Current and future services for adults with mental health problems

Overview

The bar charts that follow compare the current pattern and levels of services for adults with mental health problems with the proposed future models of service by 2012.

Diagram 1: the proportions of people with severe and enduring mental health problems receiving different types of service per annum.

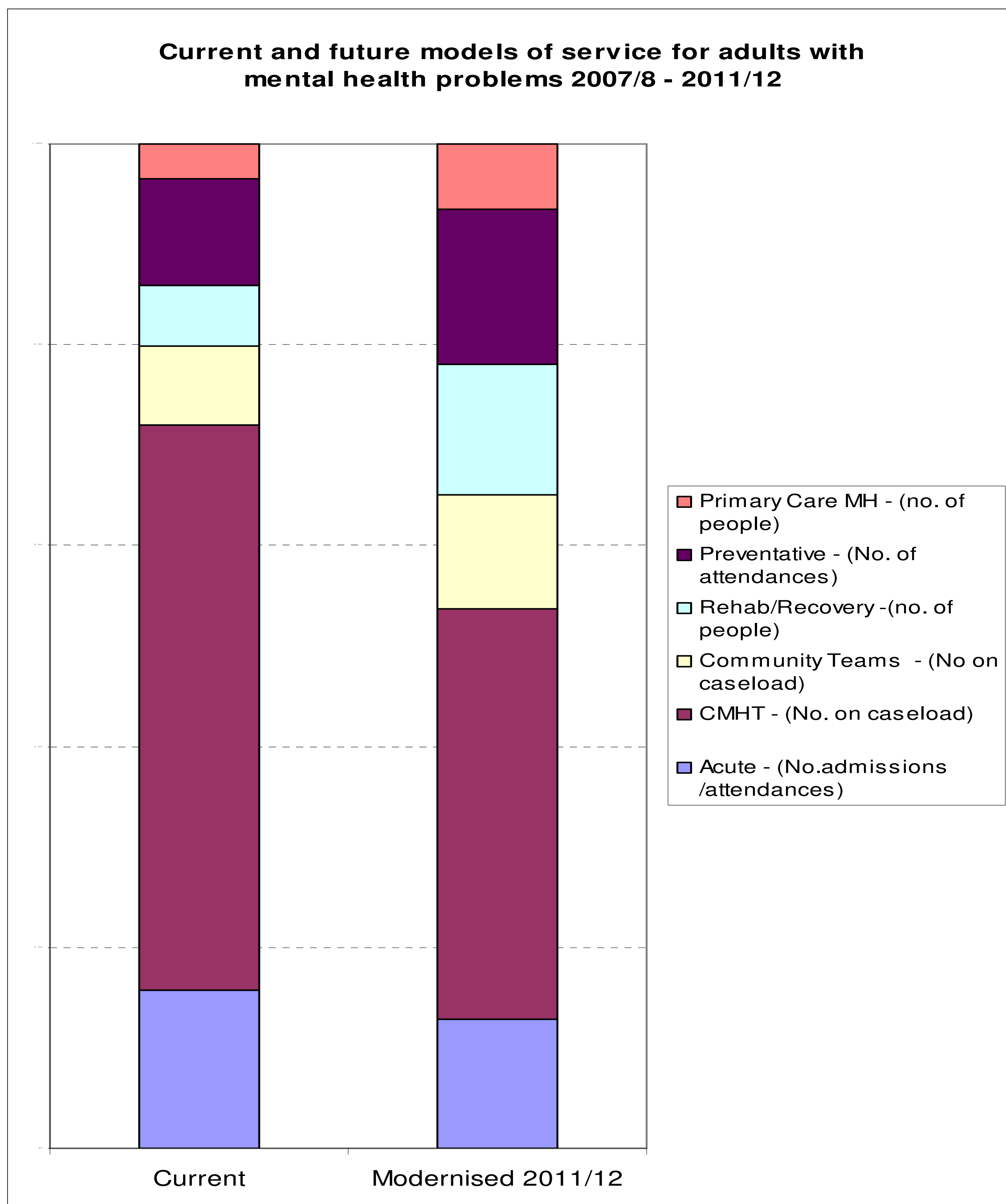
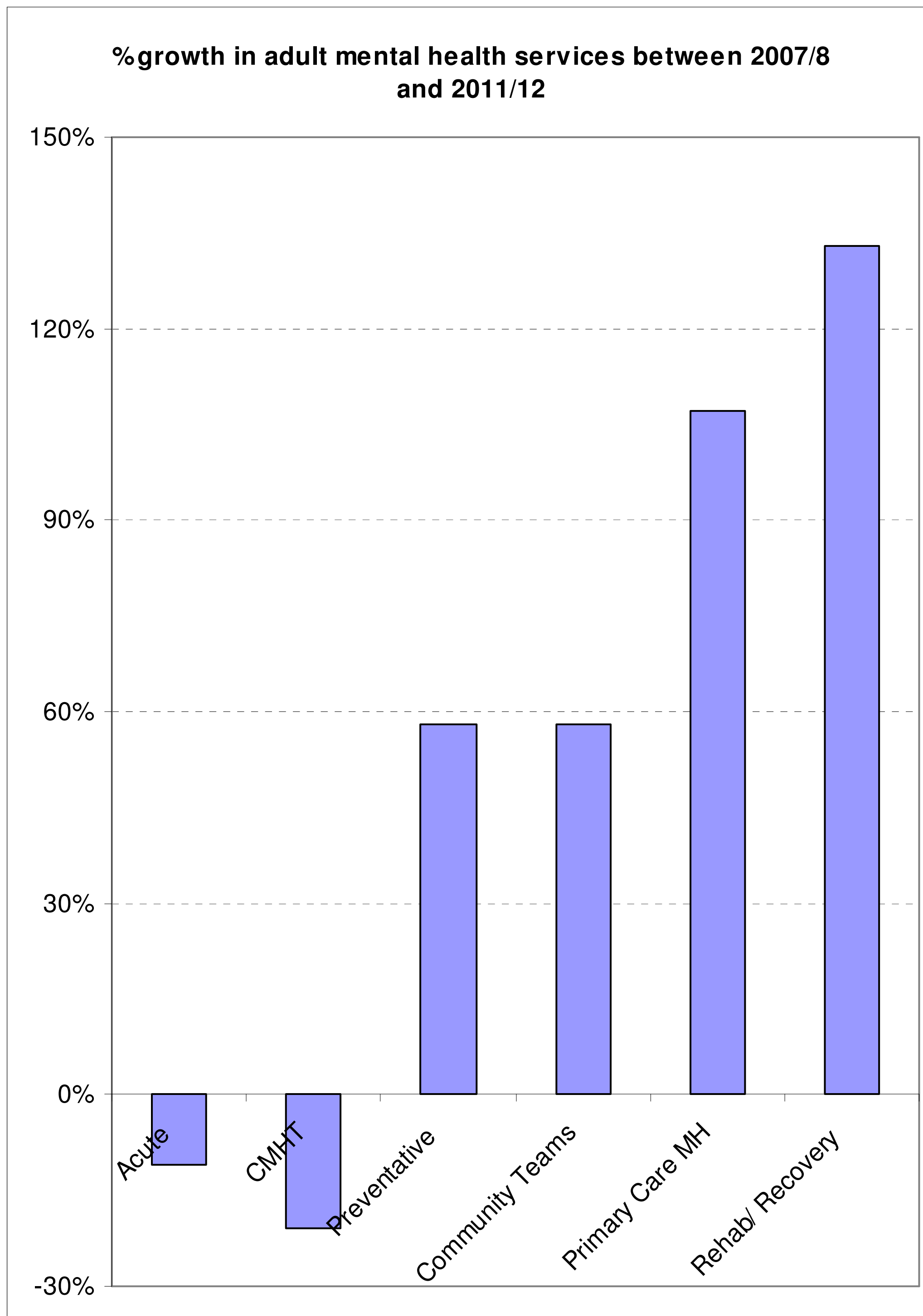


Diagram 2: Percentage change required in adult mental health services to achieve higher performing services



Details of proposed service levels for proposed higher performing services

Acute Services

In-patient services
The trend over the last few years has been a 3.5% reduction in admissions per annum. With an increase in admission prevention services provided by the Crisis Assessment and Home Treatment Team, this is estimated to rise to 5% per annum. The target would be a reduction of 24 admissions per year to 276.

Crisis Resolution and Home Treatment
It is anticipated that the increase in early planned discharge work will result in a 10% increase over 4 years. In 2006/07 number of people receiving home treatment during the year was 154. It is expected that this number of people will increase to 180.

Day Hospital
It is anticipated that the number of people accessing the day hospital will be increased by 20%, to 43, in order to support the crisis team.

Community Mental Health Service

Community Mental Health Teams
It is expected that CMHTs will see a reduced caseload due to the development of rehabilitation and recovery services, Primary care, and other specialist services (eg. Eating disorder and personality disorder services). A 25% reduction, to 1500 people on the caseload, is estimated over 4 years.

Safe House
The form of the safe house is still under discussion. However, assuming a safe house is provided with 2 beds, it is anticipated that there would be about 80 admissions per annum (assuming an average of 80% occupancy)

Community Teams

Early Intervention Service
The Early Intervention Team reached full capacity in 2007/08. The caseload will increase to meet the national target of 20 new referrals each year and reach the target of 61 people on the overall caseload in 2010/11.

Forensic Assessment Community Team
It is assumed that FACT will continue to operate with the current caseload level over the next 4 years.

Assertive Outreach Team
It is anticipated that the caseload will increase by 21 over the next 4 years, which would meet the national target of 54 for the team.

Psychology
As stepped care is introduced more people will be seen in primary care and fewer by highly specialist services. Estimate a 10% reduction over 4 years, to 127. No change in level of staffing, as will be concentrating more on long-term, complex cases and supporting primary care.

Eating Disorder Service
A new community team of three workers was established in August 2007 as a pilot project. It is not possible to say how the service will develop until the pilot has been evaluated, therefore this service has not been included in the service increases.

Personality Disorder Service
In 2006/07 60 people were seen within the Community Mental Health Teams (caseload survey). National community pilots are currently being evaluated, as a result of which guidance on providing services for this group is expected in 2008 . This service has therefore not been included in the costings.

Rehabilitation and Recovery Service

Employment
50 people are currently supported into employment each year. The target is to support an extra 80 people per year into employment.

Adult Education
MIND and Oak House currently support people to access adult education. The new Rehab. and Recovery Service will assist more people into adult education by accessing community services. The target is to increase the number of people accessing adult education by 20% per year, to 100 by 2011/12.

Home Support Services
In 2006/07 14 people received home care at any time during the year. It is anticipated that the new Rehabilitation and Recovery Service will support many more people in the community. The target is to support 100 per annum.

Residential/Nursing Home placements
Improved community support services developed by the Rehabilitation and Recovery service should result in a 30% reduction of residential/nursing placements over 4 years to 34.

Supported Housing
There are currently 21 supported housing placements. It is anticipated that, by working with Herefordshire Housing, this will increase to a minimum of 35 over four years.

Out of county placements
There are currently 13 people placed out of county and/or in specialist placements. It is anticipated that, with improved community services developed by the Rehabilitation and Recovery Service, this number will be reduced by 50% by 2011/12 to 7.

Residential Rehabilitation
This service will become an integral part of rehabilitation and recovery services and will work with the most complex group of people. It is anticipated that the current number of placements (10) will remain static.

Direct Payments/Individualised budgets
There will be a drive to encourage adults with mental health problems to access direct payments and individualised budgets. The target will be to encourage 20 people per annum to take up direct payments or individualised budgets. The target is relatively low because direct payments/individualised budgets are only possible, at present, in respect of people receiving social care and many people receive health, supporting people or preventative services rather than social care.

Preventative Services

Leisure
It is proposed that 300 more people should access community services. This is partially off-set by a decrease in the number of people accessing day centres for vocational purposes during the four years from 199 to 100.

Advocacy
Herefordshire MIND currently provides a limited individual advocacy service funded by external short term monies. This is helping 80 people per annum. However, due to limited resources this service has seen many people referred in a crisis and not been able to provide sufficient support to prevent crises occurring. Access to advocacy will therefore be expanded to ensure more people have access to independent individual advocacy services. It is anticipated that this would support all of the some 200 people per annum who are expected to need it.

Primary Care Mental Health Services
No major changes in demographics are anticipated, but with improved services more people will be supported in primary care and fewer will "graduate" to secondary services.