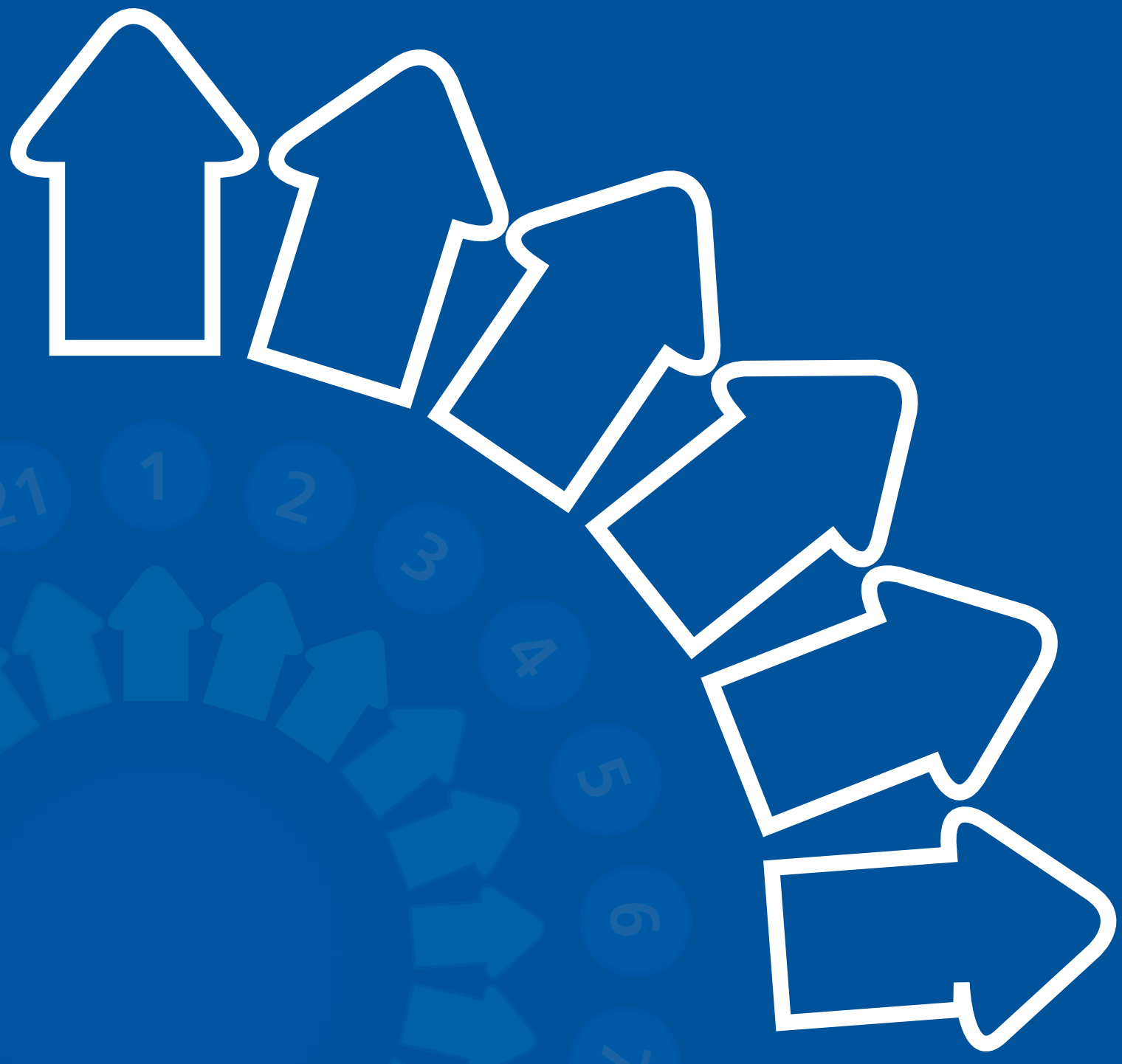
Derbyshire Healthcare NHS
NHS Foundation Trust

NATIONAL TARIFF PAYMENT SYSTEM
CARE CLUSTERS



National Tariff Payment System (NTPS)

Care Clusters and Care Pathways

Many services are being organised into Care Pathways (Also known as Clinical Pathways, or Integrated Care Pathways, promote organised and efficient care based on clinical evidence and improve outcomes.)

In most services for adults and older adults these care pathways are called Care Clusters. Care Clusters are basically care for a range of needs organised into packages of care for people with similar needs even though their diagnosis may be quite different.

Through discussion with you, when developing the care plan we will tailor each care package, to your individual needs, from a 'menu' of therapies and therapeutic approaches.

You can only be in one cluster at any time. Not everyone using a service will necessarily be in the same cluster; neither will everyone in the same cluster have exactly the same package of care.

Care Clusters form part of Core Care Standards and Principles relating to:

- Assessment
- Care planning
- Care Reviews - including measuring progress and outcomes.
- Care Co-ordination
- Discharge & transfer
- Families and carers
- Involvement and choice
- Risk.

During 2014 we will be increasing the use of clinical outcomes to ensure our care is of a high standard in helping with your needs.

I have a diagnosis – what is my cluster?

Care clusters are based primarily on the characteristics of a service user and any **diagnosis will only play a part** in identifying the overall needs.

A diagnosis may be associated with several clusters, as the clusters reflect the assessed level of need. However, **it is not necessary to have a diagnosis** in order to have the correct cluster identified for your needs.

However, it may be that an altogether different cluster is identified as containing the most helpful care and treatments. It is up to the clinician to match a service user's needs with the most appropriate care, in whichever cluster that may be found.

Click **Care Cluster** for a guide to help identify the most likely Care cluster for a range of diagnosis.

Likely Diagnosis for each Care Cluster

Please be aware that this is guidance only and may not reflect your own situation.

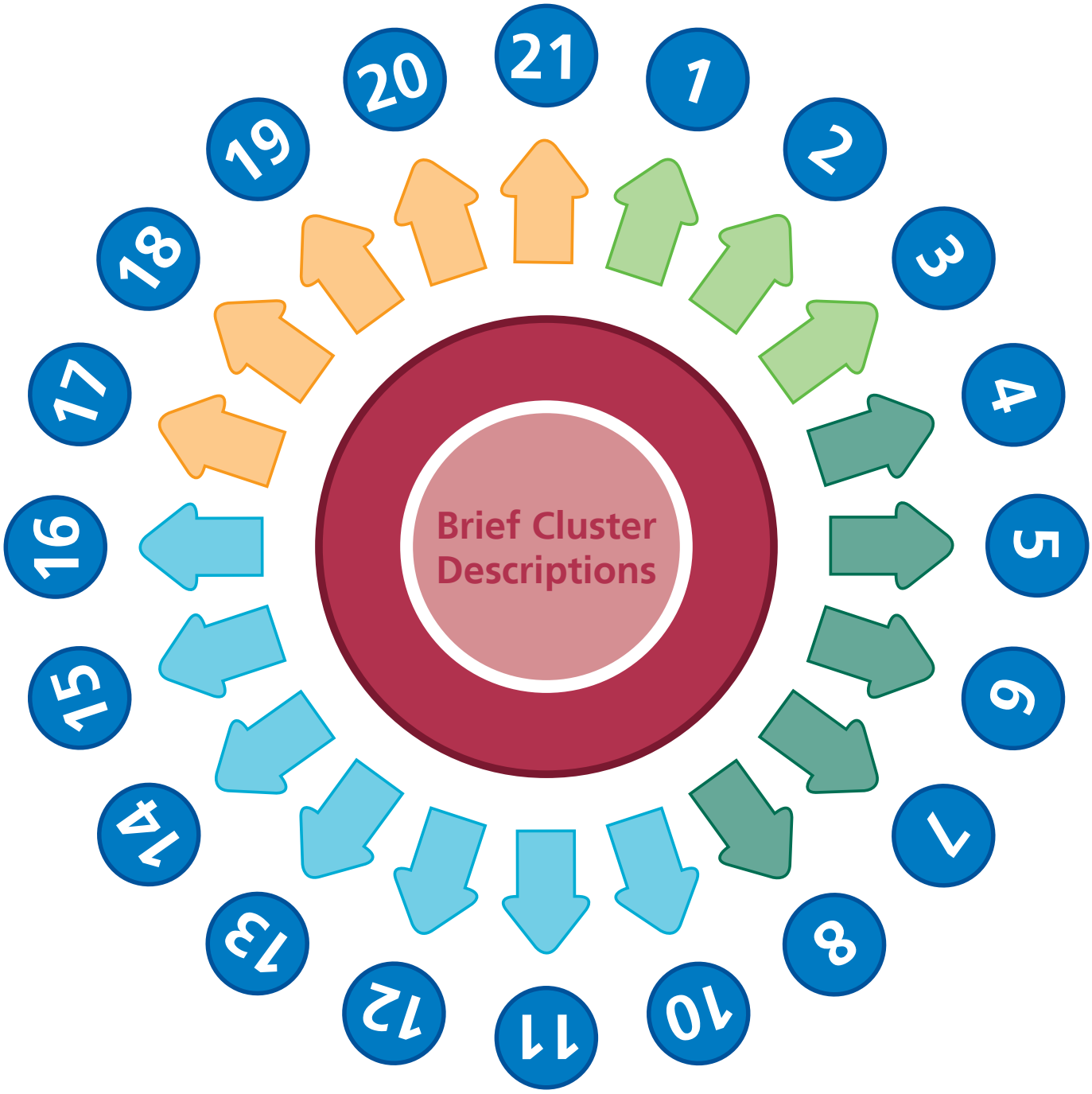
Cluster	Likely Disorder
1 - 3	• F32 Depressive Episode, • F40 Phobic Anxiety Disorders, • F41 Other Anxiety Disorders, • F42 Obsessive-Compulsive Disorder, • F43 Stress Reaction / Adjustment Disorder, • F50 Eating Disorder.
4	• As 1 -3 plus • F44 Dissociative Disorder, • F45 Somatoform Disorder, • F48 Other Neurotic Disorders,
5	• As 1 -3 plus • F44 Dissociative Disorder, • F45 Somatoform Disorder, • F48 Other Neurotic Disorders • F33 Recurrent Depressive Episode (non-psychotic)
6 - 7	• As 1 -3 plus • F33 Recurrent Depressive Episode (non-psychotic), • F44 Dissociative Disorder, • F45 Somatoform Disorder, • F48 Other Neurotic Disorders • Some F60 Personality disorder.
8	• F60 Personality disorder.
10	• F20 - F29 Schizophrenia, schizotypal and delusional disorders, • F31 Bi-polar disorder.

Cluster	Likely Disorder
12 - 14	• F20-F29 Schizophrenia, schizotypal and delusional disorders • F30 Manic Episode, • F31 Bipolar Affective Disorder
15	• F32.3 Severe depressive episode with psychotic symptoms
16	• F10-F19 Mental and behavioural disorders due to psychoactive substance use • F20 - F29 Schizophrenia, schizotypal and delusional disorders, • F31 Bi-Polar Disorder
17	• F20 - F29 Schizophrenia, schizotypal and delusional disorders, Bi-Polar
18	• F00 Dementia in Alzheimer-s disease, • F01 Vascular dementia, • F02 Dementia in other diseases classified elsewhere • F03 – Unspecified Dementia, Dementia with Lewy bodies (DLB)
19 - 21	• F00 Dementia in Alzheimer's disease, • F01 Vascular dementia, • F02 Dementia in other diseases classified elsewhere, • F03 Unspecified Dementia, • F09 Unspecified organic or symptomatic mental disorder, Dementia with Lewy bodies (DLB), Frontotemporal dementia (FTD)

To search ICD 10 for definitions of diagnostic codes, click link:
http://apps.who.int/classifications/icd10/browse/2010/en#/V

Clusters

For information on the cluster contents click the relevant **Cluster** number.



Brief Cluster Descriptions

NHS Cluster Descriptions	Cluster Clarification
1. Common Mental Health Problems (Low Severity) This group has definite but minor problems of depressed mood, anxiety or other disorder but they do not present with any distressing psychotic symptoms	**Mild mental health problems** Currently, you may be experiencing some mild but significant and troubling changes in your mood and behaviour. This may make some aspects of your daily life difficult but, typically, people with these difficulties usually recover very well and quickly with support.
2. Common Mental Health Problems (Low Severity with Greater Need) This group has definite but minor problems of depressed mood, anxiety or other disorder but not with any distressing psychotic symptoms. They may already have received care associated with cluster 1 and require more specific intervention or previously been successfully treated at a higher level but are representing with low level symptoms.	**Mild mental health problems with greater need** Currently, you may be experiencing some mild but significant and troubling changes in your mood and behaviour. These are likely to be causing difficulties in several areas of your life. You may have had some treatment, and now require more. Most people in your position recover well with support. Alternatively, you may have had considerable treatment and be well on your way to recovery.
3. Non-Psychotic (Moderate Severity) Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis).	**Moderate mental health problems** Currently, you may be experiencing moderate but troubling changes in your mood and behaviour that are likely to be causing some significant difficulties in a number of areas of your life. With treatment, you are likely to make a good recovery.
4. Non-Psychotic (Severe) This group is characterised by severe depression and/or anxiety and/or other increasing complexity of needs. They may experience disruption to function in everyday life and there is an increasing likelihood of significant risks.	**Severe mental health problems** Currently, you may be likely to be experiencing more severe problems with your moods and behaviours which are making it very difficult to cope with daily life. You may feel unsafe and unable to maintain a sense of control in particular situations, but with treatment, drawing on your personal strengths with support you are likely to recover and resume your everyday life.

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5. Non-Psychotic Disorders (Very Severe) This group will be severely depressed and/or anxious and/or other. They will not present with distressing hallucinations or delusions but may have some unreasonable beliefs. They may often be at high risk for suicide and they may present safeguarding issues and have severe disruption to everyday living.	**More severe mental health problems** Currently, you may be experiencing some severe problems affecting your mood and behaviour which are creating major difficulties in coping with your normal life. There may be many situations in which you fear losing control and/or feel unsafe, but with treatment and drawing on your personal strengths with support, you are likely to recover and resume your everyday life.
6. Non-Psychotic Disorders of over-valued ideas Moderate to very severe disorders that are difficult to treat. This may include treatment resistant eating disorder, OCD etc, where extreme beliefs are strongly held, some personality disorders and enduring depression.	**Moderate complex difficulties** Currently, you will be experiencing more complex moderate to severe difficulties with your mood and behaviours which are affecting everyday life in many ways. You may have been receiving treatment for some time which has not yet led to your recovery. It is likely that a number of situations lead to you feeling you might lose control and/or be unsafe, and a particular feature is that you hold strong beliefs that other people might consider unreasonable. These beliefs are likely to be a focus of treatment. There is hope for a good recovery, building on your personal strengths, with support.
7. Enduring Non-Psychotic Disorders (High Disability) This group suffers from moderate to severe disorders that are very disabling. They will have received treatment for a number of years and although they may have improvement in positive symptoms considerable disability remains that is likely to affect role functioning in many ways.	**More complex and severe difficulties** Currently, you may be experiencing more complex and severe difficulties with your mood and problems with your behaviour that can make everyday life very difficult. There may be a number of situations in which you fear losing control and/or feel unsafe. You may have had considerable previous treatment in the past which has assisted you, but there are a number of areas where you need further help in order to make a good recovery, building on your personal strengths, with support.

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8. Non-Psychotic Chaotic and Challenging Disorders This group will have a wide range of symptoms and chaotic and challenging lifestyles. They are characterised by moderate to very severe repeat deliberate self-harm and/or other impulsive behaviour and chaotic, over dependent engagement and often hostile with services.	**Very complex difficulties** Currently, you may be having a number of moderate to severe problems including mood swings and mood changes. This is likely to lead to many situations where you feel out of control and you may have acted in risky or possibly dangerous ways. These issues may be affecting many areas of your life. There will be a number of areas where you feel you require further treatment in order to make a recovery, building on your personal strengths, with support.
9. This Cluster is currently blank	
10. First Episode Psychosis This group will be presenting to the service for the first time with mild to severe psychotic phenomena. They may also have depressed mood and/or anxiety or other behaviours. Drinking or drug-taking may be present but will not be the only problem.	**First episode significantly troubling thoughts/ideas** You may have previously sought help for other mental health problems, such as anxiety or depression, but have, for the first time, been assessed as having mild to severe psychotic symptoms. You may have experienced elevated mood (mania) and may have additional problems with alcohol or street drugs. With support, drawing on your personal strengths, you are likely to make a very good recovery and resume your everyday life.
11.Ongoing or Recurrent Psychosis (Low Symptoms) This group has a history of psychotic symptoms that are currently controlled and causing minor problems if any at all. They are currently experiencing a period of recovery where they are capable of full or near functioning. However, there may be impairment in self-esteem and efficacy and vulnerability to life.	**Ongoing/recurrent troubling thoughts/ ideas currently well controlled** You will have a history of troubling thoughts/ideas that are currently well controlled and only causing minor problems. You are well and getting on with your everyday life. However, you may have some current difficulties with confidence and coping.

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12.Ongoing or Recurrent Psychosis (High Disability) This group have a history of psychotic symptoms with a significant disability with major impact on role functioning. They are likely to be vulnerable to abuse or exploitation.	**Ongoing or recurrent troubling thoughts/ideas with higher impact / disability** You will have a history of troubling thoughts/ideas which may be significantly affecting your life and ability to cope. You may need on-going support to help you to manage your symptoms. You may be feeling vulnerable but can be helped to achieve a good quality of life, drawing on your personal strengths, with support.
13. ONGOING/RECURRENT PSYCHOSIS-HIGH SYMPTOMS AND IMPACT You have psychotic symptoms which are active, on-going and not currently well controlled. You may also be experiencing problems with anxiety and/or depression. This may be having a major impact on your everyday life and ability to cope. You can be helped to achieve a good recovery, drawing on your personal strengths, with support.	**Ongoing/recurrent psychosis-high symptoms and impact** You have troubling thoughts/ideas which are active, on-going and not currently well controlled. You may also be experiencing problems with anxiety and/or very low mood. This may be having a major impact on your everyday life and ability to cope. You can be helped to achieve a good recovery, drawing on your personal strengths, with support.
14. Psychotic Crisis They will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to the role functioning. They may present as vulnerable and a risk to others or themselves.	**Severely troubling and disrupting thoughts/ideas** You are experiencing, or have just experienced, an acute onset of severe symptoms of extremely troubling thoughts/ ideas which may be significantly disrupting your life. You may feel very vulnerable and may be a risk to yourself and/or other people. You may require crisis support to help you to recover and resume your everyday life, building on your personal strengths, with support.

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15. Severe Psychotic Depression This group will be suffering from an acute episode of moderate to severe depressive symptoms. Hallucinations and delusions will be present. It is likely that this group will present a risk of suicide and have disruption in many areas of their lives.	**Severely troubling and disrupting thoughts/ideas and depression** Currently, you may be experiencing severely troubling and disrupting thoughts/ideas with moderate to severe depression. This may be significantly disrupting your life and placing you at risk. You may require crisis support to help you to recover and resume your everyday life, building on your personal strengths, with support.
16. Dual Diagnosis This group has enduring, moderate to severe psychotic or affective symptoms with unstable, chaotic lifestyles and co-existing substance misuse. They may present a risk to self, and others and engage poorly with services. Role functioning is often globally impaired.	**Mixed diagnosis** You have troubling and disrupting thoughts/ideas and/or severe anxiety/ depressive symptoms which are currently not well controlled. You are using alcohol and/or street drugs. This combination of difficulties will be causing very significant disruption in your life with many risks to yourself and others around you. You may not be consistent in keeping appointments and need extra support to do this. There are a number of areas of your life where you need may need help in order to make a good recovery, building on your personal strengths, with support.
17. Psychosis and Affective Disorder – Difficult to Engage This group has moderate to severe psychotic symptoms with unstable, chaotic lifestyles. There may be some problems with drugs and alcohol not severe enough to warrant dual diagnosis care. This group have a history of non-concordance, are vulnerable and engage poorly with services.	**Disrupting thoughts/ideas and mood difficulties** You have moderate to extremely troubling and disrupting thoughts/ideas with anxiety and mood difficulties which are severely disrupting your life. You may also have a mild to moderate problem with alcohol and/or street drugs but this is not severe enough to warrant dual diagnosis care. You may struggle to remember to take your medication and to keep appointments and may need extra support to do this. There are a number of areas where you need help in order to make a good recovery, building on your personal strengths with appropriate support.

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18. Cognitive Impairment (Low Need) People who may be in the early stages of dementia (or who may have an organic brain disorder affecting their cognitive function) who have some memory problems, or other low level cognitive impairment but who are still managing to cope reasonably well. Underlying reversible physical causes have been ruled out.	**Mild cognitive (memory) impairment** You may have experienced some memory problems or cognitive impairment but still cope reasonably well in most areas of your life and are functioning well in most everyday situations. Services will work with you to help you to address or adapt to the difficulties you are experiencing.
19. Cognitive Impairment or Dementia Complicated (Moderate Need) People who have problems with their memory, and/or other aspects of cognitive functioning resulting in moderate problems looking after themselves and maintaining social relationships. Probable risk of self-neglect or harm to others and may be experiencing some anxiety or depression.	**Moderate cognitive/memory impairment or dementia** You are likely to have problems with memory and there may be other thinking problems. These problems are likely to generate challenges in several areas of your life and your relationships. There may be a number of situations in which you fear losing control and/or feel unsafe. Services will work with you to help you to address or adapt to the difficulties you are experiencing.
20. Cognitive Impairment or Dementia Complicated (High Need) People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carer or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. They may not be aware of their problems. They are likely to be at high risk of self-neglect or harm to others, and there may be a significant risk of their care arrangements breaking down.	**Complex memory impairment or dementia** You are likely to have significant difficulties in many areas of your life. There will be areas of your life where you may feel very unsure and even unsafe. Some of your behaviours may be very difficult for others to cope with. Your care arrangements may be at high risk of breaking down. Services will work with you and your carers to ensure you are safe and supported.

Adapted from, 'User and Carer Cluster Descriptions'. Worcestershire Health and Care NHS Trust

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21. Cognitive Impairment or Dementia Complicated (High Physical or Engagement) People with cognitive impairment or dementia who are having significant problems in looking after themselves, and whose physical condition is becoming increasingly frail. They may not be aware of their problems and there may be a significant risk of their care arrangements breaking down.	**Very severe and/or complex memory impairment or dementia** You are likely to have significant difficulties in many areas of your life, including your physical health. There will be many areas where you may feel unsure and unsafe and some of your behaviours are likely to be difficult for others to cope with. Because of this your care arrangements are at a high risk of breaking down. Services will work with you and your carers to ensure you are safe and supported.
0. Variance Despite careful consideration of all other clusters, this group of service users are not adequately described by any of their descriptions. They do, however, require mental health care and will be offered a service.	**Uncertain - requiring longer assessment** Despite careful consideration of all other clusters, your current mental health needs are not fully understood but it is clear that you do require mental health treatment and will be offered appropriate support to address your mental health needs and help you to make a good recovery.

Adapted from, 'User and Carer Cluster Descriptions'. Worcestershire Health and Care NHS Trust

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Cluster 1

Minor problems of depressed mood, anxiety or other disorder without any distressing psychotic symptoms

- Care is normally based in Primary Care Services or IAPT
- Clinical Reviews should occur at least every 12 weeks
- The problem is likely to be short term when treated
- Indicative length of care up to 3 months
- Concern for patient safety is usually low.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode
F40 Phobic Anxiety Disorders
F41 Other Anxiety Disorders
F42 Obsessive-Compulsive Disorder
F43 Stress Reaction / Adjustment Disorder
F50 Eating Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
http://www.evidence.nhs.uk/Search?pa=1&q=phobias	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 2

Some problems of depressed mood, anxiety or other disorder but no distressing psychotic symptoms

- Care is normally based in Primary Care Services or IAPT
- May have received care in Cluster 1
- Clinical Reviews should occur at least every 15 weeks
- The problem is likely to be short term when treated
- Indicative length of care up to 15 weeks.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode
F40 Phobic Anxiety Disorders
F41 Other Anxiety Disorders
F42 Obsessive-Compulsive Disorder
F43 Stress Reaction / Adjustment Disorder
F50 Eating Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=phobias	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 3

Moderate problems involving depressed mood, anxiety or other disorder (not including psychosis)

- Care is normally based in Primary Care Services or IAPT
- Clinical Reviews should occur at least every 6 months
- The problem is likely to be short term when treated
- Indicative length of care up to 6 months
- Concern for patient safety is usually low.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode

F40 Phobic Anxiety Disorders

F41 Other Anxiety Disorders

F42 Obsessive-Compulsive Disorder

F43 Stress Reaction / Adjustment Disorder

F50 Eating Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=phobias	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 4

Severe depression and/or anxiety and/or other increasing complexity of needs with disruption to function in everyday life

- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at least every 6 months
- Specialist interventions and/or medication are required
- Indicative length of care up to 12 months
- Concern for patient safety is normally moderate, though there may be thoughts of self- harm.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode

F40 Phobic Anxiety Disorders

F41 Other Anxiety Disorders

F42 Obsessive-Compulsive Disorder

F43 Stress Reaction / Adjustment Disorder

F50 Eating Disorder

F44 Dissociative Disorder

F45 Somatoform Disorder

F48 Other Neurotic Disorders

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=phobias	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 5

Severe disruption to everyday living due to experiencing severe depression and/or anxiety and/or other symptoms.

No distressing hallucinations or delusions but there may be some irrational beliefs.

- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at least every 6 months
- Specialist interventions and/or medication will be required
- Indicative length of care and support may be up to 3 years
- Concern for patient safety is high, and there may be thoughts of self- harm and safeguarding issues.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode

F33 Recurrent Depressive Episode (non-psychotic)

F40 Phobic Anxiety Disorders

F41 Other Anxiety Disorders

F42 Obsessive-Compulsive Disorder

F43 Stress Reaction / Adjustment Disorder

F50 Eating Disorder

F44 Dissociative Disorder

F45 Somatoform Disorder

F48 Other Neurotic Disorders

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary
General NHS Evidence search	**Service user Experience in Mental Health**
http://www.evidence.nhs.uk/Search?q=phobias	www.nice.org.uk/cg136

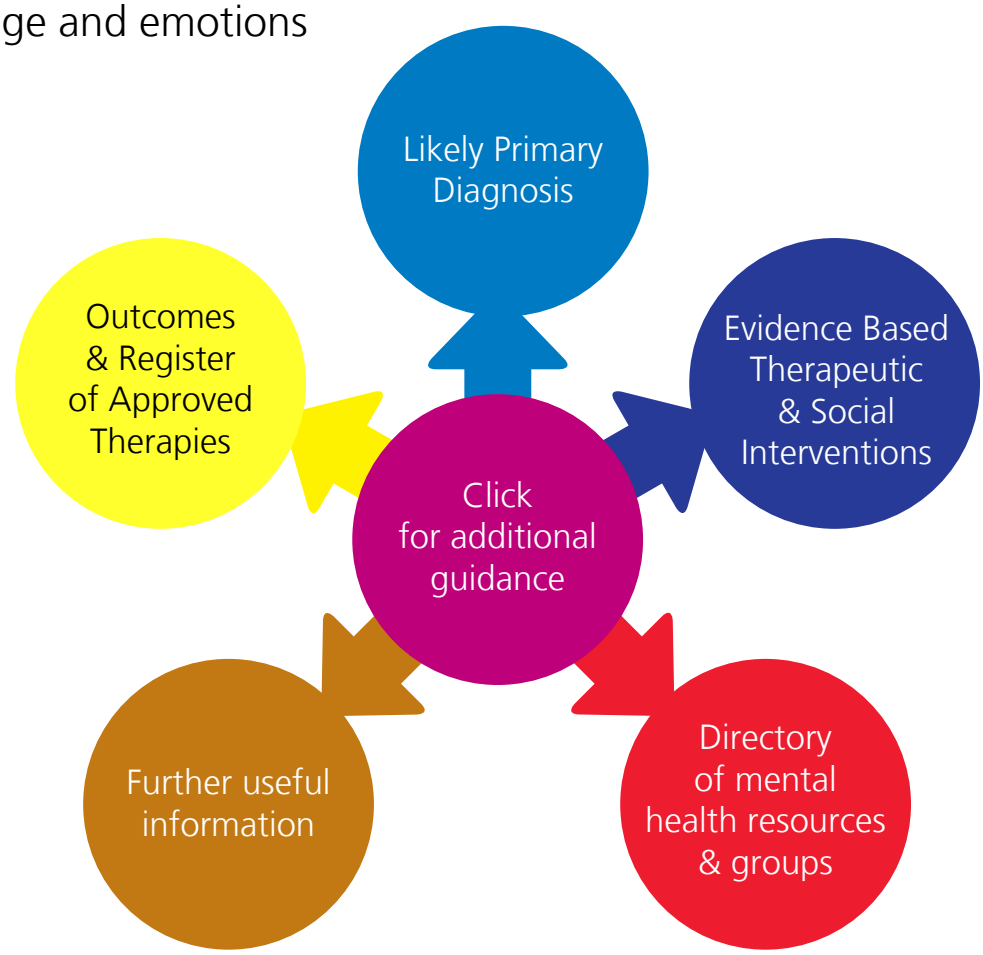
Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 6

Moderate to severe disorders that are difficult to treat.

This may include:

- Treatment resistant eating disorder
- OCD etc. where extreme beliefs are strongly held
- Enduring depression
- Impulsive behaviour with instability in interpersonal relationships, self-image and emotions



- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at least every 6 months
- Specialist interventions and/or medication are required
- Care and support may be provided for several years
- Patient safety/safeguarding support may be needed.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode

F33 Recurrent Depressive Episode (non-psychotic)

F40 Phobic Anxiety Disorders

F41 Other Anxiety Disorders

F42 Obsessive-Compulsive Disorder

F43 Stress Reaction / Adjustment Disorder

F50 Eating Disorder

F44 Dissociative Disorder

F45 Somatoform Disorder

F48 Other Neurotic Disorders

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression http://www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders http://www.evidence.nhs.uk/search?q=personality-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=phobias www.evidence.nhs.uk/Search?q=dissociative www.evidence.nhs.uk/Search?q=somatiform&sp=off www.evidence.nhs.uk/Search?q=neurotic+disorder	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 7

Moderate to severe disorders that are very disabling.

In receiving therapy for several years, although considerable disability remains.

- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at
- least annually
- The needs will benefit from specialist interventions and/or medication
- Care and support may be needed
- over several years
- Patient may need support regarding personal vulnerability and safeguarding.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32 Depressive Episode

F33 Recurrent Depressive Episode (non-psychotic)

F40 Phobic Anxiety Disorders

F41 Other Anxiety Disorders

F42 Obsessive-Compulsive Disorder

F43 Stress Reaction / Adjustment Disorder

F50 Eating Disorder

F44 Dissociative Disorder

F45 Somatoform Disorder

F48 Other Neurotic Disorders

Some F60 Personality disorder

Link to ICD -10 version:2010

Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/topic/obsessive-compulsive-disorder www.evidence.nhs.uk/topic/eating-disorders http://www.evidence.nhs.uk/search?q=personality-disorders	http://cks.nice.org.uk/depression http://cks.nice.org.uk/eating-disorders#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/post-traumatic-stress-disorder#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=phobias www.evidence.nhs.uk/Search?q=dissociative www.evidence.nhs.uk/Search?q=somatiform&sp=off http://www.evidence.nhs.uk/Search?q=neurotic+disorder	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 8

A wide range of symptoms, chaotic/challenging lifestyles and impulsive behaviour.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least annually
- Care and support may be needed for several years
- Patients may feel unable or be unwilling to engage with services
- Patient may need support regarding personal vulnerability and safeguarding.

BACK TO CLUSTER INDEX

Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F60 Personality disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/personality-disorders www.evidence.nhs.uk/Search?q=self-harm Plus guidance for any parenting needs such as depression: www.evidence.nhs.uk/topic/depression	http://cks.nice.org.uk/poisoning-or-overdose http://cks.nice.org.uk/depression#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 10

Presenting to the service for the first time with mild to severe thought disorders.

- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at least annually
- The problem is likely to be a first episode but may also experience other feelings such as depression, anxiety, etc.
- Care and support should be provided for several years
- Patient safety issues are normally moderate though they may be vulnerable and have thoughts of self- harm.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20-F29 Schizophrenia, schizotypal and delusional disorders

F31 Bi-polar disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/Search?q=dissociative www.evidence.nhs.uk/topic/bipolar-disorder www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/topic/alcohol www.evidence.nhs.uk/topic/drug-misuse www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression http://cks.nice.org.uk/psychosis-and-schizophrenia
General NHS Evidence search	**Service user Experience in Mental Health**
www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 11

A history of psychotic symptoms currently experiencing a sustained period of recovery.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least annually
- The needs may involve supporting self-esteem and social inclusion
- Care and support may be needed for several years
- Concerns for patient safety are managed through relapse prevention and Recovery Action Planning.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20 - F29 Schizophrenia, schizotypal and delusional disorders

F30 Manic Episode

F31 Bipolar Affective Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/Search?q=schizophrenia www.evidence.nhs.uk/topic/bipolar-disorder	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/schizophrenia#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 12

A history of thought disorders with a significant disability with major impact on life.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least annually
- Needs may include supporting self-esteem and social inclusion-
- Care and support may be needed for several years
- Patient safety concerns including vulnerability to abuse or exploitation may be present when unwell.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20 - F29 Schizophrenia, schizotypal and delusional disorders

F30 Manic Episode

F31 Bipolar Affective Disorder

Link to ICD -10 version: 2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/topic/self-harm www.evidence.nhs.uk/topic/alcohol www.evidence.nhs.uk/Search?q=drug+misuse www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias www.evidence.nhs.uk/Search?q=self-harm	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 13

Experiencing severe to very severe on-going symptoms of thought disorder and some anxiety or depression.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least annually
- Needs may include memory and physical problems linked with long-term illness and medication.
- Care and support may be needed for several years
- Patient safety concerns including vulnerability to abuse or exploitation may be present.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20 - F29 Schizophrenia, schizotypal and delusional disorders

F30 Manic Episode

F31 Bipolar Affective Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/topic/alcohol http://www.evidence.nhs.uk/Search?q=drug+misuse www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia#!topicsummary http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 14

Experiencing an acute psychotic crisis with severe symptoms that cause major disruption to life.

- Care is usually associated with treatment by the trust, possibly as an in-patient and often in partnership with other agencies
- Clinical Reviews should occur at least 4 weekly
- Life will be severely disrupted and there may be memory problems
- Care and support may need to be intense during the acute period of up to 12 weeks
- Patient safety concerns including vulnerability to abuse or exploitation safeguarding issues may be present when unwell.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20 - F29 Schizophrenia, schizotypal and delusional disorders

F30 Manic Episode

F31 Bipolar Affective Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/Search?q=schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/topic/alcohol www.evidence.nhs.uk/Search?q=drug+misuse www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia#!topicsummary http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 15

Moderate to severe depressive symptoms. Hallucinations and delusions will be present.

- Care is usually associated with treatment by the trust, possibly as an in-patient and often in partnership with other agencies
- Clinical Reviews should occur at least 4 weekly
- Life will be severely disrupted and there may be memory problems
- Care and support may need to be intense during the acute period of up to 12 weeks
- Patient safety concerns including vulnerability to abuse or exploitation safeguarding issues may be present when unwell.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F32.3 Severe depressive episode with psychotic symptoms

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/Search?q=schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/topic/alcohol www.evidence.nhs.uk/Search?q=drug+misuse www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/topic/anxiety	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/schizophrenia#!topicsummary http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/search?q=delusional+disorder www.evidence.nhs.uk/search?q=Schizotypal+disorder www.evidence.nhs.uk/search?q=Schizoaffective+disorders	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 16

Moderate to severe psychotic or bipolar affective symptoms with unstable, chaotic lifestyles and co-existing problem with substance misuse.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least 6 monthly
- Mental and physical, health problems significantly affected by substance misuse
- Care and support will be needed for several years
- Concern for patient safety is high and personal safety is a real risk.
- The patient may feel unable or unwilling to engage.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F10 - F19 Mental and behavioural disorders due to psychoactive substance use

F20 - F29 Schizophrenia, schizotypal and delusional disorders,

F31 Bi-Polar Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/Search?q=alcohol www.evidence.nhs.uk/Search?q=drug+misuse	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia#!topicsummary http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=dual+diagnosis www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 17

Moderate to severe psychotic symptoms with unstable, chaotic lifestyles.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least 6 monthly
- May have memory problems due to mental health problems and problems with relationships
- Care and support may need to be put in place gradually if the patient feels unable or unwilling engage with services
- Concerns for patient safety may include vulnerability to abuse or exploitation when unwell.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F20-F29 Schizophrenia, schizotypal and delusional disorders

F31 Bi-Polar Disorder

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/Search?q=schizophrenia www.evidence.nhs.uk/Search?q=bipolar www.evidence.nhs.uk/Search?q=self-harm www.evidence.nhs.uk/topic/alcohol www.evidence.nhs.uk/Search?q=drug+misuse	http://cks.nice.org.uk/bipolar-disorder#!topicsummary http://cks.nice.org.uk/psychosis-and-schizophrenia#!topicsummary http://cks.nice.org.uk/alcohol-problem-drinking#!topicsummary http://cks.nice.org.uk/opioid-dependence#!topicsummary

General NHS Evidence search	Service user Experience in Mental Health
www.evidence.nhs.uk/Search?q=dual+diagnosis www.evidence.nhs.uk/Search?q=%22delusional+disorder%22 www.evidence.nhs.uk/Search?q=schizotypal www.evidence.nhs.uk/Search?q=schizo+affective	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

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Cluster 18

Memory problems, or other low level cognitive impairment but cope reasonably well.

- Care is usually associated with treatment by the trust
- Clinical Reviews should occur at least annually
- There may be some change in ability to manage vocational and social roles
- Low intensity care and support may need to be provided on an ongoing basis and include any carers
- Concerns for patient safety are minor.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F00 Dementia in Alzheimer-s disease

F01 Vascular dementia

F02 Dementia in other diseases classified elsewhere

F03 Unspecified Dementia, Dementia with Lewy bodies (DLB)

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/dementia	http://cks.nice.org.uk/dementia

General NHS Evidence search	Service user Experience in Mental Health
www.dementiauk.org/information-support/about-dementia/#1 www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 19

Problems with memory, and or other aspects of cognitive functioning resulting in moderate difficulty with self-care and maintaining social relationships.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur at least 6 monthly
- There may be some difficulty with daily life skills' communication and in fulfilling social and family roles
- Care and support may need to be provided on an ongoing basis and include any carers
- Concerns for patient safety are worsened by memory & awareness problems.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F00 Dementia in Alzheimer's disease,

F01 Vascular dementia,

F02 Dementia in other diseases classified elsewhere,

F03 Unspecified Dementia,

F09 Unspecified organic or symptomatic mental disorder, Dementia with Lewy bodies (DLB), Frontotemporal dementia (FTD)

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/dementias www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/dementia#!topicsummary http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression http://cks.nice.org.uk/dementia

General NHS Evidence search	Service user Experience in Mental Health
www.dementiauk.org/information-support/about-dementia/#1 www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 20

Significant memory problems causing major difficulty with self-care; other mental health problems and behaviours which challenge carers and/or services.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur 6 monthly
- Significant difficulty with daily life skills and communication. Unable to in fulfil social and family roles
- Care and support will need to be provided on an ongoing basis and include any carers
- Concerns for patient safety include self-neglect, wider safety issues and risk of breakdown of care.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F00 Dementia in Alzheimer's disease,

F01 Vascular dementia,

F02 Dementia in other diseases classified elsewhere,

F03 Unspecified Dementia,

F09 Unspecified organic or symptomatic mental disorder, Dementia with Lewy bodies (DLB), Frontotemporal dementia (FTD)

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/dementias www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/dementia http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression

General NHS Evidence search	Service user Experience in Mental Health
www.dementiauk.org/information-support/about-dementia/#1 www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Cluster 21

Significant memory and awareness problems causing major difficulty with self-care and whose physical condition is becoming increasingly frail.

- Care is usually associated with treatment by the trust, often in partnership with other agencies
- Clinical Reviews should occur 6 monthly
- Significant difficulty with daily life skills and communication. Unable to in fulfil social and family roles
- Care and support will need to be provided on an ongoing basis and include any carers
- Concerns for patient safety include self-neglect, wider safety issues and risk of breakdown of care.

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Likely primary diagnosis

May not attract a formal diagnosis but may include mild symptoms of:

F00 Dementia in Alzheimer's disease,

F01 Vascular dementia,

F02 Dementia in other diseases classified elsewhere,

F03 Unspecified Dementia,

F09 Unspecified organic or symptomatic mental disorder, Dementia with Lewy bodies (DLB), Frontotemporal dementia (FTD)

Link to ICD -10 version:2010

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Evidence based Therapeutic & Social Interventions

NICE Evidence topics	CKS (clinical knowledge summaries)
www.evidence.nhs.uk/topic/dementias www.evidence.nhs.uk/topic/depression www.evidence.nhs.uk/Search?q=anxiety http://www.evidence.nhs.uk/search?q=panic-disorder www.evidence.nhs.uk/Search?q=phobias	http://cks.nice.org.uk/dementia http://cks.nice.org.uk/obsessive-compulsive-disorder http://cks.nice.org.uk/depression

General NHS Evidence search	Service user Experience in Mental Health
www.dementiauk.org/information-support/about-dementia/#1 www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/	www.nice.org.uk/cg136

Choice and Medication
http://www.choiceandmedication.org/derbyshcft/

Common to all Clusters

The Directory of Mental Health Resources

Mental health resources & Groups

Southern Derbyshire Voluntary Sector Mental Health Forum - works in partnership with many other agencies to improve the quality of life for people with mental health problems.

Links to some of our partner organisations:
http://www.sdvsmhf.org.uk/links.htm

Infolink - is a mental and physical health resource directory for the people of Derbyshire and Derby City:
http://www.corecarestandards.co.uk/infolink/

Community Directory Derbyshire - The most up-to-date list of all the voluntary and community groups active in Derbyshire:
http://www.communitydirectoryderbyshire.org.uk/

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Outcomes & Register of Approved Therapies

The Trust Register of Approved Therapies/Treatments is one way we ensure that Treatment provided by the trust is a clear and transparent.

Therapies and Treatments requiring additional training over and above their core clinical skills is covered

This also helps to ensure clinical staff doing any treatment beyond their basic level of training has the necessary skills and supervision.

Register of Approved Therapies/Treatments and Outcomes 2014

Please Note: This list is reviewed and updated, throughout the year

Therapy/Treatment	Outcome Measures
Cognitive Analytic Therapy	• Health of the Nation Outcome Scales (HoNOS) • Clinical Outcome and Routine Evaluation Outcome Measures (CORE-OM) • Personality Structure Questionnaire (PSQ)
Cognitive Behavioural Psychotherapy (CBP	
Compassion Focussed Therapy (CFT)	• Neff's self-compassion scales • Forms of Self-Criticising/ Self-Attacking and Self-Re-assuring Scale (FSCRS)
Couples Therapy: Exeter Model	• SCORE • Becks Depression Inventory (BDI)
Dialectical Behaviour Therapy (DBT)	• Clinical Outcome and Routine Evaluation Outcome Measures (CORE-OM) • Health of the Nation Outcome Scales (HoNOS)

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Outcomes & Register of Approved Therapies

Therapy/Treatment	Outcome Measures
Eye Movement Desensitisation & Reprocessing (EMDR)	• Clinician Administered PTSD Scale • (CAPS), • Impact of Events Scale (IOE) • SI-PTSD Checklist. • Depression Scale (HADS).
MOVE	• MOVE Milestones Assessments
Multi-Sensory Environments (Snoezelen)	• Health of the Nation Outcome Scales (HoNOS) • Any outcome measure that allows setting of appropriate, individual objectives that can be measured • Person-Centred Outcome Measures • MoHOST • EKOS • GAS
Psychosexual Therapy	• Clinical Outcome and Routine Evaluation Outcome Measures (CORE-OM) • Hospital Anxiety Depression Scale (HADS) • Session Rating Scale (SRS) • Outcome Rating Scale (ORS)Patient Satisfaction Statement • Golombok Rust Inventory of Sexual Satisfaction Scale (GRISS) (male/female) Golombok-Rust Inventory of Marital State (GRIMS)
Psychosocial Interventions for psychosis	• HoNOS • Global Assessment of Functioning (GAF)

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Outcomes & Register of Approved Therapies

Therapy/Treatment	Outcome Measures
Sensory Integration Therapy	• Health of the Nation Outcome Scales (HoNOS) • Any outcome measure that allows setting of appropriate, individual objectives that can be measured • Person-Centred Outcome Measures • MoHOST • EKOS • GAS
Short-Term Psychodynamic Psychotherapy	• Inventory of Inter-personal Problems (IIP) • Clinical Outcome and Routine Evaluation Outcome Measures (CORE-OM) • Patient Health Questionnaire – 9 Function (PHQ 9) • Generalised Anxiety Disorder Questionnaire – 7 Function (GAD 7) • Forms of Self-Criticising/ Self-Attacking and Self-Re-assuring Scale (FSCRS) • Health of the Nation Outcome Scores (HoNOS) • Global Assessment of Functioning (GAF) • Patient Self-Report Form – Narrative Function (PSRF-NF)
Family Therapy & Systemic Psychotherapy (with sub-modalities, see Full Document B, Narrative Therapy, Solution-focussed therapy)	• SCORE 15

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Outcomes & Register of Approved Therapies

Why do we use Outcome measures?

Outcome measures are part of how we ensure we provide high quality care and ensure:

- Effective care
- Safe care
- A positive experience.

Outcome measures used are designed to help both patient and clinician to understand the problems, review progress of treatment, identify any problems in treatment and help to know when problems are resolved and treatment can come to an end.

All the measures used are selected through a rigorous process and are evidence based for the kinds of problems, disorders a patient is experiencing.

We aim to collect 3 types of outcome measures:

- **Clinician Reported Outcome Measures (CROMs). A clinical measurement of care.**
- **Patient Reported Outcome Measures (PROMs) A patient's measure of care.**
- **Patient reported Experience measure (PREMs);**
  A patient's measurement of how we gave care did we show compassion and respect? What was the quality of food and general environment?

These 3 measures will be discussed, whenever possible, with everyone who uses our service to agree how the information can be used to help manage care

- **For Clinical Staff:** Ensure you have identified and discussed which outcome measurements are to be used and how this will be fed back to the patients and (where appropriate), carers.
- **For Service receivers:** Please let the clinical staff know how you would like the information given to you and of any concerns or other questions you may have.
- **For carers:** In addition to the above, in some instances we may ask you to help complete certain measurements for the person you are caring for.

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Further useful information

Useful Links

Your guide to cluster pathways

This is a developing site of resources designed to give a high level overview of good practice, evidence informed care pathways for each of the care clusters, to help localities plan how to efficiently, effectively and equitably operationalize services for high quality care.
http://www.mednetconsult.co.uk/imhsec/

NICE Mental health and behavioural conditions

Links to all the relevant NICE guidance.
http://www.nice.org.uk/guidance/index.jsp?action=bytopic&o=7281

Institute of Mental Health – UK

The Institute of Mental Health was launched in 2006 to help transform our understanding and treatment of mental illness. We are a partnership between Nottinghamshire Healthcare NHS Trust and the University of Nottingham and we are one of the leading mental health institutes in the UK, offering leadership and innovation backed by world class expertise.
http://www.institutemh.org.uk/

National Institute of Mental Health – US

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure
http://www.nimh.nih.gov/index.shtml

The Mental Health Observatory

The Mental Health group exists to collate and make available data about mental health care in England, collected routinely or through special surveys, by health and social services. It is based within the NHS North East Regional Public Health Observatory. It provides information and advice to commissioners, mental health care providers and national inspection and audit bodies. It also provides advice and expertise to other English Public Health Observatories in relation to mental health topics.
http://www.nepho.org.uk/mho/

NHS Choices – Mental health

http://www.nhs.uk/Livewell/Blackhealth/Pages/Mentalhealth.aspx

Institute of Psychiatry

http://www.kcl.ac.uk/iop/index.aspx

If you wish to add any information to this site please contact:

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CARE CLUSTERS