

SECTION 1

JOINT STATEMENT OF PRINCIPLES

Joint Statement of Principles for Mental Health Services in the Western Isles

Mental illness is a term that can refer to a wide range of conditions. It includes people who require treatment and care either in hospital or in their own homes. The complexity of treatment and care requirements will depend on the nature of the illness, degree of disablement experienced by an individual and will also depend on the concurrent level of family and social support.

The aim of support and treatment is to enable individuals to maximise their own potential for independent living, irrespective of the type of illness experienced. This may include natural reactions to stress and anxiety as well as some of the more disabling and sometimes chronic conditions.

The great majority of mentally ill people live in the community and those who require hospital care are generally only admitted for a few weeks. The main emphasis of the Comhairle nan Eilean Siar and the NHS Western Isles's efforts should be on the prevention of admission and or readmission to hospital where more appropriate community-based resources may be available and geared to the needs of each individual.

It is hard to reduce the incidence of severe mental illness given the uncertainties of its causes. However, social, economic and environmental circumstances have a considerable effect on peoples' ability to cope with mental illness. A range of community based supports, including Health, Housing and Social Work and Voluntary Sector services, can greatly enhance an individual's ability to function in the community.

Government guidance encourages Social Work Departments, Health Boards and Housing agencies to plan services together in consultation with users and carers. The agencies involved in the Western Isles are committed to this approach. Inter-agency groups are in place to implement action plans will address various government and local initiatives. These include the Joint Local Implementation Plan (JLIP) amending from compliance with the Mental Health (Care & Treatment) Act 2003; the suicide Prevention Plan (from the 'Choose Life' initiative) and Mental Health & Well being Strategy all of which fall within the open ending framework for Mental Health Services. The development of the Mental Health Services must also comply with the developing Joint Futures Agenda. Both organisations seek, therefore, to promote:

Empowerment - through enhancing dignity, minimising stigma and giving the fullest opportunity for people to become involved in the planning and choice of services, which meet their needs.

Home Life - by limiting the need for institutional and other care through the provision of the least intrusive services necessary to sustain individuals, families and carers in their home communities.

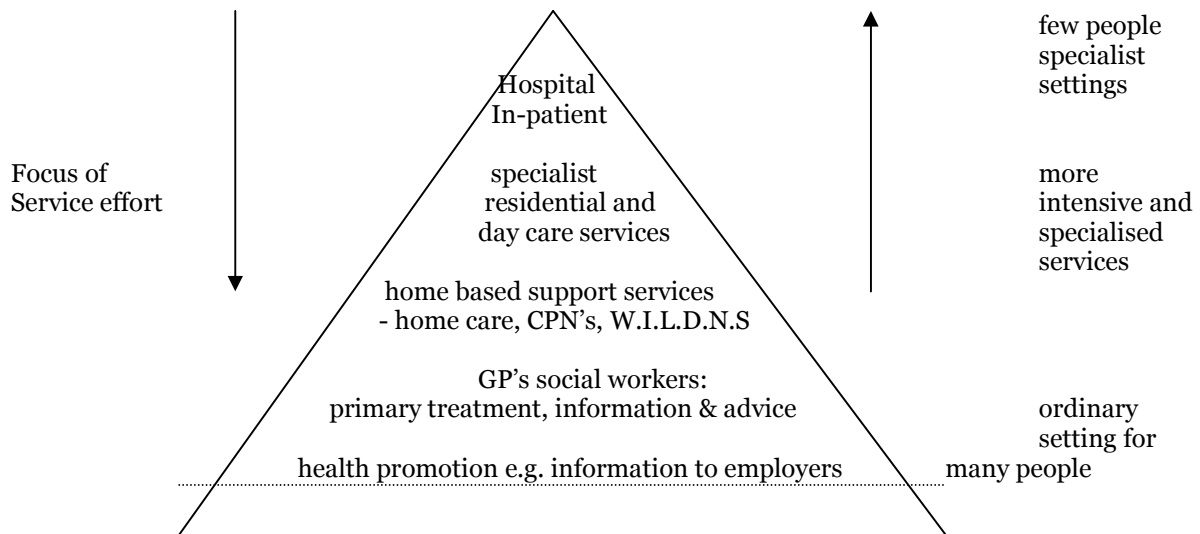
Quality Community Care Services - including the promotion of community initiatives which are flexible and responsive to individual need, which respect the rights and responsibilities of people experiencing severe mental illness and which are targeted at those people and areas with the greatest need.

Positive working relationships - with the full range of agencies providing social and health care services and support to users and carers

The Comhairle nan Eilean Siar and the NHS Western Isles have established the Western Isles Mental Health Partnership to put these principles into practice.

Mental health services in the Western Isles are designed to provide assistance in the least intrusive and most empowering way. This means intervening no more than necessary and helping people as far as possible to retain and regain their autonomy and their sense of being in control of their own life.

The basic strategy can be described in this diagram:



At each level of the triangle, people are more closely involved in the formal mental health system. The focus of service effort is to keep people moving down and out of the service triangle.

People get support at the lowest possible level of the triangle. Mental health promotion and basic information is available to everyone.

People who develop mental health problems are likely to see their GP in the first instance. Most of the people who see their GP with mental health problems are never referred to the formal mental health system. They may see a counsellor or they may be prescribed medication or they may decide to do nothing. Anxiety and depression, the most common types of mental illness, frequently get better simply with time.

Other people may contact the social work department because of the social consequences of mental health problems. For example, people may have financial problems because they have lost their job, or their mental illness may be placing enormous strain on family relationships. They may simply need information and advice, they may need some practical help for a period, or they may find it helpful to contact a specialist counselling agency. Again, the emphasis is on keeping people out of the formal mental health system unless there are clear benefits for the person in being officially seen and treated as having a mental illness.

Where people do need formal support on a continuing basis, the preferred option is to provide this to people in their own home. The community psychiatric nursing service and the community learning disability nursing service provide treatment, support and monitoring in relation to people's mental health needs. The home care service provides more general and practical support to deal with some of the social consequences of mental illness such as loss of confidence to manage the house or the strain on partners and relatives.

For a small number of people, providing home-based support is not practicable or acceptable. They need to move on a temporary or long-term basis into some form of shared living arrangement with other people so that they can get the help they need. Some people need to go to specialist day centres to get the help they need.

A small number of people have to be admitted to hospital to get the intensity of protection, treatment and support which they need. Discharge planning and individual care planning begins at the time of admission.

Clearly, some people will first enter the system because of an acute mental illness which leads to emergency hospital admission. Once the situation has stabilised, the principle of moving people down and out of the system still applies.

The rest of this manual describes in more detail the different services available and how they operate.