

Webinar

#RehabPsych



**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

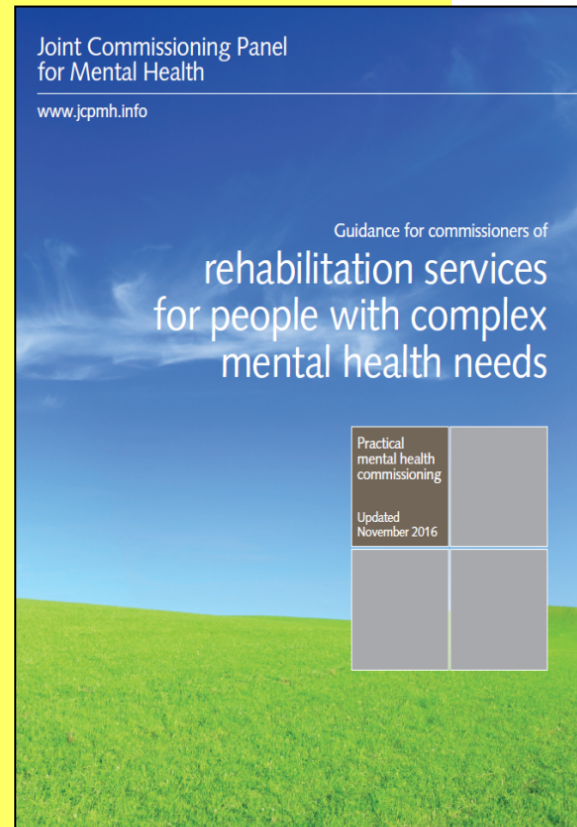
- Complex medication regimes
- Physical health care
- Occupational therapy - graduated, tailored support to gain/regain daily living skills
- Vocational rehabilitation/community activities
- Psychological interventions
- Family involvement and support

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

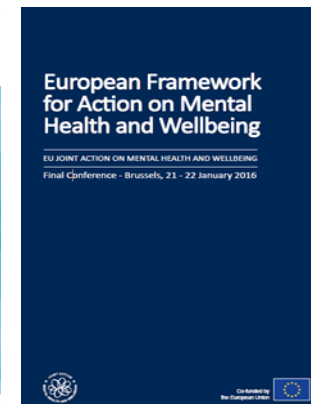


Policy shift - prevention and promotion

- 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

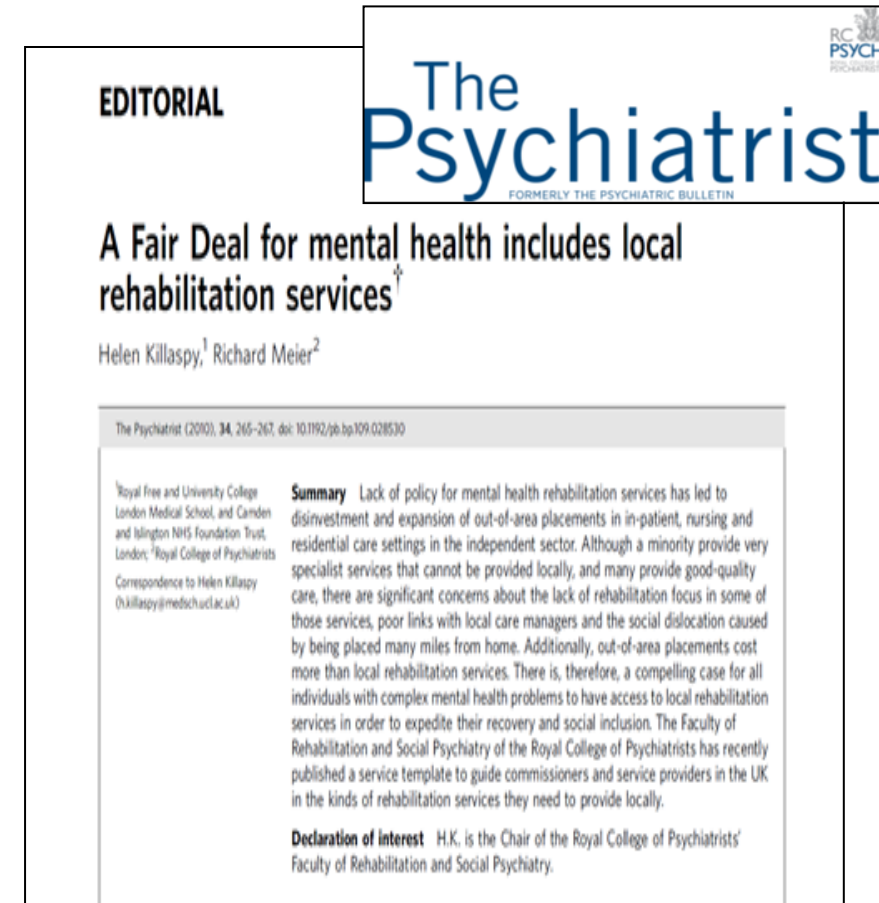
	Locked N=3587	Unlocked N=1349	Total N=4936
NHS	1152 (32%)	992 (73%)	2144 (43%)
Independent	2435 (67%)	357 (27%)	2792 (57%)

‘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’



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