Literature search

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<thead>
<tr>
<th>Title</th>
<th>Mental health models</th>
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</thead>
<tbody>
<tr>
<td>Client</td>
<td>Sample search</td>
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<td>Researcher</td>
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<tr>
<td>Date</td>
<td>2015</td>
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Content

Databases p.4

Search strategies p.6

Overview p.7

Search results p.8
Databases

**British Nursing Index (BNI)**
The BNI is a database of journal articles, most of which come from 250 UK nursing and midwifery titles with only a small number coming from non-UK specialist journals. The articles date from 1994, with abstracts included from 2004 onwards, and cover areas such as accident & emergency nursing, breast cancer, evidence based practice, learning disabilities, midwifery, nurse practitioners, orthopaedic nursing, perinatal & neonatal mortality, psychiatric nursing, reflective practice, student nurses, theatre nursing, and wounds.

**CINAHL (Cumulative Index to Nursing and Allied Health Literature)**
CINAHL aims to provide information for all allied health professionals by offering complete coverage of English-language nursing journals and publications from the National League for Nursing and the American Nurses' Association. As well as journal articles some books, book chapters, dissertations, and conference proceedings are offered. The database goes back to 1982 and also offers some technology journals, as well as articles on consumer health, health promotion, and legal issues within health care.

**Health Business Elite**
Health Business™ Elite contains full text content from more than 480 journals, and has content ranging back to 1922. The journals included centre around health care administration and other non-clinical aspects of healthcare institution management, such as hospital management, hospital administration, marketing, human resources, computer technology, facilities management and insurance.

**HMIC**
This database combines resources from the Library and Information Services of both the Department of Health and The King’s Fund.

The Department of Health Library and Information Services database:
With a focus on the NHS and health service quality, and including data from 1983 onwards, the DH database covers areas within health service policy, management and administration. It also holds information on planning, design, construction, and maintenance of health service buildings, as well as occupational health, control and regulation of medicines, medical equipment and supplies, and social care and personal social services.

The King’s Fund Information and Library Services database:
Also with a UK focus, this database covers health management and services, social care, service development, and NHS organisation and administration. Resources include journal articles, books, reports, and pamphlets and cover the years from 1979 onwards.

**PubMed**
Covering clinical medicine, biomedical sciences, nursing, dentistry, preclinical sciences, and health care systems, PubMed has over 20 million citations from scholarly journals dating back to 1950. Citations are provided from MEDLINE, life science journals, and online books, and links to full text articles are provided where possible.

**Social Care Online**
Provided by the Social Care Institute for Excellence (SCIE), Social Care Online makes use of journal articles, web sites, research reviews, government documents and legislation, and service user knowledge in order to provide information on all aspects of social care. Its content dates back to 1960 and is widely used by academics, researchers, information professionals, practitioners, service users and carers, social care managers, policy makers, and students.
Search strategies

subject: (mental or Alzheimer’s disease or dementia) and subject: (integrated care or partnerships or interagency collaboration or joint working)
Years: 2002-2012

(delivery of health care, integrated [MeSH]) and (Great Britain [MeSH] or UK [freetext] or NHS [freetext]) and (mental health services [MeSH] or mental disorders [MeSH] or dementia [MeSH])
Years: 2002-2012

Integrated services [Topic] and mental [freetext]

subject: (mental or Alzheimer’s disease or dementia) and subject: (telehealth or telecare)
Years: 2002-2012

(Great Britain [MeSH] or UK [freetext] or NHS [freetext]) and (telecare [freetext] or telehealth [freetext] and (mental health services [MeSH] or mental disorders [MeSH] or dementia [MeSH])
Topics: mental health and freetext: (telehealth or telecare)

“mental health and model and partnership”

“clinical and effectiveness and telehealth and mental health”

“Co-ordinat* and care and telehealth”
Overview

The initial searches brought back 154 search results in total. 115 for the first search on mental health partnership models and 41 on mental health models and telehealth. These included;

- 96 journal articles
- 43 reports and briefings
- 17 textbooks/ grey literature

The search was carried out from 2002-2012 and focused on health care in the UK.

Many of the reports are from organisations such as the Centre for Mental Health, National Mental Health Development Unit. The King’s Fund, Centre for Welfare Reform and National Institute for Health Research. The majority of the report references include links to the full text documents.

Main themes of the search appear to be around integrated care and co-ordinated care partnership models. Most of the sources include specific examples of best practice case studies and models of practice.

Types of services included were integrated health and social care services for mental health as well as housing and support services. Also, mental health services for specific groups such as children and older people. As well as duel diagnosis delivery.

Most of the sources discuss mental health services generally but common mental health conditions referred to include dementia, intellectual disabilities (i.e. autism spectrum), and first episode psychosis.

Note: where possible we have included links to full text articles, however the majority are abstract only. If you would like specific full text articles please feel free to contact us, where we can try to advise where you might be able to obtain copies from either our collection or other sources.
Search results

Association of Directors of Adult Social Services
Oxford Brookes University. Institute of Public Care

The case for tomorrow: facing the beyond: a joint discussion document on the future of services for older people.
London: ADASS, 2012
This report reviews ADASS’s 2002 publication Inverting the Triangle of Care in the context of the imminent implementation of the Health and Social Care Bill; an emerging social care white paper, and government responses to the Dilnot Commission on Care Funding, and the Law Commission report on social care law. The report stresses the absolute importance of government: investing more in social care; making sure choice and control can work; reducing barriers to integration; incentivising community-based care and wellbeing services; and helping to change assumptions about old age.
http://www.adass.org.uk/images/stories/Policy%20Networks/Older%20People/Key%20Documents/TheCaseForTomorrow080312.pdf

Associated document concerning self-directed support:
http://www.adass.org.uk/images/stories/Policy%20Networks/Older%20People/Key%20Documents/TheCaseForTomorrow150312.pdf

National Development Team for Inclusion

Getting it together for mental health care: payment by results, personalisation and whole system working.
Bath: NDTI, 2011
This paper considers how the two policy initiatives of Payment by Results (PbR) and personalisation need to be developed in tandem with one another, and in the context of whole system commissioning, if the aims of both are to be achieved. It raises some questions for discussion about whether personalisation and PbR can meet the challenge of a more radical whole system approach and what impact success or failure will have on mental health services and outcomes for individuals. It concludes with some specific issues that need to be considered nationally and locally.

National Voices

Integrated care: what do patients, service users and carers want?
London: National Voices, 2012
This paper is a bespoke report for the NHS Future Forum’s integration workstream. It looks at the particular needs of three exemplar groups of service users and makes recommendations on: integrating mental and physical health; joining up local and specialist services; care planning; and medicines management and review.

PRIORITY GROUP;
Follow the pathway.
Learning Disability Today, October/November 2011, p.32.
The Priory Group, a market leader in acute mental health services and specialist education services, has acquired Craegmoor, a provider of support services for people with learning disabilities and autism. This acquisition has provided the opportunity to develop a co-ordinated and seamless care pathway to meet the needs of people with a learning disability or an autistic spectrum condition. The advantage of the new integrated care pathway offered by Priory and Craegmoor is the ability to share knowledge and experience of what works, bringing together learning disabilities and healthcare to ensure a seamless care pathway. The new group has embraced Craegmoor’s ‘Your Voice’ programme to ensure that everybody who uses the services in the pathway has a say in how their own support is provided.
autistic spectrum conditions; care management; integrated services; learning disabilities; organisational structure;

STEEDEN Andrew; TAHIR Aumran;
All together now.
Health Service Journal, 13.10.11, pp.32-33.
[Abstract] An integrated care pilot in north west London is linking up services for people with complex health problems and social issues. The pilot coordinates care across patient settings using multidisciplinary groups which include GPs, acute consultants, community specialists, mental health clinicians and social work professionals. An innovative IT tool helps to plan services. The benefits the pilot has brought to the lives of older people are briefly described and examples of how the London pilot was able to overcome barriers to integrated care provided.

Revolving Doors Agency
Making Every Adult Matter (MEAM)
Turning the tide: a vision paper for multiple needs and exclusions.
London: MEAM, 2011
This paper makes an argument for co-ordinated and integrated services for people with multiple needs. It is aimed at government ministers and key local decision makers and sets out the steps to help local authorities achieve this vision.

Alimo-Metcalfe, Beverly; Locker, Alice
High five for quality of care.
Health Service Journal 2011; 121 (6267): 30-31 (28 July 2011)
Interviews with [community mental health] service users, carers and health professionals have identified the five elements that define effective care. Beverly Alimo-Metcalfe and colleagues report. [Introduction]

POOLE Ruth;
A fitting focus on managing dementia.
Health Service Journal, 30.6.11, pp.23-25.
[Abstract] Following a workshop organised by Healthcare at Home, a care model was developed to help commissioners and providers build a more patient and carer-focused community dementia service. The care model aimed to improve the experience of people with dementia in the community and to also reduce costs. The steps taken to identify and map the out-of-hospital pathway are outlined. The three steps cover: identifying unmet need; building a care model that bridges the gaps; execute the plan. Tables illustrate mapping possible gaps in provision; the essential service elements for an effective home-based dementia care service; and a provide details of a suggested patient pathway.

Hall, Julie; Callaghan, Patrick
Focus group study of service user and carer experience of an integrated care pathway.
Integrated care pathways (ICPs) are prearranged processes of care that are being increasingly used to deliver mental health services. The literature to date reveals relatively little about service user and carer experience in relation to their use. This study was completed as part of case study research and focused on the experiences of service users and carers gathered using focus groups, as a unit of analysis. The findings revealed a number of contrasts including the perspective that people did not feel that their care was individualized to them, although among them they had different perceptions of the care process. Conclusions suggest that mental health ICPs need to reflect the relationships between stakeholders, variability of illness and individual ways of living if they are to provide a framework for managing care which is responsive to the needs of people using mental health services. [Abstract]
BRUCE Gemma; WISTOW Gerald; KRAMER Richard;  
**Connected care re-visited: Hartlepool and beyond.**  
[Abstract] This article looks at the progress of Hartlepool’s Connected Care, a model for involving the community in the design and delivery of integrated health and well-being services. Implementation of a new community-led social enterprise in Hartlepool began in 2007, and today its Connected Care service provides community outreach, information, access to a range of health and social care services, advocacy, co-ordination and low-level support. Key lessons have centred on the value of making the case for service redesign from the bottom-up and building the capacity of the community to play a role in service delivery. It also promotes strong leadership within commissioning organisations to build top-down support for the implementation of outcomes defined through intensive community engagement. The new Government's localism agenda creates new opportunities for community-led integration, and the Connected Care pilots provide insight into how this might be successfully implemented.

Belling, Ruth; Whittock, Margaret  
**Achieving continuity of care : facilitators and barriers in community mental health teams.**  
Implementation Science 2011; 6 (23): (18 March 2011)  
BACKGROUND: The integration of mental health and social services for people diagnosed with severe mental illness (SMI) has been a key aspect of attempts to reform mental health services in the UK and aims to minimise user and carer distress and confusion arising from service discontinuities. Community mental health teams (CMHTs) are a key component of UK policy for integrated service delivery, but implementing this policy has raised considerable organisational challenges. The aim of this study was to identify and explore facilitators and barriers perceived to influence continuity of care by health and social care professionals working in and closely associated with CMHTs. METHODS: This study employed a survey design utilising in-depth, semi-structured interviews with a proportionate, random sample of 113 health and social care professionals and representatives of voluntary organisations. Participants worked in two NHS Mental Health Trusts in greater London within eight adult CMHTs and their associated acute in-patient wards, six local general practices, and two voluntary organisations. RESULTS: Team leadership, decision making, and experiences of teamwork support were facilitators for cross boundary and team continuity; face-to-face communication between teams, managers, general practitioners, and the voluntary sector were facilitators for information continuity. Relational, personal, and longitudinal continuity were facilitated in some local areas by workforce stability. Barriers for cross boundary and team continuity were specific leadership styles and models of decision making, blurred professional role boundaries, generic working, and lack of training for role development. Barriers for relational, personal, and longitudinal continuity were created by inadequate staffing levels, high caseloads, and administrative duties that could limit time spent with users. Incompatibility of information technology systems hindered information continuity. Flexible continuity was challenged by the increasingly complex needs of service users. CONCLUSIONS: Substantive challenges exist in harnessing the benefits of integrated CMHT working to deliver continuity of care. Team support should be prioritised in terms of IT provision linked to a review of current models of administrative support. Investment in education and training for role development, leadership, workforce retention, and skills to meet service users’ complex needs are recommended. [Abstract]  
http://www.implementationscience.com/content/6/1/23  

Morley, Mary, Garnham, Mike, Forsyth, Kirsty, Sun Wook Lee, Taylor, Renee R., Kielhofner, Gary  
**Developing occupational therapy indicative care packages in preparation for mental health Payment by Results.**  
Mental Health Occupational Therapy, 01 March 2011, vol./is. 16/1(15-19), 13634682  
Abstract: Mental health Payment by Results (PbR) has been implemented in England from 2010 (Department of Health [DoH] 2010a). Health providers will be reimbursed for the delivery of packages of care with payment eventually linked to quality outcomes and productivity (DoH 2010b, 2010c). The PbR system categorises service users into 20 clusters according to their needs. A three phase study was conducted to develop occupational therapy indicative care packages for 19 clusters within an academic/practice partnership between the University of Illinois at Chicago, Queen Margaret University and eight mental health Trusts (Morley 2009, 2010). The first
phase of the study analysed retrospective data, including the Model of Human Occupation Screening Tool (MOHOST) (Parkinson et al 2004) from the clinical records in two Trusts in order to identify occupational profiles for service users in the PbR clusters. These results were used in Phase II where they shaped a survey to identify occupational therapy goals for the clusters. In Phase III, using action research, the outputs of these two studies were used by practitioners to refine evidence-based occupational therapy care packages (Garnham et al 2010 unpublished). The authors will give an overview of the research process and summarise the findings.

Sachrajda, Alice

**Dementia care in London.**
Briefing; March 2011
London: IPPR, 2011

Providing high-quality care and support for the increasing numbers of people with dementia is one of the most challenging and complex issues of our time. The number of people with dementia is set to double to 1.4 million in the next 30 years and the costs are expected to treble. This briefing identifies areas of unmet need, highlights problems with current provision, and draws attention to models of best practice.

http://www.ippr.org/publicationsandreports/publication.asp?id=808

Duffy, Simon

The Centre for Welfare Reform

**Personalisation in mental health: a model for the integration of health and social care mental health services.**
Sheffield: Centre for Welfare Reform, 2011
Published in association with Yorkshire and Humberside Improvement Partnership, Care Pathways and Packages Project and Association of Directors of Adult Social Services.


Alzheimer's Society

MHP Health Mandate

**Common and complex: commissioning effective dementia services in the new world.**
London: Alzheimer’s Society, 2011

This report makes recommendations about how effective dementia services can be best delivered under new commissioning arrangements within the NHS.

http://issuu.com/mhpcommunications/docs/commissioning_effective_dementia_in_the_new_world?mode=window&backgroundColor=%2323222222

Manthorpe, Jill; Samsi, Kritika

National Institute for Health Research. Service Delivery and Organisation

**The transition from cognitive impairment to dementia: older people's experiences.**
SDO Project; 08/1809/229
Southampton: SDO, 2011

The aim of this study was to understand the experiences, expectations and service needs of the person who is becoming the person with dementia, from the perspectives of the older person and their supporter or carer. Our specific objectives were to describe the process, experiences of assessments and encounters with health and other professionals of older people with a recent diagnosis of dementia, and to describe the process from the perspective of people supporting them (carers). We further explored how older people with dementia and their carers understand, access and use services following assessment and diagnosis and how this is affected by treatment decisions and contact with different sources of advice and information. Our final objective was to develop a model of care for older people newly diagnosed with dementia and their carers that promotes integrated and cross agency working and strategies to support self-management during a time of transition.

http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1809-229_V01.pdf

Associated documentation:
Fuller, Jeffrey D. Perkins, David

Building effective service linkages in primary mental health care: a narrative review part 2.

BACKGROUND: Primary care services have not generally been effective in meeting mental health care needs. There is evidence that collaboration between primary care and specialist mental health services can improve clinical and organisational outcomes. It is not clear however what factors enable or hinder effective collaboration. The objective of this study was to examine the factors that enable effective collaboration between specialist mental health services and primary mental health care. METHODS: A narrative and thematic review of English language papers published between 1998 and 2009. An expert reference group helped formulate strategies for policy makers. Studies of descriptive and qualitative design from Australia, New Zealand, UK, Europe, USA and Canada were included. Data were extracted on factors reported as enablers or barriers to development of service linkages. These were tabulated by theme at clinical and organisational levels and the inter-relationship between themes was explored. RESULTS: