those at risk, are individual and planned in advance. Do we have a clear care plan? What supportive medications would the patient accept? Do people have one-to-one time with their nurse talking them down, or do they find it stressful and punitive? Do they prefer to be by themselves – taking out their frustrations in a contained way – perhaps in the gymnasium, for example?

3. Tertiary interventions include seclusion, increased observations and compelled medications. “They must be efficacious and the least restrictive option. We want to move with patients to where it is a collaborative process – where patients themselves anticipate how they would like the service to happen for them. Tertiary interventions are discussed in advance; for example, do they prefer oral medication to the option of injection or being held in restraint?”

But Reid stresses that all the above are only done if it is safe. “We have to keep this real, or patients and staff would not buy into it. If someone is about to commit a violent offence, then that must be stopped. Prevention of conflict at all is the aim.”

Independent mental health advocates

All ‘qualifying patients’ treated under the Mental Health Act have the right to access an IMHA, with increased rights of access proposed in the review. While it is a laudable aim, Mel Wilkinson, Head of Mental Health Legislation at Tees, Esk and Wear Valleys NHS Foundation Trust, says it will require either additional resources to be provided to local authorities, or other organisations enabled to commission and provide services, so long as there is no conflict.

“If not, there will be people who are entitled to something in statute, but they will be unable to access it, or we will see prioritisation, with detained patients taking priority, which is effectively what the IMHA service currently is commissioned for.”

Additionally, Wilkinson feels that as the IMHA service was specifically set up to provide advocacy for patients subject to the Mental Health Act, “to open this up to all, as proposed, may dilute its purpose and effectiveness”.

She feels the use of video conferencing for mental health assessments may speed up the assessment process, but it may not alleviate the age-old problem of finding a second doctor. “The lack of face-to-face assessment in person may also impact the quality of the assessment carried out. The recommendations, as set out, do not appear to recommend this, and new technology is proposed with regards to patients’ access to records and information as well as timely access for clinicians to information to assist with their assessment.”

Wilkinson feels that patients with both significant mental health and physical health needs are often cared for in ‘silos’ with insufficient dialogue between services, which can be particularly prevalent within a community setting. “Within an inpatient mental health setting, services are aware that the physical health needs of detained patients are a high priority, but it can sometimes be challenging to ensure that equitable care is provided to this group in terms of their physical healthcare needs.”
CHAPTER 3. CHILDREN AND YOUNG PEOPLE

The NHS Long Term Plan puts great emphasis on the need to improve access to mental healthcare for rising numbers of children and young people. Demand is rising but CAMHS staff and funds are in short supply.

Dr Ahmad Khouja says referrals into his Trust’s children’s services are going up year on year by 15 to 20% “and we have no way of increasing our workforce to manage that”.

“The CCGs are not releasing enough money to dedicate to it, so there is a significant resource issue. There is a gap between resources, capacity and demand, so we have had to set a cap on what we can do, but as a civilised nation we should be reaching anyone who can benefit from our help.”

Exploring other working models
The Plan calls for more use of digital healthcare platforms to provide talking therapies. Dr Gill Bell, Assistant Medical Director at Northumberland, Tyne and Wear NHS Foundation Trust, cites the example of patients with co-morbid autism spectrum disorder (ASD). “For those patients, being able to do a computerised programme is more acceptable than with a person in the room.

“I have a patient who is transitioning into adulthood, who is going through an online CBT programme to see how it works for them. It’s about having a spectrum of interventions that are accessible to the individual, which goes along with the drive for more individualised care and treatment.”

She feels mental health services need to take a lead from physical healthcare in the way it deals with transitioning from child to adult services. “There are good examples of diabetes, cancer care and chronic illness models where actually paediatricians are able to hold onto some people longer, and likewise some people are allowed to graduate earlier, if appropriate.”

Schemes within schools
Dr Bell’s Trust is part of a pilot scheme training education mental health practitioners who will be working in schools. By 2023, the NHS aims to have 1,000 specialist mental health workers in and around schools and colleges.

While governance and indemnity for the new practitioners will lie with the local Clinical Commissioning Group (CCG) via her Trust, as they are

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people, Kooth, is being used by 40% of CCGs in England.

She too welcomes the new focus on technology. “We know that digital, although not the answer for everybody, provides easily accessible treatment. Having a service that can be accessed – not perhaps 24/7 but out of hours - is going to be one of several solutions to access problems.”

The focus on providing Improving Access to Psychological Therapies (IAPT) services via digital means is welcome, but Green warns that clinical models do not make a straight crossover into the digital world and need detailed adaptations.

She says the digital environment provides young people with a level of control and autonomy to allow them to “dip their toe in the mental health system, without feeling committed to having professionals around them trying to help and persuade them to do things that they might be unsure about”.

**Tech support**
Dr Lynne Green is a Consultant Clinical Psychologist and Clinical Director at XenZone, which uses technology to help children, young people and adults with mental health problems by connecting them with clinicians in safe online communities. XenZone’s online emotional wellbeing, counselling and support service for children and young
IN SUMMARY

The mental health landscape is changing rapidly, and the potential for improvements in access, care pathways and patient autonomy comes across clearly from these valuable insights from colleagues across the sector.

However, the opportunities are accompanied by real challenges in key areas that can be summarised as:

• **Successful transition from hospital to community care requires structural change, effective co-ordination, clear accountability and public buy-in.** Traditional clinical services, and established public assumptions, are premised on those with significant mental health needs being accommodated in hospital, with or without their agreement. Community services as an alternative will work only with pre-emptive and carefully focused local support.

• **Delivery of improved care pathways, be it for children or those with complex physical and mental health needs, requires improved integration.** Joint working, including pooled funding where necessary, between NHS providers, local authorities, independent and third-sector agencies, schools, carers and communities, is essential if the drive to safe, resilient community services is to succeed.

• **Resources are the elephant in the room.** Moving patients to supportive community settings, reducing compulsion and responding to the explosion in need for child and adolescent mental health services require focused funding in the right place at the right time. Short-term savings based on restricting access to services such as advocacy, or the repeated retendering of services, risk limiting long-term cohesion and progress.

ENDNOTES

1  www.gov.uk/government/groups/independent-review-of-the-mental-health-act
4  www.healthcareers.nhs.uk/news/could-you-be-education-mental-health-practitioner
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