

In sight and in mind: improving mental health rehabilitation pathways



## The whole system mental health rehabilitation pathway

"A whole system approach to recovery from mental ill health which maximizes an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support"

(Killaspy et al, 2005)

### Referrals

Acute inpatient wards (80%)

Forensic units (20%)

Inpatient rehabilitation units

Hospital and community based treatment units

### **Community services**

- Supported accommodation pathway (residential care, staffed tenancies, floating outreach) Supported employment
- Statutory community mental health teams (CMHTs) and Community Rehabilitation Teams)

- Primary Care

1 year

1-3 years

> 5 years

Greater autonomy



## People with more complex psychosis.....

- Treatment resistant symptoms
- Severe negative symptoms (amotivation, apathy)
- Cognitive impairment (especially executive functioning)
- Pre-morbid intellectual disabilities/developmental problems
- Co-morbid mental and physical health problems
- Co-existing substance misuse problems
- > Severe difficulties in everyday function
- ➤ Vulnerability to self-neglect (49-72%) and exploitation by others (25-41%) (Killaspy et al., 2013; 2016)
- Long periods in hospital and high community support needs
- > Absorb up to 50% of mental health/social care budget (Mental Health Strategies, 2010)



## Mental health rehabilitation

### **Interventions**

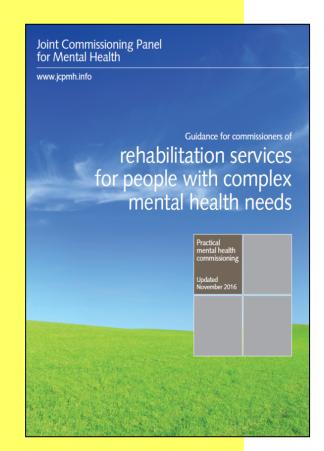
- Complex medication regimes
- Physical health care
- Occupational therapy graduated, tailored support to gain/regain daily living skills
- Vocational rehabilitation/community activities
- Psychological interventions
- Family involvement and support

## **Multidisciplinary teams**

- Rehabilitation psychiatrist
- Nurses
- Health care assistants/support workers
- Occupational therapists/activity workers
- Psychologists
- Social workers

### Culture

- Recovery based practice
- Therapeutic optimism
- High energy, low expressed emotion
- Long term view





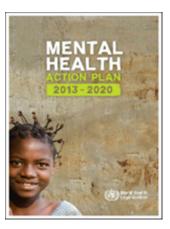
## Policy shift - prevention and promotion

- 2014 Five Year Forward View
- 2016 EU Framework for Action on Mental Health and Wellbeing
- 2013-2020 WHO Action Plan for Mental Health
- Focus on mental health promotion, prevention, early intervention, integration of community services, parity of esteem, stigma

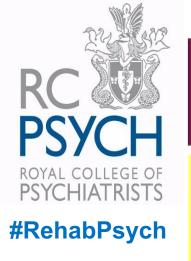
Little mention of inpatient care or complex needs group











# Reductions in local NHS mental health rehabilitation services in England (since 2003)

- 61% of NHS inpatient rehabilitation services have reported disinvestment & closures
- Around half of all 150 units closed
- No growth in inpatient rehab provision
- Shift in provision to supported accommodation services with clinical input from community rehabilitation teams and CMHT/Recovery Teams
- Small increase in community rehabilitation teams now around 30 across England (i.e. not all Trusts/LA areas have one)



# Care Quality Commission report into the state of mental health care 2014-17

- Across England, 357 inpatient rehabilitation units inspected
- 4,936 rehabilitation beds
- 73% in 'locked rehabilitation' units
- Majority (57%) of beds in independent (private) sector
- Most were > 40km from the person's home area

	Locked N=3587	Unlocked N=1349	Total N=4936
NHS	1152 (32%)	992 (73%)	2144 (43%)
Independent	2435 (67%)	357 (27%)	2792 (57%)





## 'Out of area' rehabilitation beds

- Unclear remit
- Social dislocation
- Disruption of care pathway
- Longer admissions than necessary
- Financial disincentives to repatriate to local services
- Poor rehabilitative ethos in some and institutionalisation

More expensive than local inpatient rehabilitation services (cost twice as much)

CQC: 'We do not consider that this model of care has a place in today's mental health care system'

#### EDITORIAL



# A Fair Deal for mental health includes local rehabilitation services

Helen Killaspy, Richard Meier<sup>2</sup>

#### The Psychiatrist (2010), 34, 265-267, doi: 10.1192/sb.bp.109.028530

Royal Free and University College London Medical School, and Camden and Islington NHS Foundation Trust, London; <sup>2</sup>Royal College of Psychiatrists

Correspondence to Helen Killaspy (hkillaspy;iimedschuclacuk) Summary Lack of policy for mental health rehabilitation services has led to disinvestment and expansion of out-of-area placements in in-patient, nursing and residential care settings in the independent sector. Although a minority provide very specialist services that cannot be provided locally, and many provide good-quality care, there are significant concerns about the lack of rehabilitation focus in some of those services, poor links with local care managers and the social dislocation caused by being placed many miles from home. Additionally, out-of-area placements cost more than local rehabilitation services. There is, therefore, a compelling case for all individuals with complex mental health problems to have access to local rehabilitation services in order to expedite their recovery and social inclusion. The Faculty of Rehabilitation and Social Psychiatry of the Royal College of Psychiatrists has recently published a service template to guide commissioners and service providers in the UK in the kinds of rehabilitation services they need to provide locally.

Declaration of interest H.K. is the Chair of the Royal College of Psychiatrists' Faculty of Rehabilitation and Social Psychiatry.



## What local rehabilitation services can do

Obtain placements data to identify who is placed out of area and why

Work closely with providers to plan moves to local area in a safe and timely manner

Influence local commissioners to develop services that can support move to local area

Support developing local rehabilitation services by improving awareness of need

Involve service users and carers in your work to support move back to locality

Support setting up clinical reviews for service users in out of area placements

Be aware of CQC data to ensure that no one placed out of area is unaccounted for

#RehabPsych