

OVERVIEW OF SERVICES

CAMDEN & ISLINGTON NHS FOUNDATION TRUST

THANK YOU!

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.” — Leo Buscaglia, author

“The simple act of caring is heroic.” - Edward Albert, actor

TAKING CARE OF YOUR MENTAL HEALTH

Taking care of your mental health is more important than ever during the ongoing Covid 19 pandemic. Camden and Islington NHS Foundation Trust is here to help. If you need support with your mental health try one of these services:

iCope the local Improving Access to Psychological Therapies Service (IAPT). We offer talking therapy to people with common mental health problems like anxiety or depression. We offer telephone or video sessions - individual therapy, groups, workshops, online treatment and have designed some specific rapid-access and brief therapies to help people cope with the immediate impact of Covid-19. **Please visit www.icope.nhs.uk for full details including an online self-referral portal or you can call 020 3317 7252 for Islington or call 020 3317 6670 for Camden**

TAKING CARE OF YOUR MENTAL HEALTH

Islington Practice Based Mental Health and the **Camden Primary Care Mental Health Network** are two teams of mental health professionals providing specialist mental health assessments to adults (17 ½ years and over) who are registered with a GP practice in Camden or Islington, and who are experiencing significant mental health problems that affect their functioning. The team can help in a number of ways:

- We may invite you to meet with us face-to-face, sometimes along with your GP
- We may invite you to have a telephone consultation
- We may give advice to your GP about what could be a useful next step for you, for example getting linked in with community activities run by a local community organisations and charities.
- We may provide a brief follow up to help you at this time. This may involve a brief psychiatric, psychological or social prescribing intervention.
- If you are struggling to cope at this time, please ask your GP or other professional (for example, your social worker or housing officer) to refer you to the service.

TAKING CARE OF YOUR MENTAL HEALTH

If you are experiencing a mental health crisis first contact your GP and ask for an urgent appointment. If you do not feel that you can wait to see your GP then please contact the C&I Crisis Single Point of Access on Freephone 0800 917 3333. This number is available 24 hours a day, 7 days a week. Please don't go to local emergency departments unless there is an urgent medical reason to do so. If you need be seen urgently the crisis single point of access will direct you to our Mental Health Crisis Assessment Service at St Pancras Hospital.

If you are struggling with drug or alcohol problems our substance misuse teams remain open and continue to take referrals and offer assessments. We offer face to face appointments, phone appointments and online appointments. You can refer yourself by contacting us by phone or email. Alternatively, any professional, such as a housing support worker, social worker, GP or nurse, can make the referral on your behalf.

For Islington referrals, please call 020 3317 6099 ; 020 3317 6650 or 020 3317 7277 . Or you can email cim-tr.betterlives@nhs.net

WHAT SERVICES DO WE PROVIDE?

The Trust had contact with more than **45,600** service users across more than **30 sites** in the boroughs of Camden, Islington and Kingston, during 2019/20. **5 Divisions in the Trust providing assessments, health interventions/ treatment and social care.**

We employ around **2,100** (whole time equivalent) staff including:

748 Scientific, therapeutic and technical staff (Psychiatrists, Psychologists, Pharmacists and other professional scientific and technical staff)

465 Nursing and Midwifery

384 Healthcare Assistants and Support Staff

346 Administrative and Clerical Staff

155 Medical and Dental Staff

16 Social Care Staff

WHAT SERVICES DO WE PROVIDE?

5 Divisions in the Trust providing assessments, health interventions/ treatment and social care.

Acute Division -in-patient care and crisis services. Highgate Mental Health Centre, Huntley Centre, Crisis Intervention Teams,

Substance Misuse Services - alcohol and drug use/dependence

Recovery and Rehabilitation- early intervention and assertive outreach for people who have psychotic illnesses

Community Mental Health- for people who have complex anxiety and depression, personality disorder, veterans service.

Services for Ageing Mental Health- older adults and those with dementia

WHO MAKES UP OUR TEAMS AND SERVICES?

All teams are multi-disciplinary and they are based across 35 sites in Islington and Camden

Teams are made up of :

Nurses, occupational therapists, social workers, consultant psychiatrists, psychologists, support workers, recovery workers, administrators and peer workers

ACUTE IN- PATIENTS

11 in patient acute admission wards across 2 sites
Highgate Mental Health Centre (Archway) and
Huntley Centre (St Pancras) (163 beds)

This includes Male and Women's PICU

Assessment Wards

Rehabilitation Ward

Services for Ageing Mental Health (Pearl and Garnet)

ACUTE SERVICE

24-HOUR MENTAL HEALTH CRISIS ASSESSMENT SERVICE, AT ST PANCRAS HOSPITAL

C&I has moved the service we normally offer in emergency departments to our 24-hour Mental Health Crisis Assessment Service, at St Pancras Hospital.

The service will see people in need of urgent care so that they do not have to go to a hospital emergency department unless they have an urgent medical need.

Emergency departments are under unprecedented pressure due to COVID-19 – the illness caused by coronavirus. We are urging people in mental health crisis to telephone our 24/7 crisis line on **0800 917 3333** or contact their usual community mental health team.

If service users attend the 24-hour Mental Health Crisis Assessment Service in person we will see you but we urge you to contact the crisis line in advance for advice to ensure you are only leaving home when absolutely necessary.

SUBSTANCE MISUSE SERVICES

Drugs and alcohol services . Our services offer many different types of support for people with drug or alcohol problems living in Camden and Islington.

Everyone receives a comprehensive assessment and care plan at the start and regular reviews throughout treatment.

The treatment menu includes:

1:1 and group work


- Opiate substitute prescribing (e.g. methadone, buprenorphine)
- Blood borne virus (BBV) testing
- Counselling and psychological therapy
- Family and couples sessions
- Complementary therapies
- Community detoxification

SUBSTANCE MISUSE SERVICES

- Assessment for residential detox and rehab
- Specialist 'club drug' Grip clinic
- Needle exchange
- Relapse prevention
- Mutual aid (NA, AA and SMART)
- Overdose prevention (including naloxone)
- Dual diagnosis support for people with substance misuse and other mental health problems
- Housing advice and support
- Domestic violence support
- Welfare advice
- Training, qualifications and employment support
- Volunteering placements
- Opportunities for service user involvement in the Trust
- Service user support groups

RECOVERY AND REHABILITATION SERVICE

Work with people with Psychosis (*Schizophrenia, Schizo-Affective Disorder, Bi-Polar*)

- North Islington R&R Team:
 - Islington Community Rehabilitation Team:
 - South Islington R&R Team:
 - Islington Assertive Outreach Team:
 - Early Intervention Service:
 - Community Matrons / SMI Nurses
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REHABILITATION AND RECOVERY

- Carer's Assessments
- Carer's Leads In Each Team To Offer Advice To Other Staff And Who Apply For Direct Payments For Carers
- Early Intervention Service Friends And Family Group: Psycho Education, Medication, The Role Of Early Intervention, Diagnosis And Recovery And Also Supportive Discussion
- Family Therapy
- Peer Open Dialogue
- South Islington Carers Group
- Assertive Outreach Carers Group

CAMDEN AND ISLINGTON PERSONALITY DISORDER SERVICE

Who is the service for?

Service users who have difficulties in daily functioning, emotional instability and difficulties in interpersonal relationships. Service users must meet the diagnostic criteria for a personality disorder.

What is a Personality Disorder?

As a result of destabilising/difficult/traumatic early life experiences and an emotionally sensitive temperament a person can develop very intense, inflexible and unhelpful patterns of relating to other people and themselves. These patterns develop in childhood and persist over time causing someone to become overwhelmed with unbearable feelings and to often engage in impulsive or self-destructive behaviours as a way of coping. As a result they will experience severe difficulties managing the demands of daily living and will have frequent emotional crises.

The personality 'disorder' only refers to the set of intense and unhelpful personality traits that create significant problems for the person. That person will still have many other personality traits that make them a unique and interesting individual and which create no problems for them in their daily lives.

I-COPE SERVICE

iCope offers a range of short-term psychological interventions for adults presenting with common mental health problems like depression or anxiety.

The service provides brief, structured, evidence-based psychological treatment across the range of severity, as long as the person experiencing the difficulties is in a position to safely engage and benefit from treatment.



I-COPE SERVICE

The main clinical presentations iCope can offer help with are:

depression: low mood, reduced energy and motivation, poor concentration, sleep and appetite disturbance, loss of enjoyment, feelings of guilt and worthlessness, feelings of hopelessness and suicidal ideation.

agoraphobia: fear of crowds, public places, travelling alone or travelling away from home.

social phobia: fear of social situations such as speaking or eating in public, group situations, meeting strangers.

specific phobia: fear of something specific e.g. flying, needles.

panic disorder: recurrent panic attacks with no discernible trigger (unpredictable).

generalised anxiety disorder: prominent tension, worry and feelings of apprehension about everyday events and problems.

obsessive compulsive disorder: repetitive unpleasant thoughts, commonly leading to repetitive actions in attempt to reduce anxiety (relief is temporary).

post-traumatic stress disorder: reliving, avoidance and hyperarousal symptoms following an exceptionally threatening or catastrophic event. (Panic attacks may be present as a symptom in any of the above diagnoses).

ISLINGTON PRACTICE BASED MENTAL HEALTH SERVICE

The Practice Based Mental Health (PBMH) Service is a team of consultants, nurses and psychologists that work alongside GPs and other primary care professionals within practices. It offers mental health expertise, advice, training and consultation to GPs and practice staff and sees patients for comprehensive mental health assessments.

Once a referral has been allocated to a team member, the PBMH clinician will read the background information available on the patient, using EMIS, Carenotes and sometimes IAPTUS (iCope's patient record). They may then get in contact with you to discuss what they have learned, or to provide advice on the basis of the diagnosis and formulation. This is not a rejection of your referral, but a clinically driven process.

ISLINGTON PRACTICE BASED MENTAL HEALTH SERVICE

The PBMH clinician may also offer the patient an appointment for a consultation. This may be a face-to-face individual consultation, an offer of a joint appointment with you the GP, or with other clinicians. Telephone and email consultations are also offered on occasion. If it is agreed a face-to-face consultation is offered, the PBMH team will aim to offer an appointment to the patient for a date within 21 days.

Allocated cases are discussed in the PBMH multidisciplinary team meetings, which occur at least once weekly for each locality team. Cases are thought about in terms of formulation, and recommendations are discussed at these meetings.

Following a consultation and team discussion, either advice will be provided to the patient and yourself at this stage, or if further appointments are required to complete the process then these can be offered by the PBMH clinician. Most patients are seen once or twice, but there is flexibility to see people for a few more appointments if indicated. This might happen if, for example, more time is needed to gauge how much the patient has been able to take on board of the conversation, and to see if they are able to respond to the initial comments and recommendations.

CLINICAL STRATEGY


Our service users and carers:

Key messages from our services users and carers are that they want services to be more responsive, accessible and tailored to individual needs with a focus on overall wellbeing.

They want to have an active role in their care and the delivery and running of the organisation. They want continuity of care from clinicians and teams that they get to know. If admitted, they want to spend as short a time as absolutely necessary in hospital. They want a skilled workforce that is representative of the community. They want services to be delivered in good quality environments and integrated with other services.

Our proposed model requires investment to grow our teams in primary care to create core community mental health teams that are aligned to Primary Care Network populations.

OTHER CARERS WORK

- **Triangle Of Care**
 - **C&I Carers Partnership**
 - **Islington Carers Task And Finish Group**
 - **Carers Assessments**
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MORE INFORMATION

See Service Uses and Carers Page on Trust Website

<https://www.candi.nhs.uk/service-users-and-carers>

<https://www.candi.nhs.uk/carers>

Carer's Information Pack available for each service on carers page and in services.

SERVICES FOR AGEING & MENTAL HEALTH

Older adults with functional mental illness and frailty

People living with dementia (any age)

Carers

Home Treatment Team

Community Mental Health Team

Community Recovery Service for Older People

Care Home Liaison

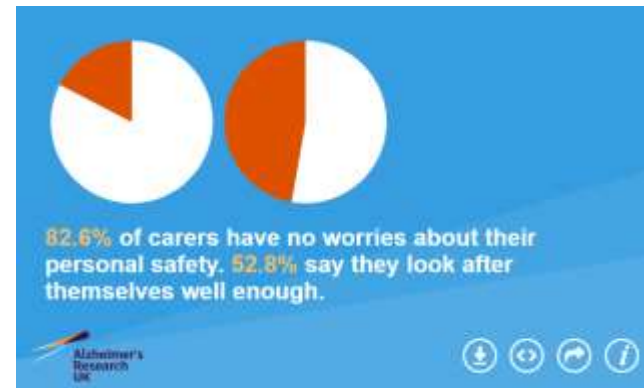
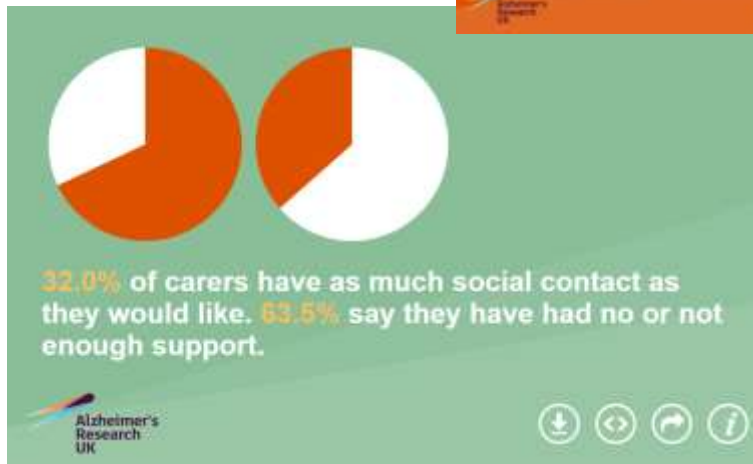
Memory & Dementia Navigator Service

Pearl & Garnet wards

CARING FOR OLDER ADULTS

- Carers are often in later life themselves
- Hidden carers
- Comorbidity
- <https://carers.org/downloads/resources-pdfs/caring-about-older-carers/caring-about-older-carers.pdf>

CARING FOR PEOPLE WITH DEMENTIA



SO HOW CAN WE HELP?

Crisis care: HTT can assist when there is a high risk of carer breakdown which could result in the cared for being admitted to hospital

START: <https://www.ucl.ac.uk/psychiatry/research/mental-health-older-people/projects/start>

Psychology: individual support for carer and cared for

Psycho-education: dementia workshops

Allocated worker: every person with dementia living in the community has a named worker

Carer Involvement: AGOP



WHAT IS MISSING?

Carers of loved ones in a care home

Peer support group for dementia carers

And?????



South Islington Carers Group

A pilot study of a psycho-education and support group for carers of people with severe mental illness.

Issy Millard, Philippa Greenfield, Dave Fearon, Ben Ferry, Helen Killaspy
Camden and Islington NHS Foundation Trust

Background

Mental health services rely on carers to support people with severe mental illness.¹

Carers of people with schizophrenia save public purse >1.24billion per year. ²

Carers improve patient outcomes, including reducing admissions and improving mortality rates.³

Carer burden is high with high levels of burnout, inability to cope, social isolation, and poor mental health themselves.⁴

Carer burden can impact on service user recovery.

We need to look after carers for their own sake, and for the sake of service users too.

Evidence shows carer-focused interventions can have a large effect on carer experience.⁵

It is government policy to support carers (The Carers (Recognition and Services) Act 1995).

The NICE guideline for psychosis and schizophrenia recommends that carers are offered a carer-focussed education and support programme.⁶

However, carers of people with mental illness are not well supported.

METHOD

We established a psycho-education and support group for 20 carers of people with SMI living in Camden and Islington.

The group was facilitated by two psychiatrists and two social workers, and ran weekly for a month.

Registers of interest, recruitment, attendance and retention were recorded to assess acceptability and feasibility.

Written feedback was gathered using a questionnaire.

SUBJECTS DISCUSSED

Week one: Introductory session.

Week two: Building on current knowledge of psychosis, different explanations, course of illness and outcomes.

Week three: Evidenced based treatments for psychosis: Medication, Psychological treatments & what else works...

Week four: Hospital and the Mental Health Act: an insight into being in hospital, the work of the crisis team, how to access services.

Week five : Particular challenges: Physical health, Conflict, risk & challenging behaviours

Week six: Caring for carers: What supports are available? Financial issues.

Week seven: problem solving, alcohol and illicit drugs, early warning signs, managing relapse

Week eight: what worked - evaluation / social event

RESULTS

The group was found feasible to deliver by all facilitators.

The group was oversubscribed.

89% attendance

100% recruitment and retention rate

The group was highly valued, feasible and acceptable.

More sessions were needed to deliver the information and support required.

FEEDBACK

“To hear other carer’s experiences and strengths gave a feeling of not being alone or isolated.”

“A great experience, I hope that similar sessions will continue on specific topics.”

“Thank you. I have learnt a lot and want more PLEASE!”

“The professionals giving us honest and non-judgemental advice. They have a good understanding of the very real difficulties us carers have.”

IMPROVEMENTS

“Needed lots more on carers’ well-being (it is so neglected), also more on what we feel as carers – FEAR was not mentioned.”

“Needed more opportunity for us to talk about our own individual circumstances and how to deal with someone who doesn’t think they are ill.”

“Too much, too soon, too fast... much too hurried, covered too much of a very wide spectrum.”

“Just needed more time to break things down and group sessions”

FUTURE PLANS

We plan to run the group again for longer, with ten fortnightly sessions.

For logistical reasons this extended group will only be available to carers within two teams (a community mental health team and a community rehabilitation team).

To make it feasible for staff it will only be facilitated by one psychiatrist and one social worker.

We intend to further evaluate this intervention by qualitatively exploring the experiences of group members.

REFLECTION

Value of the Group for the staff who participated

The need for more information about Mental Health especially diagnosis, medication.

The importance of carer's wellbeing and support

Mutual Support

Addressing Stigma

Safeguarding

QUESTIONS

Thank you!

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