



Community mental health services

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- **Community mental health services** (CMHS), also known as **Community Mental Health Teams (CMHT)** in the United Kingdom, support or treat people with mental disorders (mental illness or mental health difficulties) in a domiciliary setting, instead of a psychiatric hospital (asylum).

Community services include:

- Case management
- Day care
- Shelter
- Emergency services
- Crises intervention
- Mobile services

Case management

- Case management assigns the administration of care for an outpatient individual with a serious mental illness to a single person (or team); this includes coordinating all necessary medical and mental health care, along with associated supportive services.

Models of case management

- The two models of case management mentioned most often in the mental health literature are assertive community treatment (ACT) and intensive case management.
- A third model, clinical case management, refers to a program where the case manager assigned to a client also functions as their primary therapist.

Day care centers

- Day care is an important component of community care services offered to those suffering from psychiatric and intellectual disabilities. Day care forms a vital component of any good quality community-orientated psychiatric service

shelters

- Outreach services based at ShelterCare's Center for Programs and Services to provide integrated services to individuals and families with psychiatric disabilities living in housing owned or managed by Shelter Care as well as in apartments in the community.

Supported Housing within the greater community:

- encourages independence
- supports an increase in living skills
- promotes a satisfying quality of life for program participants
- speeds and supports recovery

Secure Residential Treatment Facilities

- Provides varying levels of support and housing needed during a mental health crisis. Shelter Care's intensive care programs play a critical role in the system of care for adults with severe psychiatric disabilities in Lane County.

Emergency psychiatry

- **Emergency psychiatry** is the clinical application of psychiatry in emergency settings. Conditions requiring psychiatric interventions may include attempted suicide, substance abuse, depression, psychosis, violence or other rapid changes in behavior. Psychiatric emergency services are rendered by professionals in the fields of medicine, nursing, psychology and social work. The demand for emergency psychiatric services has rapidly increased throughout the world since the 1960s, especially in urban areas. Care for patients in situations involving emergency psychiatry is complex.

Psychiatric Emergency Services (PES)

PES provides:

- Crisis intervention services 24 hours a day, 7 days a week, in a psychiatric emergency room
- 23-hour crisis stabilization to prevent the need for inpatient hospitalization
- A treatment team consisting of physicians, nurses, mental health workers, and clinicians who provide care and assistance including linkage to community providers and/or outpatient services.

Crisis intervention:

- A crisis occurs when an individual feels overwhelmed by events. The crisis may be precipitated by events which bring about sudden change to the person's environment - eg, bereavement, redundancy or childbirth. Usual coping mechanisms fail and new strategies may be tried but, if these also fail, an increasing state of anxiety and poor morale develops. Maladaptive coping strategies such as substance abuse, deliberate self harm or violent behaviour, may also be applied. Further escalation leads to a state of decompensation in which normal psychological functioning breaks down, most commonly causing panic attacks and disabling anxiety, suicidal intent or psychosis.

Key elements of management

- Management will depend on the severity and cause of the crisis, as well as the individual circumstances of the patient.
- Many relatively minor crises can be managed by providing friendly support in primary care, without referral.
- More severe crises will require referral to counsellors or the local Mental Health Team.

- Crisis therapy includes short-term behavioural/cognitive therapy and counselling. Involvement of family and other key social networks is very important.
- Therapy should be relatively intense over a short period and discontinued before dependence on the therapist develops.
- The risk of suicide and self harm must be assessed at presentation and at each review.
- The aims of treatment are to:
 - Reduce distress.
 - Help to solve problems.
 - Avoid maladaptive coping strategies - eg, self harm.
 - Improve problem-solving strategies.

Performing crisis intervention

- The earliest stages of crisis therapy are concerned with the clarification of the patient's problem.
- The therapist then encourages the patient to express their emotions around the crisis - eg, grief.
- The patient is encouraged to seek support from their social network of friends and family.
- The patient is asked to discuss their coping mechanisms and the therapist encourages appropriate methods.

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- Alternative problem-solving strategies are generated and their potential consequences discussed.
 - the therapist attempts to discourage inappropriate beliefs and coping methods, either by direct suggestion or using cognitive methods such as:
 - Keeping a diary of events, and their surrounding thoughts and feelings.
 - Practising and testing new behaviours.
 - More adaptive methods of coping are identified and their use encouraged.

Crisis intervention for people with severe mental illness

- People with severe mental illness who are in a crisis often need hospital admission. If admission is not considered necessary or appropriate, urgent liaison with Community Mental Health Services is essential.
- A recent Cochrane review found that home care crisis treatment, coupled with an ongoing home care package, is a viable alternative to hospital admission for crisis intervention for people with serious mental illnesses.
- Nearly half of the people in crisis allocated to home care eventually needed to be admitted to hospital, but the crisis/home care package may help to avoid repeat admissions.

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- Home care is also probably more cost-effective.
 - Ensure that the patient has a Care Plan that is up to date and has been thoroughly reviewed, is specific to the views and needs of the individual, and is fully understood by the patient. It should include the action to be taken in a crisis by the service user, their carer, and their care co-ordinator. The Care Plan should include contact details for all relevant support agencies, including out of hours, as well as clear guidelines for the patient to follow in order to prevent further crises.
 - Joint Crisis Plans (advance agreements between the service user and care providers concerning what will happen when a crisis unfolds) are thought to help empower individuals and help them feel more 'in control'.

Mobile services:

- The purpose of the South County Mobile Services is to provide ‘in the field’ culturally competent mental health services to underserved/un-served individuals of all ages and families in the small communities of South Tulare County. These MHSA services are intended to both reach out to those individuals in need of services who have been unable to obtain them and to provide services in new and innovative ways. (The successes of the MHSA projects in Tulare County will be replicated by the County system as a whole.)