

# The Royal College of Psychiatrists

## Mental Health Information

### The Mental Health Team

This leaflet is for anyone who wants to know about mental health teams. This could include anyone who has been referred to a mental health team, or anyone who has a friend or relative who is being seen by a mental health team. The leaflet describes why we have mental health teams, how they work, who works in them and what they can do for you.

### Introduction

Many people with mental health problems never see a psychiatrist. Their GP may prescribe anti-depressants or refer them to a counsellor. However, you may have problems that are more serious, or too complicated to be helped in this way. Your GP may then refer you to a mental health team. If you are over the age of 60, you may be seen by a team which specialises in the mental health problems of later life.

### Why do we have mental health teams?

Mental health problems can be caused by physical, mental or social conditions - or any combination of these. Many different parts of your life may need to be understood to make sure that you get the right help for a mental health problem. A physical or mental illness, past experiences, difficult relationships and stresses such as unemployment and drug or alcohol problems can all play a part.

Getting over a mental health problem can also mean that you may need help with different parts of your life - help with medicines, help with relationship problems, help with housing or with sorting out benefits. You may need to find something rewarding and useful to do during the day, or some special help to get back your self-confidence.

So, a lot of different skills can be needed to help someone with a mental health problem. No single professional, however well trained, can possibly be expert in all these skills. This is why different mental health professionals work in teams, usually of about eight to sixteen people.

The team should have workers from different professions, who understand each other's different skills and ways of approaching problems. Most people recover from their mental health problems without coming into hospital, and so the team is usually called a **community mental health team (CMHT)**.

### Who might you meet in a community mental health team?

A **psychiatrist** is a medical doctor with special training in mental illnesses and emotional problems. Each team has a **consultant** who has completed their professional training and is often involved in the first assessment of someone's problems. If you need to take medication, they will be responsible for arranging this. They may also have training in psychotherapy. They usually work with a trainee, or junior psychiatrist called an **SHO (senior house officer)** or **specialist registrar**. These trainees have been fully-trained as doctors and have worked in general medicine, but are receiving further training in psychiatry.

**Nurses** in CMHTs work outside hospitals, usually visiting patients in their own homes, out-patients departments or family doctors' surgeries. They are called **community psychiatric nurses (CPNs)**. CPNs can help people to talk through their problems and give them

practical advice and support. They can also give medicines and keep an eye on their effects. Some nurses have received extra training in particular problems and treatments, such as eating disorders or behaviour therapy. They are called **nurse therapists**.

**Clinical psychologists** are trained in psychological treatments. They will usually meet regularly with you for a number of sessions to talk through problems and find ways of solving them. **Occupational therapists** help people to get back to doing things, and help them to regain their self-confidence. This can be through doing practical things in a relaxed environment, or talking with other people in groups. **Social workers** are an essential part of the CMHT, although they may be employed by the local authority rather than the hospital. They are able to help with money and housing problems and play an important part in helping with child-care issues.

Besides these five main professions, CMHTs may include other sorts of worker. These include **outreach workers, mental health workers, support workers, vocational therapists, art therapists** and **psychotherapists**.

More and more, staff without a professional qualification may work with the team because of their special experience. These include other people who have experienced mental health problems, advocates, and workers from day centres or housing organisations. Specialist old age psychiatry teams may include other professionals such as **speech therapists** or **physiotherapists**. Such workers may also see people in their own homes.

### **Where does the team work?**

The team may have a base, like a clinic, where they can see clients. They will also work in a whole range of places - out-patient clinics, GP surgeries, day-centres, hostels and people's own homes.

### **Team working**

As well as their professional skills, the team members will have experience in understanding the distress that goes with mental illness. They can all offer support and encouragement. By working together, they try to make sure that the team has a clear picture of your difficulties and strengths. Then, they can plan the right help for you. Staff work closely together and so they often learn a lot from each other. You may find that nurses can deal with many social and work-related problems and that Occupational Therapists and social workers know something about medication.

Usually, you won't have to see the whole team. After you have been seen once or twice, the team will meet to decide who will work with you.

**The key worker** Usually, one of the team members would become your **key worker**. Any member of the team can be a key worker, although it is usually a social worker or nurse. The keyworker's job is to get to know you well and to make sure that you are getting the help you need.

This should be a helpful and supportive partnership. Your key worker should learn about your difficulties and about how you see your problems. He or she should discuss any plans for treatment with you. They may give counselling, information and advice.

As well as their own special skills, the key worker is responsible for keeping in touch with

other workers who may be seeing you. This is to make sure that everybody is working together properly. They also need to make sure that you have a clear plan about how you are going to be helped - a **care plan**.

The different parts of your help or treatment are written down in the **care plan**. This should list the problem, what needs to be done, and who should be doing what. You should be involved in putting together your care-plan and will usually be offered a copy (as will your GP). If you are going to need to see the team for a while, you may be put on the **Care Programme Approach (CPA)**. This means that you take part in a meeting every few months, to look at your care plan and change it when necessary.

### **What if I don't get on with my key worker?**

If you can tell your key worker what the problem is, you may be able to sort it out together. If you can't do this, you will need to talk about it to someone else in the team. If the problem can't be sorted out, the team may need to arrange a different key worker for you.

**Receptionists and secretaries** In a way, **every** person who works in a hospital unit, day centre, or hostel is a member of the team. Receptionists and secretaries make the team run smoothly and are responsible for much of the atmosphere of the service. You may find that you get to know them quite well. However, they are not usually involved in any decisions about your care.

### **Will every patient meet the whole team?**

The thought of meeting a room full of strangers is a bit daunting for most of us. You only need to meet the members of the team who are involved in your care. For most people, this will be only one member of staff at any one time, but they will have the back-up of the team. Every so often there will probably be a meeting for everyone who is looking after you. You should be invited to this, but you don't have to if it makes you too anxious.

### **What about confidentiality?**

Members of a CMHT are expected to respect your confidentiality in the same way as other doctors and health-care staff. They will share information about you within the team so that they can plan your care effectively. They will not usually share information about you to outsiders without your express permission. They will need, however, to be able to talk to your GP and any other doctors whom you are seeing.

Secretaries and receptionists do not have access to most of the information that the professional staff do, but will know some details about clients. If you are worried about confidentiality, do check it out with one of the team so that you can be quite clear about who knows what, and why they need to.

### **Can relatives and friends become involved?**

Families and carers should be important to mental health teams. Relatives and friends will usually already be concerned and involved. Families often need support and encouragement, but also information to help them better understand the problems involved. Many teams provide education about the mental ill-health for families, hold regular support groups and encourage families to be involved in planning and reviewing treatment.

However, CMHTs are still bound by medical confidentiality and so can not usually do this

without the patient's clear permission. CMHTs recognise the patients' need for privacy and their wish, sometimes, to sort things out before discussing them with family members. At the same time, families have to live and cope every day with problems. If there are difficulties, a CMHT should make strong efforts to persuade a client to allow their family to be involved.

For further information on carers issues, see details of our 'Partners in Care' campaign: [www.rcpsych.ac.uk/campaigns/pinc/index.htm](http://www.rcpsych.ac.uk/campaigns/pinc/index.htm)

### **What about advocates?**

An advocate is someone who can help you to make sure that your voice is heard by professionals. He or she can accompany you to meetings with professionals. They can help you ask the questions you need to, and make sure that you get your message across. They would not usually be part of the mental health team, but might be employed by a voluntary organisation or another part of the health service.

### **Will I be offered the choice of pills or counselling?**

The treatment you will be offered will depend on your needs and should be discussed with you. It's very rarely a case of either pills or counselling. Most patients need some counselling (a chance to talk through their problems and feel understood) and most CMHT staff have counselling skills of varying degrees. Sometimes there may be a worker who does just counselling or psychotherapy. Many people will benefit from both medication and talking treatments.

### **How does my family doctor fit in?**

Usually it will be your GP who has asked for you to see the team. Community mental health teams and GPs work closely together. After CMHT staff have seen you, they will send your GP a letter to tell him or her about their assessment of your problems and what they suggest should be done.

Your GP plays an important part in the treatment plan, and will often prescribe regular medications for you. Unless you are admitted to hospital, your GP remains responsible for the rest of your medical care.

If you are admitted to hospital, your GP will be told, will be kept informed of your progress and will be told when you are discharged. When someone is in hospital, the psychiatrist usually assumes full medical responsibility. Often team members work closely with GPs, and you may be able to see your social worker, CPN or psychiatrist in the GP surgery.

### **What can I expect in my area?**

Teams in different areas may be quite different. Some CMHTs concentrate on helping people who have severe and long-lasting mental illness. They may not be able to provide much in the way of counselling services for people with less severe depression or anxiety problems.

What any CMHT provides is decided between your local Health Authority, who have the money, and your local Mental Health Trust, who run the CMHT. If you are not happy with the services available, your Independent Complaints Advocacy Service (in Wales Community Health Council) may be able to take it up with the Health Authority.

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