Your local mental health services

Primary Care Liaison Service

B&NES Primary Care Mental Health Liaison service is a short-term support service to help people with mental health difficulties to move forward and get on with their lives.

Our primary care liaison nurses operate alongside family doctors; they are specialist and experienced mental health practitioners who have the knowledge and skills to decide if someone will benefit from short-term involvement with their team.

Our nurses deliver direct patient assessment as well as managing referrals. They operate alongside GPs and other primary care staff to plan treatment and care. They help people to find the best service to meet their needs by offering:

- Advice on books, leaflets and websites that will help people to help themselves
- Referral to other groups, as appropriate, or access to other mental health teams
- Advice and support to primary care professionals.
- Some time limited, brief support.

The service operates from 8.00 am to 8.00 pm Monday to Friday and Saturday mornings.

**How to access the service**

If you have concerns about your own mental health you should first contact your GP, who should have immediate access to your health records. Following this consultation, your GP may decide to refer you to primary care liaison.

The team receives referrals from GPs and other health or social care professionals. When someone is referred, we will aim to see the person within four weeks. The speed with which we respond depends on how much the person's health is at risk. When we see someone, we will talk with them to find out their needs. Once we have done this, we can decide whether we can support them or whether they are more suited to another specialist teams.

We have access to a wide range of staff in the primary care liaison team: community psychiatric nurses, social workers, graduate workers, clinical psychologists, occupational therapists and consultant psychiatrists. This means that we stand a better chance of being able to give someone the support they need.

We can also offer advice and guidance about mental health to GPs.

What you can expect?
• A dedicated and responsive service that will build closer links between AWP and its primary care partners
• One local point of contact for referrers
• Quick and accessible advice on all aspects of mental health to those aged 18+
• Advice and support to primary care staff to manage mental health issues
• Engagement by specialist AWP staff with the right patient at the right place
• Rapid and prioritised access to mental health expertise within local primary care services
• Rapid and prioritised specialist mental health assessment for primary care referrals (for example from GPs, health visitors)
• On-going advice, support, education and training for primary care staff including case discussions and seminars
• Early recovery so as to support people as much as possible within mainstream care
• Seamless transfer of people into specialist and secondary mental health treatment according to need.

Primary Care Liaison (9am - 5pm)

Telephone: 01225 371480
Fax: 01225 362799
Address: Hillview Lodge, Royal United Hospital, Bath, BA1 3NG
Intensive services

In B&NES we have an Intensive Service that provides 24 hour rapid assessment and treatment for people experiencing a mental health crisis.

The team provides expert assessment to individuals experiencing mental health crisis within four hours of referral. The service is available 24 hours a day, 365 days of the year and provides local support for people aged 18 and over that are experiencing a breakdown in their mental health and feel that they may require an emergency response for help and support.

The team consists of mental health nurses, doctors, occupational therapists and dedicated mental health workers that will seek to immediately reduce distress both through the use of support, advice, medication and a range of therapeutic interventions all specifically designed for those in crisis. The team works closely with the Approved Mental Health Practitioner service where needed.

Following an assessment the team will work with individuals to agree a plan of care and will immediately provide intensive treatment in their home in order to reduce their distress and promote recovery. It may be that someone requires a period of dedicated treatment in hospitals. The intensive team will consider with the individual whether this is the best care option and ensure that if it is, they experience a safe and smooth transfer to hospital. The intensive team will also support them at home following discharge from hospital.

All callers can expect to be treated in an efficient and professional way with staff that understand the nature of their distress and the impact this will have on them and the people that are close to them. We will ask a few questions on the phone to gain the information we require to ensure that we can provide the best information and services to meet their needs.

Team members will explain the process and timings and will continue to keep the individual informed of progress throughout this difficult time.

### Intensive Service (24 hour service)

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Adult recovery services

B&NES recovery services are the main service to provide ongoing care, treatment and support for service users, their families, friends and supporters. The service will provide specific periods of interventions to service users requiring short or long term support to assist their recovery. Within our recovery service we also provide an assertive outreach approach to those service users who need a more intensive level of support over a longer period of time.

Service users and their families are usually seen in their homes or in outpatient facilities in e.g. Bath or Paulton or other local provision such as GP surgeries. The service will also be provided from other community locations which can provide a clinically effective and safe environment and which are accessible to people including primary and secondary care settings such as surgeries, health centres, community mental health bases and wards.

The team uses the Recovery Star to enable service users to develop shared goals and treatment plans. We will work with service users and their families to develop rapid access plans with information and advice on how to get back in touch with our service after they have been discharged back to the GP. We also support service users to develop advance directives outlining how they would like to be treated during periods when they maybe unwell.

Recovery services operate between 9-5pm currently but will move to extended hours - between 8.00 am and 8.00 pm Monday to Friday, during 2012-13. The principle we are working to is that:

- Between 9.00 am and 5.00pm, it provides a full range of services
- Out of hours, appointment slots will be provided to ensure convenient provision for service users and effective involvement of family and friends.
- Contact for service users and their families in an emergency will be provided outside these hours by our intensive services.

By adopting a team-based approach to care management, each care coordinator will be able to call on specialist assessment and treatment, while remaining closely involved themselves. This will ensure service users and carers have continuous treatment within agreed arrangements, as well as being able to accessing specialist support when needed. To ensure consistency and to minimise transfers between teams, responsibility for care coordination will remain with the recovery team wherever possible with other specialist services supporting individual needs.

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Early intervention in psychosis

Early intervention in psychosis teams have been developing nationally since 2002. The team in B&NES provides a comprehensive multidisciplinary service to help people and their families as early as possible, giving them the best chance of preventing long term problems.

The service is for anyone from the age of 14-35 experiencing the following:

- Hearing voices or changes in their thoughts
- Alterations in how events, people and thoughts are perceived
- Feeling suspicious at times about other people
- Experiencing beliefs and thoughts that cause the person distress
- Changes in behaviour and performance, such as becoming more isolated or reduced motivation

Following an initial assessment, the teams provide rapid, intensive support for up to three years for individuals experiencing psychosis symptoms and their families. We also work alongside child and adolescent mental health services with 14-16 year olds.

The team aims to

- Help individuals and families to increase their understanding of what is happening
- Reduce the level of distress caused by unusual experiences
- Provide proven treatments and therapies
- Prioritise personal recovery and a quick return to valued roles and social relationships.

The core hours for contacting the service are Monday to Friday 9.00 am to 5.00 pm but teams work flexibly beyond these hours to address individual needs.

Most people are referred by their GP.

The team is keen to form and continue its partnerships with other youth services and to give presentations to any agency working with young people or people at risk of developing psychosis.
Complex Intervention and Treatment team (later life)

This is a specialist mental health team that works with older people who have complex mental health needs - including dementia - to meet their changing psychological, social and environmental needs and to promote successful ageing. This team used to be called the Community Mental Health Team for Older People.

The complex intervention and treatment team (CITT) is supported by a specialist therapies team (see below) and offer:

- Assessment, intervention and care planning
- Care management
- Intensive support
- Safeguarding and review of relevant service users
- Signposting and providing choice through working alongside other organisations.

B&NES Complex Intervention and Treatment team (later life)

(9am - 5pm)

Telephone: 01225 371411
Address: Bath NHS House, Newbridge Hill, Bath BA1 3QE
Telephone: 01225 396772
We work closely with the **Bath Therapies team** for older adults. This team provides focused therapeutic interventions to people with complex functional (e.g. depression) or organic (e.g. dementia) mental health needs associated with later life.

**B&NES Therapies Team** (9am - 5pm)

Tel: 01225 371411

**Address:** Bath NHS House, Newbridge Hill, Bath BA1 3QE

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**Approved Mental Health Practitioner Service (AMHP)**

This service is made of specially trained mental health professionals – in B&NES all the AMHPs are social workers - who undertake assessments under the Mental Health Act, possibly leading to compulsory hospital admission or Guardianship. Out of Hours advice and assessments are provided by the Emergency Duty team.

**AMHP Service**

Tel: 01225 362778

Out of hours: 01454 615165

**Address:** Hillview Lodge, Royal United Hospital, Bath, BA1 3NG

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**Adult Acute In-patient service**

Most of the people AWP supports live in their own homes and are supported by community services, within their own family and social networks. For those people who cannot live in their own homes due to the complexity, intensity and unpredictability of their condition, our inpatient services provide specialist investigation, assessment and intervention.
The vast majority of those receiving treatment in inpatient wards are there voluntarily in the same way that people with physical health illnesses can be admitted to hospital. About 25% of service users in an inpatient unit within AWP are detained under the Mental Health Act.

People will be admitted to an inpatient bed, wherever possible, within Bath and North East Somerset. However when clinically necessary and to ensure that treatment is provided without delay, people may be admitted to a bed in any appropriate Trust site.

In providing a high quality service, our aim is to:

- Care for adults in an inpatient setting, building on patients' strengths, maintaining levels of independence and promoting well-being
- Use evidence based therapeutic interactions within a multidisciplinary approach
- Provide inpatient treatment 24/7 for people with mental health problems
- Support service users experiencing an acute psychiatric crisis of such severity that they cannot be managed at home with the involvement of the intensive team
- Provide a recovery based model of care.

All requests for admission are made to the local intensive team which works with service users (and their carers) to assess their needs. If the most appropriate care is not in the community, they will arrange admission.

When a service user is admitted to hospital the intensive team and the ward team work together to provide information and an explanation as to the role hospital admission will play in supporting the service user's recovery.

Sycamore Ward

Telephone: 01225 362700
Address: Hillview Lodge, Royal United Hospital, Bath, BA1 3NG

Later life specialist inpatient services

Separate wards look after older people with functional (e.g. depression, psychosis) and organic (i.e. dementia) illness. People with moderate to late stage dementia will be admitted to “organic” wards while those with early stage dementia will be admitted to the ward which can best meet their needs often to the functional wards. In B&NES this specialist ward is based at St Martin’s Hospital.
The inpatient team will agree defined goals with the patient and/or carer alongside staff in our community intervention and treatment team for older adults. Goals are intensely therapeutic with short (up to 84 day) admissions.

**Ward 4**

**Telephone:** 01225 831515  
**Address:** St Martins Hospital, Midford Road; Bath  
BA2 5RP

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**Psychiatric Intensive Care**

Some service users require a higher intensity of treatment and support than that available in a psychiatric acute inpatient unit like Sycamore.

Psychiatric intensive care unit (PICU) services meet these needs, 24/7, and provide therapeutic and medical care for service users who have been admitted under section under the [Mental Health Act](https://www.legislation.gov.uk/ukpga/1983/46/contents).

Service users, normally aged 18 to 65, are referred from AWP's intensive teams, adult acute inpatient units or from the prison teams and are assessed for the suitability of admission to an adult service setting. Psychiatric Intensive Care units are single sex inpatient units:

- **Male**: 12 bed Hazel unit in Bristol and the nine bed unit at Ashdown in Salisbury  
- **Female**: eight bed Elizabeth Casson House in Bristol

These PICUs have multidisciplinary teams to enable a clear treatment plan for service users to be implemented and they work closely with other services to enable a clear care pathway for the service user.

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**Rehabilitation**

The rehabilitation services work with a client group who experience long-term complex mental health problems, therefore the services are structured to offer an extended period of engagement to help individuals maximise their potential.

Within AWP there are 6 rehabilitation units. In B&NES we have beds in:
• Whittucks Road Community based inpatient unit in Hanham, South Gloucestershire

The service aims to provide service users with opportunities to develop their understanding of their unique histories, thoughts, feelings and behaviours, in order to achieve their personal goals. Staff also promote emotional, social, psychological, physical and spiritual well-being. The service user, their family, carers and other support networks are central to their recovery and the service works to engage people in collaborative and effective partnership working, both for their own care and the ongoing development of the service unit.

We believe that social integration and inclusion are central to providing service users with skills necessary for living in less restrictive environments. The rehabilitation service is therefore designed to facilitate access to mainstream health, social, employment and education services.

The rehabilitation service offers care and support to male and female service users, aged 18 years and over. They may be detained under the Mental Health Act 1983 (revised 2007) and have:

• A severe and enduring mental illness. Most clients have treatment resistant psychosis
• A considerable degree of functional impairment which results in an inability to perform their activities of daily living. Assessment of need has identified there is a reasonable indication that a structured rehabilitative programme will positively affect this.
• Other complex needs, for example, history of drug and / or alcohol misuse, personality difficulties, or cognitive impairment
• A history of previously requiring frequent admissions or substantial service intervention.