Navigating Mental Health Services

Homeless Health Conference

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Navigating Mental Health Services

AIM

- A brief background to why we can struggle so much to navigate MH services on behalf of our clients

- To develop an understanding of how MH services see and approach mental health and illness

- Some suggestions for how we can more effectively interact with services

- Reduce risks of engagement with MH services being a negative experience, and increase chances of a positive outcome

Current Situation

Ravaged Council Services

Worsening Mental Health

MH services hugely under-resourced

Current Situation

Clients Diagnoses

ptsd
depression
dsh
psychosis
bipolar
suicide
anxiety
overdose
panic disorder

Clients Experiences

bereavement
abuse
addiction
learning difficulty
physical illness
homelessness
childhood trauma
discrimination
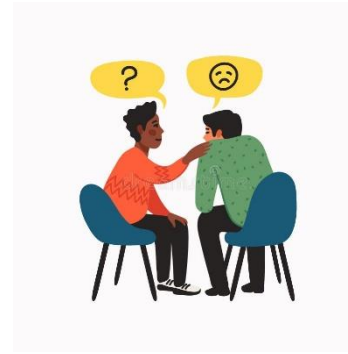multiple diagnosis
guilt

Pause

What's to be done?

- Cheat Code?

- Work within system

- Key Questions

- Understanding

Good Mental Health

How many of these can MH services provide?

Mental Health Service approach

Distress model

(frontline workers)

vs   GP

Medical model

(MH teams)

- **Medical model**
  - looking for evidence of a mental illness which they can treat

- **What isn't mental illness?**
  - An exact term
  - The explanation of behaviour
  - Agreed on
  - Distress
  - Always a helpful term

- **What is mental illness?**
  - Set of symptoms or behaviours
  - Usually causing distress
  - Usually interfering with personal functions

Mental Health Service approach

"Should we accept this referral?"

❖ **Is it clearly Mental Illness?**

❖ **Is it treatable?**

❖ **Will the client let us try?**
The further from a clear "yes" to all of these questions, the less likely MH are to get involved, until risks start increasing.

❖ **Precipitating/Perpetuating**
If due to behaviour/surroundings/substances then MH less likely to get involved, unless very severe

If due to traumatic experiences, then pathway is dramatically different.

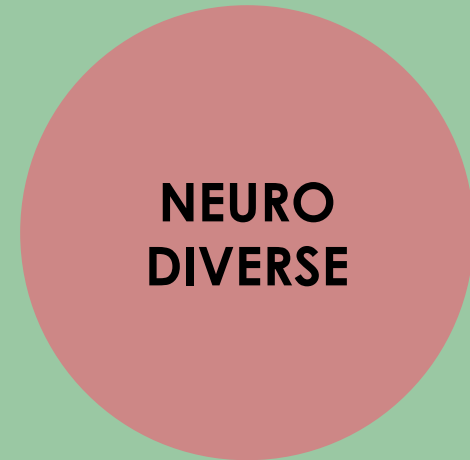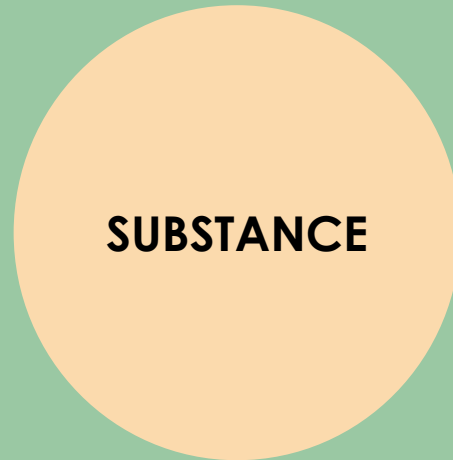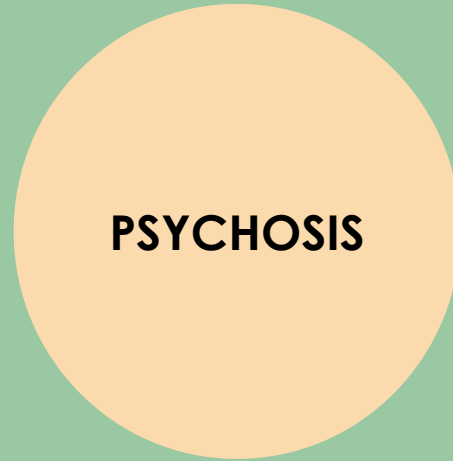# Mental Health Service Approach

First Order

MOOD

PSYCHOSIS

NEUROSIS

Second Order

INTRINSIC

SUBSTANCE

NEURO DIVERSE

Pause

Considerations before referring

Why engage with MH services?

- Reduce Distress

- Manage risk of harm
    - emotional, physical, financial, sexual
    - To themselves or to other people (be specific)

- Clarity (whose clarity – ours or client)

- Label (Diagnosis)

- Protect yourself or your organisation

- Healing

Considerations before referring

Risks of engaging with MH services

- Rejection

- Confusion

- Over-medication

- Label

- Worsening mental health
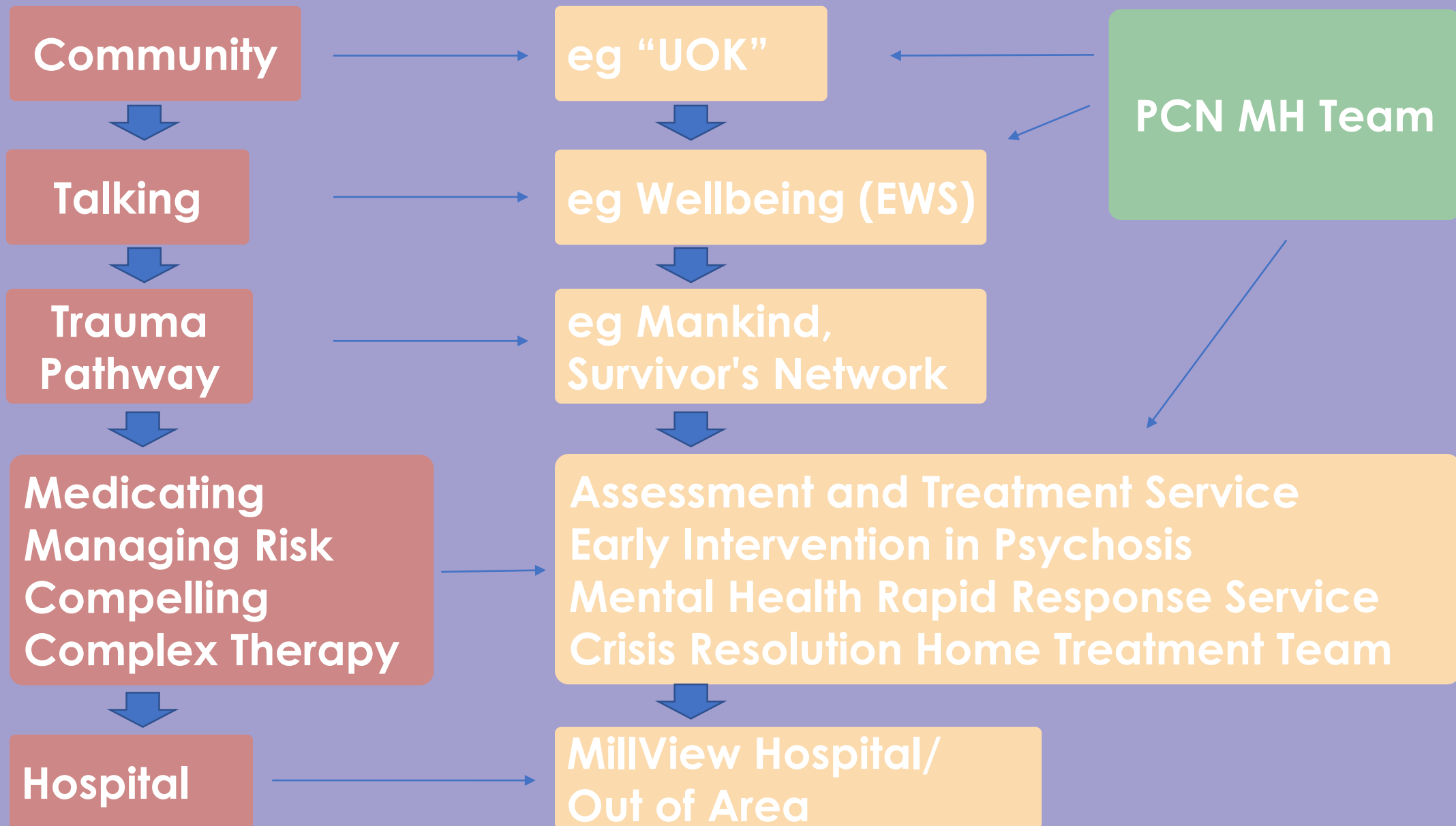
Key Questions to ask

MAKE THIS EXPLICIT IN YOUR REFERRAL!!

A clear, succinct narrative is key.

Seek to open dialogue

- **Why** am I referring?
  - Overall distress
  - Reduce risk
  - To make sense of someone's presentation
  - For a diagnosis. If so why?
  - Because you are worried that if you don't you will be criticised
  - You want them to be better

- **Co-operate?**
  - Would your client be prepared to engage in therapy?
  - Will they take medicine?

- **Risks**
  - That could be reduced BUT that might increase if referred

- **Fit**
  - What services are you aware of that might "fit" your client?

- **Substances**

MH Service Provision – escalating needs

Community → eg "UOK"

Talking → eg Wellbeing (EWS)

Trauma Pathway → eg Mankind, Survivor's Network

Medicating Managing Risk Compelling Complex Therapy → Assessment and Treatment Service Early Intervention in Psychosis Mental Health Rapid Response Service Crisis Resolution Home Treatment Team

Hospital → MillView Hospital/ Out of Area

PCN MH Team

Referral Rejected?

What to do if referral rejected

- Seek understanding

- Do MH have a point. Is this distress more than MI?

- Try again but with more information or clearer narrative

- Try someone else

- GP advice – try to get to know GPs more comfortable dealing with MH.

- Try to not pit client against MH service

- Try to not blame the bearer of bad news

- Monitor the system – advocate. Keep lists.

Pause

MH Service Provision

COMMUNITY SUPPORT
no GP required!

Mental Health & Wellbeing
Support in Brighton & Hove
https://www.uok.org.uk/
0808 196 1768

CGL

Brighton Women's Centre (BWC)

The Wellbeing Hub at Preston Park

Staying Well Service
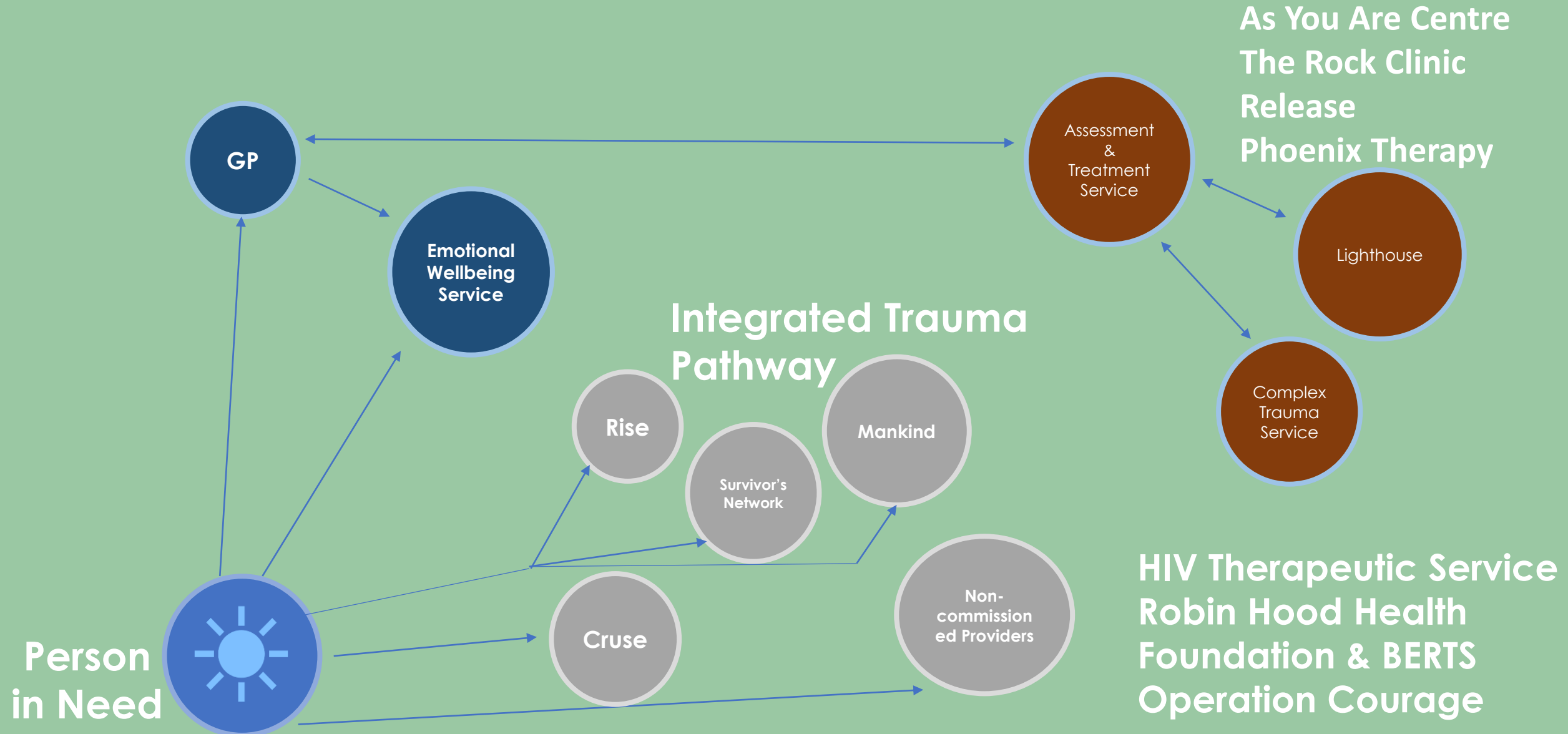
Brighton & Hove Recovery College

MindOut

The Trust for Developing Communities

Cascade Creative Recovery

12-step programmes

And many more......

MH Service Provision

3rd Tier

**NHS
Sussex Partnership
NHS Foundation Trust**

https://www.sussexpartnership.nhs.uk/our-services

CGL

Mental Health Homeless Team

- ➢ Assessment and Treatment Service – East/West
- ➢ Group Treatment Service
- ➢ Early Intervention in Psychosis
- ➢ Mental Health Rapid Response Service
- ➢ Crisis Resolution and Home Treatment Team
- ➢ Specialist Older Adult Mental Health Services
- ➢ Community Learning Disability Team
- ➢ Memory Assessment Service
- ➢ (Neurodevelopmental Service)
- ➢ Sussex Eating Disorder Service

To reflect

- **Tough**

- **Mismatch**

- **Clarity when referring**

- **Watch out for magical thinking**

- **Advocate – there are gaps in services!**

- **Use all resources**

- **Limitations**

- **Nidotherapy**