Understanding the Interface with Mental Health Services

The Government have been investing significant sums in mental health services to improve what has often been called a “Cinderella service”. Much of these funds have been invested in establishing new operational teams and it is important to understand the terminology.

**Local implementation teams** – these are teams set up under the Mental Health National Service framework to co-ordinate the delivery of mental health services to adults.

**Crisis resolution teams** (also known as home treatment teams) – these teams provide intensive support when a mental health crisis arises for patients in their own homes or until other suitable alternatives are provided, such as a safe house. The team will stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment including medication to prevent hospital admissions and to support informal carers. It will also act as the gatekeeper to other mental health services.

**Early intervention teams** – assessment and care for individuals experiencing a first onset of psychosis usually under the age of 35. The team will focus on optimising medical control of the psychotic symptoms, providing psychological and family interventions and assisting in personal adjustments.

**Assertive outreach teams** (also known as assertive community treatment teams) – intensive support for severely mentally ill people who are difficult to engage in traditional mental health services. Clients may have criminal history and/or a dual diagnosis. Support and care is often offered in the client’s home or an alternative community setting at times suitable for them. Team workers can be involved in direct delivery of practical support including care co-ordination and advocacy as well as the more traditional mental health services. The aim of the team is to maintain contact with mental health services through increased engagement and compliance.

**Graduate worker** – primary care staff trained in therapy techniques and employed to help GPs manage and treat common mental health problems. Roles differ across the country.

**Gateway worker** – experienced mental health clinician who is part of the local clinical health service providing assessment and triage for people presenting as an acute or impending mental health emergency. It is intended that such workers should improve the speed of access to specialist services. As well as undertaking clinical work, they may enhance the accessibility of specialist services and provide training for key staff.

**Carer support worker** – staff trained to target the needs of carers.

Care homes may often need to interface with mental health services and it is important to understand the role of mental health staff. In many cases this will not affect existing relationships and whenever there is doubt, existing contacts and gateways to accessing mental health services should be used, including a resident’s GP. Nonetheless it is important that care staff appreciate the roles of those with whom they may have contact.

Andrew Parsons
© RadcliffesLeBrasseur
August 2005
New Mental Health Bill – Government Response to Joint Scrutiny Committee Report published

For copies of our mental health law briefing on the Government’s response to the Committee, please contact julia.worton@rlb-law.com julia.worton@rlb-law.com.

Mental Capacity Act 2005

The new Act has now been passed, providing a statutory basis for treatment in a resident’s best interests, advance directives and the creation of Lasting Powers of Attorney. If you would like training on the implications of this new legislation and the impact on Care Home operators, please contact andrew.parsons@rlb-law.com.