Moving Forward Together.

Adult Mental Health Strategy 2018-23

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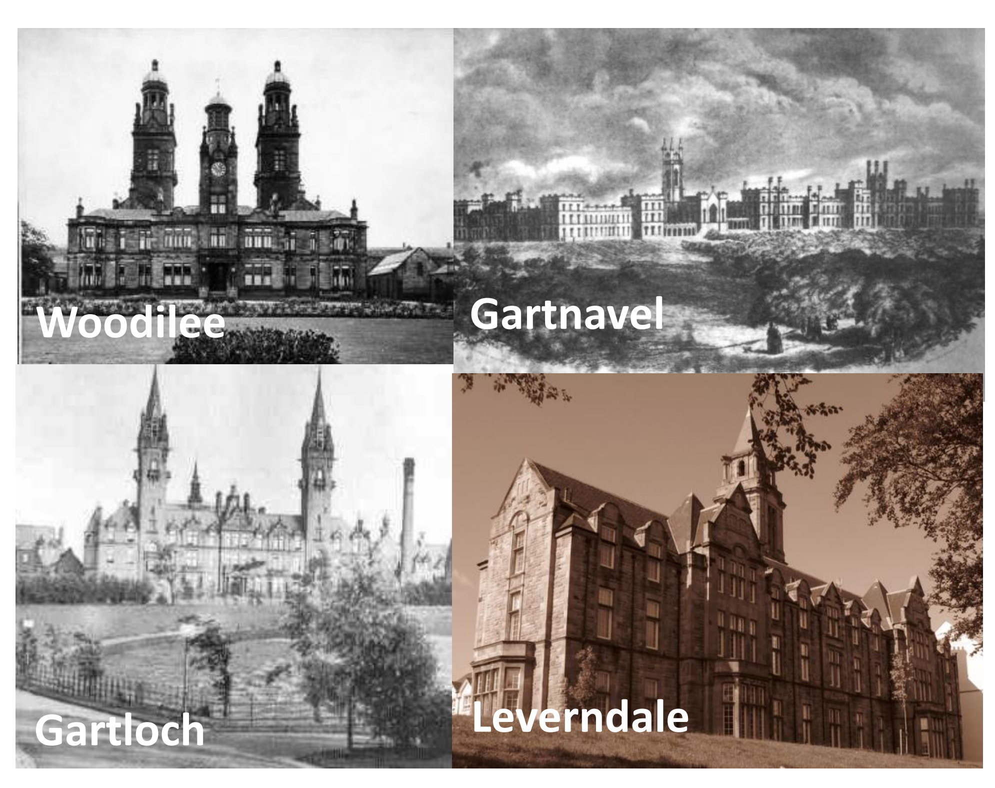
David Walker - Head of Operations (South)

1978: MH care is based in hospitals



Consultant- led outpatient clinics

4,370 Glasgow inpatient beds

1978-2018: care shifts to community

Crisis, OOH & IHTT

CMHTs X 17

778 beds (6% activity)

PCMHTs x 8

Specialist:
Esteem
Perinatal
AEDS
AAT
Trauma

Social Care & 3rd Sector support
community-based

2018-2023
Community, Prevention & Recovery

Open Access | GP Referral | 2^0 Care Referral

→ 2023

Unscheduled Care
Liaison
CRHT
distress hubs

20-25%
fewer beds
2 or 3
acute sites

Recovery, ACEs,
Carer & Primary Care support
MH link workers, GPs, distress hubs, third sector support, trauma-sensitive care, recovery Colleges, peer support

CMHTs
schizophrenia, bipolar, chronic depression, PD

Specialist
BPD, bipolar
Esteem
Perinatal
AEDS
AAT
Trauma

Rehabilitation & Recovery
Inpatient and community-based

social care commissioned services

PCMHTs
depression, anxiety, OCD, PTSD

Prevention, ACE reduction:
HSCPs, Education, Health Scotland & partners

Strategic drivers

Strategy: details

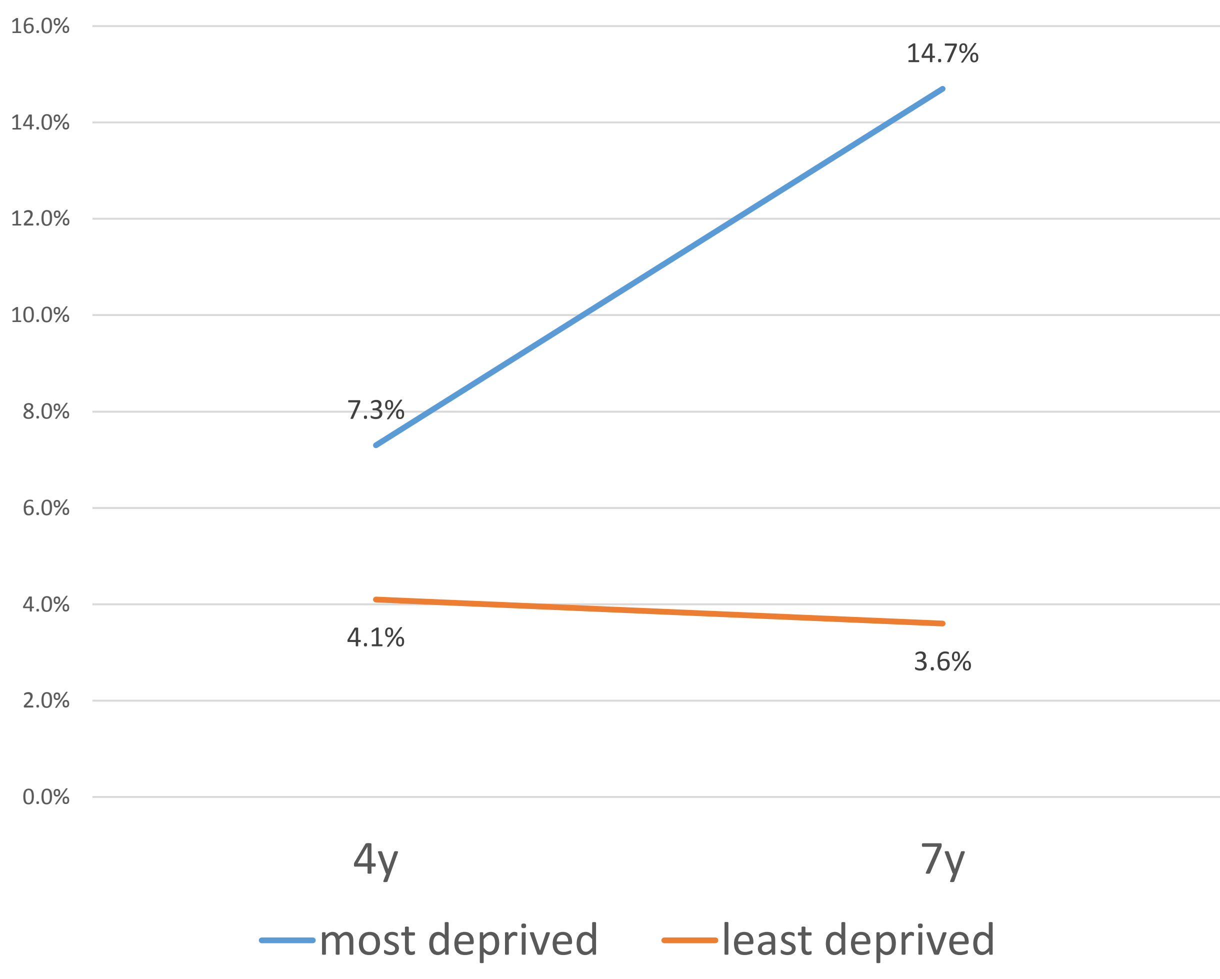
1. Overview
2. Prevention
3. Recovery
4. Unscheduled care
5. Community
6. Inpatient beds
7. Workforce
8. Users and Carers
9. Finance
10. Risks and governance

Strategy: details

1. Overview
2. **Prevention**
3. **Recovery**
4. **Unscheduled care**
5. **Community**
6. **Inpatient beds**
7. Users and Carers
8. Workforce
9. Finance
10. Risks and governance

Prevention

- 50% of adult MH problems have begun by 15y
- Once started, MH problems often persist
- Childhood MH problems in Glasgow get worse from 4y to 7y

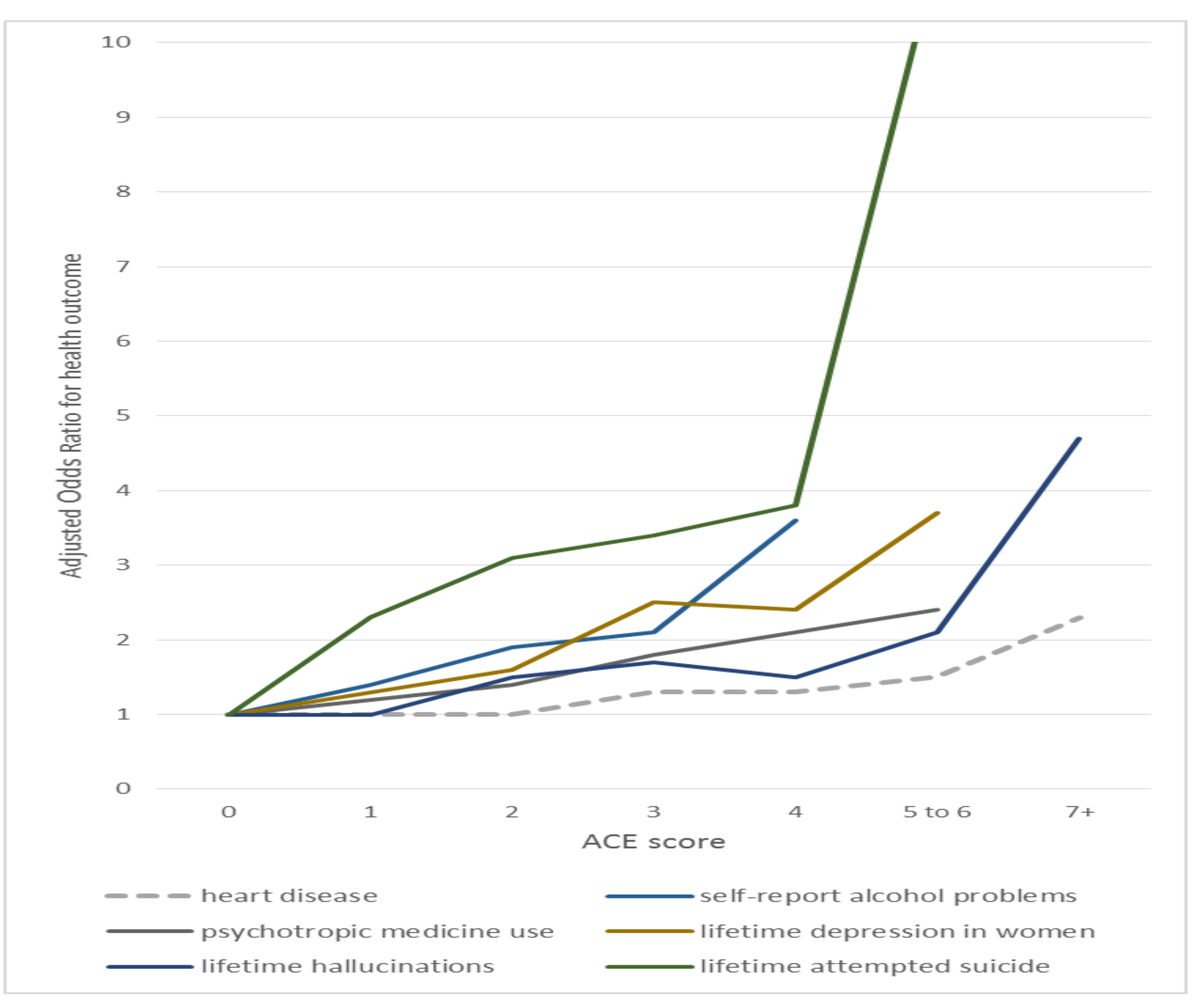


Marryat L, et al. J Epidemiol Community Health 2017

Prevention: Adverse Childhood Experiences (ACEs)

- 6 or more ACEs:
  - Increases risk of heart disease by 50%

  - Increases risk of psychosis x2
  - Increases risk of depression x4
  - Increases risk of alcohol misuse x6
  - Increases risk of suicide x11

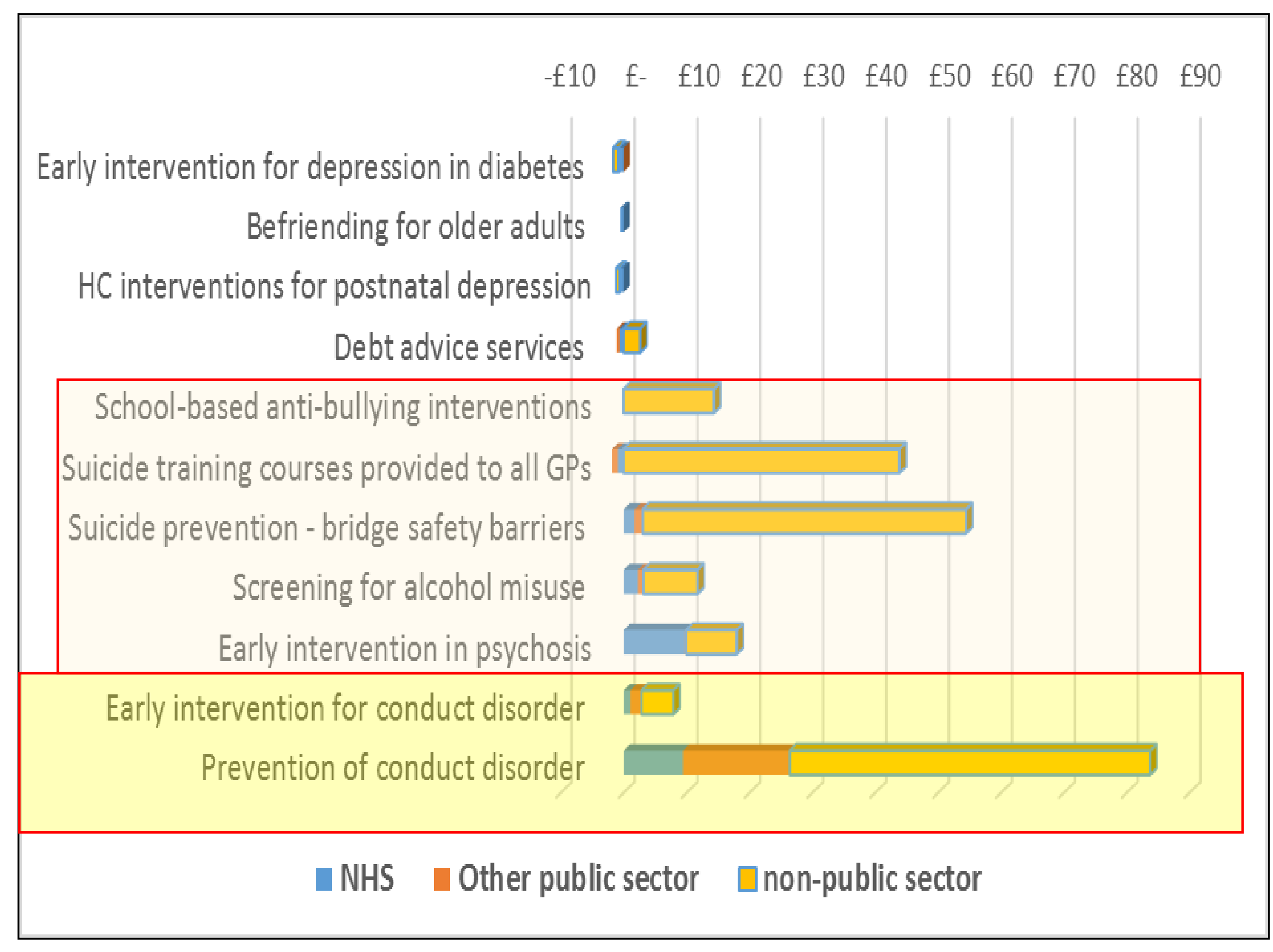


Prevention: evidence

Investment can save money:

- Anti-bullying
- Suicide prevention training
- Barriers on bridges
- Screening for alcohol misuse
- Early intervention for psychosis

- Preventing conduct disorder has the highest return



Recovery

- There's more to good health than just having fewer symptoms
- People need to feel they have control of their options
- Professionals should be accessible, but not in charge ("on tap, not on top")
- England ahead of Scotland in developing services

Recovery

- Good experience in Glasgow addiction services of Recovery Communities & Recovery Hubs – should also apply to MH
- Recovery Colleges in development in Scotland
- Every £1 spent on peer support saves £4.76 in the wider system

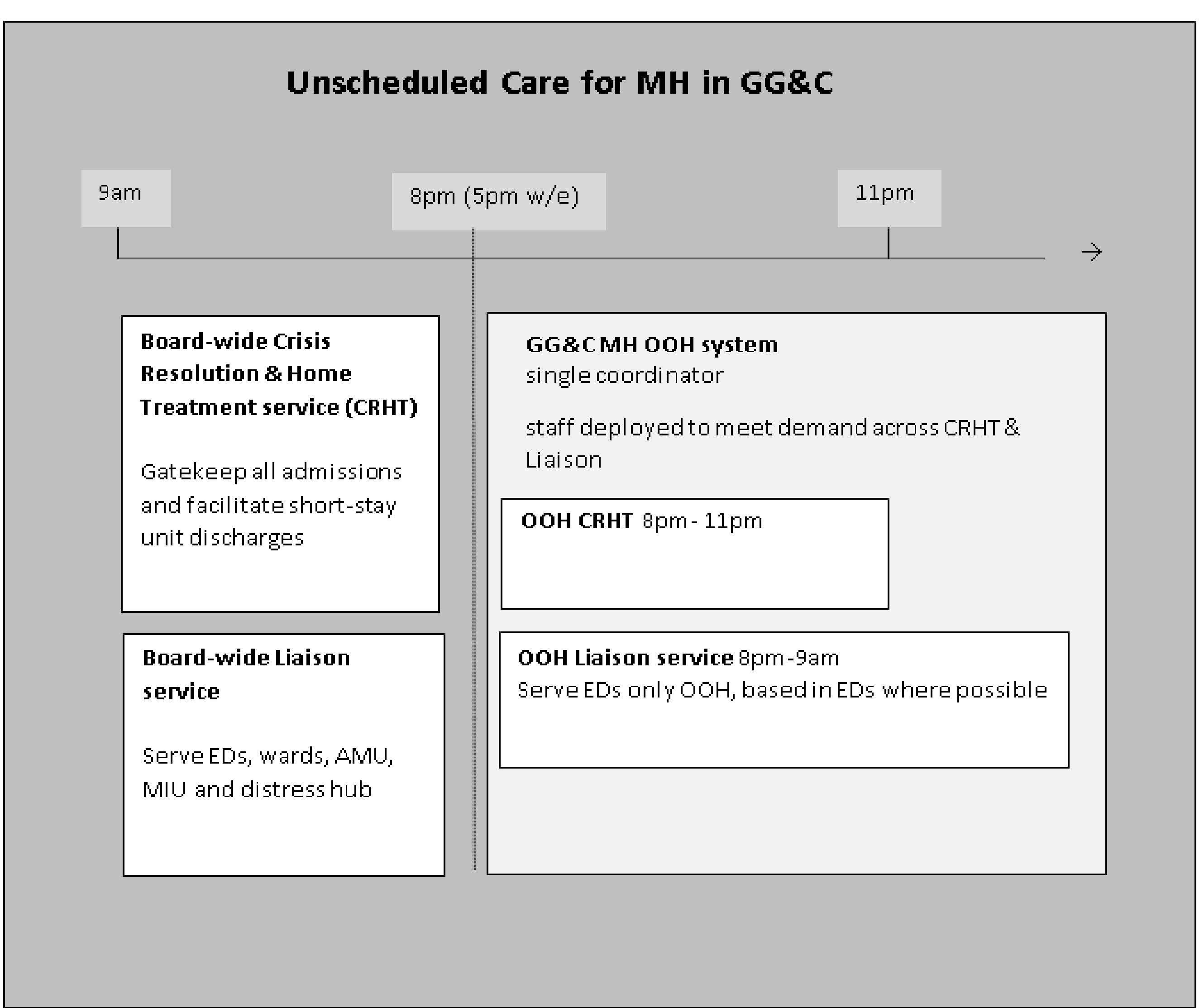
Clinical	Recovery College
Therapist	Tutor
Referral	Registration
Referral to social groups	Engagement with fellow students
Discharge	Graduation

Community

- Productivity and Quality Improvement for CMHTs and specialist teams
  - Manage a 3% increase in demand each year
  - Working with a reduced bed base
- Matched care: “all the care you need, but no more”
- Flow: “Easy in, easy out”
- New initiatives supporting primary care, third sector
  - Recovery, distress, responses to trauma and adversity

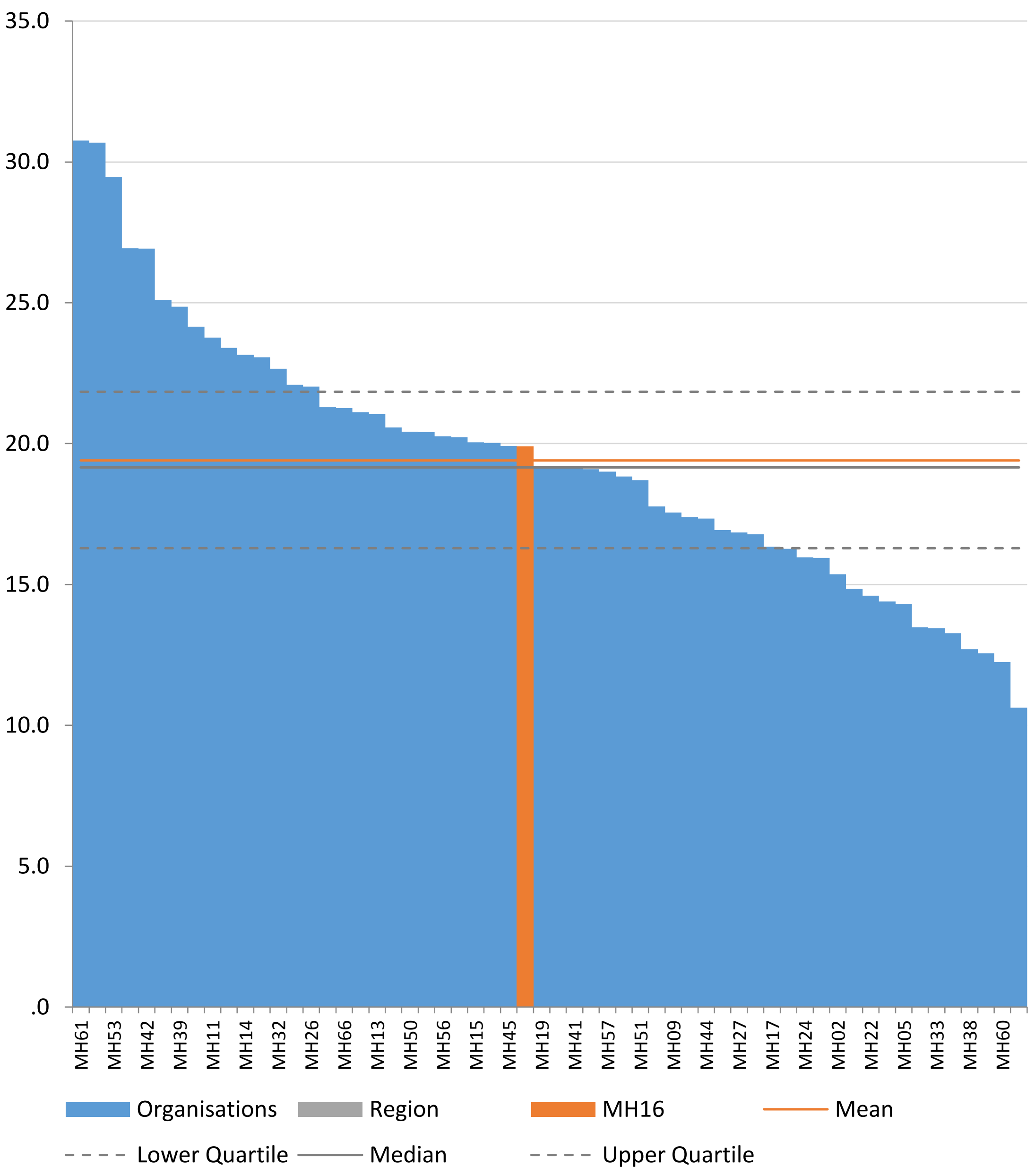
Unscheduled care

- 9am to 8pm (5pm weekends):
  - Teams provide Crisis Resolution and Home Treatment Service (CRHT)
  - Teams provide Board-wide Liaison service to Emergency Departments, wards, Acute Medical Units, Minor Injuries Units
- 8pm to 9am:
  - Single teams provides OOH CRHT and liaison service



Beds

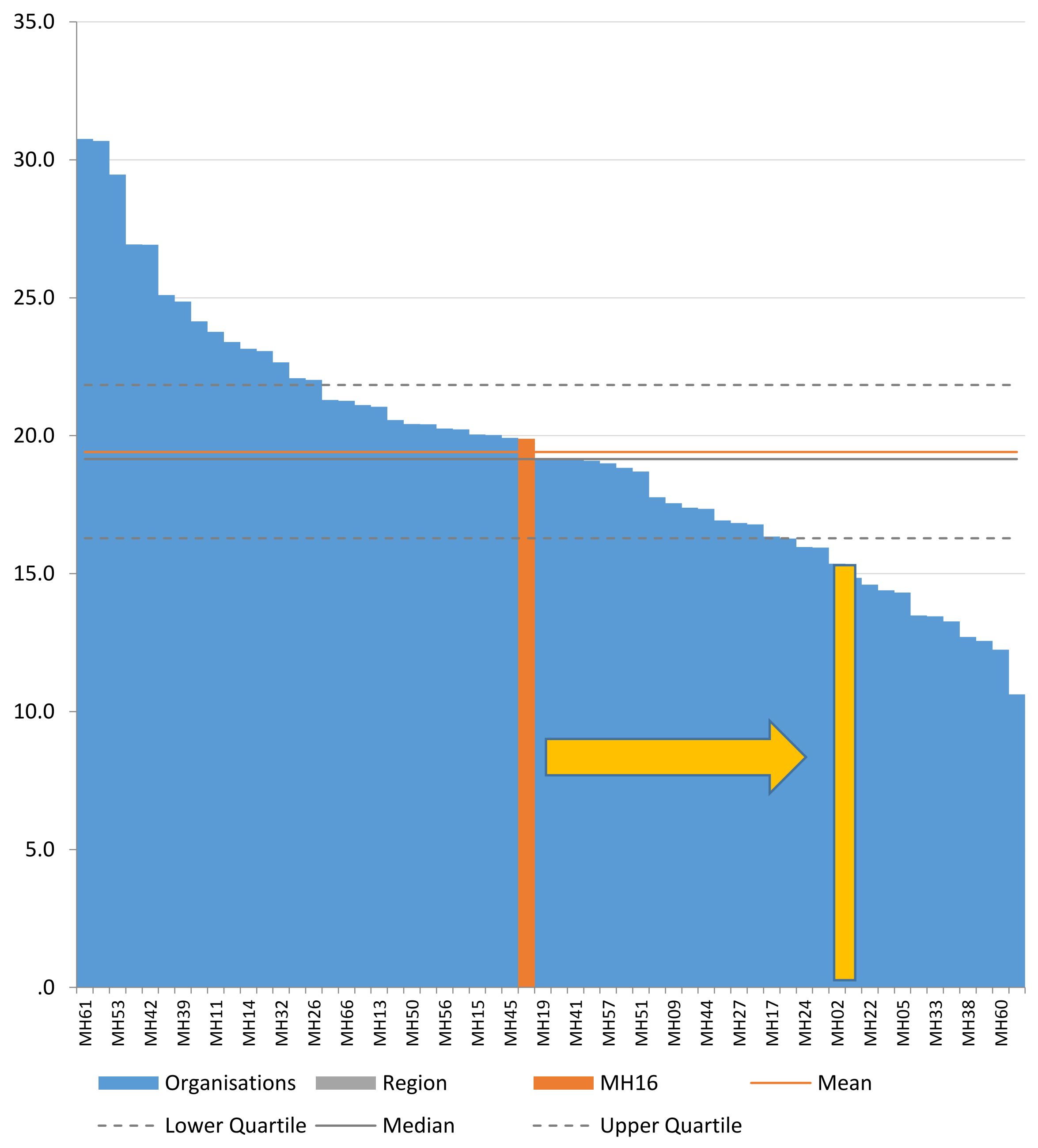
- GG&C has an average number of short-stay MH beds compared to the rest of the UK (after weighting for deprivation)



Beds

- GG&C has an average number of short-stay MH beds compared to the rest of the UK (after weighting for deprivation)

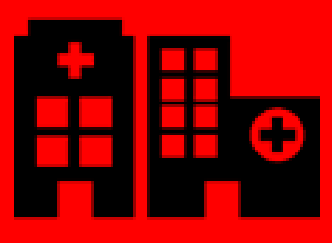
- Proposed changes will mean GG&C has fewer beds than 75% of the rest of the UK

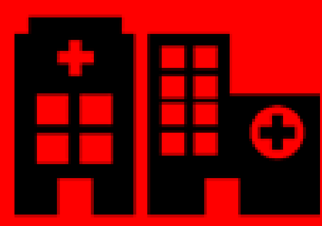


Beds

Change	Bed reductions	Total bed reductions
1. Perform as well as the best-functioning hospital in GGC, with occupancy < 95%	-20	20
2. Reduce stays more than 3 months by 15%	-17	37
3. Reduce need for inpatient care by people with Borderline PD by 50%, through new community-based service	-12	49
4. Reduce admissions by 10% with Board-wide availability of home treatment	-4	53

Summary

balance of care		**Reduce inpatient beds** and invest in alternative forms of health and social **care**

balance of care		**Reduce inpatient beds** and invest in alternative forms of health and social **care**
Productivity: specialisation & matched care		Enhance **capacity** in CMHTs, PCMHTs **Extend role** of specialist teams Rationalise, consolidate unscheduled care

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Transformational		**Task & Resource Shifting**: recovery-oriented models of care **Quality Improvement**: BPD, bipolar disorder **Culture change**: compassionate, trauma-sensitive care

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Transformational	**Task & Resource Shifting**: recovery-oriented models of care **Quality Improvement**: BPD, bipolar disorder **Culture change**: compassionate, trauma-sensitive care
Prevention	**Focussed investment** in conduct disorder, ACE reduction

Implementation challenges

- Scale and pace of major change; ongoing budget pressures, albeit with lower savings than planned
- System-wide commitment & governance
- Need for transformational money to initiate the change (ultimately self-financing)
- Collaboration with primary care & external agencies
- SG directions not yet clear, eg 800 new MH workers
- Reinvesting savings into MH impacts adversely on budget pressures for other services

Questions & Discussion

Glossary

AAT: Adult Autism Team

ACE: Adverse Childhood Experience

AEDS: Adult Eating Disorder Service

BPD: Borderline Personality Disorder

CMHT: Community Mental Health Teams

CRHT: Crisis Resolution Home Treatment

IHTT: Intensive Home Treatment Team

OCD: Obsessive Compulsive Disorder

OOH: Out of hours

PCMHT: Primary Care Mental Health Teams

PTSD: Post Traumatic Stress Disorder