

Mental Health Services

For Rutland and Leicestershire

| Prevalence of Mental Health % of population | Rutland | England |
|--|----------------|----------------|
| • Depressive episodes age 16-74 in 2012 | 1.62% | 2.48% |
| • Obsessive compulsive disorders in 2012 | 0.53% | 1.10% |
| • Mixed anxiety and depressive disorder in 2012 | 5.27% | 8.92% |
| • Long-term mental health problems 2015/16 | 3.80% | 5.20% |
| • Severe mental illness 2015/16 | 0.68% | 0.90% |
| • Years of life lost due to suicide all persons 15-74 2012-14 (Potential years of life lost may be defined as the years of potential life lost due to premature deaths.) | 27.1 | 31.9 |

The first port of call usually is the GP –

- GPs are there to help people with any problem related to their mental health as well as physical health.
- People can go to them if they feel sad after a relative has passed away, if the pressures of life are making them unhappy and anxious, or if they feel angry or confused.
- The GP may treat with medication or other means such as talking therapies.
- The Mental Health Facilitator Service (Lets Talk) provided by Nottingham Health care works closely with the GP's. The Facilitator reviews progress and provides psychological assessment and treatment for what are known as **mild to moderate common mental health problems.**

Community Mental Health services (LPT) for clinically unwell people

Crisis Resolution Team

(Hospital at Home)

The Crisis Resolution and Home Treatment Team

endeavours to provide a rapid assessment for those people who are experiencing a mental health crisis of such severity that without the intervention of the team, a hospital admission would be required.

Referral usually
from GP

But sometimes

Hospital A&E
Other Health professionals

**Community
Mental Health
Team**

The Adult Community Mental Health Teams (CMHT)

support people requiring ongoing treatment. Patients are seen in clinics or in their own homes by Psychiatrists and other supporting professionals.

**Older Peoples
Community
Mental Health
Team**

Specialist Health services (LPT) for very unwell people and those in the criminal justice system with MH.

PIER Team

18 – 35 Psychosis
Intervention for first
presentation

Assertive Outreach Team

*For people with severe
persistent mental illness*

Forensic Team

*For people who are a risk to
others*

Community Treatment

*orders
supervised
community
treatment when
discharged from
certain sections of
the Mental Health
Act.*

Inpatients

For people too unwell to be safely
treated in the Community. Often on
Mental Health Act Sections.

MOJ Inpatients

The criminal courts can use section 37
of the Mental Health Act if they think
you should be in hospital instead of
prison.

Our statutory duties under the Mental Health Act and Care Act?

- Gives us duties to assess people's needs for social care services when they are well and to help prevent them returning to hospital. We have social workers specialising in this area.
- Social Care also supports health professionals in specific non clinical areas such as facilitating inpatient discharge, Section 117 reviews and social circumstances reports for tribunals and MOJ patients in the community.
- We must provide Approved Mental Health Practitioners (AMHP) and their supporting infrastructure. This service assesses people at risk to themselves or others with a section 12 doctor and has powers to detain people in hospital.