



Promoting Hope, Opportunity and Personal Control

Equality Statement

Equality

Diversity

Human
Rights

Alternative
Formats

In line with Section 75 of the Northern Ireland Act 1998, Mental Health Services will be provided and available to all irrespective of gender, ethnicity, political opinion, religious belief, disability, age, sexual orientation, dependant and marital status.

Mental Health Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Mental Health Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

Alternative Formats

This report can also be made available in alternative formats: large print, computer disk, Braille, audio tape or translation for anyone not fluent in English. Please contact the Communications Office at the Health and Social Care Board, www.hscboard.hscni.net.

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Section 1: Foreword

We have developed this Care Pathway for people who require mental health care and support. The Care Pathway recognises that all treatment and care needs to be highly personalised and recovery orientated.

The purpose of the Care Pathway is not only to provide guidance on the steps of care to be delivered but it is designed also to enhance the quality of service experience and promote consistency of service delivery across Northern Ireland.

At the heart of this Care Pathway is the recognition that people, whether they are using, supporting or providing a service, have a positive contribution to make. Through the development and implementation of this Care Pathway over the next three years we are confident that it will help to promote a genuine partnership approach in Mental Health Services.

Central to the Care Pathway is a desire to ensure that everyone has the opportunity to experience the very best care and therefore it has been co-produced in a style that promotes:-

- Hope;
- Partnership;
- Personal participation.;
- Input into all key decision making;
- Confidence in the support provided;
- Better outcomes which enables personal recovery;
- Family focused approaches.

The Care Pathway recognises that mental health care should receive parity of esteem with physical health care services in terms of priority and resources. Although aspects of this Care Pathway are challenging to implement immediately, due to the constraints on resources, it does commit health and social care services to make better use of existing resources and to secure additional resources to address gaps in service provision.



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Health and Social Care Board

October 2014

Section 2: Acknowledgements

This Care Pathway has been jointly developed by experts by experience, (people with lived experience, family members, partners, friends and/or advocates for people with mental health needs) and professionals involved in commissioning and providing care. All those involved in the development of this Care Pathway have gone on a journey of personal and professional discovery, which has resulted in the development of co-produced standards which will enable Mental Health Services to deliver care in line with the best available evidence.

At the heart of this process is desire and commitment to ensure mental health care in Northern Ireland provides the best of opportunity for personal recovery and to create a new culture of partnership and co-working.

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Section 3: Purpose and Aims of the Care Pathway

This section explains who this Care Pathway is for, what it should achieve, and how it should be used by Mental Health Services in promoting personal participation.

**Explain how to
access Mental
Health Care**

**Explain the
Steps Involved
in Care**

**Promote
Partnership
(Working
Together)**

**Making
Decisions**

3.0 What will this Care Pathway do?

- This Care Pathway explains how I can access mental health care and the steps involved from the point that I am referred to the point that I no longer require care;
- The Care Pathway describes the standards of care that I can expect by those mental health professionals who will partner with me in my recovery;
- The Care Pathway outlines how care decisions will be made with me and for me;
- The Care Pathway puts me, and/or my family, partner and nominated friends (as appropriate) at the heart of all decision-making.



3.1 Aim of the Care Pathway:

This Care Pathway aims to:-

- Recognise that I am expert in my own experience, and through the expertise of those mental health professionals involved in my care, my personal expertise will be strengthened;
- Develop and build on my personal strengths;
- Help me identify my recovery needs;
- Ensure I receive the best treatment and care possible from mental health care teams;
- Inspire hope in me and assist me to maximise recovery opportunities so that I am able to live a satisfying and fulfilling life (as defined by me) in the presence or absence of symptoms.



3.2 Who is this Care Pathway for?

- This Care Pathway is for people, families, their partners and friends who may require support from Mental Health Services.
- This Care Pathway is written for people who experience mental ill health and for their families and friends. The term mental ill health covers a broad spectrum of mental health problems including Depression, Anxiety and Panic disorders, Post Traumatic Stress Disorders, Obsessive Compulsive Disorder, Addictions, Eating Disorders, Schizophrenia, Bipolar and Personality Related Disorders.
- The Care Pathway sets out the standards expected by all mental health and psychological therapy services provided by Health and Social Care Trusts including those services commissioned from independent community and voluntary sectors organisations.
- Clinical and education providers in support of the training needs of all mental health care staff.



3.3 How to use this Care Pathway

- This Care Pathway has been designed to provide me with information about how to get the most out of mental health care.
- It will help me to prepare for my involvement with Mental Health Services and will explain each part of the Care Pathway.
- It will help support and guide joint decision-making about my life and those treatment/care options which can help and as appropriate help inform how my family, partners and nominated friends can assist in my recovery.
- The Care Pathway will help me reflect on my experience and the progress I am making.

3.4 Working together

The Care Pathway outlines the importance of working together as equals. This means Mental Health Services will:-



Section 4: Care Pathway Principles Explained

This section explains the guiding values which underpin the Care Pathway. This has been modelled on NICE136 Improving Experience of People Using Adult Mental Health Services Quality Standards, and outlines how Mental Health Services will use recovery principles in providing care.

4.0 This means in accordance with NICE Guideline 136 “Improving the Experience of People Using Adult Mental Health Services” I will:

Feel reassured that the care I receive will be safe, of a high standard (effective) and promote my recovery.

Feel I am being treated with empathy, dignity, sensitivity, compassion and respect by all who support me.

Feel confident that what I have to say will be listened to and used to direct decision about my care.

Be able to access help and support easily when I need it.

Be actively involved in making decisions and be supported to maintain personal control and as appropriate my family/ partner and nominated friend are supported.

Be supported by a team who know me, and who commit to partnering with me throughout my care.

Receive appropriate explanations (and as appropriate my family/ partner or nominated friend) regarding the outcomes of assessments, investigations and any diagnosis I receive.

Receive information (and as appropriate my family/ partner or nominated friend) about treatment/care options to assist me in the development of my personal wellbeing plan (care plan).

Receive information on how I and my family can access 24 hour crisis support.

Be supported to receive care in the community and I will only be admitted to hospital if it is required.

Be given every opportunity as to maintain my family and social connections and have access to advocacy and personalised activity seven days per week.

Receive dedicated one to one care and be confident that any restrictions on my personal movement and/or compulsory treatment will only be for the shortest period required.



4.1 Recovery principles

Recovery is a deeply personal unique process, a way of living a satisfying hopeful and contributing life. It is a personal journey of discovery, which enables me to live well in the presence or absence of symptoms.

Mental Health Services will provide care that:-

- Is personalised and addresses my physical, emotional and social needs;
- Recognises and builds on my personal strengths;
- Promotes hope by enabling me to better manage my own mental health;
- Creates opportunities for me to contribute and participate in meaningful tailored and purposeful activity;
- Supports my family/partners/nominated friends, as appropriate to assist me in my personal recovery.

4.2 Recovery in practice

Personalised Whole Person Centred Care

This means Mental Health Services will provide care which has been known to work and, in partnering with me, will ensure as far as possible that my personal preferences, values, ambitions and goals are incorporated into my recovery plan. This will include my physical, emotional, and social needs.

Encouraging Participation and Making Connections

This means Mental Health Services will support me in directing my own care and will help me strengthen family, social and community networks. My team will also enable me to access relevant social, educational and occupational/ vocational opportunities as part of my personal recovery plan.

Focusing on Personal Strengths

This means Mental Health Services will help me develop a positive and solution focused approach in the management of my needs. This will enable me to maximise my personal strengths, resources and talents in my recovery and actively encourage/ support my family/partner/ or nominated friends in my recovery.

Promoting Hope and Self Determination

This means Mental Health Services will be supportive and optimistic about the opportunities for my recovery. Mental Health Services will promote personal decision-making and help build capacity to manage my own mental health and wellbeing.

Section 5: Stepped Care - What does it Mean?

This section explains what is meant by stepped care and how needs will be matched to services.

5.0 What is Stepped Care?



- When I am referred to Mental Health Services a stepped care approach will be used to match my needs with the right level of support and only 'stepping up' to intensive/specialist services as my needs require.
- The level of support I require is determined by:-
 - my personal needs.
 - support which is known to help recovery.
- The stepped care approach helps ensure that I am referred to the right:-
 - service(s).
 - professional (s) with the right skills to meet my needs.



5.1 How changes in my needs will be managed.

- The stepped care approach means my care can be stepped up or down.
 - A step up in care usually means I require more intensive specialist support and treatment.
 - A step down in care usually means my recovery is at a stage where I no longer require the same level of care and/or treatment.
- The stepped care model means if my needs change and I require a different level of support or service, those mental health professionals partnering with me, will ensure I understand the reason and benefits of this change.
- I and, as appropriate, my family/partner/nominated friend/advocate will be given information and time to reflect on any proposed changes in treatment or care.
- I understand that if I require a change in service or a different professional, that my existing care team will make all the necessary arrangements. This will include the transfer of all relevant information and, where possible, I will be introduced to my new team/service.

5.2 Stepped Care Model - how services are organised



Section 6: What can I expect from services?

This section explains what experience people and their families can expect from Mental Health Services and what Mental Health Services can expect from people who require support.

6.0 As a partner in my care I expect to be:



- Fully involved in a process of shared decision making through bringing together the expertise of professionals and the expertise of my lived experience;
- Introduced to everyone who is involved in my care and what contribution they can make;
- Listened to and given time to discuss my views;
- Only asked to repeat my story/life history if it is important to do so;
- An active partner involved in all decisions about my life and, as required, my nominated family and/or friends will also be included in these decisions;
- Offered the support of an independent/peer advocate;
- Treated with compassion and respect;
- Given explanation about the outcomes of all care assessments and what any diagnosis means;
- Informed as to what treatments, interventions and supports are available, what they are for, the benefits and possible side effects.



- Given choice, this means I will be informed, supported and guided by Mental Health Services through those care interventions/treatments which can help in my personal recovery and help me maintain/regain control over the direction of my life. I recognise that my capacity to make informed choices is influenced by my wellbeing and that on occasions I may need mental health professionals and or/my nominated family/ friend/advocate to temporarily make decisions and/or direct care on my behalf. In these circumstances Mental Health Services will follow any advance directive that I have previously provided.
- Involved in developing my own personal wellbeing plan (care plan). This plan will recognise my skills, strengths, abilities and aspirations.
- Enabled to develop coping strategies and to become an expert in looking after myself.
- Offered a choice of suitable appointment times and venues.
- Provided with contact details should I require urgent or crisis support and proactively supported when I am psychologically and socially vulnerable.
- Involved in deciding when I no longer require care, and once my care has been concluded, be given information on how to re-engage with care services.
- Given every opportunity to provide feedback, express any concerns about my care, including independent support if required.



6.1 How will I know that the Care Pathway is working for me?

- I will have a clear understanding of the reason(s) why I am being referred for mental health care and I will be given information about the support I can expect to receive.
- In accordance with my needs I will receive timely appointment(s) with Mental Health Services.
- I will be given information about treatment and care options and will be actively involved in making decisions about my life.
- I will be better able to manage my emotional health and direct my own recovery.



6.2 Mental Health Services can expect that I will:

- Provide relevant and accurate details about my physical health, my mental health and my living circumstances. I will inform my team about any relevant changes in my circumstances;
- Recognise the expertise of my support/care team by listening to, respecting and valuing all those involved in my care;
- Take personal responsibility for following my recovery plan;
- Seek to learn from setbacks and work with my support/care team to resolve recurring problems.

Section 7: Involving my family/my partner/nominated friend/advocate in my care

This section explains:

- The role of my family, my partner, my nominated friend/advocate.
- What supports can be provided to my family/my partner/my nominated friend.
- Consent and confidentiality.
- The process for agreeing who will be involved in supporting my recovery.

**Valuing Family
and Friends**

**Identify Key
Support
Networks**

**Information
Sharing and
Consent**

**Independent
Support and
Advocacy**

7.0 The Role of Family and Friends:

- It is recognised that family and friends have an important role in providing information about me, my needs and in supporting my recovery;
- As part of my care, I will nominate a family member or friend who can support me and who can be contacted should I need urgent help or assistance;
- With my consent, health and social care services will seek to involve my family and friends and will only disclose information in order to promote my personal safety.
- In the absence of family or friends, I will be offered the support of an independent advocate/peer support worker.



7.1 If I nominate a family member, my partner and/or nominated friend advocate can expect:

- To be listened to as someone who has important knowledge/ information about my life, needs and strength;
- To be given information about how they can help me and, where appropriate, be given feedback about my progress including advising about changes in my treatments and care;
- To be proactively involved in providing support as appropriate;
- Specific support based on an assessment of their respective needs which will be regularly reviewed;
- Even if I choose not to involve them, to be independently offered support to address their needs.



7.2 Confidentiality - What it means:

- Mental Health Services will ensure my privacy is upheld and all my personal information is treated with respect and sensitivity. This means Mental Health Services will explain how information about me will be used and stored;
- I recognise that my family/partner/friend/social network(s) can be important in my recovery and sharing certain details about my needs and care/treatment can be beneficial for my recovery;
- My consent will always be sought before personal information about me is shared with others; information will only be shared without my consent where there is a legal obligation and/or where it is considered necessary for either my safety and/or the safety of others;
- In exceptional circumstances when Mental Health Services have to act on my behalf and share information:-
 - my consent will be sought in the first instance and/or I will be informed about what is being shared with whom and why;
 - information shared will be limited to what is necessary and/or legally required;
 - I will be kept up to date about what information has been shared, with whom and why.



7.3 Process for agreeing involvement:

In partnership with me, Mental Health Services will:-

- Discuss with me and outline the roles and contribution of all those professionals/services to be involved in my care;
- Agree in advance with me which family members, nominated friend/ advocate want to be involved in meetings and/or appointments with and/or about me;
- Explain in advance, the purpose of meetings /appointments and discuss with me what contribution those attending meetings are expected to make;
- Make available independent support (advocacy) if required. This means I can nominate a person to attend meetings and appointment(s) with and/or for me;
- Ensure all relevant information is shared with me in advance of each meeting/appointment;
- Take time before and after meeting to explain and agree all future plans and actions.

Section 8: What services can I receive?

This section explains the core services and professionals which are available to support recovery.

8.0 Services available to meet my needs

When I am referred to Mental Health Services, I can expect to receive care from one or a range of the following services:



- **Primary Care Talking Therapies Teams.** This generally involves support being provided by counsellors and/or life/wellbeing coaches and care is accessed through my General Practitioner.
- **Community Mental Health Services.** This generally involves care provided by one or a combination of the following professionals, Nurses, Social Workers, Psychiatrists, Psychologists, Occupational Therapists, Family Therapists and Psychotherapists. Care is accessed through local Health and Social Care Trusts.
- **Acute Mental Health Services.** This generally involves care provided by Crisis Resolution and Home Treatment Teams and/or specialist hospital care teams. These services provide support at a time of crisis and can provide intensive home support and/or admission to hospital when someone is temporarily unable to manage independently.
- **Specific Services.** This usually involves receiving care from a specialist team such as Alcohol/Drug Addiction, Eating Disorders, Psychological Therapies or Trauma, Personality and Forensic Services.



8.1 The range of people who may provide treatment and support in my treatment and care:

In meeting my needs and those of my family, Mental Health Services will:-

- Ensure I have the opportunity to access and receive the best of care from a range of mental health professionals and support services based on my needs;
- Fully explain the roles and function of professionals and services to be provided;
- Ensure mental health professionals/services work together to meet my needs.

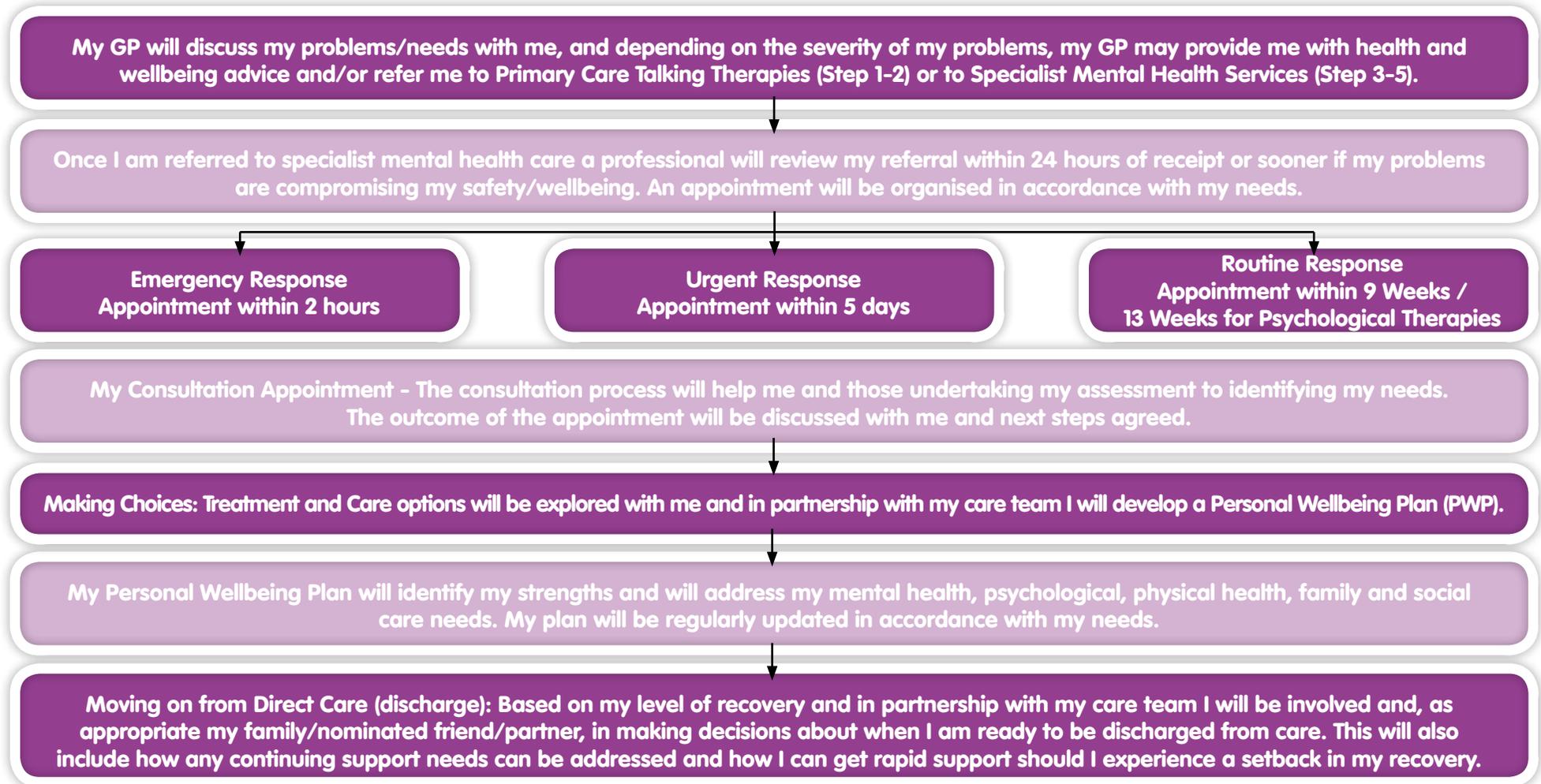
Integrated Mental Health Team



Section 9: Care Pathway at a Glance

This section provides an overview of the main steps of care from the point of referral to the point of discharge.

9.0 Care Pathway at a Glance: Steps 1-5 Mental Health Care



Section 10: Referral Process

This section explains what happens when a referral is made, and how appointments are prioritised and organised.

10.0 Making a referral

Most people with mental health needs are referred by their General Practitioner to Mental Health Services.

To enable this Mental Health Service providers will:-

- Provide written details to General Practitioners of their services and how these can be accessed;
- Develop arrangements for my General Practitioner to access advice should they wish to consult about my needs prior to referral;
- My General Practitioner will:-
 - discuss my needs and explain why I may need to be referred for mental health care;
 - explain consent, determine my level of priority and make an electronic referral to Mental Health Services;
 - explain what will happen next, and I will be given:
 - A copy of my local Health and Social Care Trust's Mental Health Services Guide and contact details for Mental Health Services which will include emergency contact numbers.

Provide
Information
About How to
Access
Services

Consultation
With Mental
Health
Services

Reason For
Referral and
Consent
Explained

Important
Contact
Details
Provided

10.1 How my referral will be prioritised

When I am referred to Mental Health Services they will:-

- Register and prioritise my referral within 24 hours;
- This means:-
 - if I am experiencing a mental health crisis and my personal /or someone else's safety is being compromised, Mental Health Services will make face to face contact with me within two hours of receiving the referral;
 - if my psychological and emotional wellbeing is deteriorating and my personal circumstance are such that in order to avoid a crisis, it has been determined by my General Practitioner and Mental Health Services that I will be given a face to face appointment within 5 days.
 - if I am experiencing emotional and psychological difficulties in my life but I am not in crisis, I will receive a face to face appointment within 9 weeks or 13 weeks for psychological therapies;
- Acknowledge the receipt of my referral in writing and send me a copy of 'How to Get The Most out of My Appointment' leaflet;
- Discuss and agree any changes to the prioritisation of my referral with my General Practitioner (GP);
- Tailor the method of contact in accordance with my personal circumstances and needs. This may involve immediate telephone contact with me and/or my nominated carer;
- If it is determined I do not require the level of service to which I have been referred, I will be offered advice on self-management and on coping strategies including information on alternative support services in my area;
- Keep me informed of all decisions and always explain the next steps in my care. If my circumstances change while I am waiting for an appointment, I or a family member will inform my General Practitioner and the Mental Health Services to which I have been referred.

**Acknowledge
my
Referral**

**How
Referrals
are
Prioritised**

**Making
Contact**

**Kept
Informed**

10.2 Making an Appointment

Mental Health Services will offer an appointment based on my needs, taking my personal circumstances into consideration. After my referral has been received by Mental Health Services they will:-



- Contact me by telephone or other appropriate communication method to arrange an appointment and will offer me a choice of three suitable appointment times;
- Ensure my appointment is personalised by taking into consideration any special circumstances which may affect my access to care. This will include agreeing the most suitable location for my appointment and if required, organising any support that I might need to attend my appointment;
- Confirm my appointment in writing within 5 days and a copy will be sent to my General Practitioner and nominated family member or friend if necessary;
- Give me the option of a short notice appointment. (A short notice appointment means if an early appointment becomes available I will be given the option to avail of this appointment usually with 24 hours' notice);
- Provide me with the name of the professional(s) who will meet me for my appointment;
- Operate an automated appointment reminder system;
- Send me information in an appropriate format on their services, including a copy of this Care Pathway and 'How To Prepare For My Appointment/ Professional Consultation';
- Ensure I am given the option to have a family member, nominated friend or advocate to attend the appointment with me;
- When I agree to and receive my appointment I will ensure I keep my appointment and if I can't attend I will inform the service at the earliest opportunity.

Section 11: My Consultation Appointment

This section explains: -

- What will happen when I attend my first appointment?
- What questions will I be asked? How the information from the consultation - will be used to identify my needs.

**Finding
Meaning -
Establishing
Personal
Understanding**

**Identifying my
Strengths and
Capabilities**

**Exploring
Options**

**Developing
Personal
Growth and
Development**

11.0 My Consultation Appointment

A consultation appointment involves a structured conversation with a mental health professional, whose aim is to help me to share my life experiences so that I can:

- Identify my immediate needs, goals, and possible options for resolving these in the short term;
- Make sense of what is going on in my life at this time;
- Identify my existing strengths, talents and capabilities;
- Develop a clearer understanding of the helpful and unhelpful factors which affect my life and wellbeing;
- Develop my personal knowledge and expertise and develop personalised ways of coping.



When I attend my consultation appointment(s) I will:

- Be welcomed upon arrival;
- Normally not have to wait any longer than 20 minutes before my agreed appointment time;
- Be given enough time for the discussion of problems and any question I might have;
- Have all clinical terms used explained to me, including any diagnosis made;
- Be given full details about different treatment options;
- Have all perceived risk(s) associated with my presenting needs fully explained;
- Have the next steps of my care explained;
- Be given the option to have a family member/nominated friend/ advocate to accompany me on my appointment. I will advise Mental Health Services who will be attending with me.

11.1 What I will be asked at my consultation appointment?

When I am referred to Mental Health Services I will be asked about:-

- The things that are troubling me and my understanding of why I have been referred;
- What has happened in my life;
- How I feel about the issues and any thoughts that are worrying me;
- What are the things that are important to me and what are my aspirations;
- Previous emotional and mental health problems;
- My relationships and family history;
- My social, educational, and occupational circumstances;
- My strengths and interests;
- Any help I have had previously and/or I am currently receiving;
- My physical health problems and concerns;
- Any medicines I am taking;
- What I am hoping to achieve from attending Mental Health Services;
- Who I want to be involved in my care (my family, and/or partner and/or nominated friend);
- What outcomes I expect.

My Current Concerns

My Family and Social Circumstances

My Physical and Medical Needs

My Expectations

11.2 Explaining Formulation and Diagnosis

- Formulation and diagnosis is the process by which all the information about my health, psychological, and social needs is brought together to;-
 - identify my needs and explore why difficulties have arisen;
 - understand my symptoms and/or explain a diagnosis;
 - identify areas of my thinking and lifestyle which may need to change in order enable my recovery.
- When a diagnosis has been made by my mental health team they will:-
 - take time to explain the diagnosis and what it means for me. This is important as it provides me with information about my symptoms, help my understanding about why problems have arisen and what treatments and care supports can help.
 - provide me and, as appropriate, my family/partner nominated carer with information and written materials about my diagnosis.
 - Give me time to reflect, and offer supportive counselling to help me and/or my family/partner/nominated friend to come to terms with the diagnosis and to help me develop recovery actions to address the implications for my life.

Presenting
Needs

Underlying
Causes

Psychological
and Medical
Assessment

Explaining
Diagnosis
and
Symptoms

Section 12: Talking Risks - Personal Safety Planning

This section explains risk and steps involved in developing a personal safety plan.

Taking and managing risks is part of everyday living. Risks can be defined as those things which affect my personal safety and/or undermine my physical, psychological and social wellbeing.



12.0 Taking Risks - Keeping risk in perspective

Mental Health Services in discussion with me and if appropriate my family will help me think through:-

- The areas of my life where I feel vulnerable;
- Those circumstances which may contribute to me feeling unsafe;
- Behaviours which may affect my family, social or community relationships and those which may compromise the safety of others;
- How the behaviours of others may impact my personal safety and wellbeing;
- Openly discuss with me any issues which they feel may have a significant impact on my personal safety and those which may adversely affect others;
- Help me maintain my personal safety and address those things which may undermine my recovery. This will involve exploring which approaches can help reduce or eliminate risks;
- Only act on my behalf if I am unable to keep myself safe;
- Recognise that risk(s) may change over time and that previous vulnerabilities and risk behaviours do not define me;
- Provide me with written details of all the risk assessment and safety management plans agreed;
- Fully explain safeguarding, legislative regulatory guidance policies and procedures which are being applied to those decisions about my personal and social safety.

12.1 Stepped approach to promoting personal safety

Step 1:

Listening to me and as appropriate to my family/partner/friends about those things which are undermining my personal and social wellbeing.

Step 2:

Through conversation and structured risk questioning I will develop an understanding of the areas of my life which are compromising my personal safety.

Step 4:

My Personal Wellbeing Plan would include my own crisis plan for those exceptional circumstances when Mental Health Services need to act on my behalf.

Step 3:

In partnership with Mental Health Services and as appropriate to my family/partner/friends, we agree any risks, identify personal strengths/abilities to keep myself safe, and any supports which will help me do this. This will be included in my Personal Wellbeing Plan.

Section 13: Personal Wellbeing Plan

The section explains the four core parts of a Personal Wellbeing Plan. This includes an outline of the main types of mental health care which can be offered and how personal safety and crisis planning will be addressed within this plan.



13.0 What is a personal wellbeing plan?

My Personal Wellbeing Plan (PWP) is a single integrated care plan which summaries my needs and brings together all those actions and interventions from all those mental health professionals and services involved in supporting my recovery.

My Personal Wellbeing Plan will:-

- Be developed in partnership with me and I will retain a personal copy and as appropriate a copy will be shared with family, partner and/or nominated friend/advocate.
- Outline how my strengths and personal abilities will be developed in helping me to resolve and/or manage my difficulties. The plan will also set out specific actions which will help me realise my expectations and personal goals.
- Identify those treatments and interventions that meet my emotional and physical health care needs. This will include details of all therapies, medications and health and wellbeing actions.
- Promote my personal safety by addressing those risks which may be undermining my physical, psychological and social wellbeing. This will also include those things I wish to happen if I am experiencing a crisis or set back in my personal recovery.
- Include actions which strengthen my family, social, occupational life, including any supports being provided to my family or nominated friend/advocate.
- Be regularly reviewed and updated.

13.1 My strengths and personal goals

Hope:

At the heart of recovery is a message of hope that I can overcome the barriers and obstacles that confront me with the assistance of my care team, family, peers and friends. Developing hope will involve me building on the positive aspects of my life and as a result of evidence based treatments and care provided I am:-

- more able to change/manage my thinking and feelings;
- better equipped to look after myself;
- proactively deciding what I want to achieve in my life.

Strengths:

Personal wellbeing planning involves adopting a strengths based approach from the outset, this means with the assistance of my mental health care team, I will be supported to focus upon:-

- my personal strengths;
- abilities;
- capabilities;
- interests in promotion of my recovery.





Activation and Participation:

This means I will be supported to play an active part in developing my personal wellbeing plan. This usually involves four stages:

- making sense of life through developing knowledge and awareness about my needs;
- experiencing improvement in my symptoms as a result of treatment and care;
- developing more personal control through being coached by my care team to make the necessary lifestyle changes that promote my personal recovery;
- taking personal responsibility for my recovery in relation to managing my life and maintaining personal and social connections.

Co-Produced Goals:

This means I will actively contribute to the setting of goals aimed at promoting my personal recovery. This usually involves developing:-

- treatment goals - aimed at eliminating or reducing the impact of my symptoms, this will include details of the therapies available and their respective benefit and effects;
- safety goals - aimed at reducing those risk factors which may be compromising my safety or the safety of others;
- family and social goals - aimed at supporting family life and addressing those social factors which could support my recovery;
- health and lifestyle goals aimed at addressing my physical health care needs and in promoting healthy life style choices.

13.2 Mental health care options

Based on my assessed needs I will receive one or a combination of the following care/treatment options. My mental health team will explain which option(s) are recommended for my recovery. They will explain the relevant National Institute Care Excellence clinical guideline(s) being followed to meet my needs.



Talking Therapies:-

- **Interpersonal Therapy:** Helps me to think about the relationship between the areas of my life that are causing me distress and helps me to regain control over my thoughts and feelings by developing new ways of coping.
- **Counselling:** Helps me to talk freely about my feelings and concerns and helps me to develop a better understanding of my feelings and thought processes. Through counselling, I am able to know myself and find personal solutions to my problems.
- **Cognitive Behavioural Therapy (CBT):** (Mindfulness) helps me to examine how my beliefs and thoughts are linked to my behaviour and feelings. CBT helps me to develop new ways of thinking so that I can resolve or better manage my thoughts, feelings and actions.
- **Psychotherapy:** Is used when I need to take a deeper look into areas of my life through analysis of the relationship between my thoughts, feelings, behaviours and my personal and social circumstances.



- **Acceptance and Commitment Therapy:** Helps me to accept and come to terms with life difficulties. Through discussion I accept and/or let go of unhelpful thoughts, beliefs and memories, and as a result I can cope better with my life.
- **Group Therapy:** Helps me to make connections with other people who have similar needs and to develop individual and group solutions to specific problems.

Family and Social Interventions:

- **Social Support:** Can help me with my housing, benefits and family support needs, including practical and emotional support for me, my partner and/or my children.
- **Couples Therapy:** Will help me in a controlled and safe place to discuss relationship issues with my partner and help improve communication, and resolve relationships difficulties.
- **Family Therapy:** Can help me and my family members to better understand each other's personal experiences, and help us appreciate each other's feelings as a family. Family Therapy focuses on building on strengths and explores how changes can be made to improve family life.



Occupational and Creative Therapy Interventions:-

- **Occupational Interventions:** Help me maintain and develop a range of meaningful activities so that I can achieve my full potential including support with employment, education, volunteering and leisure activities.
- **Life Coaching and Social Skills Training:** Will help me to identify my personal abilities, develop practical living skills, take back personal control and strengthen my social and communication skills.
- **Peer Support:** Services help me to make connections with people who have lived experience of coping with mental health needs and can include being linked with a peer mentor, support groups and/or befriending supports.
- **Creative Therapies:** Aim to help me to express my thoughts and feelings through art, music, creative writing and drama.

Health and Wellbeing and Drug Therapy:-

- **Health and Wellbeing Interventions:** Will help me to maintain and develop a healthy lifestyle and will include regular health checks and participation in healthy living activities.
- **Drug Therapy:** Can help with my thoughts and feelings. When medications are prescribed for me, the benefits and side effects will be fully explained. My medication will be kept under constant review by the prescriber and my care team.

13.3 Personal wellbeing planning

This section explains how Mental Health Services ‘will promote a “personalised medicine’ approach by enabling a person to engage in personalised self-care activity that promotes wellness.



13.3 Personal wellbeing planning

Personally and Socially Connected: Being and feeling connected is important to wellbeing. This means Mental Health Services will help me to maintain connection with my family, peers, and friends.

Being Healthy: My physical health is just as important as my mental health, therefore making healthy living choices is an essential part of my wellbeing. Mental Health Services will ensure my physical care needs are discussed with me and my health care needs are included in my personal wellbeing plan including screening programmes, monitoring of medication and any side effects. Mental Health Services in partnership with my General Practitioner will work together and follow the 'Physical Health Care Mental Health Care Protocol' which has been modelled on NICE CG176 Guidelines and the Lester Positive Cardiometabolic Care Model.

Making A Contribution: Feeling valued, being engaged in productive activity, and being economically active are critical for my health and emotional wellbeing. Mental Health Services will help me make connections with vocational, employment and local community peer support networks.

Learning throughout Life: Life-long learning is an important part of my recovery. This means Mental Health Services will help me address my learning needs, including supporting me to make connections with education and/or participate in recovery colleges.



Personally
and Socially
Connected

Making
Healthy
Choices

Making a
Contribution

Learning
Throughout
Life



13.4 Managing set backs

- I recognise that the most effective way of avoiding setbacks in my recovery is to:-
 - fully engage in my care;
 - follow my treatment/care plan;
 - maintain my support network and keep my appointments;
 - proactively share any concerns I have about how I am thinking and feeling.
- I recognise that recovering from mental health problems can involve setbacks and that periods of relapse are normal. I will be supported by my care team to reflect on and use any set back as a learning and development opportunity.
- My care team will enable me to identify early warning signs and support me to develop coping strategies which will help me avoid relapse.
- As part of my Personal Safety and Crisis Management Plan I will agree in advance what I want to happen when things are not going according to plan and/or I am unable to make independent decisions. This plan will be developed as part of my Personal Wellbeing Plan.
- If I am in crisis and/or disengage from care before my treatment has been concluded, I can expect Mental Health Services to follow me up in accordance with my agreed safety plan.



13.5 Personal safety and crisis management plan

- This plan proactively sets out in advance what I want to happen if I am experiencing difficulties in maintaining independent living and/or decision making. It also outlines what I agree should happen if I need others to act on my behalf in order to maintain my personal safety.
- The main aim of this plan is to help me to maintain personal control of all key decisions about my life. The actions in this plan will be developed in partnership with my care team.
- The plan will form part of my Personal Wellbeing plan and will only be shared with those people who are responsible for helping me to maintain my personal safety and wellbeing.
- All advance decisions made by me will be kept under review and revised in accordance with my needs, preferences and safety requirements.
- The plan will only be used when an assessment has been made that I do not have the capacity to make decisions for myself. Mental Health Services will ensure that my crisis plan is only implemented for the minimum time period required, for my personal safety and/or safety of others.



13.6 Staying engaged

- Mental Health Services will tailor appointments to reflect my personal needs and social circumstances.
- When I accept an appointment I understand that it is important for me to attend.
- If I can't attend I will let the team know as soon as possible (I will endeavour to give at least 24 hours' notice of any cancellation)
- If I do not attend my appointments Mental Health Services will:-
 - consider whether my non-attendance at the appointments has a negative impact upon my personal safety and wellbeing;
 - depending on the assessed implications:-
 - make immediate contact with me to ascertain why I have not been able to attend and/or;
 - engage my General Practitioner in discussions about my non-attendance and/or;
 - based on prior agreement contact my nominated family member, friend or advocate to ascertain my well-being and/or;
 - call out to my address (assertive outreach) if my wellbeing is compromised by my non-attendance and/or;



- offer me another appointment within a timeframe which takes account of my personal safety and wellbeing;
- Only as a last resort, discharge me from care and only following an assessment of the implications for my safety and wellbeing. In these circumstances Mental Health Services will advise me and my General Practitioner in writing of this decision. I will be given details how to re-engage in care if my circumstances change.
- Mental Health Services will:-
 - routinely monitor (monthly) the numbers of all missed appointments;
 - conduct an annual audit of care practices and take all necessary steps to improve care experience and engagement;
 - cascade learning from annual audits.

Section 14: Moving On From Direct Care to Self-Management

14.1 Moving on from direct care – preparing for discharge



- **Personal Improvement:** In partnership with my care team, my recovery will be regularly reviewed. I will give and receive feedback on observed improvement in my thoughts, feelings and in achieving my personal goals. This will help inform when I am ready to be discharged from care.
- **Self-Management:** I continue to achieve my personal goals and I am confident in my ability to manage my life independent of direct support. As an expert in my own self-care I am successfully utilising coping strategies to deal with any on-going problems that may arise.
- **Continuing Support:** When I am preparing for discharge my continuing care needs will be discussed with me (and as appropriate with my family/ partner/ nominated friends) and mental health services will help me access any supports which will help me sustain my recovery. This will also include how my social networked can help me sustain my improvement.
- When I am discharged from care my General Practitioner will be advised and informed in writing.
- I will be provided with contact details on how to access care and support should my circumstances change.

Section 15: Determining Outcomes

This section explains the importance of reflecting on the experiences of care and the difference care will make.



15.0 Learning from my experience

This means my experience of Mental Health Services will be used to provide feedback and evaluate the benefits of care and/or used to change the scope, quality and range of service provided. This will involve -

- Asking me about my personal experience in particular if:-
 - I felt listened to and respected;
 - I was provided with a range of treatment /care options;
 - I was kept informed and all treatments were fully explained;
 - I was actively involved in making decisions;
 - I was satisfied with my care team;
 - my family, partner and friends felt listened to and supported in meeting my needs and their needs.
- Evaluating if:-
 - my problems are resolved and/or I am more able to manage my life in the presence or absence of symptoms;



- I am more in control of my thoughts and feelings;
- I am achieving my personal goals;
- my physical health, family social life and occupational functioning have improved.
- Monitoring:-
 - waiting times and follow-on appointments were provided in a timely manner;
 - the type of needs which Mental Health Services are meeting;
 - the type of treatment and care received;
 - the length of time treatment/care was received and number episodes provided;
 - attendance rates;
 - outcomes - this will involve session by session measurement of the impact of care using a validated outcome rating/measurement framework;
 - compliments, concerns, complaints, and incidents.

Section 16: Supporting Resources

This section provides links to a range of resources used to support the development of this Care Pathway.

Mental Health practitioners will be expected to familiarise themselves with these resources and actively use the reference material provided in the implementation of this Care Pathway.



Supporting Resources

16.1 Experience Based References:-

- NICE Guidance, CG 136, Service User Experience In Adult Mental Health Services
- Mental Health and Social Care and Public Health Agency Mental Health, “Sense Maker Mental Health Services Experience Audit 2013”
- Mental Health Foundation, “How to Talk to Your G.P about Your Mental Health”
- MIND, “Listening to experience: An independent inquiry into acute and crisis mental healthcare”
- Centre for Mental Health, “On our Terms User and Survivors of Mental Health Working together to support Change”
- Royal College of Psychiatrists (RCP), “Advances in Psychiatric Treatment Encouraging user involvement in mental health services”
- National Mental Health Development Unit, “The Triangle of Care “ Carer Included”
- Rethink, “Who Care for Carers”
- IMROC Centre Mental Health, “Recovery: a carer’s perspective”
- National Good Practice Guidance for involving carers, family members and close friends of service users in research
- Mental Health Foundation, “How to Talk to my GP about your Mental Health”
- Steve Morgan, “Open Minded Strengths Based Approach”
- Royal College of Psychiatrists, “Patient Choice in Psychiatry”
- The Sainsbury Centre for Mental Health, “Briefing 31, Choice in Mental Health Care”
- The Health Foundation, “The Health Foundation response to Liberating the NHS: Greater Choice and Control”
- MIND, “The MIND Guide to Advocacy”
- CSIP, “Our Choices in Mental Health; A framework for improving choice for people who use mental health services and their carers!”
- Scandinavian Journal of Public Health, “The importance of personal medicine: A qualitative study of resilience in people with psychiatric needs”

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- MIND, “Personalisation in mental health: Breaking down the barriers”
 - Royal College of Psychiatrists, “A checklist for carers of people with mental health problems”
 - Royal College of Psychiatrists, “Choice in mental health: myths and possibilities”
 - Royal College of Psychiatrists, “Involving patients in decisions during psychiatric consultations”
 - Royal College of Psychiatrists, Social Inclusion Scoping Group “Mental Health and Social Inclusion Making Psychiatry and Mental Health Services Fit for the 21st Century”
 - Royal College of Psychiatrists, “Encouraging user involvement in mental health services”
 - Mental Health Foundation “Take Control, Self-management in care and treatment planning”
 - The Health Foundation, “Improving Outcomes by Helping People Take Control”
 - MIND, “Understanding Mental Health Problems”

16.2 Professional and Clinical Practice Guidelines:

- Bamford Mental Health Reports
- Department of Health, Social Services and Public Safety, “Service Framework For Mental Health and Wellbeing”
- Health and Social Care Board, “Mental Health Integrated Elective Access Protocol”
- Department of Health, Social Services and Public Safety, “Delivering Excellence Supporting Recovery”
- Department of Health, Social Services and Public Safety, “Quality 2020”
- Department of Health, England, “Sharing mental health information with carers: pointers to good practice for service providers”
- Peter Ryan & Steve Morgan, 2004, “Assertive Outreach: A Strengths Approach to Policy and Practice”
- Royal College of Psychiatrist, Royal College General Practitioners, “Lester UK Adaption Positive Cardiometabolic Health Resource An intervention framework for people experiencing psychosis and schizophrenia”
- National Institute of Care Excellence, “Mental Health Clinical Guideline at www.nice.org.uk
 - CG 100 Alcohol use disorders: Diagnosis and clinical management of alcohol related physical complications
 - CG 115 Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
 - PH24 Alcohol use disorders: preventing harmful drinking
 - CG 51 Drug misuse: psychosocial interventions
 - CG 52 Drug misuse: opioid detoxification
 - CG123 Common mental health disorders
 - CG 113 Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults
 - CG 31 Obsessive compulsive disorder

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- CG26 Post-traumatic stress disorder
 - CH159 Social anxiety disorder: recognition, assessment and treatment
 - CH72 Attention deficit hyperactivity disorder
 - CG142 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum
 - CG38 Bi-polar disorder
 - CG 103 Delirium
 - CG 90 Depression in adults
 - CH91 Depression in adults with a chronic physical problem
 - CH28 Depression in children and young people
 - CG 9 Eating disorders
 - GG 77 Antisocial personality disorder
 - CH78 Borderline personality disorder
 - CG 178 Psychosis and schizophrenia in adults: treatment and management
 - CG 82 Schizophrenia: Core interventions in the treatment and management of schizophrenia in adults
 - CH 120 Psychosis with co-existing substance misuse
 - CG 16 Self-harm
 - CG133 Self-harm: longer term management
 - CG 45 Antenatal and postnatal mental health

16.3 Risk and Personal Safety:

- Department of Health, Social Services and Public Safety: September 2010 Promoting Quality Care Guideline
- Department of Health, Social Services and Public Safety: “Safeguarding Vulnerable Adults, Regional Adult Protection Policy and Procedural Guidance”
- Northern Ireland Safeguarding Regional Strategy
- Parenting Forum Hidden Harm issues for professionals working with parents who misuse alcohol
- Steve Morgan, 2013, “Risk Decision Making Working with Risk Implementation Positive Risk Taking”
- Steve Morgan, 2010, “Positive risk-taking: an idea whose time has come”
- Steve Morgan, Positive Risk Taking Resources:-
- Principles of ‘Working with Risk’
- Best Practice in Managing Risk,
- Risk Decision Making A Structured Approach to Risk Decision Making,
- Positive Risk-Taking ~ Use of language
- What supports positive risk-taking to happen in practice?
- Practice Based Evidence Implementing Principles of Best Practice
- Joan Langan, Vivien Lindow, Joseph Rowntree Foundation 2004 “Living with risk mental health service user involvement in risk assessment and management”
- Royal College of Psychiatrists: “Rethinking Risk”
- SCIE “Think child, think parent, think family: a guide to parental mental health and child welfare
- Department of Health, Social Services and Public Safety, “Sharing mental health information with carers: pointers to good practice for service providers”
- Implementing Recovery Through Organisational Change, “Co-Produced Safety Planning”
- Rachel Perkins, “From professionally led risk management to co-produced safety planning”
- Sue Williams, “Risk and recovery from the perspective of a service user”
- Jane Rennison, “Moving from theory to practice moving towards recovery-focused safety planning”
- “The Family Model Handbook, an Integrated approach to supporting mentally ill parents and their children. Dr Adrian Falkov, Pavillion 2012

16.4 Recovery and Wellbeing

- IMROC, “Implementing Recovery Through Organisational Change NHS Confederation Mental Health Network and Centre for Mental Health” 2012
- Centre of Mental Health, “Making Recovery a Reality”
- South West London and St George’s, “Making Recovery a Reality: Relationships that promote Recovery”
- “Framework for recovery-oriented practice, Published by the Mental Health, Drugs and Regions Division, Victorian Government Department of Health, Melbourne, Victoria 2011
- Advances in psychiatric treatment, (2010), vol. 16, 459–467 “Life coaching for mental health recovery: the emerging practice of recovery coaching”
- Rethink, “100 ways to support recovery A guide for mental health professionals”
- New Economic Foundation, “In This Together Building Knowledge about Co-production”
- Mental Health Foundation, 2013, “The Future of Mental Health Services Starting Today”
- Mental Health Foundation, “How to look after your Mental Health 2013”
- Mental Health Foundation, 2013, “Take Control: Self Management in Care in Treatment Planning”
- National Institute, Mental Health: “Emerging Best Practice In Mental Health Recovery”
- Health Foundation, “Help People to Help Themselves”, 2011
- Health Foundation, “Helping people share decision making”, 2012
- Mental Health Foundation “How to Look After Your Mental Health”
- Royal College of Psychiatrists, 2009, “Physical health in mental health”
- Royal College of Psychiatrists, 2009, “Whole-person care: from rhetoric to reality Achieving parity between mental and physical health”

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- Rethink, “Good Health Guide” and “My Physical Health Checklist and Physical Health for Carers”
 - IMROC, Centre of Mental Health, “A personal health and wellbeing plan for family, friends and carers”
 - Scottish Recovery, Network Strengths Based Approach and Recovery
 - Dr Patricia E. Deegan, “The importance of personal medicine: A qualitative study of resilience in people with psychiatric needs and personal medicine™ Worksheet.
 - College of Occupational Therapists, “Recovering Ordinary Lives; The strategy for occupational therapy in mental health services 2007-2017
 - Royal College of Psychiatrists, “Joint Position Paper 08 A common purpose: Recovery in future mental health services”
 - Royal College of Psychiatrists, “The rediscovery of recovery: open to all”
 - Royal College of Psychiatrists, “Choice in mental health: participation and recovery”
 - Mental Health Commission, “A Recovery Approach within the Irish Mental Health Services, A Framework for Development”
Rethink. Improving the physical health of people affected by mental illness an information leaflet for mental health professionals
 - Rethink. My physical health: A physical health check for people using mental health services
 - Rethink. Your physical health when staying in a mental health inpatient unit
 - Rethink. Physical health: What carers, families and friends need to know?
 - Rethink. Good health guide: Your route to getting healthy if you have a mental illness.
 - Rethink. Integrated Physical Health Pathway
 - NAS, Integrated Physical Health Pathway Supporting the physical health of people with psychosis and schizophrenia
 - NICE, guidance and patient safety in mental health settings

Section 17: Useful Contact Details (To be completed by Health and Social Care Trusts)

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Services	What They Do	How to Contact

Key Worker	Role	Contact Details





Promoting Hope, Opportunity and Personal Control

www.hscboard.hscni.net/mentalhealth/