

Keys to ENGAGEMENT

REVIEW OF CARE FOR PEOPLE WITH SEVERE MENTAL ILLNESS WHO ARE HARD TO ENGAGE WITH SERVICES



BRIEFING 1

The aim of The Sainsbury Centre for Mental Health is to improve the quality of life for people with severe mental health problems by enabling the development of excellent mental health services which are valued by users, carers, and professionals. The Sainsbury Centre seeks to achieve this by influencing policy and practice through a co-ordinated programme of research & evaluation, communication and development.

Copies of *Keys to Engagement* are available from The Sainsbury Centre @ £14 plus 10% p&p. Tel. 020 7827 8352 (Publications), 134–138 Borough High Street, London SE1 1LB.

This briefing summarises the 1998 Sainsbury Centre report *Keys to Engagement*, which reports the findings of a major review of care for people with severe mental illness who are hard to engage.

The purpose and scope of the Review

There is a small but significant group of severely mentally ill people who have multiple, long-term needs and who cannot or do not wish to engage with services. Unless engagement is achieved and people in the group are provided with safe and effective services, they will continue to face social exclusion. Public confidence in services is determined partly by the adequacy of services for this group.

The Review focused on the needs and aspirations of people who are not engaging with services and has examined how services can best address those needs. It has developed a core service model and a series of steps which need to be taken nationally and locally to enable systematic service development across the various agencies involved.

The audience

The report is aimed at all those who have a commitment or duty to meet the needs of this client group, including central Government, the NHS, local Government, the independent sector, providers of housing and employment schemes and others. The findings will be of interest to staff working in services which have, or should have, contact with the client group, and to service users and their carers and advocates.

The structure of the Review

In developing a strategy to meet the needs of the client group the Review aimed to:

- ▶ define the group, estimate its size, and describe the main needs;
- ▶ outline a core service model which can meet those needs;
- ▶ examine current policy, practice, research evidence, and specific service models, to determine strengths and weaknesses;
- ▶ develop a practical strategy to move current services forward.

The context

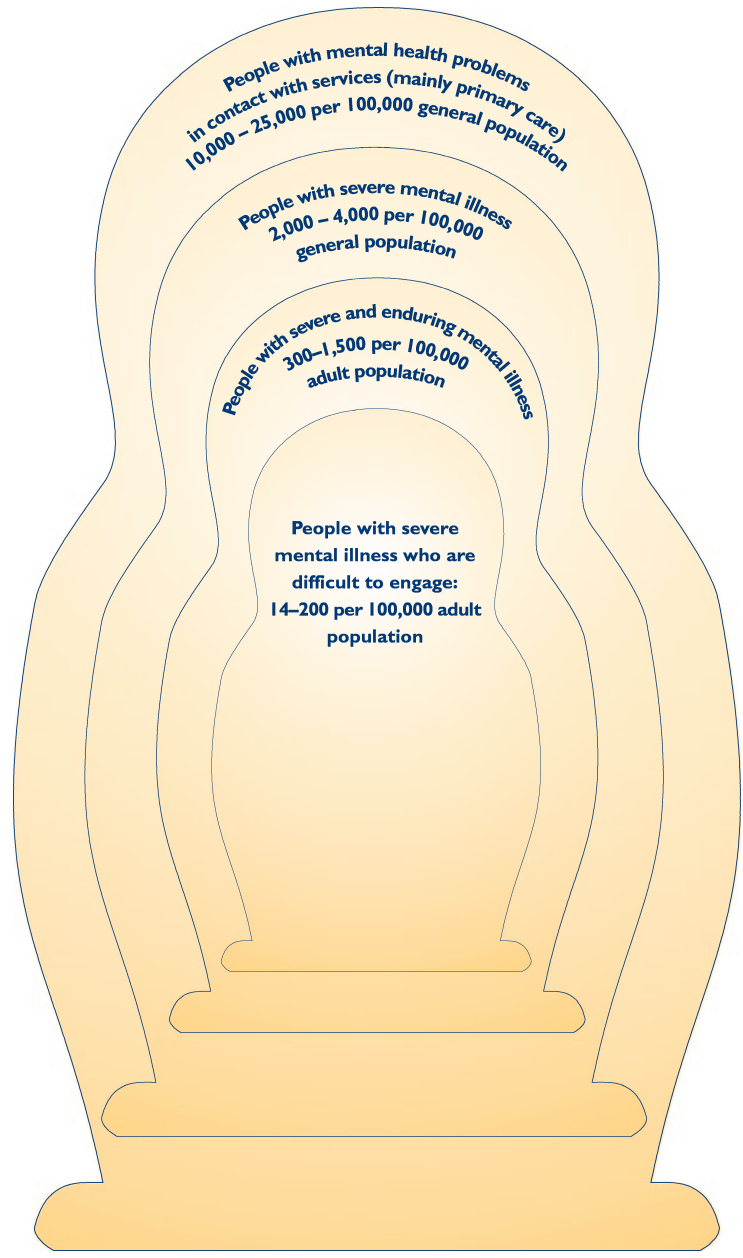
It is estimated that the client group for the Review consists of about 15,000 people nationally, who are concentrated in deprived areas, often in inner cities. Most have never lived in the old mental hospitals, but may have experienced repeated inpatient stays, coupled with sometimes unsatisfactory community placements. Some will have histories of offending and others will be homeless. Many will have a history of substance misuse or self-harm; some will be a risk to others. Most experience poor social functioning, stigma and isolation.

The report uses a model of Russian dolls to represent the various levels of need within the population of people

suffering from mental health problems. The client group for the review forms a small sub-group of those suffering from severe mental illness. This group in turn, is a sub-group of all

those who suffer from any mental health problems. The diagram below illustrates this, and gives the estimates for the size of each group generated by the review.

Estimating the number of people with severe mental illness who are hard to engage with services



Prevalence per 100,000 per year

Why does the group not engage?

Individuals within the group fail to engage with services for a variety of reasons, some due to individual experience or characteristics, others due to the inappropriate nature of services. Many are suspicious of statutory services because of their upbringing, life experiences or attitudes. They may feel that services have little to offer or may have experienced negative staff attitudes, including racism. Services may find it difficult to engage because they are too focused on immediate outcomes or on medical treatment alone, or because they lack the staff with the appropriate skills and the time or resources to achieve engagement.

What are the needs of service-users?

The generic needs of users in this client group differ little from people with severe mental illness generally. They embrace adequate income, accommodation, daytime activity and health and social care including support with daily living and specialist mental health interventions. However, they have a specific need for engagement, practical support and intensive contact to allow them to access services across a range of agencies. Many also need ready access to specialist support in areas such as substance misuse and offending.

What the client group needs from services

- ▶ Engagement
- ▶ A range of treatments and care, including crisis intervention
- ▶ An identified person responsible 24 hours per day
- ▶ A risk management approach that offers safety for the client and the public
- ▶ Attention to social factors as well as the mental and medical problems
- ▶ Supported access to mainstream services
- ▶ Daytime activity giving occupation, opportunity and purpose
- ▶ Help with finance and benefits
- ▶ Suitable accommodation

rehabilitation. Where the client-base is too small to justify separate teams, alternative models are proposed, including having selected individuals within the community mental health team who specialise in working with this group.

Staff delivering assertive outreach need to:

- ▶ have the right skills, background and attitudes;
- ▶ be properly supervised and managed;
- ▶ receive appropriate training and support;
- ▶ have the right personal characteristics to work with the client group which are set out below.

What are the gaps in current policy and provision?

Policy and provision have not been constructed around the needs of this group for a variety of reasons. A number of strands of recent policy and service development have been helpful but current services for the group are fragmented, and there is a lack of direction from the centre about what should be provided where. The importance of 24 hour nursed care has been emphasised. While this is a vital service component, it is not clear that it is an effective solution for the group as a whole. It is also a very expensive option.

The international evidence supports the establishment of an assertive outreach function, delivered through assertive outreach teams where the client-base is large enough, but this has only been implemented in a minority of the areas which have a significant population of the group. The possible value of assertive outreach was supported by an illustrative economic analysis which showed that a revolving door style of management or 24 hour nursed care are both less likely to be cost-effective than a combination of assertive outreach and supported housing.

The Review team visited, and collected evidence from, a number of services which are engaging with the group using a variety of models including assertive outreach (or intensive case management), 24 hour nursed care and intensively supported ordinary housing.

The conclusions of the Review

In areas where there are significant numbers of people from this client group, it will be difficult, if not impossible, to meet their needs through generic community mental health teams. Assertive outreach is required to engage and maintain engagement with clients and this requires considerable staff time and effort. Assertive outreach can usually best be delivered through teams of health professionals and outreach workers to ensure the right mix of day-to-day engagement and active healthcare and

Personal characteristics of staff working with the client group

- ▶ Specialist mental health staff and outreach workers must be **needs-led** in their approach and allow the users' priorities to set the agenda.
- ▶ Staff need to have the right **style** for the clients they are engaging; it may help if they come from a similar ethnic group or have had experience of using mental health services.
- ▶ Staff need to be able to work with users in **informal settings**.
- ▶ People with **low Expressed Emotion** seem to be particularly successful at working with the client group.
- ▶ Staff need to have **realistic expectations** about the scope for improvement in clients' lives and to be committed to long-term therapeutic relationships.

Without these characteristics and inputs they are unlikely to be able to work in a way which will engage those in need of care. The style of working by staff is key to engagement - they must be able to go out and meet people on their terms, in their normal environment. They must also be able to persist in this approach over considerable periods of time.

Assertive outreach alone is not enough. Staff must be able to provide a range of services within the team and access other services across a wide group of agencies. In order to achieve this it will be necessary for the relevant agencies locally to come together to prepare and implement a specific plan for the group. The task for the staff and agencies involved is to tackle the social exclusion of this client group. Unless this is done it will be difficult to achieve positive outcomes in either health or social functioning.

The Review underpins this analysis with six key findings supporting 15 recommendations.

The six key findings

1 There must be a strategic approach to the needs of the client group both nationally and locally

Each Health Authority should set up an inter-agency strategy group to plan and monitor provision for the group (**Recommendation 1**). Its first tasks will be to establish a local definition of the group, to commission a needs assessment, to benchmark local services, and to develop a plan for services.

2 Assertive outreach is the core function required from mental health services in relation to the client group

All Health Authorities with a sufficient client-base (i.e. 100-150 people) should create one or more assertive outreach teams to take the lead in engaging with the client group (**Recommendation 2**). Where the client-base is too small to justify this, other appropriate arrangements should be made to deliver the assertive outreach function.

3 A human resource plan is required to enable the implementation of assertive outreach

The lead agencies should agree a set of core criteria for the selection of staff to work with the client group (**Recommendation 3**) based on those suggested by this Review. Teams will require a range of expertise so that individual team members can act as resources for the team as a whole (**Recommendation 4**). Training strategies must also be developed and implemented (**Recommendation 5**).

4 Teams must be effectively managed

Managers of front-line staff must be visible to staff and accountable for service delivery (**Recommendation 6**). Team members must have protected caseloads of around 10-15 clients (**Recommendation 7**).

5 Teams must develop a style of working which matches the needs of the clients

The Review identified a range of characteristics which should be present in the teams. Services should make every effort to maintain contact with the families of clients (**Recommendation 8**). Suitable arrangements need to be put in place for cover that is available 24 hours per day, 7 days per week (**Recommendation 9**). Local strategies and service delivery must reflect the needs of black and ethnic minority populations (**Recommendation 10**).

6 A range of provision for teams to draw upon must be available across the relevant agencies

Teams providing services for the client group should negotiate service level agreements with partner agencies (**Recommendation 11**). A sufficient supply of suitable supported accommodation (**Recommendation 12**) and a range of daytime activities including employment opportunities (**Recommendation 13**) are required in each planning area. Clear arrangements for accessing safe 24 hour care, including inpatient care, (**Recommendation 14**) are vital. Finally, mechanisms for liaison with local child and adolescent mental health services are required to allow early intervention (**Recommendation 15**).



Working for Excellence in Mental Health Services

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