

the gap map

An exploration of the gap between primary and secondary mental health services in Bristol for people who have a personality disorder.

secondary mental health services

- client risk assessed as not high enough for service threshold
- service is not a trauma model: personality disorders often not perceived as serious mental illness

- stretched capacity
- non-engagement (eg three missed appointments)
- client's alcohol/drug use
- lack of clear access criteria to services

What's creating a gap?

What might help?

- bespoke signposting

- escorted referrals

trauma services/therapy

What's creating a gap?

- service capacity
- client's level of stability
- client needs to be able to attend appointments
- seen as discharge option by secondary service providers
- reduced impact of service due to lack of wrap-around support
- client's alcohol/drug use
- waiting lists
- cost

What might help?

- two-part assessments
- helpline/webchat
- regular waiting list check-ins
- 6-month offer

the gap

support to stabilise (practical and emotional)

therapy provision for complex needs client group

What's needed?

assertive engagement

wrap-around support eg *My Team Around Me* approach

preventative approach (crisis planning)

What might help?

- extended assessments

- links to trauma services/therapy

emergency response services

What might help?

extended psychological formulations

What's creating a gap?

- lack of cross-sector collaboration
- increasing levels of distress
- impact on continuity of care
- reactive rather than planned interventions
- high cost of unplanned interventions

primary mental health services

(e.g. IAPT)

- complex history needs long-term therapy
- up to a maximum of 12 sessions
- primary services aimed at anxiety / depression / one-off trauma

What's creating a gap?

- too risky or complex
- chaotic or not stable
- inconsistent response
- seen as discharge option by secondary service providers



Golden Key is a partnership between statutory services, commissioners, the voluntary sector and people with lived experience across Bristol. We work together to improve services for Bristol citizens with the most complex needs.

Our work focuses on those who have been identified as having complex needs. All our clients experience a challenging mix of homelessness, long term mental health problems, dependency on drugs/alcohol and offending behaviour.

By working closely with these clients, we are able to see the system through their eyes and pinpoint areas where it is not working. We use this information to identify the changes services need to make for the better, both strategically and operationally.

We are an eight-year project funded by the National Lottery Community Fund. Our work is continuously and independently evaluated. This is so lessons can be learned about how services can be improved for the most vulnerable - not just here in Bristol but across the whole of the UK.

We are bringing about change at every level - from the way we structure services to the way we run the city.

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The Gap Map: mental health services

This map has been developed in conversation with services across Bristol and brings together multiple perspectives to highlight common issues.

The map is intended to:

Visually illustrate multiple perspectives of the gaps between primary and secondary mental health services for people who have a personality disorder diagnosis or related presentation or a history of complex trauma.

Provide insight and understanding, enabling the gaps to be more clearly defined and to help identify thresholds, barriers and good practice.

Exploring mental health service provision for people who have a personality disorder diagnosis or related presentation.

The aspiration is for this map to serve as a tool in supporting collaboration between stakeholders; helping people identify creative solutions to a system-wide issue.

Primary mental health services

These services offer group and 1:1 therapies for those experiencing mild to moderate anxiety or depression.

Referral process: GP or self-referral

Clients: may be experiencing depression, stress, anxiety, panic, anger.

Example: Improving Access to Psychological Therapies (IAPT)

Secondary mental health services

Specialist services usually provided by a mental health trust. Services include support and treatment in the community as well as a range of inpatient services.

Referral process: GP or self-referral

Clients: usually have serious mental illness

Examples: recovery and crisis teams

Trauma services/therapy

A range of charities or third sector organisations offering 1:1 or group counselling/therapy or other support. Often able to be more flexible or in-depth, and offer additional access eg. helplines, web chats.

Referral process: secondary services, IAPT, self-referral

Clients: who are unable to access support through secondary services are often signposted here.

Example: SARSAS, SWAM, Womankind, Southmead Project.

Emergency response services

These services provide unplanned or reactive support. With this population, presentations often occur due to lack of effective support/provision elsewhere in the system.

Referral process: not referrals-based

Clients: may present during times of mental health distress/crisis.

Example: A&E, Liaison & Diversion Services, Place of Safety, A&S Police.