## Community Mental Health Teams

### WHAT DISCIPLINES / PROFESSIONS SHOULD BE REPRESENTED WITHIN THE TEAM?

<table>
<thead>
<tr>
<th>TEAM MEMBERS</th>
<th>ROLE</th>
<th>WHERE / WHO HAS THEM</th>
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</thead>
<tbody>
<tr>
<td>Psychiatrists (Core)</td>
<td>Provide comprehensive assessment, treatment and follow up care for the referred patient. Includes medication and psychological treatment. Psychiatrists are responsible for the medical care of psychiatric patients (medication, physical symptoms, etc.) and are also involved in counselling. A psychiatrist usually works in a psychiatric hospital or unit or as part of a community care team but he or she can also be part of a private practice. In most cases, your GP will refer you to a psychiatrist if he or she considers it necessary or if you request a referral. A psychiatrist will assess the person, usually at a hospital out-patient clinic, form a diagnosis and treat the person accordingly. This may involve treatment with medication or referral to a member of the mental health team. If a psychiatrist thinks it necessary, he or she may suggest that a patient be admitted to hospital. This suggestion is generally only made if a person's difficulties are severe.</td>
<td>HSE LK, CE and NT, HSE National, Hertfordshire Partnership NHS Trust, Dorset Healthcare NHS Foundation Trust, Cornwall Partnership NHS Trust, Barnet, Enfield and Haringey Mental Health NHS Trust, Queensland Health (Government of Australia), Taranaki District Health Board (New Zealand), Lakes District Health Board (New Zealand), Solihull CMHT, Sussex Partnership Trust, Swansea MHS, Borough of Poole</td>
</tr>
<tr>
<td>Staff Grade/Trainee Psychiatrist</td>
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<tr>
<td>Psychiatric Registrar</td>
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<tr>
<td>Junior Doctors</td>
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<tr>
<td><strong>Psychiatric Nurses (Core)</strong></td>
<td>Offer help to patient and family members including advice on • Medication</td>
<td>HSE LK, CE and NT, HSE National</td>
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<tr>
<td><em>(Community Mental Health Nurses)</em></td>
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**Notes:**
- Psychiatrists: Core members include those with established expertise and experience in the field of mental health.
- Staff Grade/Trainee Psychiatrist: Includes registrars and trainees.
- Psychiatric Nurses: Core nurses provide essential support and care to patients and their families.

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**References:**
- [Healthcare Providers](https://www.healthcareproviders.org)
- [Mental Health Resources](https://www.mentalhealthresources.com)
- [Community Health Organization](https://www.communityhealthorganization.org)
### Community Psychiatric Nurse

<table>
<thead>
<tr>
<th>Activities</th>
<th>Trusts/Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioural Programmes.</td>
<td>Hertfordshire Partnership NHS Trust</td>
</tr>
<tr>
<td>• Group Therapy interventions</td>
<td>Dorset Healthcare NHS Foundation Trust</td>
</tr>
<tr>
<td>• Family education</td>
<td>Cornwall Partnership NHS Trust</td>
</tr>
<tr>
<td>• Crisis management</td>
<td>Barnet, Enfield and Haringey Mental Health NHS Trust</td>
</tr>
<tr>
<td>• Home visit &amp; support</td>
<td>Sandwell Mental Health NHS and Social Care Trust</td>
</tr>
<tr>
<td>They play a central role in the care of the psychiatric patient, both in a hospital setting and in the community. He or she works within a psychiatric service as part of a health care team. Nurses provide both physical and psychological care to their patients and can also provide essential support and encouragement to the patients' families. The nurse's activities are varied but can include:</td>
<td></td>
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<tr>
<td>• Day patient care and case management</td>
<td>Lakes District Health Board (New Zealand)</td>
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<tr>
<td>• Detoxification programmes</td>
<td>Solihull CMHT</td>
</tr>
<tr>
<td>• Education of student nurses and community groups as well as clients and carers</td>
<td>Sussex Partnership Trust</td>
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<tr>
<td>• Acting as a liaison with in-patient services, GPs, strategy and voluntary organizations</td>
<td>Swansea MHS</td>
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<tr>
<td>• Organisation of admissions to hospital and reception</td>
<td>Borough of Poole</td>
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<tr>
<td>• Initial assessment of referrals from GPs, including risk assessment</td>
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<tr>
<td>• Helping the patient with networking in to society and it's resources</td>
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<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Nursing Director</strong></td>
<td>Responsible for overseeing the coordination of nursing staffing in a mental health unit and the community</td>
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<tr>
<td><strong>Nurse Unit Manager</strong></td>
<td>Responsible for coordinating the nursing staff and provision of mental health nursing in a mental health unit</td>
</tr>
<tr>
<td><strong>Clinical Nurse Consultant</strong></td>
<td>Responsible for clinical practice, practice development, admissions, discharges, referrals, liaise with community teams and oversee the day to day running of a mental health unit.</td>
</tr>
<tr>
<td><strong>Nursing Officer</strong></td>
<td>Is a person trained and experienced in providing nursing care and treatment to consumers with a mental illness or mental health problem. Nursing Officers are also known as Enrolled Nurses, Registered Nurses, Clinical Nurses and Clinical Nurse Consultants. The Mental Health Nursing Officer takes into consideration the biological, psychological and social aspects of the consumer and assists the consumer with meeting the needs that have been identified in these areas. The level of a</td>
</tr>
<tr>
<td>Profession</td>
<td>Description</td>
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<tr>
<td><strong>Program Nurse Coordinator</strong></td>
<td>Is responsible for coordinating and implementing activities for consumers on the mental health unit. Activities vary from exercise programs to relaxation exercises, cooking activities and arts and crafts.</td>
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<tr>
<td><strong>Social Worker (Core)</strong></td>
<td>Offers assessment, education and supportive counselling to individuals and families. Provides info and advice regarding community resources, entitlements &amp; money management. Assesses individuals in their social environment &amp; identifies how this impacts on the individual and what resources are appropriate. Mental health social workers carry out a range of functions as members of a multi-disciplinary team. Individual counselling is one of their key tasks in assisting those with a variety of emotional difficulties. Another key function is 'psycho-education'. Psycho-education refers to work with individuals and their families to explain aspects of the mental illness. Psycho-education also involves offering coping strategies appropriate to the specific mental illness. Given that mental health service provision is sometimes fragmented, mental health social workers are committed to 'case management' or 'care management'. This refers to working with individuals with a view to ensuring continuity of care and the coordination of services. This helps to maximise their wellbeing and quality of life. Case management involves the integration of health services with a range of other services. Examples include, housing, social welfare, job training and employment, liaison with statutory and voluntary agencies, etc. All of these links may contribute to positive mental health.</td>
</tr>
<tr>
<td><strong>Social Work Assistants</strong></td>
<td>Under the supervision of the Approved Social Workers and/or Practice Care Manager, to provide contact, advice, support and encouragement to clients. To respond to crisis situations and ongoing practical problems according to client needs. To help monitor care plans and recommend adjustments. To assist with benefits advice, including form filling, liaison with various agencies, housing DSS, Police and Voluntary Sector, transporting clients, supervision, changes of accommodation. To assist in assessment, whilst recognising when the involvement of a Social Worker or Practice Care Manager is required.</td>
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To hold continuing professional responsibility for a caseload of less vulnerable clients when appropriate.

| Clinical Psychologist (Core) (HSE National also lists Psychologists in addition to the above -not included here) | Provides a psychological assessment service with psychotherapy and counselling for MH problems such as depression, anxiety, grief and past trauma of abuse. Offered mainly on an individual basis. May also offer specific group and family therapy | HSE LK, CE and NT
HSE National
Hertfordshire Partnership NHS Trust
Dorset Healthcare NHS Foundation Trust
Cornwall Partnership NHS Trust
Barnet, Enfield and Haringey Mental Health NHS Trust
Sandwell Mental Health NHS and Social Care Trust
Queensland Health (Government of Australia)
Taranaki District Health Board (New Zealand)
Lakes District Health Board (New Zealand)
Solihull CMHT
Borough of Poole |
| Community Psychologist | The community psychologist has a clinical qualification and works as part of a community-based team with individuals such as social workers, speech therapists and community welfare officers. The community psychologist is involved in assessing and working with those with a wide range of problems, including children with behavioural, educational and other difficulties. | HSE National |
| Counselling Psychologist | A counselling psychologist has a qualification in counselling and often works privately, offering help for a wide range of problems such as relationship difficulties, anxiety, poor self-esteem, etc. Not all counsellors are psychologists. | HSE National
Cornwall Partnership NHS Trust |
| Psychotherapist (Cognitive Behavioural Psychotherapists) | Psychotherapy tends to be more in-depth than counselling. It is based on the idea that the less aware we are of our motives, feelings and actions, the more they control us and the more | HSE National
Lakes District Health Board (New Zealand) |
we stay stuck in old patterns that may be harmful to us. A psychotherapist can help patients to examine their subconscious mind. By bringing any unconscious motives, fears and feelings to light and dealing with them, patients can often get relief from their symptoms. Psychotherapists usually undertake a long postgraduate training that requires trainees to undergo therapy, often twice per week, for several years. The techniques and interventions used by the psychotherapist vary according to the theoretical framework within which he or she is working.

<table>
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<tr>
<th>Counsellor</th>
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<td>All approaches emphasise non-judgemental, attentive listening and respect for the client. Counselling aims to enable people to take control of their own lives, and the counsellor may not adhere to one particular theory. Self-referral is the usual route to counselling, although a GP or psychiatrist may be able to recommend someone suitable. Some counsellors are qualified psychologists, but many are not.</td>
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<thead>
<tr>
<th>Behavioural Therapist</th>
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<td>Behavioural therapy works on the premise that you can change what people do by teaching them to respond to things in a different way. Behavioural therapy aims to help the patient control undesirable habits or irrational fears and can be used in the treatment of behavioural conditions like eating disorders and phobias. In many cases, behaviours can be learned or unlearned through basic conditioning techniques. Behavioural therapy uses such techniques as aversive conditioning, where unwanted habits are paired with unpleasant stimuli, and systematic desensitisation, where a stimulus that causes anxiety is paired with a pleasant one.</td>
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<tr>
<th>Addiction Counsellor</th>
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<tr>
<td>Provides comprehensive counselling service which includes both individual and group therapy. Family intervention and after care are also included. Addiction counsellors provide assessment, counselling, information and treatment services for people suffering from alcohol, drugs and gambling addictions. Before receiving counselling for addiction, a patient must go through a detoxification programme, if necessary. The patient is then referred to the community-based addiction treatment service. An individual and group counselling approach is commonly used with an emphasis on the consequences of the addict's behaviour. The main aspect of treatment examines the triggering factors that lead to the development</td>
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</table>
of the addiction. Target goals are set to try and establish new patterns of healthy behaviour. An important part of the treatment is the involvement of a family member, which can help to achieve these targets. The programme lasts for an average of six to eight weeks and is followed by an after care service.

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<tr>
<th>Occupational Therapist (Community Occupational Therapists) (Core)</th>
<th>Offers vocational assessment and referral to the National Rehabilitation Board, interview skills, social skills training, self esteem and confidence building. Occupational therapists provide services to people whose ability to cope with everyday activities is threatened or impaired in some way by physical, psychological or developmental problems. Occupational therapists can assess and treat anyone (adult or child) who has practical difficulties due to mental illness, accidental injury, arthritis, cerebral palsy, learning difficulties, stroke, and other congenital, developmental, degenerative or neurological conditions. Occupational therapy aims to enable the person to have as independent, productive and satisfying a lifestyle as possible. Treatment can include self care, personal development, mobility and access, skills and training, home management, disability awareness, work preparation, directed play, stress management and compensatory techniques.</th>
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<tr>
<td>Cognitive Behavioural Therapist (Nurse Behavioural Psychotherapist)</td>
<td>Cognitive behavioural therapy (CBT) aims to reduce dysfunctional emotions and behaviour by changing behaviour and thinking patterns. Professionals who specialise in this kind of therapy believe that a change in symptoms and behaviour follows a change in thinking. This change can be brought about in a number of ways, including the practice of new behaviours and analysis of faulty thinking patterns. The purpose of CBT is to reduce distress or unwanted behaviour by undoing this learning or by providing new, more adaptive learning.</td>
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<tr>
<td>Art Therapist</td>
<td>Art Therapists (or Art Psychotherapists) have received a post-graduate training in Art Psychotherapy and have experience of working in all areas of mental health and learning disability.</td>
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<td>HSE LK, CE and NT</td>
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<td>Hertfordshire Partnership NHS Trust</td>
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<td>HSE National</td>
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<td>Cornwall Partnership NHS Trust</td>
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<td></td>
<td>Solihull CMHT</td>
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Art Therapists are state registered members of the Council of Professions Supplementary to Medicine.

Within the CMHS, Art Therapists offer treatment individually or in groups to people with a wide range of mental health problems.

Art Therapists believe that all creativity is linked to innate healing potential, and our clients find that using art materials helps them to express their feelings and explore their difficulties. They use whatever the client has created, together with the client, to assist in resolving these problems.

### General Practitioners

Your family doctor (GP) is often the first person you will seek help from. He/she will assess the problem and may either provide medication and monitor your condition or may refer you to a specialist, e.g., psychiatrist, psychologist or counsellor, if necessary. Your GP may be able to recommend a support group for the particular problem. Where others are involved in the patient’s care (e.g., psychiatrist, social worker, family members, etc.) your GP may liaise with them in order to provide you with the best overall care.

### Community Care Assistants (Community Support Workers?) (Case Manager)

Work with individuals and families who have an enhanced or standard care plan within the Care Coordination framework. To provide practical support to enable people to be discharged from hospital to suitable alternative placements in the Community, and to offer a service to sustain their position in the wider community on a preventative basis, as per agreed Care Plan.

### Indigenous Mental Health Worker

Is based on the mental health unit. They can offer information, support, encouragement and counselling. They can also assist with cross cultural issues between the consumer and other staff on the mental health unit during the consumer’s stay.

### Mental Act Administrator

Is responsible for coordinating all activities that relate to the Mental Health Act, i.e. Tribunal hearings and providing information to consumers and their carers regarding the mental health act.

### Employment Workers

Is based on the mental health unit. They can offer information, support, encouragement and counselling. They can also assist with cross cultural issues between the consumer and other staff on the mental health unit during the consumer’s stay.

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<tr>
<th><strong>Volunteers</strong></th>
<th>Who work with consumers</th>
<th>Queensland Health (Government of Australia)</th>
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<tbody>
<tr>
<td><strong>Recovery Workers</strong></td>
<td></td>
<td>Borough of Poole</td>
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<tr>
<td><strong>Team Co-ordinator</strong></td>
<td>Drawn from within the staff compliment who will be responsible for arranging and chairing weekly team meetings, disseminating appropriate information to the team and act as a contact point for general enquiries</td>
<td>Dorset Healthcare NHS Foundation Trust</td>
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</tbody>
</table>
| **Practice Care Manager (Team Manager)** | - To manage own caseload and that of the team  
- Act as an appraiser for staff  
- To facilitate allocation of work to all CMHS staff  
- Following referral, ensure statutory work of ASW is prioritised and allocated  
- To facilitate discharge/closure of cases  
- To co-ordinate day to day work of the team  
- As a resource for other staff  
- To ensure logistical deployment of the team, e.g. overseeing annual leave, study leave and ensuring caseload cover in conjunction with team leader, in case of long-term staff absence  
- To be a clinical leader  
- To facilitate professional development in others whilst ensuring training requested is appropriate to needs of team in conjunction with appropriate professional leads  
Have an overall knowledge of team caseload, skills and interests of individuals to maintain standards of care by disseminating information | Cornwall Partnership NHS Trust |
| **Administration Staff** | A & C Staff Members consists:  
- Administrators  
- Medical Secretaries  
- Team Secretaries  
- Team Clerks  
- Ward Clerks  
- Receptionists, and  
- Personal Secretary to the Locality Manager  
All typing and clerical tasks for the Teams/Units are carried out by the relevant A & C Staff within each section. In the course of their duties they can be involved in the clerical side of:  
- CPA’s  
- Portechnic  
- Out-patient clinics  
- Admissions | HSE LK, CE and NT  
Hertfordshire Partnership NHS Trust  
Dorset Healthcare NHS Foundation Trust  
Cornwall Partnership NHS Trust  
Queensland Health (Government of Australia)  
Solihull CMHT  
Swansea MHS |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Organization</th>
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| **Discharges**                                                       | - General Typing  
- PAS  
- ICS  
- Switchboard operation  
- Patients monies  
- Individual Purchasing  
- Raising and registering of patients’ Notes  
- CMS                                                                 | Borough of Poole                                                             |
| Provide administrative support for the day to day running of the day hospital.                                                                 |                                                                                                                                                     |                                                                               |
| In most cases an effort is made to link administrative support to the CMHT (rather than the day hospital - in the case of Dorset, the additional posts of Medical Secretary and Team Assistant are described. |                                                                                                                                                     |                                                                               |
| **Carer Officer**                                                    | - To develop closer workings with the identified GP practice  
- To educate GP’s and Primary Care Team about mental health and the service developments  
- To invite feedback and comments regarding our service in order to: Work towards constant improvement in the quality of the service we offer and b) Assist the team in dealing promptly with any misunderstanding between the CMHS and the P.H. sector. | Dorset Healthcare NHS Foundation Trust                                      |
| **FUNCTION OF LINK WORKER**                                           | - To meet with GP’s and/or Practice Manager, and Primary Care Mental Health worker on a regular basis as agreed  
- Develop a communication process to meet the changing needs of service demands  
- To give advice and educate re management of mental health problems and advise re alternative services/agencies available if more appropriate to their needs  
- To promote the service and the specialist roles within it. | Borough of Poole                                                             |
| **Link Worker to GP Surgeries**                                      |                                                                                                                                                     | Cornwall Partnership NHS Trust                                                |
| **Vocational Supports Trainer**                                       | Vocational training is a service provided for people whose lives have been disrupted by mental health problems and who wish to make a fresh start. It aims to provide participants with the skills, knowledge and attitudes necessary for progression into employment, further training, education, and self- | HSE National  
Sandwell Mental Health NHS and Social Care Trust                          |
| (Job Broker)                                                         |                                                                                                                                                     |                                                                               |
employment. It also aims to provide participants with other work opportunities, the opportunity to rebuild self-confidence and restore self-worth and the opportunity to make new friends and develop hobbies and pastimes. A Vocational Training Centre provides activities such as woodwork, metalwork, office procedures, arts and crafts and life skills (e.g., interpersonal skills and personal development). An individual programme is agreed with each trainee. Referral is usually through a professional such as a psychiatrist, but self-referral is also possible.
REFERRAL PATHWAYS

The steps below describe what a number of providers consider to be the principal pathways/routes into accessing the Community Mental Health Team.

See printed enclosures which give a flow-chart representation of the referral process, as well as patient information and referral form from ACT Health (Australia).

WAYS IN WHICH REFERRALS CAN BE MADE

Referrals can be made via

- Letter
- Telephone: Following a telephone referral, a confirmation letter/fax will be requested.
- Fax
- E-Mail
- Direct to CMHT (In Person) (Self Referral)

WHO CAN MAKE THE REFERRAL

- Individual General Practitioners
- Members of Primary care Team (following agreement by GP) and using “Choose and Book” software
- Social Services Staff
- Staff in other specialist mental health services (e.g. Addictions)
- Primary Care Mental Health Teams (Psychology and Counselling)
- Hospitals
- Self
- Family
- Carers
- Close friends

SERVICE USER PROFILE / PRIORITY CRITERIA

- Services are provided to adults between the ages of 18-65 (Cornwall say any person over the age of 16)
• New referrals for service users over the age of 65 years should be referred to the specialist services for older people.

• Referrals for service users under the age of 18 should be referred to the Child and Adolescent Mental Health Services (CAMHS), however if a young person aged 16-17 years requires urgent admission for their mental health needs this should be in accordance with agreed protocols.

• Individuals suffering from dementia should be referred to the specialist service for older people.

• Service users where the main presenting need relates to their learning disability should be referred to the specialist Learning Disability services. Learning disability however should not act as a barrier to acceptance by the CMHT, as long as the CMHT is best placed to meet their needs. In cases where this is not immediately clear, assessments carried out jointly by representatives of both CMHT and Learning Disability Services should take place.

• Service users with a diagnosis of substance misuse should be referred to specialist drug and alcohol services. Service users with a dual diagnosis where the primary diagnosis is mental health will be the responsibility of the CMHT however it is likely a worker from the Substance Misuse Service will also be involved.

EXCLUSION CRITERIA

• Bereavement reactions
• Relationship difficulties
• Adjustment disorders
• Mild depressive disorders
• Sexual abuse without a psychiatric disorder
• Acute stress reactions without a risk to themselves or others
• Post viral fatigue syndrome

Individuals will be referred to specialist services if they suffer from the following disorders;

• Alcohol and drug dependents
• Severe eating disorders
• Individuals with a severe mental illness requiring long term psychotherapy.

ELIGIBILITY

• Services users with severe and persistent mental illness, such as schizophrenia severe depression or bipolar disorder, obsessive compulsive disorder, severe phobic and anxiety states, severe personality disorder

• Longer term disorders of lesser severity but which are characterised by poor treatment adherence requiring proactive follow up

• Where a GP requires the expertise of the secondary care team to confirm a diagnosis or implement a care plan.

• Any disorder where there is significant risk of self harm or harm to others (e.g. acute depression, anorexia, high levels of anxiety) where the level of support exceeds that which the primary care team can offer
• Pregnant mothers suffering any type of mental disorder
• Mental health crisis where an assessment is required under the Mental Health Act
• Mental health problems where an assessment is requested.
• Disorders requiring skilled and intensive treatments such as Cognitive Behavioural Based Therapy (CBT), vocational rehabilitation and medication maintenance requiring blood tests not provided in primary care
• Highly vulnerable people, (families with young children and young men) who do not fall within the serious mental illness criteria will also be considered for priority assessment. A service will be offered if their needs are assessed as requiring psychiatric medical treatment or they are eligible for social care services
• Prescribing or monitoring of medication when not available within Primary Care
• Where mental health problems will lead to progressive deterioration of the level of functioning without intervention from the mental health services.
• Where resources allow psychological treatments can be provided for other mental health problems such as phobias, panic attacks, post traumatic stress syndrome. Some preventative work may also be undertaken on a short -term basis for people who are suffering or have suffered serious life stresses
• For those people who cannot be offered a service, information and help will be available in order to direct them to other services in the community such as Relate, HAPAS, Drugsline, Citizens Advice Bureau and a variety of community based counselling services.
• Some of the above have been framed in the light of the National Service Framework for Mental Health (see mental health\extended hours 24 hour service) and the Fair Access Care Services Eligibility, Community care Act 1990 and Carers Act 1995 (in mental health\community mental health teams\legislation).

APPROPRIATE ADULT
• When the police suspect a person they are questioning may be mentally disordered and vulnerable they will need to consider having the person examined by the police surgeon in order to justify a request for an Appropriate Adult from the CMHT to be present
• Following examination by the police surgeon and confirmation a mental disorder is present the police will make a request for an Appropriate Adult via the CMHT duty system. Full information will be recorded and passed to the CMHT Manager (or delegated representative) or specialist MDO (Mentally Disordered Offenders) worker
• The CMHT Manager (or delegated representative) or MDO worker will communicate with the referrer and agree next actions

CARE CO-ORDINATION AND PLANNING
• Each CMHT has the responsibility to provide a duty system to ensure that all emergencies and urgent needs can be addressed between the core hours of service (i.e. 9am - 5pm. Out of hours, weekends and bank holidays - referral by telephone only
• All referrals will be received and screened by a ‘duty worker’ (qualified mental health worker/professional on the day of receipt and be assigned categories such as those below. In some cases, the duty worker will contact the referrer in order to gather more information about the nature of the referral and to ascertain the present risk to the individual or others. The duty worker will also be available to see people who drop in, offer advice and be involved in any activity deemed to be an appropriate task for a duty worker

• Following a comprehensive assessment of health and social care needs and a risk assessment all service users requiring a service will be allocated a named Care Co-ordinator and a level of CPA, Standard or Enhanced, agreed. A care plan will be formulated

• The Care Plan will include details of services required to meet need and manage the assessed risk, and Contingency Plans which will identify risk factors, early warning signs and actions to be taken in any crisis

• It should be recognised that risk cannot be eliminated, only managed. An integral part of the management process should be for the service user to accept responsibility for their own actions and associated risks supported by the Care Plan and the teams interventions

• During any assessment process care must be taken to ensure any previously held information is identified and that the service user is not subjected to having the same information requested time and time again.

• The service user and relevant carers (if agreed) will receive a copy of the care plan and the risk management plan. They will be encouraged to be involved in the planning process and express their views on the content of the Care Plan

• The Duty Worker will respond to all urgent queries from existing service users and carers/others when the care co-ordinator or other appropriate team member is not available.

• Following screening the Duty Worker is responsible for immediately referring on crisis referrals that require a Mental Health Act assessment, or if hospital admission is being considered, for an assessment by the Crisis, Assessment and Treatment Team

• Individuals who present at the CMHT and have no fixed abode will be assisted in returning to their district of origin unless their mental state requires immediate assessment and treatment

• A Duty Manager (or delegated representative) is available on site to offer support, advice and guidance to the Duty Worker. The Duty Manager (or delegated representative) also monitors referrals and is responsible for agreeing the priority level for assessment.

• The Duty Worker must ensure that all discussions / action taken in responding to the emergency/urgent need are clearly documented within the appropriate section of service user’s integrated records.

• The Duty Manager (or delegated representative) holds responsibility for ensuring any crisis occurring in the building which may effect the health and safety of staff or service users is managed appropriately and in accordance with Health and Safety Policies

• If a referral is received at other times either in writing or verbally and appears urgent the Team Assistant/Medical Secretary will draw it to the attention of the CMHT duty worker
- CPA and risk assessment reviews will be held at regular intervals, according to need, and at no less than annual intervals. GP’s are invited to all CPA meetings and their attendance at critical meetings essential

**ASSESSMENT PROCEDURES (INCLUDING RISK ASSESSMENT)**

- Following allocation the named professional worker(s) will offer an appointment. Generally this will be in the CMHT base but in some cases a home visit can be arranged. If the referrer has any reason to believe a home assessment is necessary it is useful to explain this when making a referral

- Whenever possible and appropriate CMHTs will offer joint assessments by two different disciplines from within the team. CMHTs would anticipate that joint assessments would always occur when a new assessor required greater experience or in situations that indicate the assessment will be complex and/or high risk

- Assessments will be completed where it is most practicable and convenient to the Service User (i.e. home or suitable community or hospital facility

- A comprehensive assessment of health and social care needs will be undertaken. The assessment includes consideration of physical health needs and also takes into account any family, housing or occupational difficulties

- ICPA (Integrated Care Programme Approach) assessment documentation will be used by all members of the team

- Assessment will include contacting other relevant agencies and/or family members /carers (if appropriate) who have been involved with the service user.

- If the assessment suggests other professional advice/assessment is required this will be arranged

- Additionally team members will consider the needs of carers - carers with a regular and substantial role must be offered an assessment in their own right.

- All qualified mental health professionals must ensure that a full risk assessment is carried out as part of the initial assessment and that this is used to inform the future treatment/care plan. After the assessment has been performed, the team members concerned will feedback or record the assessment at the next team meeting if there are issues of concern which require MDT discussions.

- Services will be commissioned for anyone assessed as in need and eligible for a social care service

- Following a comprehensive health and social care assessment and a risk assessment, if a continuing service is offered, the service user is allocated to an appropriate level of CPA,

- A decision to “accept” or “refer back” is made.

- A risk management plan will be drawn up according to the level of risk and specific actions identified in relation to these.

- Following assessment the GP and the service user will be sent a copy of the assessment unless there are specific reasons to suggest this is inappropriate. The service user will
be given an opportunity to comment on the assessment and these comments will be recorded

- If following assessment, a continuing service is not offered by the CMHT the reasons for this will be explained to the person and will be recorded on the assessment. The GP will be informed

- In all assessments of mental health problems the element of risk should always be considered in the following areas:
  - Risk of suicide
  - Risk of violence to themselves or others
  - Risk of neglect
  - Risk of abuse, either to children, the elderly or staff

REFERRAL TO THE CRISIS, ASSESSMENT AND TREATMENT TEAM

- Any new referral screened by the Duty Worker which indicates there is a crisis of such severity that an in-patient admission must be considered will be referred immediately to Crisis, Assessment and Treatment Team (CATT). Urgent emergency screenings taken by telephone will be seen on that same day if they can be seen in a safe environment in accordance with the lone worker policy

- Screening the referral will include examination of any old notes, face to face, or telephone contact with the person referred, contact with the GP and the carer. The information gathered must be sufficient to identify risks and identify why in-patient admission is being considered

- On receipt of the referral CATT will agree actions including the time that an assessment will occur if this is the agreed way forward

- If CATT do not offer a service the CMHT remains responsible for deciding on the most appropriate way forward. If admission is required this usually will be arranged by the CMHT however CATT will assist if required

- Known service users in crisis and where in-patient admission is being considered will be referred to CATT by the Care Co-ordinator (or delegated representative). Prior to any referral to CATT the service user must have been seen to assess mental state, risks and identify why in-patient admission is being considered. Whenever possible a medical assessment should have taken place

- When possible a member of the CMHT staff will accompany CATT staff on the assessment

- Emergency referrals from GP’s / Out of Hours should be made in the first instance to the Senior Nurse / “Bleep Holder” in the appropriate mental health unit via the hospital switchboard. He/she in consultation with the Duty psychiatrist and referring GP as appropriate will arrange for the person to be assessed at the local emergency assessment centre or refer onto the Crisis / Regional Home Treatment Team for assessment and intervention in the community.

CATEGORIES AND TIMEFRAMES

- Urgent (seen immediately or within 24 hours)
- Soon (seen within 4 / 7 working days) - where rapid deterioration is predicted unless action is taken.

- Routine (seen within 8 weeks) (13 weeks in another case). Where a person is not contactable by telephone, the allocated team member will write to the person informing him/her of the referral and the decision to offer an appointment and asking him/her to contact the team to arrange an appointment.

**FREQUENCY AND FORMAT OF CMHT MEETINGS**

These are held weekly and all referrals / assessments will be brought to and discussed at these meetings. These weekly meetings will discuss a pre-agreed agenda that will include;

- New referrals
- Assessments
- Allocation
- Risk issues
- Review of existing service users
- Communication and aftercare planning for in-patients or patients on leave
- Clinical governance / performance management issues
- Effective use of resources
SETTING UP / ESTABLISHMENT OF THE COMMUNITY MENTAL HEALTH TEAM

The following are the principal factors / aims that need to be taken into account when setting up a Community Mental Health Teams (CMHT’s)

Purpose and Aims
Core Membership
Core Skills
Working Procedures
Induction, Supervision and Training
Health and Safety / Risk Management

Purpose and Aims:

- CMHT’s need to form part of a planned and integrated whole system approach to care that is delivered in conjunction with in-patient, crisis and specialist services.

- Services should be integrated, seamless and accessible to all sections of the population, including ethnic/minority groups. Services should be flexible, holistic and responsive available 24 hours / seven days a week

- The service offered by CMHT’s should be based on social inclusion, recovery model principles and national good practice guidelines as well as the integrated care programme approach / care management.

- They should contribute to the multi-disciplinary understanding of mental health by participation in collaborative research and evaluation of outcomes

- They should participate in preventative and education programmes with service users, carers, other agencies and the wider community.

- They should give advice on the management of mental health problems

- They should reduce the impact of mental health problems through early intervention, treatment and crisis management

Core Membership

See section 1 of this report pp. 1-10

Core Skills:

- Core skills of the Community Mental Health Team are:
  - Assessment
  - Diagnosis
  - Planning, implementing, evaluating and concluding programmes of care
  - Familiarity and awareness of local resources
  - Identification of the services users need for more specialist input
  - Negotiation and development of relationships with service users, carers and other professionals
• For a more detailed breakdown of the skills of each member of the team see section 1, pp.1-10

Working Procedures

• Each CMHT is based in or close to the community it serves in order to make it accessible to service users, carers and their families, to facilitate rapid response and continuity of service provision and care. It works with families, groups, communities and agencies.

• Each CMHT responds appropriately to requests for an assessment of mental health and must be accessible when and where needed. The purpose of this process is to identify which area of the service is most appropriate for the needs of that person, and where judged necessary and/or helpful, signposting others to the most appropriate service.

• Each CMHT provides a systematic service beginning with screening and assessments, which in turn facilitate the planning, implementation and evaluation of the treatment plan. High quality treatment and care should be delivered which is known to be effective.

• Each CMHT prioritises those in the greatest need of adult community mental health team services.

• Members of the CMHT (both professional and support workers) deliver a range of interventions to assist the service user recover and maintain stability. These include
  
  o Psychological therapies
  o Community based interventions such as Cognitive Behaviour Therapy, Cognitive Analytical Therapy, Dialectical Behaviour Therapy, Psychosocial Intervention, Brief Solution Focussed Interventions, Relapse Prevention, Motivational Enhancement, Anxiety Management and Relaxation Techniques, Family Work, Medical Concordance, Bereavement support, Problem Solving, Outpatient Review
  o Psychotherapy
  o Generic Counselling
  o Appropriate medication and medication management
  o Ensuring physical health needs are addressed
  o Basic skills of daily living including welfare benefits
  o Information regarding direct payments
  o Assistance in accessing suitable accommodation
  o Help in accessing local opportunities for work and education
  o Relapse prevention
  o Support for carers
  o Support and advice for families
  o Information regarding advocacy services
  o Advice and access to treatment for substance misuse

• The CMHT works collaboratively with and refers appropriately to other HSE services which can include
  
  o Primary Care Teams
  o Crisis assessment and treatment teams (Extended Hours / 24 hour teams)
  o In-Patient Services
  o Acute Day Treatment Units
  o Assertive Outreach Services
  o Drug and Alcohol Services
  o Forensic Services
  o Accident and Emergency Liaison Services
  o Early Intervention Services
  o Community Support Teams
- Older Peoples Services
- Community Learning Disability Teams
- Specialist Learning Disability Services
- Rehabilitation Services
- Eating Disorders Services
- Child and Adolescent Mental Health Services
- Forensic Services
- Early intervention psychosis services as they develop

- The CMHT works in collaboration with other statutory and voluntary agencies to ensure the needs of the service user are taken into account. This work can include;
  - Working with the local housing department in relation to development of supported accommodation
  - Working with the Gardai Siochana to help maintain community safety and reduction of crime and disorder to individuals irrespective of age, gender, race or disability.
  - Working with local voluntary agencies to support and assist in the development of community activities
  - Working with employment services

- They should actively involve service users and carers in planning and delivering mental health services

- Each member of the team with the exception of (Psychiatrists +?) will be managerially accountable to the integrated CMHT team manager.

**Induction, Supervision and Training**

- Staff development and training is a high priority for the HSE and each member of staff has an annual appraisal and a personal development plan identifying training needs.

- All staff receive clinical / management supervision given by a more senior member of staff. Sessions are recorded, are held at least monthly and offer an opportunity to focus upon professional role, workload and clinical practice.

- All newly appointed staff undergo a comprehensive induction programme in line with HSE policy.

- All CMHT staff directly working with service users are required to achieve basic competencies in working with families, CBT techniques, welfare rights and safeguarding children from abuse and neglect. Training courses to acquire these competencies are made available.

**Health and Safety / Risk Management**

- Members of staff have a duty of care to themselves and to others with whom they come into contact in the course of their work as laid down in relevant health and safety legislation. All staff are required to participate in the HSE’s accident/incident reporting systems, mandatory health and safety training, and to comply with the HSE’s procedures and techniques for managing risks.

- Each member of the CMHT has a responsibility to ensure that all health, social care needs and risk are assessed and that an appropriate treatment/care plan and risk management plan are agreed. The plan will include the views of the service user and relevant carers.