

**Module:**  
**Mental Health in the Community**

Week 4:  
Psychosocial approaches to care in the community



Dr Frank Holloway

**Topic 3**  
**Community care in practice**

Part 1 of 2

Topic list



This week, we will be looking at the following topics:

- Topic 1: Psychological approaches I: individual therapies
- Topic 2: Psychological approaches II: beyond the individual to couple, family, and group work
- **Topic 3: Community care in practice**

Click **Next** to continue

## Introduction

### What we will cover in this topic:

- A declaration of interest
- Mental health care: beyond medication and psychological treatment
- Understanding “community care”
- The concept of need in community psychiatry
- Quality of life and its domains
- Recovery and rehabilitation
- A vision for a competent service system

# Part 1

## Declaration of interest – my experience

**1987**

Medical lead for the closure of Cane Hill Hospital



Participated in Psychosis Services vs CMHT care trails



Co-lead for a research study post Cane Hill



Published author



Developed various care services



Long-term member of the Royal College of Psychiatrists



Led research into the needs of long-stay inpatients



Worked closely with community mental health teams



Medical manager for 20 years.

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## Declaration of interest – what have I learnt?

Mental disorders are complex, multifaceted and often chronic or recurrent.

Society doesn't much like the fact that many people live with mental disorder

People can live well despite continuing mental disorder

Mental disorders cause people and those around them a lot of suffering

Good quality treatment helps

There is no "magic bullet" against the impact of mental disorder

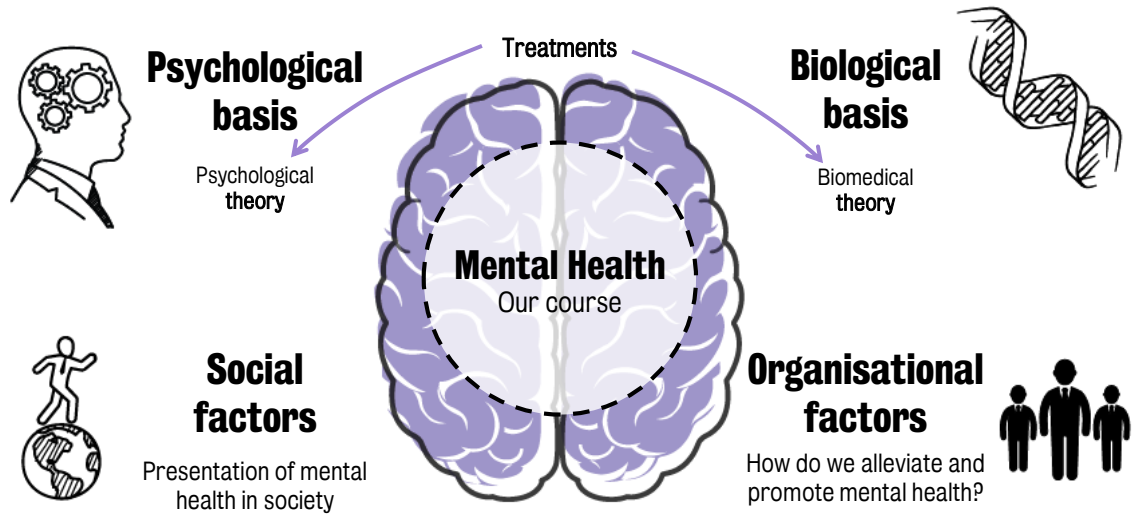
**What  
I've learnt**

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## Beyond medication and psychological treatment



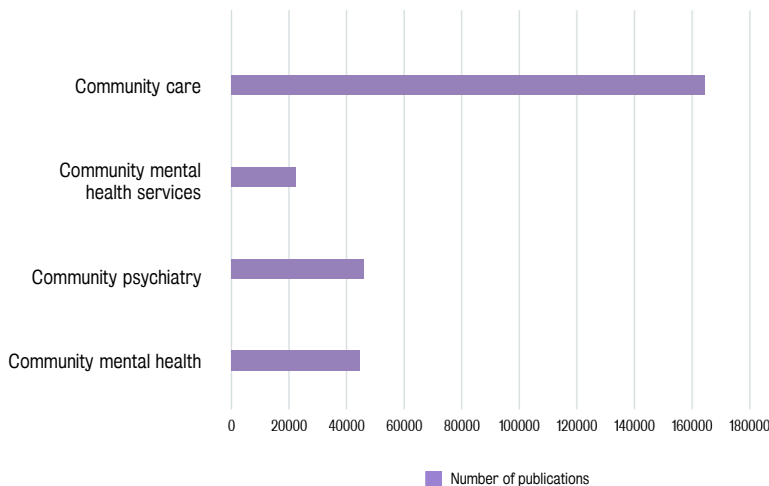
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## Literature on community mental health

Medline database



Schizophrenia citations...

**1,000,000+**

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## Literature on community mental health – my collection

Thornicroft, G. (2011).  
**Oxford textbook of community mental health.** Oxford University Press.

Tyrer, P., & Creed, F. (1995).  
**Community psychiatry in action: analysis and prospects.** Cambridge University Press.

Pilling, S. (1991).  
**Rehabilitation and community care.**

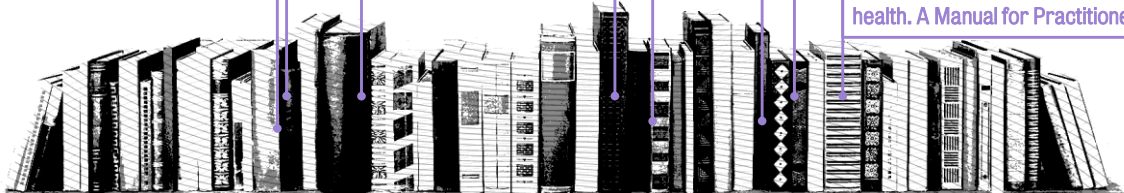
Lavender, A., & Holloway, F. (Eds.). (1990).  
**Community Care in Practice: services for the continuing care client.** John Wiley & Sons.

Goldberg, D. P., & Huxley, P. (1992).  
**Common mental disorders: a bio-social model.** Tavistock/Routledge.

Goldberg, D. H. (1980).  
**Mental illness in the community.**

Burns, T. (2004).  
**Community mental health teams.** Psychiatry, 3(9), 11-14.

Burns, T., & Firth, M. (2002).  
**Assertive outreach in mental health. A Manual for Practitioners.**



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## Community psychiatry



Peter Tyrer (1995)

## What is community psychiatry?

“...is a portmanteau couplet that can mean many different things. To some it merely seems to imply “extramural psychiatry” ... to others it represents a specific form of care that involves particular skills and procedures... to others still it appears to be a form of policy to close outdated hospitals.”

”

Tyrer and Creed (1995)

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## Community care

28<sup>th</sup> Feb 1984

Criticism came from...

National  
Schizophrenia  
FellowshipNow  
known  
asRethink  
Mental  
Illness.

Published in the Bulletin of the Royal College of Psychiatrists

## Community care: The sham behind the slogan

*But the drive, at all costs, to move mental patients out of hospital and into the community is at present leading to disastrous human and social problems. All our first-hand experience shows that there is widespread failure to provide adequate aftercare or to grant-aid those for whom this care is available. We are also convinced that the number of those suffering from severe mental illness who are very seriously disabled has been under-estimated. The needs of those requiring ongoing support of various kinds, including suitable support for the families, must be far more accurately assessed if adequate provision is to be made for them. Some may need lifelong care of a kind which at present only the psychiatric hospital provides.*

National Schizophrenia Fellowship (1984)

## Key points

There were serious concerns about community care policy.

The early 1980s were a key time as plans were being made to close large mental hospitals.

## Other criticisms

Community care is rife with political correctness that ignores the harsh realities for both the patient and their carers.

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## The slogan: Clare in the community



## Clare in the community Harry Venning

To order original Clare cartoons, signed by Harry Venning, call 0330 333 6839.

You might be interested to take a look at 'Clare in the Community'.

A satirical BBC Radio Series based on a strip cartoon. It takes a look at generic community care practice, with a basis in reality.

Venning, H., (2016) <https://www.theguardian.com/society/series/clareinthecommunity>Click **Next** when you are ready to go to the next section

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## Care in the community – illusion or reality?

# 1984

There was concern that

## Carefully studied in the UK by:

Team for the assessment of psychiatric services - TAPS

Julian Leff published

*Care in the community: illusion or reality?*

(1997)



=



### What's inside?

The rise and fall of the psychiatric hospital

#### Evolution of policy

Policy went through a tortuous and ideological route

#### American experience:

This was a failure of the community mental health movement

Perspectives on community care

#### Residential Care in the Community

Works well (for most people)

#### Cost of community care

No cheaper than care in hospitals

#### Large hospital closure

Almost led to a complete breakdown of the acute hospital service

#### Training needs

Has remained a constant issue

#### Media and public attitudes

Integration could work

The pitfalls and how to avoid them

#### Downside to reprovion

Services need to be "future-proofed"

#### Difficult patients

Mostly improve over time but still exist

#### Providing a comprehensive service

Became a reality (for a while) in the 2000s

#### The future

A false antithesis between the hospital and the community

Leff (1997)

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## Community mental health



“Community mental health care comprises the principles and practices needed to promote mental health for a local population.”

Thornicroft et al. (2011)

Address **population-based needs** in accessible and acceptable way.



Building on the **goals and strengths** of those who've experienced mental illness.



Promote a wide network of **support, services and resources**.



Emphasise services that are **evidence-based** and **recovery-oriented**.



Thornicroft (2011)

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## The concept of need

# 1994

**Frank identified...**

**two** contrasting approaches to understanding need

**Hospital reprovision programmes: how language has changed**

**Then**

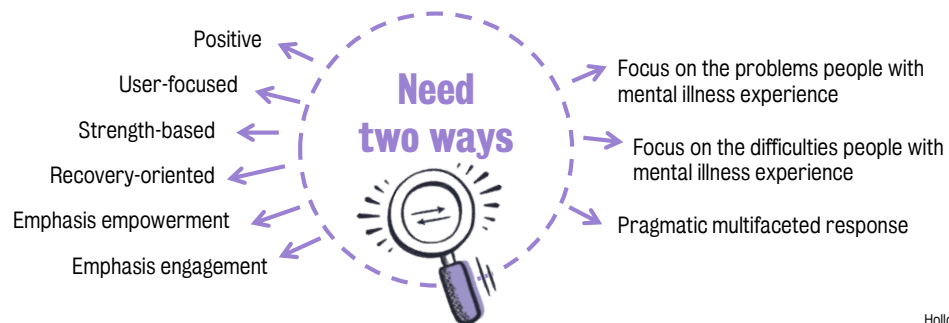
**Now**

**1980s – 1990s**

**2000s**

**“Normalisation”**

**“Recovery”**



Holloway (1994)

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## Differing approaches to need

### ‘Implicit’ model

- Ordinary human needs
- Normalisation theory (now known as recovery)
- Focus on strengths
- Non-professional care staff
- Aim to provide an ‘ordinary life’ within a pseudofamily (now known as floating support)
- Focus on the individual user
- Commitment to user involvement and empowerment
- Problems located in society
- Emphasis on ‘holistic’ approach
- Attractive and fashionable
- Basically optimistic?
- May lead to staff burnout
- May lead to ‘rotting with your rights on’

### ‘Psychiatric’ model

- Needs for treatment and care
- Biopsychosocial model of mental illness
- Focus on problems/weaknesses
- Reliance on professional interventions
- Aims to minimise symptoms and maximise social functioning
- Epidemiological perspective
- Attempt to gain adherence of patient to treatment
- Problems located within individual
- Emphasis on biological treatments
- Unattractive and unfashionable
- Basically pessimistic?
- May lead to staff cynicism
- May be coercive and confining

Holloway (1994)

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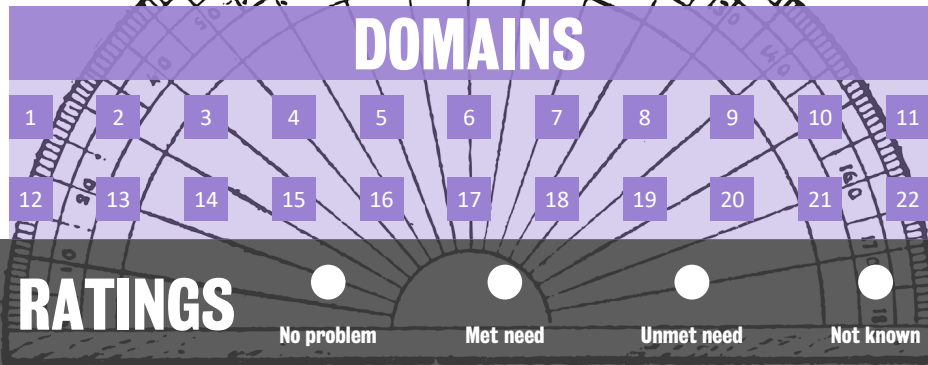


## Measuring need - CANSAS

How can we measure need?

Camberwell Assessment of Need

### Camberwell Assessment of Need Short Appraisal Scale – CANSAS



Phelan et al. (1995)

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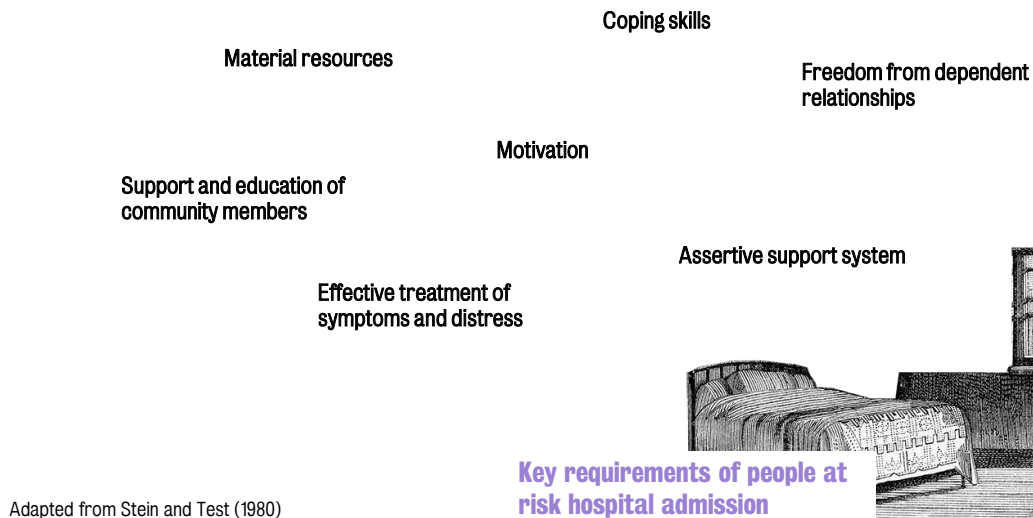
## CANSAS domains – adult mental health

- |  |   |
|--|---|
| <p><b>1 Accommodation</b><br/><i>What kind of place do you live in?</i></p> <p><b>2 Food</b><br/><i>Do you get enough to eat?</i></p> <p><b>3 Looking after the home</b><br/><i>Are you able to look after your home?</i></p> <p><b>4 Self-care</b><br/><i>Do you have problems keeping clean and tidy?</i></p> <p><b>5 Daytime activities</b><br/><i>How to you spend your day?</i></p> <p><b>6 Physical health</b><br/><i>How well do you feel physically?</i></p> <p><b>7 Information on condition and treatment</b><br/><i>Do you ever hear voices or have problems with your thoughts?</i></p> <p><b>8 Psychotic symptoms</b><br/><i>Have you been given clear information about your medication?</i></p> <p><b>9 Psychological distress</b><br/><i>Have you recently felt very sad or low?</i></p> <p><b>10 Safety to self</b><br/><i>Do you ever have thoughts of harming yourself?</i></p> <p><b>11 Safety to others</b><br/><i>Do you think you could be a danger to other people's safety?</i></p> | <p><b>12 Alcohol</b><br/><i>Does drinking cause you any problems?</i></p> <p><b>13 Drugs</b><br/><i>Do you take any drugs that aren't prescribed?</i></p> <p><b>14 Company</b><br/><i>Are you happy with your social life?</i></p> <p><b>15 Intimate relationships</b><br/><i>Do you have a partner?</i></p> <p><b>16 Sexual expression</b><br/><i>How is your sex life?</i></p> <p><b>17 Child care</b><br/><i>Do you have any children under 18?</i></p> <p><b>18 Basic education</b><br/><i>Any difficulty in reading, writing or understanding English?</i></p> <p><b>19 Telephone</b><br/><i>Do you know how to use a telephone?</i></p> <p><b>20 Transport</b><br/><i>How do you find using the bus, tube or train?</i></p> <p><b>21 Money</b><br/><i>How do you find budgeting your money?</i></p> <p><b>22 Benefits</b><br/><i>Are you getting all the money you are entitled to?</i></p> |
|--|---|

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## The assertive community treatment model



Adapted from Stein and Test (1980)

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## Manchester Short Assessment of Quality of Life (MANSA)



Manchester Short Assessment of Quality of Life  
Pribe et al 1999 International Journal of Social Psychiatry

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## The importance of provided services

CAN, MANSA and ACT model



What services should be focusing on in order for people to achieve good outcomes.

Go beyond alleviating symptoms



Functional skills

Somewhere to live

Relationships

Activity and occupation

# End of part 1