

# Report 1

## APPENDIX 2 - MENTAL HEALTHCARE IN THE COMMUNITY

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This appendix reports on a questionnaire and case note sample of the treatment of patients in community mental health settings.

When patients in the study sample admitted to general hospital or mental health inpatient settings had been in contact with community health teams in the previous two years, details were requested. Where the information was available the relevant community mental health team was contacted and asked to complete a clinical questionnaire and return copies of clinical notes relating to the most recent episode of care.

Among the general hospital sample 223/325 (69%) patients were reported to have been under the care of community mental health services in the preceding two years and 196/291 (67%) in active treatment at the time of admission. There were 44/500 (9%) patients admitted following a direct referral from community mental health teams.

Among the mental health inpatient sample 160/204 (78%) patients were reported to have been under the care of community mental health services in the preceding two years, of whom 93/127 (73%) patients were in active treatment at the time of admission. There were 88/213 (41%) patients admitted for inpatient mental healthcare following a direct referral from community mental health teams.

The return rates in this phase of the study were low. In part this related to the study design as community clinicians could only be identified once a clinical questionnaire had been returned. Of the patients in the sample who had been under the care of a community mental health team in the previous two years only 109 questionnaires were returned, and of these, the team responding was the main provider of community mental health services in just 95 instances.

### ACCESS AND ASSESSMENT IN COMMUNITY MENTAL HEALTHCARE

#### *Delays*

Peer reviewers found evidence in the notes of unnecessary delays in patients gaining access to community mental health assessment due to the urgency of the referral not being recognised and problems with communication in 5/71 (7.0%) cases where it was possible to review.

Whilst 64/78 (82.1%) of 11-25 year olds were seen within 6 weeks of referral, 9/78 (11.5%) patients were not seen within a 10-week period. The median time from referral to assessment for 11-17 year olds was 19 days and for 18-25 year olds was 5 days.

### TREATMENT IN THE COMMUNITY MENTAL HEALTH SERVICES

#### *Pharmacotherapy*

Within the overall sample 64/89 (71.9%) patients were treated with some form of pharmacotherapy. When the age at which medication was initiated was reported, this represented 35/53 (66.0%) of 11-17 year olds and 23/30 (76.7%) of 18-25 year olds in this sample. The medication started was universally reported by questionnaire respondents to be an evidence-based intervention.

NICE guidance for the conditions chosen for inclusion in this study emphasises the use of pharmacotherapy as an adjunct to psychological interventions rather than as monotherapy particularly in young people. Pharmacotherapy was reported to be used in secondary care services in the absence of other psychological treatments in 2/69 (2.3%) 11-17 year olds, and in 9/34 (26.5%) 18-25 year olds which was in 10% of the study sample overall.

**Individual talking therapy**

There were 56/109 (51%) patients who were treated with some form of individual talking therapy including cognitive behavioural therapy on an outpatient or outreach basis. When analysed by age it represented 37/55 (67.3%) 11-17 year olds and 14/28 (50.0%) 18-25 year olds. In only one instance was the specific talking therapy reported to be not an evidence-based intervention for the condition specified. Among those patients identified at assessment to have experienced traumatic events predisposing to their mental health disorder 25/34 (73.5%) 11-17 year olds and 10/22 (45.5%) 18-25 year olds had accessed a talking treatment in some form.

**Family or group Interventions**

Overall 46/109 (42.2%) patients were treated with either family therapy and/or group therapy interventions within the sample. This included 38/55 (69.1%) 11-17 year olds who accessed family or group therapy interventions compared to only 5/27 (18.5%) 18-25 year olds. The intervention given was reported to be evidence-based for the condition diagnosed in 2 patients.

**Variation in treatment offered by type of team and by condition**

The interventions offered by differing types of community team varied greatly. Child and adolescent mental health services (CAMHS), both general and specialist, offered specific psychological interventions to a much greater proportion of people who were assessed. CAMHS offered individual psychological therapy to 29/53 (54.7%) of young

people, and family and /or group therapy interventions to 26/53 (49.1%). In contrast, community mental health services for adults provided individual psychological treatments to 9/25 (36.0%) of young adults assessed and family or group interventions in only 3/25 (12.0%). While CAMHS treated 29/53 (17.0%) of patients with pharmacotherapy, 17/25 (68.0%) of community mental health teams (CMHT) patients received medication (Table A2.1 was 8.26).

**Formal agency plans**

Of the 27 cases reviewed where the patient was not in education, employment or training (NEET) in only 5 was it reported that any form of specific help and support was offered to address this. Of the 27 patients, 7 were aged 11-17 years and 4/7 were offered help or support compared to only 1/20 in the 18-25 year old group.

There was not a formal agency plan in place for 6 people in employment or training. Contact with the work place was made by the community mental health team in only 1 case.

For those patients where no plan was in place, contact with the person’s place of education was reported to have been made by the community based mental health team in 20/36 cases.

Of the 40 patients with joint mental health and social care involvement, problems with joint working were reported in 14/34 (41.2%) patients of whom 9 were in the 11-17 year age band.

**Table A2.1 Treatment by nature of service**

	Talking treatment	Family intervention	Pharmacotherapy	Nutritional intervention
General adult mental health /CMHT	12/29	3/29	20/29	5/29
Specialist adult mental health team	6/8	3/8	6/8	5/8
General child and adolescent mental health team	31/55	28/55	31/55	18/55
Specialist adolescent mental health team	6/11	10/11	4/11	8/11
Other	1/6	2/6	3/6	1/6

Source: Community mental health questionnaire