**Mental Health Pathways**

**Mental Health Act Assessments**

The AMHP is a statutory role created with the enactment of the Mental Health Act (MHA) 1983 (as amended 2007), Eligible professionals undertake the AMHP role on behalf of local authority social services departments, who are legally responsible for the AMHP service. The AMHP role is primarily but not exclusively to assess individuals to consider whether an application for detention under the MHA should be made.

Rochdale AMHP Hub is an extension of the Mental Health Pathway partnership between Pennine Care NHS Foundation Trust, with strong links to other statutory and non-statutory agencies. The hub model assures the council are legally compliant with its responsibilities under the Mental Health Act 1983 (as amended 2007). As an adult social care service, the AMHP Hub provides a central place for professionals to discuss cases where admission is being considered and receive support and guidance, from one of the four fulltime advanced practitioner AMHPs based within the hub.

The AMHP hub enables collaborative working with partners, through consistency of staff building professional contacts/relationships across the wider system such as with Police, children’s services, Housing and GPs. The Hub offer also enables opportunities for training, knowledge development and skill sharing for both key partners and wider stakeholders. The AMHP Hub manager can be contacted directly to discuss this.

The AMHP is responsible for organising the complex inter-agency arrangements required to undertake the assessment and communicating with everyone involved. AMHPs work closely with NHS Mental Health Trusts, who provide many of the services that AMHPs require to undertake their role, together with partner agencies, including the police.

As well as adhering to the statute when coordinating and making decisions under the MHA, the AMHP must adhere to the MHA guiding principles;

* **Purpose and effectiveness**
Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.
* **Least restrictive option and maximising independence**
Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient’s independence should be encouraged and supported with a focus on promoting recovery wherever possible.
* **Respect and dignity**
Patients, their families and carers should be treated with respect and dignity and listened to by professionals.
* **Empowerment and involvement**
Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.
* **Efficiency and equity**
Providers, commissioners and other relevant organisations should work together to ensure commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

Just because a Mental Health Act Assessment (MHAA) has been requested, the decision ultimately rests with the AMHP and much will depend on what least restrictive steps the referrer considers taking first, which may include an initial mental health assessment via the person’s GP. The AMHP will ask what has been tried and how we best utilise the professional and personal networks around a service user before considering an assessment, which ultimately may result in taking away liberty and interfering with Human Rights. For this reason, considering admission under the MHA should be as a last resort.

In planning and carrying out a MHAA the AMHP must consider all the circumstances of the case. This means understanding social and medical models of mental health and the multiple social and racial disparities that can be involved in a person’s situation is a vital to the process, which is a planned piece of work.

What is often not fully understood about the AMHP role is regardless of what it has taken to ultimately decide that a MHAA is necessary eg: attempting least restrictive options; obtaining a warrant, there still should be no pre-judgement by the AMHP as to the outcome of an assessment. The AMHP must keep the service user central to their focus.

**Possible Outcomes:**

* No further action;
* Signposting to other services, such as Response hub (see below);
* The establishment of alternative treatment or care arrangements in the community such as Home Treatment Team (below);
* Voluntary admission (if the person has capacity to consent to this), or;
* Compulsory detention under one of the sections of the MHA for assessment and/or treatment;
* Community Treatment Orders or a Guardianship order, the order is either agreed or declined by the AMHP. NB this is not an outcome of a community MHAA.

**To contact Rochdale AMHP Hub contact the AMHP Line: 01706 370286**

**Further Training:**

<https://www.e-lfh.org.uk/programmes/approved-mental-health-professional/>

You can log in and view as a guest

**Mental Health Assessment - Heywood, Middleton and Rochdale (HMR) Response Hub**

Pennine Care NHS Foundation Trust (PCFT) provide a Response Hub, as a single point for referrals to mental health services for adults aged 18-65. It is through the Response Hub that a mental health assessment is initiated. The team will respond to referrals in a timely manner according to identified level of urgency, need and risk. The offer will provide a robust pathway to ensure that people are supported with the *right support at the right time* to meet their mental health needs. The approach is recovery focused from the outset.

Where indicated, the team will complete a psychosocial needs assessment to determine the needs of the individual referred and inform what, if any further secondary care support and intervention may be required. The referrer will be updated of the outcome of the assessment.

The Consultant Psychiatrist will where indicated, provide expert psychiatric assessment for HMR Response Hub users to identify an appropriate diagnosis, develop a comprehensive formulations leading to a management plan, which includes risk assessment. The medical review can be offered at home or as an appointment at one of the clinics. Where necessary, the Response Hub psychiatrist may be required to be directly involved in the implementation of the Mental Health Act.

Referrals are via the following routes:

* GP
* Health Visitors
* North West Ambulance Service
* GMMH Homeless Team
* Pennine Care mental health helpline (see below)
* Trainee Associate Psychological Practitioners
* Street Triage
* Thinking Ahead
* MIND
* Samaritans
* Andy’s Mans Club

Linking in with a person’s GP is a key means for professionals to support an individual to access a mental health assessment as the relationship between GP and psychiatry is crucial.

**Response Hub contact details** 01706 676071.

The email address for the team is pcn-tr.rochdaleresponsehub@nhs.net

The Response Hub are based at Laurence House, Birch Hill Hospital, Littleborough, Rochdale, Lancs, OL12 9QB

If an individual fails to attend an appointment the Response Hub will make attempts to contact the person to ascertain the reason for non-attendance and to arrange a further appointment. If the individual has been referred by another service, the referrer will also be notified.

If there are concerns regarding the risk or mental state of a patient, attempts will be made to contact them by telephone. If they continue to not engage and there continues to be concerns regarding risk, a safeguarding alert may be made and a referral will be forwarded to the relevant Adult Care duty team. If there is an immediate risk, the emergency services will be contacted.

If there are no immediate concerns regarding risk, a letter will be send to the patient asking them to contact the team to make an alternative appointment. If there is no response to this letter, a 7-day discharge letter will be sent giving another opportunity for the patient to engage with the service. If there is still no response, the referrer (if applicable) will be informed and the patient discharged from the service.

**Living Well Approach**

The Response Hub, Family Safeguarding and Adult Care Prevention Team are to be incorporated into the Living Well model, which will support RBC services to access a mental health assessment for adults via the Response Hub. The remit of the Response Hub (as above) although will be amended to adapt into the Living Well Model will be pivotal to this as the change will include the ability of the prevention team to refer adults for a mental health assessment where the presenting need exceeds what the prevention team are able to support with.

The team integrates staff from primary and secondary care, statutory and voluntary sectors, and people with lived experience.

This approach provides brief clinical therapeutic support, along with social and practical help, such as support to develop positive coping strategies, manage debt, find suitable housing, build new connections and have fun. People define what a good life looks like for them and how to achieve it.

**Primary Care Network Mental Health Practitioners**

Are qualified mental health staff based within GP surgeries and aim to reduce the demand in specialist teams through multi-agency early intervention and prevention. This service bridges a potential gap between Response Hub and secondary mental health care, but with strong links with both. Barriers to engagement are identified from the beginning and ensures a named individual is there who people can always go back to. Access to this is currently via GP. However this will change when incorporated into the Living Well model.

**Adult Care Integrated Neighbourhood Teams**

The Care Act 2014sets out how care and support in England should be provided to adults with care needs and how it is paid for. With regard to a think family approach, the Care Act supports the personalisation of care services, putting the person at the heart of the process, can work alongside children’s services and where a mental health assessment is also indicated.

Adult Eligibility Threshold: An adult meets the eligibility criteria if their needs arise from a physical or mental illness and as a result of those needs they are unable to achieve two or more of specified outcomes, and as a consequence the is likely to be a significant impact on the person’s wellbeing. You do not need a formal diagnosis of an illness or impairment to be eligible. The specified outcomes are:

* Managing and maintaining nutrition;
* Maintaining personal hygiene;
* Managing toilet needs;
* Being appropriately clothed;
* Being able to make use of the home safely;
* Maintaining a habitable home environment;
* Developing and maintaining family or other personal relationships;
* Accessing and engaging in work, training, education or volunteering;
* Making use of the necessary facilities or services;
* Carrying out any caring responsibilities that the adult has for a child.

Adult Care could be contacted to request an initial assessment and with the person’s consent where they have capacity to give it, this is an important mechanism by which an adult in need can access care and support as part of working with a family.

**Prevention Team Adult Social Care**

The service aims to work with people who face multiple disadvantages and intersecting inequalities including debt, housing, substance misuse, mental health issues (diagnosed and undiagnosed), and general health issues. The Prevention Team will work with people who do not have current needs for care and support and adults with needs for care and support (whether their needs are eligible and/or met by the local authority or otherwise). Under Section 2 of the Care Act 2014, the local authority have a duty to prevent the need for care and support.

The prevention team consists of business support, Care Navigators and Care Connectors, and Social Workers led by a team manager who will:

* Identify prevention services already available in the local area and the extent to which they could involve or make use of them;
* Identify people in the area with needs for care and support which are not being met (by the local authority or otherwise) and progress to care act assessment where indicated;
* Promote the uptake in client portal and communication via the client portals;
* Digital technology as part of the prevention offer;
* Identify carers of adults in the area with needs for support which are not being met (by the local authority or otherwise).

The aim of the Prevention Service is to:

* Contribute towards the prevention or delay of the need for care and support;
* Contribute towards the prevention or delay of any need for support of carers;
* Reduce the need for support of carers;
* Enhance our digital offer / inclusion.

**Adult Care Pathways**

* Prevention Team will link to Living Well – as above, with Response Hub continuing to operate via GP referral until Living Well is fully operational.
* Prevention provides a front door queries into Adult Care where the person does not already have a care plan/not known to the Integrated Neighbourhood Teams.
* Integrated Neighbourhood Teams will pick up where there is an active care plan/person known to Adult Care;
* Both Prevention and the Integrated Neighbourhood Teams can support contact with the Community Mental Health Teams to ascertain if the person is known to secondary mental health services in Heywood, Middleton and Rochdale:

**Rochdale CMHT West and East** – 01706 676600

Email: pcn-tr.cmht.suddenresourcecentre@nhs.net

**Heywood and Middleton CMHT** – 0161 7163900

Email: cmht.heywoodandmiddleton@nhs.net

**24 hour Mental Health Helpline: 0800 0149995**

The helpline provides a 24/7 open access telephone line for urgent NHS mental health support, advice and triage, through which people of all ages can access urgent mental health pathway/further support if needed. The service can support referral into specialist mental health services via the Response Hub above, or provide signposting advice and support.

***NB updates on progress of the transformation of mental health services in line with national and local plans are ongoing and MH pathways need to be kept up to date***

**Thinking Ahead**

Provides NHA psychological therapies in HMR, through 1-2-1, groups or via technology for anyone aged 16 and over who is registered with a GP in HMR. This service is in response to the recognition that anyone can experience difficulties with mental health at any point in their lives due distress caused by difficult life events. Thinking Ahead offer a range of talking therapies to allow recipients to talk to someone trained to help individuals deal with negative feelings.

Self-referral is available or by individuals contacting their GP. Health or social care professionals may also refer via the website.

**Opening times:** Monday - Friday from 8:30am - 5pm

**Access:** Residents can call direct, or discuss with their GP, or fill in our [online form.](https://www.iaptportal.co.uk/roch.html)

Health professionals can refer clients by completing our [online professionals form.](https://www.iaptportal.co.uk/profroch.html)

Tel: 01706 751 180

This service is free

**MIND**

Rochdale and district MIND can be accessed by self-referral to arrange an assessment. MIND seek to empower people to understand their condition and the choices available to them, through one-to-one sessions, counselling support groups and wellbeing courses.

MIND also provide of local statutory and voluntary sector services across the borough.

**Contact:** Mind Wellbeing Centre, 3-11 Drake Street, Rochdale OL16 1RE

Middleton Wellbeing Centre & Café:

14a-16 Wood Street, Middleton M24 5TF

Infoline: 01706 752 338

Email: info@rochdalemind.org.uk

[www.rochdalemind.org.uk](http://www.rochdalemind.org.uk)