NHS
Sheffield Health and Social Care
NHS Foundation Trust

Resources for Carers, Young Carers and Staff:

5. Community Teams

Contents

1. Introduction

Community Teams (for example, Community Mental Health Teams (CMHTs)) are groups of professionals who work together to help people with a wide range of conditions, such as, a mental health problems, brain injury, dementia, Autistic Spectrum Disorder or a learning disability. People in Community Teams all have different knowledge and skills which can be used together to help improve health.

2. Why Do People Get Referred?

When people are struggling, the first place to go is their General Practitioner (GP). The GP may offer treatment, such as, medication or a referral for counselling/Cognitive Behavioural Therapy (CBT) through Improving Access to Psychological Therapies (IAPT). If the problem requires specialist care, they are likely to be referred to a community team; a CMHT, Older Adults, Community Learning Disability Team (CLDT) etc.

3. Community Team Members

Team members can be from a number of different professional backgrounds and will work with service users to resolve any current issues and support them in their recovery.

Team members all have skills in common but also have individual specialist skills they can use when needed. The team manager will usually be a senior nurse. Team managers are responsible for everyday operation of the team and are supported by administration and reception staff.

The team manager is responsible for:

- The practical details of running the team
- How the team works with other parts of the health service and other organisations
- Helping the team to develop
- Making sure that the team has high standards of practice

Members of the team have to keep information **confidential** in the same way as other doctors and healthcare staff. However, cases may be discussed with other members of the team in order for them to make decisions about the best way to help the person you care for.

The different professional roles include:

Psychiatrist

A psychiatrist is a medically qualified doctor who has chosen to specialise in the treatment of mental health problems. This means they can prescribe medication as well as recommend other forms of treatment. A psychiatrist works with a range of mental health conditions that they diagnose and treat. A psychiatrist works closely with other members of the team.

Community Nurse

A community nurse, also known as a Community Mental Health Nurse, Community Learning Disability Nurse or Community Psychiatric Nurse (CPN) is a qualified nurse who can:

- ◊ talk to you and the person you care for about ways to cope
- ◊ give support to the person you care for in the community
- ◊ give some medication

The community nurse can call on people at home to provide support and advice. They keep an eye on service users' medication and may give injections. They talk through problems and give practical advice and support. Nurse therapists are trained in specific psychological therapies and have had extra training in particular problems and treatments, such as, Obsessive Compulsive Disorder (OCD) and Cognitive Behavioural Therapy (CBT).

Social Worker

A social worker, like other members of the team, can help people to talk through their problems. These could include health problems, a breakdown in family relationships, or money problems. Social workers provide practical help and support to families. The social worker can provide emotional support, as well as explaining what other services are available. They are able to give expert practical help with money, housing problems and other entitlements.

Approved Mental Health Practitioner (AMHP)

The AMHP has specialist mental health training to carry out duties under the Mental Health Act. An AMHP may become involved if someone is mentally ill and putting themselves, or others, at risk. The AMHP is involved in the decision as to whether someone needs to be admitted to hospital.

Occupational Therapist (OT)

An OT helps people recovering from ill health to regain skills and practical tasks of everyday life, and develop new or lost interests. They can help the person you care for to:

- ◊ Work out what they can and cannot do
- ◊ Find activities they want to do
- ◊ Re-build their confidence
- ◊ Help them to become independent

This can help people get back to work and perhaps encourage new interests.

OTs can also identify an individual's sensory preferences and sensory needs. A plan can then be made for meeting these needs.

Clinical Psychologist

A clinical psychologist has a degree in psychology and has undergone a minimum of three years extra training.

A clinical psychologist can make formulations about the individual's condition. Psychologists support other team members and deliver psychological treatments, such as, CBT.

Counsellor/CBT Therapist/Psychotherapist

A counsellor/CBT therapist/psychotherapist provides a 'talking therapy' where service users will be invited to talk about their thoughts and feelings. The counsellor will also discuss ways of coping.

Counselling can be provided by:

- ◊ CPNs or community mental health nurses
- ◊ Psychotherapists
- ◊ Psychologists
- ◊ Occupational Therapists

Other Allied Health Professional

Community teams may also include other allied health professionals, such as, speech and language therapists or physiotherapists. Speech and language therapists support individuals with their communication and can support the team

around a person to enable the individual to better communicate their needs. Speech and language therapists can also assess an individual's risk of choking (dysphagia) and put in place eating and/or drinking guidelines.

Physiotherapists provide support with assessing an individual's mobility and recommend equipment to support the individual. They may also provide a physical therapy programme for individuals with an injury, illness or disability.

Support Workers

Support workers (also known by other names, such as, recovery workers) provide support to individuals, such as, promoting positive mental health, support with appointments, support to access the community or activities and support with physical health.

Other Staff who are Available to Offer Support

Other staff can include outreach workers, benefit workers, vocational therapists, clinical assistants, health facilitators and art therapists. There are also staff without a professional qualification working within some CMHTs including people who have had mental health problems and workers from day centres or housing organisations.

4. The Role of the GP

Community teams and GPs should work closely together. Community team staff will send GPs information about the assessment of service users, informing them about the suggested treatment. The GP usually remains responsible for the rest of the service user's medical care and so is often asked to prescribe their mental health medication.

5. What is a Key Worker or Care Coordinator?

As the name suggests, care coordinators are responsible for coordinating and organising the package of care the service user receives. The keyworker or care coordinator is usually a nurse, occupational therapist or social worker. Their job is to get to know the service user, support them in their recovery and make sure that there is a care plan in place and everybody is working together properly.

The carer should be informed about the care team and the name of the care coordinator responsible for the cared person.

The care coordinator is the first point of contact for service users and their carer. They can give information, help and support. Sometimes the care team does not know that there is a carer involved so carers should inform them of any questions or concerns.

Carers should be involved as much as possible and the care coordinator should support carers by:

- ◊ Making sure they have a carer's needs assessment
- ◊ Involving them in the care plan for the cared for person
- ◊ Giving them as much information as possible about the mental health problem of the cared for person and how to manage it
- ◊ Giving information about the services that are there to support carers

6. What is the Care Programme Approach (CPA)?

The package of care organised by the care coordinator is called the Care Programme Approach (CPA). The CPA is the national framework used to provide care to many service users with severe and enduring mental health problems. Not everyone being treated in community teams will need the full range of care covered in the CPA. CPA is made up of:

- ◊ A **care coordinator**
- ◊ **Joint working** between all the people involved who provide care to the service user
- ◊ A **needs assessment**: A full assessment of a person's health and social needs. Cares are also entitled to a carer's needs assessment
- ◊ A **care plan**: A written agreement setting out care and treatment expectations including what to do in the event of a crisis. Carers should be involved as much as possible in the development of a care plan and given a copy unless the cared for person has not given their consent.
- ◊ **Regular meetings** to see if the plan is working well, with all the people involved in the care and treatment including the service user and carer.

7. Useful Resources

Information and leaflets are available to download from www.shsc.nhs.uk/need-help/help-for-carers-and-relatives/carers-resources.

The following resources for carers and young carers are available:

1. Advocacy
2. Carers' and Young Carers' Charter
3. Carers' and Young Carers' Assessments
4. Carers' and Young Carers' Checklist
5. Community Teams
6. Confidentiality and Information Sharing
7. Hospital Admissions and the Mental Health Act
8. How to Get Involved
9. Mental Health Crisis
10. Understanding Mental Health Conditions and Medication
11. Useful Contacts Leaflet
12. Information Pack

Further information can be found on www.shsc.nhs.uk/need-help/help-for-service-users/helpful-publications.

The original Useful Resources were designed in partnership with carers and young carers. The Trust worked collaboratively with Sheffield Young Carers, Sheffield Carers Centre and Chilypep to deliver this leaflet and we would like to acknowledge their hard work, advice and support. The resources were updated in 2019 to ensure accuracy of information.

For further information, contact:

- Sheffield Young Carers on 0114 258 4595 or www.sheffieldyoungcarers.org.uk
- Sheffield Carers Centre on 0114 272 8363 or www.sheffieldcarers.org.uk
- Carers Trust on 0300 772 9600 or www.carers.org

Or alternatively, contact your local SHSC team to get more information.

This document was accurate as of October 2019.