The Cornish Experience

My experience there since 2007

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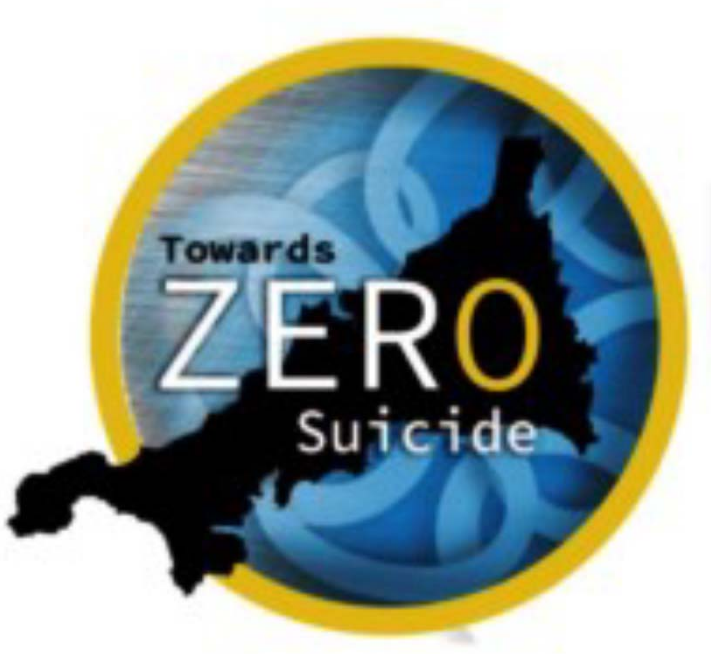
England – National Picture

- Financial restraints
- Central drivers for integration of mental and physical health, health and social care services, and move care to community, from secondary to primary care, increased self-care and prevention
- General Practice system is in crisis
- Lots of Independent (non-NHS) Psychiatric Hospitals – creating the 'Virtual Asylum'

Cornwall



Inpatient Services Cornwall

- Recent Natural experiment – closure of 50% of our Acute beds
- Now back to 'full' capacity – and some placed outside Cornwall (typically 10-15), most in non-NHS hospitals
- Nearly 100 acute beds, 2 sites (East and West of the County) to enable people to stay close to home
- Psychiatric Intensive Care 8 beds
- 12 Low secure Forensic beds

Inpatient Services Cornwall

- Home Treatment Team – recently resourced with Psychologist and Doctors
  - Available (but not fully staffed) 24hrs
  - Alternatives to admission – currently 2 emergency beds in local residential care or respite
  - Recognition that other options needed
  - Mental Health Act Assessments common (often initiated by Police, training underway to address this)

Inpatient Services Cornwall

- Focus on improving Physical Health Care currently
- Safe Wards to reduce incidents of violence and aggression
- Occupational Therapy and Psychology available on all units

Community Services Cornwall

- Secondary Care - 12 Community Mental Health Teams, Brief Intervention and Recovery teams within this – integrated Assertive Outreach
- Currently rearranging due to Trust now including non-mental health services
- Multidisciplinary teams

Community Services Cornwall

- Access to Day Resource Centres
- Assessment Services being developed (high referral rate compared to rest of the nation, many people require signposting rather than secondary care)
- Primary Care services – Outlook Southwest and BeMe widely available and publicised – no waiting list
- Samaritans are very active – attend Accident and Emergency, offer assertive follow-up.

Rehabilitation Service

- Client group with complex needs – Severe and Enduring Mental Health Problems (typically Psychosis), Dual diagnosis, complex social needs, sometimes Forensic.
- Often detained under the Mental Health Act, usually not for the first time, often community consultants and teams wish to use Community Treatment Order.

Rehabilitation Service

- 18 bedrooms, each with an en-suite. Purpose built ‘bungalow’ on hospital site with own gardens, 2 kitchens, 3 lounges, therapy space (open access).
- Doors locked overnight for security only.
- Weekly Residents meetings. Communal activities, including cooking and eating together
- Information leaflet, carers meetings, Triangle of Care

Rehabilitation Service

- Team of 2 doctors (both part-time), 1 Psychologist, 1 Art Therapist (part-time), 2 Occupational Therapists and Nursing team
- Outreach Service (one RMN, 3 Social Inclusion Workers) Works across the inpatient / outpatient transition
- No Ward Rounds – Multidisciplinary Team Meetings and CPA Meetings
- MDTs are based around client agenda, involving members of their care team and those invited by client

Rehabilitation Service

- Occupational Therapy focused – Recovery Star used to identify goals, admission is for education
- Psychological Formulation and Approaches, use of 'as required' medication minimal / strongly discouraged
- Where Assessed to be Safe –
  - Self-medication
  - Reduced Observations overnight to maintain privacy and dignity

Rehabilitation Service

- Recovery Stories and Employment Stories published and copies available in reception area
- Recovery Colleges – still working on developing these
- Peer support workers – on our ward (arts and crafts in particular, even after discharge)
- Good links with local education and employment opportunities - encouraged to participate whilst still in Fettle House