

**CASE STUDY #3**

# **Opportunity Nottingham's specialist mental health workers**

**Improving access to  
mental health support  
for people experiencing  
multiple disadvantage**

**Evaluation of Fulfilling Lives:**  
Supporting people with multiple needs

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CFE Research and  
The University of Sheffield,  
with the Systems Change  
Action Network



Opportunity Nottingham is the Fulfilling Lives partnership for Nottingham City. Framework, a homelessness charity with hostels across the city, are the lead partner.

## What was the problem?

**“** I can remember, numerous examples where we had what we thought were very, very ill, very chaotic people and when they would have chances where they would come into contact with [mental health] services and we would think, 'Brilliant, this will get them in,' and they would actually be told there's nothing wrong with them.

Opportunity Nottingham saw the mental health pathway in the city as failing to meet the needs and behaviours of people experiencing multiple disadvantage. As a result, beneficiaries were often denied assessments and were unable to access treatment services, despite partnership staff concerns over their mental health.

Whilst there are some counselling services available for people with multiple needs in the city, staff felt that waits for treatment would be too long or that their beneficiaries would be considered as too complex. These perceptions are supported by the experiences of other partnerships. Further, a lack of specialist mental health staff able to work with people experiencing multiple disadvantage means that people are often labelled with inaccurate 'diagnoses'.

**“** I think in the homelessness sector, people are working with virtually no information. It's what you can get from the person, often it's unreliable, so for example I regularly see split personality disorder written as a diagnosis which isn't a diagnosis but it's something that someone's self-reported because they've either interpreted what they have been told in that way or that's what they believe they've got.

## How did the partnership address it?

**“ We’ve actually stepped in to commission or provide things ourselves because we can’t get it within the pathway.**

Framework created two roles to help fill the gaps in mental health services they identified: a CBT practitioner and a Band 8 clinical psychologist.

The mental health lead worker undertook training in cognitive behavioural therapy (CBT) so they could offer this in-house to beneficiaries. The CBT was initially run as a pilot service and after six months of successfully working with beneficiaries this was integrated into the usual service at Opportunity Nottingham.

**“ We know now everybody’s got severe trauma [...] we were certain there would be lots of people who would probably benefit from [CBT] and it was a quick way of getting access to that and delivered in a format that [beneficiaries] could cope with.**

Personal Development Coordinators (PDCs), who work directly with beneficiaries, discuss with the CBT practitioner whether someone might benefit from therapy. The CBT practitioner then meets with the beneficiary to chat about what the programme entails. If everyone agrees it would be useful, treatment can go ahead.

The clinical psychologist was employed to carry out in-house needs assessments, provide direct support to beneficiaries, improve working practices across Opportunity Nottingham and Framework and connect with wider primary and secondary mental health services in the city. The psychologist was seconded from the local healthcare trust for a fixed-term two year contract.

## What difference did it make?

The combination of having a CBT practitioner and clinical psychologist meant that a range of mental health needs could be addressed in-house. In addition, the specialists acted as a bridge between the partnership and statutory mental health services. This had a positive impact on beneficiaries as well as internal and external staff and the wider system.

### Providing CBT that would not otherwise be accessible

Having a CBT practitioner within the partnership has enabled people with experience of multiple disadvantage to access treatment that might not otherwise be available to them. This is particularly the case for those with co-occurring mental ill-health and substance misuse issues. It is clear that for many people Opportunity Nottingham work with, the traditional treatment pathway and approach to working with individuals is unlikely to work.

Providing CBT in-house has enabled the partnership to work with clients in a much more flexible way that is more suited to their experiences, needs and current situation. This has led to successful engagement with the CBT programme.



[The CBT] fits around the beneficiary. I meet them where they want to meet, whether it's out in the park, whether it's here [at Opportunity Nottingham] or whether it's in a coffee shop, it doesn't matter. It's to benefit them because by making it easier for them means that they will meet with me and it works.

### Enhanced beneficiary progress

Opportunity Nottingham report that beneficiaries who undertook CBT with them made better progress in reducing levels of risk and need than those who did not.<sup>1</sup> They also made greater progress towards self-reliance over time working with the CBT practitioner.<sup>2</sup> An evaluation of eleven CBT clients also showed an improvement in a number of psychological measures after three

months, including remaining calm when facing difficulties, an ability to ask for help if needed and being confident to cope with unexpected events. This evidence was used to support the decision to maintain the CBT role beyond the initial pilot period.

## Improved access to assessments and mental health services

Having a clinical psychologist within the team who can undertake specialist assessments has meant beneficiaries can get a diagnosis.

**“** I've done, for example, an assessment of somebody who we were pretty sure had intellectual disabilities but he hadn't got a diagnosis. He's in his fifties, that's not necessarily unusual within ID [Intellectual Disability] services, we would sometimes see people a lot further down the line, so doing an assessment and giving him a diagnosis, and then connecting him into ID services for longer-term therapy.

Needs assessments can then lead to referrals into secondary health care services. Staff gave many examples of how beneficiaries have been able to access mental health services since being assessed and supported by the clinical psychologist.

The views of a Band 8 professional add weight and credibility to referrals made by frontline staff, making them more likely to be successful.

**“** Sometimes I make phone calls and I say the same things that hostel staff say, but it's just seen to have more weight, which I think is a real shame because I think the hostel staff often know the person way better than I do.

Knowledge of the system is essential in being able to effectively advocate on behalf of beneficiaries. The clinical psychologist has brought in-depth knowledge to the team, has helped staff to better understand beneficiary rights and relevant legislation and how to use this when appropriate.

**“** I think it does take support from PDCs and sometimes from me to challenge Trust decisions, or even to know what the options are [...] Sometimes those people have then been banned from services, as well, so actually their rights aren't upheld, or the Mental Health Act is used only to control them, rather than to support them.

## Improved understanding of multiple disadvantage

The clinical psychologist has worked with Opportunity Nottingham and Framework staff to help them understand the psychology behind behaviours and the benefits of adopting a psychologically-informed approach to working with people with experience of trauma.

**“** There's a lot of learning about people's backgrounds, it benefits us in terms of understanding how they're behaving, why, and what might work [...] there's [someone] in particular whose formulation meeting I sat in on. It was really helpful about understanding their childhood and the impact, and how it's shaped their view of services, and actually, where a lot of their anger comes from.

This knowledge has helped all staff members develop appropriate responses to behaviour and understand how best to work with people who many would find challenging.

In addition, the clinical psychologist is providing training in psychologically informed environments (PIE) and trauma-informed care. Opportunity Nottingham staff think this has had a positive impact on the way services understand, respond to and work with beneficiaries.

**“** I think [the biggest success has been] the concerted effort towards developing PIE and TIC [trauma informed care] services. [...] I think we're, kind of, seeing that paying off, really, in terms of the approach that people take [...] just increasing, really, the person-centred nature of the work.

## Supported staff wellbeing

The clinical psychologist offers psychological consultations to Opportunity Nottingham staff and this is considered hugely beneficial in helping staff deal with the challenges of their work and encouraging them to switch off, limiting burnout and other consequences of the intense nature of working with people affected by multiple disadvantage. The provision of Critical Incident Stress Management debriefing has also helped staff deal with traumatic events such as the death of a client.

**“** When you work Monday to Friday, it blows your brains, absolutely. I couldn't switch off at weekends. I think I got to a point where all that week was stuck in my head, I had nowhere to take it and that's where [psychologist] come in who taught me, 'Look, on Friday, go on your computer, reflect on how your week went, put it to bed'.

Supporting staff in this way ultimately benefits them and the clients they work with. Consistency of keyworker is important to beneficiaries and will be enhanced if staff welfare is improved.

## Improved cross-agency relationships

Both the CBT practitioner and the clinical psychologist have been able to build relationships with local services. This has helped improve understanding between services. Getting access to services can be dependent on having relationships with key individuals, so building these relationships is of benefit to clients.

**“** [The CBT practitioner's] been really good in liaison building with mental health services. Going onto the wards and making those contacts, and it's that thing that we always find, if you get to know staff and services, and see how they work, that kind of helps.

A key part of the psychologist's role has been to improve multi-agency working across the city. One aspect of this is setting up formulation meetings. These meetings bring various agencies involved with an individual together to understand more about the person, their background and behaviours, with the aim of being able to support them better.<sup>3</sup>

## Learning from experience

### It is possible to provide mental health support to people experiencing multiple disadvantage

Successfully supporting Opportunity Nottingham beneficiaries with CBT has demonstrated that even those with chaotic lifestyles can be supported and respond to this type of work – which is contrary to how secondary services often respond to people affected by multiple disadvantage.

**“** What we're challenging is the belief that you can't deliver therapeutic interventions for this client group, and through the work we're doing, we are going to be saying, 'Yes. Yes you can. You just have to do it this way.'

### Adopt a flexible and personalised approach

As a major benefit of having a CBT practitioner in-house is the ability to design a person-centred way of working. This should be built in to any service for people experiencing multiple needs from the start. The therapy provided by Opportunity Nottingham has been successful because it has been built around the needs, lifestyles and experiences of the beneficiary. The approach has a number of features which differentiates it from standard delivery in secondary mental health services:

- Delivered in a non-clinical environment, where the beneficiary feels comfortable
- Appointment times to suit beneficiaries, often the afternoon
- Appointments on the same day every week to avoid confusion
- Structured meetings going at the beneficiary's pace
- No time limit on therapy – beneficiaries can continue to have appointments as long as they are useful
- No waiting time for therapy
- Flexibility to take a break from therapy and return without the need for a re-referral

Opportunity Nottingham stress the importance of structured support and consistent messages – ensuring that the client knows what is expected of them, while also being realistic and not ending treatment if someone does not attend a session.

**“** If a client misses [an appointment] with me, it doesn't matter, we can catch-up the following week but I do make it quite clear that, 'If you're going to miss a few weeks, this isn't going to work.' It's about that structure and being continuous.

## Be clear about roles and boundaries

Bringing mental health support services in-house requires a clear understanding from the start about staff roles and responsibilities, and the boundaries around the role.

**“** We had to sit down from scratch and draw up [a job description] to say what [the CBT practitioner] would and wouldn't do, and how referrals would be made, and what the expectations were. So, it was being really clear about what she was offering and the levels of therapy, almost as much what she's not offering.

It is also important to ensure that other staff know the boundaries of the specialist roles, what they can and cannot do to avoid inappropriate referrals.

## Allow time to integrate different ways of working

While changes in beneficiaries have been observed, it is more difficult to judge the impact on the wider system. This is because it takes time to shift ways of working across organisations. Approaches such as PIE require ongoing training, time for reflection and adjustments across all aspects of working with people experiencing multiple disadvantage.

“ It'd be hard to work in those hostels where you're just dealing with, you know, incidents and endless crises. It needs a real cultural shift and it needs to be embedded and it's not quick, is it? You can't just go onto training and just go, 'Right, I'm going to do PIE approach now.' You have to explore it, so it will take a long time.

Building relationships across services also takes time – there is no quick-fix for this, and it is a result of perseverance and determination.

“ I think at the beginning, I didn't think that [I] was making much of an impact. I just felt as if, I was just another worker. You know, [mental health services] didn't recognise Opportunity Nottingham, they didn't really want to know. I think it was a bit later when we, kind of, carried on and carried on with it and we built that relationship up, it worked.

## Taking it further

Having a clinical psychologist and CBT practitioner in-house to provide direct support to beneficiaries who are in desperate need of help is clearly beneficial. Opportunity Nottingham acknowledge that filling gaps in mental health provision by offering in-house services has been beneficial in the short-term, but is not a long-term solution and ideally, beneficiaries should be supported by the statutory mental health system to ensure continuity of treatment.

**“** I am very selective in terms of who I take on because I would much rather someone was in statutory services so all their records are together. [...] So, wherever possible the first starting point is for someone to go through the [NHS] Trust for direct work.

Working outside the system will not change it. Improving access to services and encouraging a better understanding of people with multiple disadvantage is essential. Allowing the psychologist to dedicate time to this kind of systems change work has been valuable. But, ultimately, the mainstream mental health system needs to be better equipped to accept and work with people experiencing multiple disadvantage.

**“** I guess having someone who can, in theory, open doors into a system is fine, but if the system doesn't work...

## Find out more

Find out more about Opportunity Nottingham:  
<http://www.opportunitynottingham.co.uk/>

For further information, please contact Mark Garner at Opportunity Nottingham: [Mark.Garner@FrameworkHA.org](mailto:Mark.Garner@FrameworkHA.org)

## Endnotes

1. Based on New Directions Team (NDT) assessment scores. Five CBT clients were compared with five non-CBT clients with similar starting points and same baseline NDT assessment scores
2. Based on Homelessness Outcome Star scores
3. See <https://www.tewv.nhs.uk/services/what-is-a-formulation-meeting/> for more detail.

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