North Staffordshire NHS
Combined Healthcare
NHS Trust

Brief Overview –
Mental Health and Vascular Wellbeing Service

Aims

1. Support early detection of Mild Cognitive Impairment (amnestic and non amnestic/vascular cognitive impairment - pre-symptomatic stage of dementia) through screening and assessment of people with an ageless service, presenting in primary care in MENTAL HEALTH PATHWAYS with significant mental health problems and profile of vascular risk factors /long term conditions- 'brains at risk', in order to ensure appropriate and effective treatment.

2. To ensure equality & inclusion by bridging the gap between the National Dementia Strategy & IAPT pathway to ensure quality of interventions are effective in responding to information processing difficulties reflected in this cohort. Underpinning the QIPP agenda for prevention of dementia and Putting Prevention First in primary care settings.

Philosophy

This innovative service aims to Bridge the gap between Nice Mental Health Guidelines, IAPT practice guidelines & the National Dementia Strategy and QIPP agenda for dementia. Following a new emerging evidence base of pre-symptomatic stage of Dementia which has not been previously been acknowledged or addressed in mental health services. New research demonstrates the importance of creating opportunities to target an emerging "brains at risk population" British medical Bulletin J Bowler 2007

With a potential for identification, screening, prevention through personalised health promotion, improved wellbeing by providing unique delivery of psychological therapies & maintaining individuals in their communities with a potential for cost savings on expensive secondary service admissions & long term care. This is within the ethos of QIPP moving from reaction to prevention

investing for health (2008).
In 2006 NICE (SCIE) compiled an advisory document on Dementia. It stipulated that the 'prevention of Dementia must remain an ultimate goal'. It advised that a general population screen to identify Dementia was not a cost effective option. However, it did recommend that patients presenting in primary care with mild cognitive difficulties (pre-symptomatic dementia) should be referred to specialist services at the earliest opportunity as research indicated that 50% will go on to develop Dementia. Vascular Dementia is considered a preventable Dementia (Hachinski and Bowler 2003).
There is no systematic way in which MCI is formally identified and managed in primary and secondary care.
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The service uses the rational empirical approach of Cognitive Behavioural Therapy (CBT) which is effective in identifying information processing difficulties providing clinical evidence that alerts the clinician to complete a full cognitive screening and constructivist philosophy. This is fundamentally underpinned by Compassion Focused framework to facilitate a shame sensitive assessment. User and support/carer involvement & feedback has been integral to the service development.

Objectives

1. To implement a care pathway initiated in primary care with no age boundaries with anxiety and/or depression & one or more Vascular Risk factors. This service supports identification and management of mild cognitive impairment (non amnestic and amnestic-the pre-symptomatic stage of Dementia). Enabling patients to have supported psycho-education to engage in targeted health promotion & preventative strategies. This may impact on

the prevention of Dementia.

- Provision of CBT assessment & interventions responsive to needs of the individual.
- Maintaining equality & inclusion through access to an IAPT service that recognises & responds to information processing difficulties and also an ageless service challenging age boundaries in IAPY, older adults mental health and memory clinics and general adult mental health services. 'Prevention of dementia is your business.'
- Referrals from GP practices, IAPT, primary care staff/long term condition teams and the Older Adults and adult mental health ' Single Point of Access using an alerter checklist (see pathway).
- Use of evidenced based screening tools & outcome measures. (ACE-r cognitive assessment and Warwick and Edinburgh Wellbeing Scale)
- Liaison with colleagues in primary and secondary care to ensure the service is embedded in relevant care pathways, eg Dementia care pathway and IAPT pathways and long term condition teams.

2. To provide appropriate and timely talking therapies to the client group

3. tailored to take into account specific patterns of information processing

difficulties and the emotional response to the experience of these difficulties.

4. Linked to the prevention of Dementia objective - to assist in supporting the

5. primary care team involved in "putting prevention first DOH strategy" by targeting this high risk client group. To promote controlling vascular risk factors & reinforcing the link between mental wellbeing through use of a personalised management plan- Take Heart health education and promotion resource as appropriate.

6. To raise awareness of front line staff working with the client group in primary and secondary care about pre -symptomatic dementia and support compliance to LTC treatments. Promoting LTC teams to innovate new ways to support compliance with the new knowledge of processing difficulties.

7. The nature of the condition may require the use of longer term interventions that do not need active intervention but may require further input through support/scaffolding techniques & maintenance CBT to prevent the need for secondary services/residential care. The TAKE HEART monthly Support Group has been developed in partnership with users who have competed treatment but need to move to maintenance of wellbeing.

8. A specific 'suicide mode of mind' has been identified as a response to the experience of un diagnosed processing difficulties leading individuals to feel trapped, hopeless and powerless. Based on the work of Mark Williams

(2005) suicide prevention plans are available in partnership with secondary mental health services.

Gwyn Higginson 2011