

Mental Health Provision

Categorised by Care Clusters 1-16 (psychotic & non Psychotic)

- Are there any services missing?
- Are there any services misplaced, ie in the wrong cluster?
- Many services overlap several clusters. Should the clusters -
 - Just reflect the majority / focus of a provider's work or
 - should it cover everything they do, no matter how untypical / small part of their work - would there be a danger of the list becoming too long and meaningless if this was the case?
- Do you agree with the categories given? Currently they are quite broad. The aim was to avoid having a long list of narrow categories. Should they align with Wellaware categories (see over).
- Who would this spreadsheet (or booklet) be useful for – would it just be people referring clients?
- What should differentiate it from Wellaware – the clusters being an example?
- Should or could Wellaware be adapted to show services by clusters (for referrers specifically to use and semi hidden from ordinary use?), or should the two resources be kept separate?
- What is the current referral route to your services – how do you get your business?
- Does this route work efficiently, or could it be improved – if so, how? How might a referral route work - are GP's best placed to make judgements about which services to refer clients?
- Several services were not on Wellaware – how should this be addressed? The Building Bridges service is one way of looking at this.
- Should Wellaware be freely accessible in GPs surgeries, libraries etc, so that its available for everyone, not just those in the CMHT system for example. How might this happen?

BRIEF DESCRIPTION OF CARE CLUSTERS

CARE CLUSTER 1: Common Mental Health Problems (Low Severity)

This group has definite but minor problems of depressed mood, anxiety or other disorder but they do not present with any distressing psychotic symptoms.

Disorder unlikely to cause disruption to wider functioning.

CARE CLUSTER 2: Common Mental Health Problems (Low Severity with greater need)

This group has definite but minor problems of depressed mood, anxiety or other disorder but not with any distressing psychotic symptoms. They may have already received care associated with cluster 1 and require more specific intervention or previously been successfully treated at a higher level but are re-presenting with low level symptoms.

Disorder unlikely to cause serious disruption to wider functioning but some people will experience minor problems.

CARE CLUSTER 3: Non Psychotic (Moderate Severity)

Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis).

Disorder unlikely to cause disruption to wider function but some people will experience moderate problems.

CARE CLUSTER 4: Non-psychotic (Severe)

This group is characterised by severe depression and/or anxiety and/or other increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.

Some may experience significant disruption in everyday functioning.

CARE CLUSTER 5: Non-psychotic Disorders (Very Severe)

This group will be severely depressed and/or anxious and/or other. They will not present with distressing hallucinations or delusions but may have some unreasonable beliefs. They may often be at high risk for Non-accidental self injury and they may present safeguarding issues and have severe disruption to everyday living.

Moderate or severe problems with relationships. Level of problems in other areas of role functioning likely to vary.

CARE CLUSTER 6: Non-psychotic Disorder of Over-valued Ideas

Moderate to very severe disorders that are difficult to treat. This may include treatment resistant eating disorder, OCD etc, where extreme beliefs are strongly held, some personality disorders and enduring depression.

Likely to seriously affect activity and role functioning in many ways.

CARE CLUSTER 7: Enduring Non-psychotic Disorders (High Disability)

This group suffers from moderate to severe disorders that are very disabling. They will have received treatment for a number of years and although they may have improvement in positive symptoms considerable disability remains that is likely to affect role functioning in many ways.

Likely to seriously affect activity and role functioning in many ways.

CARE CLUSTER 8: Non-Psychotic Chaotic and Challenging Disorders

This group will have a wide range of symptoms and chaotic and challenging lifestyles. They are characterised by moderate to very severe repeat deliberate self-harm and/or other impulsive behaviour and chaotic, over dependent engagement and often hostile with services.

Poor role functioning with severe problems in relationships.

CARE CLUSTER 10: First Episode Psychosis

This group will be presenting to the service for the first time with mild to severe psychotic phenomena. They may also have depressed mood and/or anxiety or other behaviours. Drinking or drug-taking may be present but *will* not be the only problem.

Mild to moderate problems with activities of daily living. Poor role functioning with mild to moderate problems with relationships.

CARE CLUSTER 11: Ongoing Recurrent Psychosis (Low Symptoms)

This group has a history of psychotic symptoms that are currently controlled and causing minor problems if any at all. They are currently experiencing a period of recovery where they are capable of full or near functioning. However, there may be impairment in self-esteem and efficacy and vulnerability to life.

Full or near full functioning. Full or near full functioning.

CARE CLUSTER 12: Ongoing or recurrent Psychosis (High Disability)

This group have a history of psychotic symptoms with a significant disability with major impact on role functioning. They are likely to be vulnerable to abuse or exploitation.

Possible cognitive and physical problems linked with long-term illness and medication. May have limited survival skills and be lacking basic life skills and poor role functioning in all areas.

CARE CLUSTER 13: Ongoing or Recurrent Psychosis (High Symptom & Disability)

This group will have a history of psychotic symptoms which are not controlled. They will present with severe to very severe psychotic symptoms and some anxiety or depression. They have a significant disability with major impact on role functioning.

Possible cognitive and physical problems linked with long-term illness and medication. May be lacking basic life skills and poor role functioning in all areas.

CARE CLUSTER 14: Psychotic Crisis.

They will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. They may present as vulnerable and a risk to others or themselves.

Cognitive problems may present. Activities will be severely disrupted in most areas. Role functioning is severely disrupted in most areas.

CARE CLUSTER 15: Severe Psychotic Depression

This group will be suffering from an acute episode of moderate to severe depressive symptoms. Hallucinations and delusions will be present. It is likely that this group will present a risk of Non-accidental self injury and have disruption in many areas of their lives.

Cognitive problems may present. Activities will be severely disrupted in most areas. Role functioning is severely disrupted in most areas.

CARE CLUSTER 16: Dual Diagnosis

This group has enduring, moderate to severe psychotic or affective symptoms with unstable, chaotic lifestyles *and co-existing* Problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

Physical Illness or disability problems may be present as a result of Problem drinking or drug taking and possibly cognitively impaired as a consequence of psychotic features or Problem drinking or drug taking. Global impairment of role function likely.

CARE CLUSTER 17: Psychosis and Affective Disorder – Difficult to Engage

This group has moderate to severe psychotic symptoms with unstable, chaotic lifestyles. There may be some problems with drugs or alcohol not severe enough to warrant dual diagnosis care. This group have a history of non-concordance, are vulnerable & engage poorly with services.

Possibly cognitively impaired as a consequence of psychotic features or Problem drinking or drug taking including prescribed medication. Likely severe problems with relationships and one or more other area of functioning.

WELLAWARE Categories

1. Support Around The Home / Home Help

Washing, Eating, Cleaning, Shopping, Pet Care, Hairdressers, etc.

2. Home Maintenance, Adaptation, Accommodation

Repairs, Falls Prevention, Supported Housing, Accessible Homes, Stairlifts, Equipment, etc.

3. Getting Around

Mobility Equipment, Rail, Accessible Transport, Holidays, Driving, Cycling, etc.

4. Personal Health Services

Medication, Doctors And Dentists, User Led Organisations, Rehabilitation, Opticians, Foot Care, etc.

5. Socialising / Out And About

Meeting People, Going Out, Volunteering, Courses, Hobbies, Activities, etc.

6. Emotional Support

Counselling, Support Groups, Building Confidence, Friends, Relationships, Bereavement, etc.

7. Living, Learning, Working

Employment, Communicating, Housing, Money And Finance, Grants, Respite Care, etc.

8. Services For...

Older People, Disabled People, Carers, Women, Culturally Specific, Learning Difficulties, etc.