

**Secondary  
Mental  
Health**  
NHS Services



# Information for General Practitioners

Improving access into secondary mental health services

Mental Health is important to us all. It affects not only the individual but also their family and friends. It is estimated that at any one time, one in four people has a mental health problem.

The services for people experiencing mental health problems have changed. Our new service aims to provide a referral and assessment service for people that are experiencing a severe and complex mental health issue that is seriously affecting their day to day functioning.

This service will ensure easier access to secondary mental health service for everyone who needs them.

This service is aimed at people who would be rated at Mental Health Clustering Tool (MHCT) 5+. This tool gives a global description of a group of people with similar characteristics. The clusters allow for a degree of variation in the combination and severity of needs however, as the clusters are statistically underpinned, definite patterns in the MHCT ratings exist for each cluster.

The clusters can be compared to each other in a variety of ways including: severity of need, complexity of need, acuity, intensity of likely treatment response, anticipated course of illness etc.

People who are assessed as needing a memory service will be supporting to access this in a timely manner.

Referrals will be seen and assessed by an appropriately qualified mental health professional, their needs and associated risks identified, and allocated to a Mental Health Cluster. Individuals allocated to a 5+ cluster may be referred onto secondary mental health services, with treatment and interventions offered appropriate to their needs.

People who were initially expected to have a cluster of 5+ but following assessment actually cluster at 1-4 will be referred into the Depression and Anxiety Service pathway (DASH). They will then receive appropriate support and treatment as indicated by their cluster and presentation.

People who present with characteristics found within the Non-Psychotic 1-4 cluster should be referred to the DASH service.

Our aim is to ensure that individuals receive a responsive, safe, flexible and effective assessment service that directs them to the most appropriate treatment service.

We will also continue to manage all Crisis referrals between the hours of 08.00 to 20.00hrs that need a 4 -24 hour response.

To make sure people are referred to the appropriate service, the following summary highlights typical characteristics that individuals may present with that would place them in MHCT 5+:

**Cluster 5: Non-psychotic disorders (very severe)**

Severe depression and/or anxiety. May have unreasonable beliefs. May often be at high risk for non-accidental self-injury. Severe-disruption to everyday living.

**Cluster 6: Non-psychotic disorder of over valued ideas**

Moderate to severe disorders that are difficult to treat. May include treatment resistive eating disorder, OCD where extreme beliefs are held, some personality disorders and enduring depression.

**Cluster 7: Enduring non-psychotic disorders (high disability)**

Moderate to severe disorders that are very disabling. Have received treatment for a number of years but considerable disability remains that affects functioning.

**Cluster 8: Non-psychotic chaotic challenging disorders**

Wide range of symptoms and chaotic challenging lifestyles. Moderate to very severe repeat deliberate self-harm and/or other impulsive behaviour and chaotic over dependent engagement and often hostile with services.

### **Cluster 10: First episode psychosis**

First presentation with mild to severe psychotic phenomena. May have depressed mood and/or anxiety symptoms. Drinking or drug taking may be present but will not be the only problem.

### **Cluster 11: Ongoing recurrent psychosis (low symptoms)**

History of psychotic symptoms but currently controlled. Are capable of full or near functioning. However there may be impairment in self-esteem and efficacy and vulnerability to life.

### **Cluster 12: Ongoing or recurrent psychosis (high disability)**

History of psychotic symptoms with a significant disability with major impact on role functioning. Likely to be vulnerable to abuse or exploitation.

### **Cluster 13: Ongoing or recurrent psychosis (high symptom & disability)**

History of psychotic symptoms which are not controlled. Will present with severe to very severe psychotic symptoms and some anxiety and depression. Have a significant disability with major impact on role functioning.

### **Cluster 14: Psychotic crisis**

Will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. May present as vulnerable and a risk to themselves or others.

### **Cluster 15: Severe psychotic depression**

Acute episode of moderate to severe depressive symptoms. Hallucinations and delusions. Risk of non-accidental self-injury and disruption in many areas of their lives.

### **Cluster 16: Psychosis & affective disorder (high substance misuse & engagement)**

Enduring moderate to severe psychotic or bipolar affective symptoms with unstable, chaotic lifestyles and co-existing problem drinking or drug taking. May present a risk to self and others. Engage poorly with services. Role functioning is often globally impaired.

### **Cluster 17: Psychosis & affective disorder - difficult to engage**

Moderate to severe psychotic symptoms with unstable, chaotic lifestyles. May be some problems with drugs or alcohol but not as severe as cluster 16. History of non-concordance, are vulnerable and engage poorly with services.

### **Cluster 18 (under age of 65): Cognitive impairment (low need)**

Early stage dementia (or may have an organic brain disorder affecting cognitive function) who have some memory problems, or other low level cognitive impairment but who are managing to cope reasonably well. Underlying reversible physical causes ruled out.

### **Cluster 19 (under age of 65) : Cognitive impairment or dementia (moderate need)**

Problems with memory and/or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others. May be experiencing some anxiety or depression.

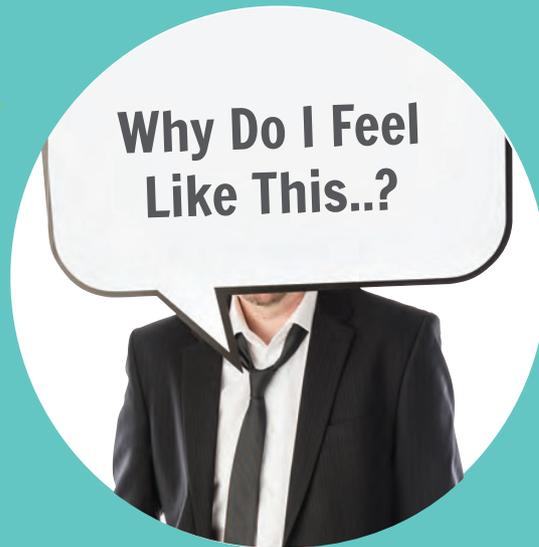
Outcomes for the completion of the assessment and clustering will be one of the following:

- No further treatment required – person discharged from service back to care of GP
- Out-patient appointment with Psychiatrist
- Referral to DASH service
- Referral to a community treatment team
- Referral to addictions service
- Referral to trauma service
- Referral to perinatal service

## DASH

The new model that has been commissioned will see CHCP CIC acting as a lead provider and working with a network of accredited service providers to ensure patients can be offered choice with regards to the clinical care that they wish to access.

As part of the implementation of the new service we would like to engage with the local GP community to outline the new model of service; explain how we will communicate with GP's at each stage of the patient journey and give an overview of how we will work with Humber NHS Foundation Trust in relation to the key relationship with secondary care mental health services.



## The new service model in Hull

Mild

Moderate

Moderate

Severe

Clusters 1 - 4

Clusters 5+

### Symptoms of

Low mood  
Anxiety  
Emotional problems  
Sleep problems  
Worry  
Stress  
Low confidence

### Symptoms of

Severe or chronic depression  
Bipolar disorder  
Moderate/Severe self harm  
Suicide thoughts  
Psychosis  
Memory difficulties (under age of 65)  
Complex mental health issues

City Health Care Partnership CIC  
a co-owned business

 **Let's Talk...**  
Hull Depression & Anxiety Services

Call 01482 247111

Improving Health and Wellbeing Humber NHS Foundation Trust

**Secondary Mental Health**   
NHS Services

Call 01482 336161

# Contact Us

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**Gladstone Street**  
**Hull**  
**HU3 2RT**

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**Home Treatment Team**  
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**Tel: 01482 336161**  
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**[www.humber.nhs.co.uk](http://www.humber.nhs.co.uk)**  
**[www.humberews.co.uk](http://www.humberews.co.uk)**

## Patient Advice and Liaison Service (PALS)

Compliments, comments, concerns or complaints:  
we want to hear from you.

PALS and Complaints Department  
Humber NHS Foundation Trust  
Trust Headquarters  
Willerby Hill  
Beverley Road  
Willerby  
HU10 6ED

PALS can be contacted on:  
Tel: 01482 303966  
Email: [pals@humber.nhs.uk](mailto:pals@humber.nhs.uk)

Complaints can be contacted on:  
Tel: 01482 303930  
Email: [complaints@humber.nhs.uk](mailto:complaints@humber.nhs.uk)

