

Rehabilitation services for people with complex mental health needs

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning rehabilitation services. To read the full guide, please visit www.jcpmh.info

1 Mental health rehabilitation services specialise in working with people whose long term and complex needs cannot be met by general adult mental health services.

Rehabilitation services:

- provide specialist assessment, treatment, interventions and support to help people to recover from their mental health problems and to (re)gain the skills and confidence to live successfully in the community
- always work in partnership with service users and carers, adopting a recovery orientation that places collaboration at the centre of all activities
- work with other agencies that support service users' recovery and social inclusion, including supported accommodation, education and employment, advocacy and peer support services.

2 Rehabilitation services are not the same as recovery services.

A recovery orientation should be at the centre of all health and social care service provision to people with mental health problems and is not limited to rehabilitation services.

3 There is an ongoing need for specialist rehabilitation services.

Despite the investment in community mental health services in recent decades, there remains a group of service users with very complex needs who require specialist inpatient and community rehabilitation. Around 10% of service users presenting to mental health services for the first time with a psychotic illness will go on to require rehabilitation services due to the severity of their functional impairment and symptoms.

4 People using rehabilitation services are a 'low volume, high needs' group:

- 80% have a diagnosis of a psychotic illness (schizophrenia or schizoaffective disorder), and many will have been repeatedly admitted to hospital prior to referral to rehabilitation services
- many experience severe "negative" symptoms that impair their motivation, organisational skills and ability to manage everyday activities (self-care, shopping, budgeting, cooking etc) and place them at risk of serious self-neglect
- most have symptoms that have not responded to first-line medications and require treatment with complex medication regimes
- around 20% have co-morbidities such as other mental disorders, physical health problems and substance misuse problems that complicate their recovery further
- most require an extended admission to inpatient rehabilitation services and ongoing support from specialist community rehabilitation services over many years.

5 People with complex mental health problems often require a large proportion of mental health resources.

Around one half of the total mental health and social care budget is spent on services for people with longer term mental health problems. Half of this (one quarter overall) is spent on rehabilitation services and specialist mental health supported accommodation.

Launched in April 2011, the Joint Commissioning Panel for Mental Health is comprised of leading organisations who are aiming to inform high-quality mental health and learning disability commissioning in England. The JCP-MH:

- publishes briefings on the key values for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning
- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- brings together service users, carers, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

For further information, please visit www.jcpmh.info

6 There is good evidence that rehabilitation services are effective:

- around *two-thirds* of people supported by rehabilitation services progress to successful community living within five years, and around 10% achieve independent living within this period
- people receiving support from rehabilitation services are *eight times more likely* to achieve/sustain community living, compared to those supported by generic community mental health services.

7 Investment in a local rehabilitation care pathway is cost-effective:

- local provision of inpatient and community rehabilitation services ensures that service users with complex needs do not become “stuck” in acute mental health inpatient wards
- historically, where there is a lack of local provision, service users with complex needs have been placed outside the local area in hospital, nursing or residential care. Out of area placements cost around 65% more than local placements, are socially dislocating for service users and are of variable quality
- recent guidance for commissioners on out of area placements emphasises the importance of provision of local care pathways for people with complex mental health needs to minimise the use of out of area placements.

8 Commissioning a ‘good’ rehabilitation service includes components of care provided by the NHS, independent and voluntary sector:

- inpatient and community based rehabilitation units – for voluntary patients and those requiring detention under the Mental Health Act (1983)

- community rehabilitation teams – support service users when they leave hospital and/or move to supported accommodation; support supported accommodation providers; liaise with providers to ensure that vacancies are matched with clinical priorities; facilitate service users’ move-on to less supported accommodation
- supported accommodation services – these provide day to day support for service users to live in the community, and include nursing/residential care; supported tenancies; and floating outreach services
- services that support service users’ occupation and work; advocacy services and peer support services; and any services that support service users’ social inclusion and rights.

9 Mental health rehabilitation services require multidisciplinary staffing.

Multidisciplinary teams are required in inpatient and community rehabilitation services with the expertise to address their service users’ complex and diverse needs including: complex medication regimes; physical health promotion; psychological interventions, arts therapies; self-care; everyday living skills; and meaningful occupation.

10 The quality and effectiveness of rehabilitation service provision can be assessed with simple indicators and standardised outcome tools.

This guidance recommends outcome measures and indicators that can be used to monitor the quality of services, flow through the care pathway and better service user outcomes.