Mental Health Clustering Booklet

(V2.03)

(2012/13)

Gateway ref. 17250

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	**Finance**
Clinical	Social Care / Partnership Working

Document Purpose	For Information		
ROCR Ref:		**Gateway Ref:**	17250
Title	Mental Health Clustering Booklet 2012-13		
Author	Department of Health Payment by Results team		
Publication Date	16 February 2012		
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Special HA CEs, Directors of Finance, Communications Leads		
Circulation List	GPs		
Description	This manual is intended to provide a brief reminder of why, how and when to allocate people to a cluster and all the necessary information to do this accurately.		
Cross Ref	Payment by Results Guidance for 2012-13		
Superseded Docs	Mental Health Clustering Booklet 2011-12		
Action Required	To note the contents		
Timing	**N/A**		
Contact Details	Payment by Results Team Quarry House Quarry Hill Leeds LS2 7UE www.dh.gov.uk/pbr		
For Recipient's Use			

Contents

Introduction

This manual is intended to provide;

- A brief reminder of why, how and when to allocate people to a cluster
- All the necessary information to do this accurately.

How do I Cluster someone at the point of referral?

As organisations use a number of different IT systems, the exact procedures for allocating service users to clusters and recording these results will vary from trust to trust. However all trusts will follow these basic steps.

Step 1:
Based on the information you have gathered during your routine screening / assessment process, score the individual's needs you have identified using the Mental Health Clustering Tool (MHCT version 2.0) in appendix 1.

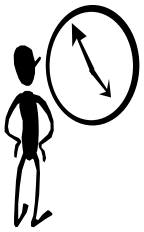
Step 2:
Use the decision tree (appendix 2) to decide if the presenting needs are non-psychotic, psychotic or organic in origin. Then decide which of the next level of headings is most accurate. This will have narrowed down the list of possible clusters.

Step 3
Look at the grids in appendix 3 to decide which one is the most appropriate by using the colour coded key

- Start with the **Red** scores; red scores indicate the type and level of need which **must be scored**. If the scores do not match, try another cluster.
- Next, to more accurately allocate to a cluster, look at the **Orange** scores. Orange represents **expected scores.** You may allocate a person to a cluster if the ORANGE scores do not exactly match the coloured grids. However, this reflects a "weaker fit" to that cluster.
- **Yellow** represents the levels that **may occur.** Yellow scores have no bearing on accuracy of cluster allocation. They may indicate the need for additional care plan interventions.

Remember, the final clustering decision is yours, based on your assessment results and your clinical judgement in applying this guidance.

When should I cluster someone?



People's needs change over time, and over the course of their treatment. Lessons are still being learnt about how to make sure that a PbR approach to funding mental health services reflects the differing levels of input that are provided throughout changing and unpredictable episodes of care. In order to achieve this, it is essential that people are not only assessed and clustered at the point of referral but also re-assessed and re-clustered periodically at the intervals suggested for each cluster. In practice this will equate to assessing and clustering people at:

- The point of referral.
- Planned CPA or other formal reviews.
- Any other point where a change in planned care is deemed necessary (e.g. unplanned reviews, urgent admissions etc)

Care Review and the clustering process

Every day practitioners make decisions about starting, stopping, increasing and decreasing interventions. These decisions are made according to a range of complex and inter-related factors but primarily in response to individual service user need. The Care Pathways and Packages model describes these individually assessed needs in a consistent way, using a combination of the Mental Health Clustering Tool (MHCT) and the resulting set of needs-based clusters.

The clusters, therefore, describe groups of service users with similar types of characteristics. These groups / clusters can be compared to each other in a variety of ways including: complexity of needs; acuity; intensity of likely treatment response; anticipated course of illness etc. Whilst some comparisons will be more useful than others in different situations, in this booklet a global judgement is made which combines all these factors and either leads to the term 'step-up' or 'step-down' being used to describe movement between any given clusters.

Care Transition Protocols

The points at which the appropriateness of the current cluster allocation is reconsidered should not be arbitrary. It should occur at natural and appropriate points in the individual's care pathway. Typically these are termed as reviews but, it is important to note that reviews can be relatively informal as well as formal, and can be in response to unforeseen changes in need i.e. unplanned as well as pre-planned.
Consider the following clinical scenarios:

- The planned review of a service user half way through a course of 16 sessions of CBT for depression will often reveal significant improvements and a corresponding reduction in MHCT scores for anxiety and low mood. This is rarely seen as a sustainable change in the user's presentation and thus the original treatment plan continues until the intervention is completed, rather than be reduced to a lower intensity intervention (e.g. computerised CBT).

- Some months after treatment from an assertive outreach team begins, improvements in presentation (particularly patterns of engagement) are not uncommon. These are unlikely to trigger a significant reduction in the overall level of intervention provided until the improvements have been maintained for some time. Thus the cluster allocation that originally triggered an assertive and intensive service response remains valid as it is still seen as a truer reflection of the individual's overall needs.

- Service users diagnosed with borderline personality disorder are well known to exhibit erratic patterns of behaviour, with fluctuations in distress and risk commonplace. Despite increases in risk, decisions are often made to take therapeutic risks rather than immediately increasing the overall level of intervention in response to what may turn out to be transient and self-limiting increases in perceived need.

From these examples it is clear that individuals only fit the needs profiles for the appropriate cluster at certain key points in their journey (i.e. the start of a period of care) and that, at clinical reviews additional factors must also be taken into account before a different cluster allocation is made and care is changed significantly.

These factors are described in this booklet as care transition protocols and include the step-up and step-down criteria for each cluster. Only when a set of criteria have been met should the allocated cluster be changed to that suggested by the clustering tool scores. The protocols also include examples of local discharge criteria which outline the circumstances when service users could be discharged from mental health services completely.

The remaining pages in this booklet describe, for each cluster: the length of time service users are likely to be allocated to a particular cluster; a frequency for re-assessing the appropriateness of the cluster; and the likelihood of each possible cluster transition. It also attempts to visually represent the relationship between each cluster in terms of intensity, acuity and complexity etc.

As most practitioners only routinely encounter a small number of clusters, they will become familiar with their own 'portion' of the booklet. In addition, the 6 steps described below will guide practitioners through the process.

Step-by-step guide to the use of MHCT Scores, cluster profiles and care transition protocols at care reviews

1. Select the page containing care transition protocols that correspond to the individual's current cluster.

2. After completing an appropriate re-assessment of risks and needs complete a new MHCT.

3. Consider the step-up criteria. If any one of these is met, this suggests the current cluster allocation needs to change and, with reference to the clustering booklet; the latest MHCT scores should be used to decide on the new cluster. If the step-up criteria are not met…

4. Consider the discharge criteria. If all of these are met, this indicates the need to explore discharge from mental health services back to GP lead (Primary) care. If the discharge criteria are not met…

5. Consider the step-down criteria. If all of these are met, this suggests the current cluster allocation needs to change and, with reference to the clustering booklet, the MHCT scores should be used to decide on the new cluster. If the step-down criteria are not met …

6. This indicates that the existing cluster allocation remains valid, as any differences in the user's needs that have occurred do not warrant the changes in service response that allocation to a different cluster would trigger.

How the information will be used

The information will inform Payment by Results (PbR) for mental health services.

Provider Trusts are currently paid through block contracts which often fail to reflect the quality / complexity of the care delivered. PbR is a different way of funding providers. It links the care provided directly to the needs of individual service users. A PbR funding system has 4 basic elements / steps:

1. Capturing the number of service users treated.
2. Allocating each patient to a classification system.
3. Agreeing what should be provided for people in each cluster.
4. Agreeing a price for each group/cluster in the classification system that means providers can afford to deliver the agreed care.

How is it being developed?

A PbR system based on care pathways and packages has many benefits. In order for the process to function properly it is essential that allocation to clusters is done both accurately and at the right points in the person's journey through services by following guidance in this booklet. This process has been tested in organisations in 2011/2012 in shadow form, with all existing service users covered by the cluster currencies allocated to clusters by 31 December 2011. Further use of this clinically meaningful information will be determined locally. Work has also been on-going to develop understanding at provider level of how to cost the existing care associated with each cluster, and to scope out future appropriate packages of care. More work on this will take place in 2012.

Mental health PbR needs to support the mental health strategy set out in "No Health without Mental Health" with its focus on recovery. In order to assess progress towards recovery there need to be agreed outcome indicators. Work on these is still at an early stage and will include NICE indicators where available. The DH Quality and Outcomes group is leading this work. It produced its first report in October 2011 which proposed 8 quality indicators which organisations can use, all based on information already collected. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131578. During 2012-13 the group will be developing much more comprehensive recommendations on the use of indicators and these will be reported before the end of the year.

I have a question…

If you need more information, or have a query about the clustering process don't leave it unanswered as accuracy at this stage is the key to success. Each Trust has a nominated lead for the project and some have a specific training lead and your manager should be able to tell you how to contact them.

Patient Safety

Any issues relating to service user safety that arise through the use of the Mental Health Clustering Tool and the Mental Health Care Clusters should be raised through your organisation's own patient safety reporting routes. Any urgent service user safety issues that directly relate to the clustering tool or the clusters should also be reported via pbrcomms@dh.gsi.gov.uk

Appendix 1

Mental Health Clustering Tool Version 2.0

The MHCT incorporates items from the Health of the Nations Outcome Scales (HoNOS) (Wing et al. 1999[2]) and the Summary of Assessments of Risk and Need (SARN) *(Self et al 2008[1])* in order to provide all the information necessary to allocate individuals to clusters.

HoNOS *is an internationally recognised outcome measure developed by the Royal College of Psychiatrists Research Unit (CRU) to measure health and social functioning outcomes in mental health services. The aim of the HoNOS was to produce a brief measure capable of being completed routinely by clinicians and recorded as part of a minimum mental health dataset. The first twelve items of the MHCT are HoNOS items. The HoNOS items are used here with the permission of the Royal College of Psychiatrists, who hold the copyright.*

SARN

The Summary of Assessments of Risk and Need (SARN) has been developed by the Care Pathways and Packages Project to aid in the process of establishing a classification of service users based on their needs so that appropriate service responses could be developed both at the individual and service level. It provides a brief description of the needs of people entering into Mental Health Services for the first time or presenting with a possible need for change in their care or treatment. It allows professionals from a range of backgrounds to summarise their assessments in a shared format. Thus it provides a common language for describing health states and related social conditions and improves communication between different users of the tool including health and social care professionals, service users themselves, commissioners and researchers.

Mental Health Clustering Tool (MHCT)

Part 1 contains, scales relating to the severity of problems experienced by the individual during the 2 weeks prior to the date of the rating.

Part 2 contains scales that consider problems from a 'historical' perspective. These will be problems that occur in episodic or unpredictable ways. Whilst they may not have been experienced by the individual during the two weeks prior to the rating date, clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (i.e. no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc.) In these circumstances, any event that remains relevant to the cluster allocation (and hence the interventions offered) should be included.

Summary of rating information

1) **Rate each scale in order from 1 to 13, followed by A to E in part 2.**
2) **Do not include information rated in an earlier scale except for scale 10 which is an overall rating.**
3) **Rate the MOST SEVERE problem that occurred**
4) **All scales follow the format:**
   - **0 = no problem**
   - **1 = minor problem requiring no action**
   - **2 = mild problem but definitely present**
   - **3 = moderately severe problem**
   - **4 = severe to very severe problem**
   - ***Rate 9 if Not Known but be aware that this is likely to make accurate clustering impractical.***

N.B. The first data item (current rating of Overactive, aggressive, disruptive or agitated behaviour) is not used in the clustering process, hence does not appear on the cluster profiles. All other ratings are used.

References

[1]Self R; Rigby A; Leggett C and Paxton R (2008) Clinical Decision Support Tool: A rational needs-based approach to making clinical decisions. Journal of Mental Health, 17(1): 33-48.

[2]Wing, J. K., Curtis, R. H. & Beevor, A. S. (1999) Health of the Nation Outcome Scales (HoNOS). *British Journal of Psychiatry, 174* ***(5),*** *432-434****.***

PART 1:

Current Ratings

For scales 1-13, rate the most severe occurrence in the <u>previous two weeks</u>

1. Overactive, aggressive, disruptive or agitated behaviour (current)

- *Include such behaviour due to any cause (eg drugs, alcohol, dementia, psychosis, depression, etc).*
- *Do not include bizarre behaviour rated at Scale 6.*

0 No problem of this kind during the period rated.

1 Irritability, quarrels, restlessness etc not requiring action.

2 Includes aggressive gestures, pushing or pestering others; threats or verbal aggression; lesser damage to property (eg broken cup, window); marked over-activity or agitation.

3 Physically aggressive to others or animals (short of rating 4); threatening manner; more serious over-activity or destruction of property.

4 At least one serious physical attack on others or on animals; destructive of property (eg fire-setting); serious intimidation or obscene behaviour.
Rate 9 if not known

2. Non-accidental self-injury (current)

- *Do not include accidental self-injury (due eg to dementia or severe learning disability); the cognitive problem is rated at Scale 4 and the injury at Scale 5.*
- *Do not include illness or injury as a direct consequence of drug/alcohol use rated at Scale 3 (eg cirrhosis of the liver or injury resulting from drink driving are rated at Scale 5).*

0 No problem of this kind during the period rated.

1 Fleeting thoughts about ending it all but little risk during the period rated; no self-harm.

2 Mild risk during the period rated; includes non-hazardous self-harm (eg wrist-scratching).

3 Moderate to serious risk of deliberate self-harm during the period rated; includes preparatory acts (eg collecting tablets).

4 Serious suicidal attempt and/or serious deliberate self-injury during the period rated.
Rate 9 if Not Known

3. Problem-drinking or drug-taking (current)

- *Do not include aggressive/destructive behaviour due to alcohol or drug use, rated at Scale 1.*
- *Do not include Physical Illness or disability problems or disability due to alcohol or drug use, rated at Scale 5.*

0 No problem of this kind during the period rated.

1 Some over-indulgence but within social norm.

2 Loss of control of drinking or drug-taking, but not seriously addicted.

3 Marked craving or dependence on alcohol or drugs with frequent loss of control; risk taking under the influence.

4 Incapacitated by alcohol/drug problem.
Rate 9 if Not Known

4. Cognitive problems (current)

- *Include problems of memory, orientation and understanding associated with any disorder: learning disability, dementia, schizophrenia, etc*
- *Do not include temporary problems (eg hangovers) resulting from drug/alcohol use, rated at Scale 3.*

0 No problem of this kind during the period rated.

1 Minor problems with memory or understanding (eg forgets names occasionally).

2 Mild but definite problems (eg has lost the way in a familiar place or failed to recognise a familiar person); sometimes mixed up about simple decisions.

3 Marked disorientation in time, place or person; bewildered by everyday events; speech is sometimes incoherent; mental slowing.

4 Severe disorientation (eg unable to recognise relatives); at risk of accidents; speech incomprehensible; clouding or stupor.
Rate 9 if Not Known

5. Physical Illness or disability problems or disability problems (current)

- *Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning.*
- *Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drink-driving, etc*
- *Do not include mental/behavioural problems rated at Scale 4.*

0 No physical health problem during the period rated.

1 Minor health problems during the period (eg cold, non-serious fall, etc).

2 Physical health problem imposes mild restriction on mobility and activity.

3 Moderate degree of restriction on activity due to physical health problem.

4 Severe or complete incapacity due to physical health problem.
Rate 9 if Not Known

6. Problems associated with hallucinations and delusions (current)

- *Include hallucinations and delusions irrespective of diagnosis.*
- *Include odd and bizarre behaviour associated with hallucinations or delusions.*
- *Do not include aggressive, destructive or overactive behaviours attributed to hallucinations or delusions, rated at Scale 1.*

0 No evidence of hallucinations or delusions during the period rated.

1 Somewhat odd or eccentric beliefs not in keeping with cultural norms.

2 Delusions or hallucinations (eg voices, visions) are present, but there is little distress to patient or manifestation in bizarre behaviour, ie clinically present but mild.

3 Marked preoccupation with delusions or hallucinations, causing much distress and/or manifested in obviously bizarre behaviour, ie moderately severe clinical problem.

4 Mental state and behaviour is seriously and adversely affected by delusions or hallucinations, with severe impact on patient.
Rate 9 if Not Known

7. Problems with depressed mood (current)

- *Do not include over-activity or agitation, rated at Scale 1.*
- *Do not include suicidal ideation or attempts, rated at Scale 2.*
- *Do not include delusions or hallucinations, rated at Scale 6.*

0 No problem associated with depressed mood during the period rated.

1 Gloomy; or minor changes in mood.

2 Mild but definite depression and distress (eg feelings of guilt; loss of self-esteem).

3 Depression with inappropriate self-blame; preoccupied with feelings of guilt.

4 Severe or very severe depression, with guilt or self-accusation.
Rate 9 if Not Known

8. Other mental and behavioural problems (current)

- *Rate only the most severe clinical problem not considered at scales 6 and 7 as follows.*
- *Specify the type of problem by entering the appropriate letter: A phobic; B anxiety; C obsessive-compulsive; D mental strain/tension; E dissociative; F somatoform; G eating; H sleep; I sexual; J other, specify.*

0 No evidence of any of these problems during period rated.

1 Minor problems only.

2 A problem is clinically present at a mild level (eg patient has a degree of control).

3 Occasional severe attack or distress, with loss of control (eg has to avoid anxiety provoking situations altogether, call in a neighbour to help, etc) ie moderately severe level of problem.

4 Severe problem dominates most activities.
Rate 9 if Not Known

9. Problems with relationships (current)

- *Rate the patient's most severe problem associated with active or passive withdrawal from social relationships, and/or non-supportive, destructive or self-damaging relationships.*

0 No significant problem during the period.

1 Minor non-clinical problems.

2 Definite problem in making or sustaining supportive relationships; patient complains and/or problems are evident to others.

3 Persisting major problem due to active or passive withdrawal from social relationships and/or to relationships that provide little or no comfort or support.

4 Severe and distressing social isolation due to inability to communicate socially and/or withdrawal from social relationships.
Rate 9 if Not Known

10. Problems with activities of daily living (current)

- *Rate the overall level of functioning in activities of daily living (ADL) (eg problems with basic activities of self-care such as eating, washing, dressing, toilet; also complex skills such as budgeting, organising where to live, occupation and recreation, mobility and use of transport, shopping, self-development, etc).*
- *Include any lack of motivation for using self-help opportunities, since this contributes to a lower overall level of functioning.*
- *Do not include lack of opportunities for exercising intact abilities and skills, rated at Scales 11-12.*

0 No problem during period rated; good ability to function in all areas.

1 Minor problems only (eg untidy, disorganised).

2 Self-care adequate, but major lack of performance of one or more complex skills (see above).

3 Major problem in one or more areas of self-care (eating, washing, dressing, toilet) as well as major inability to perform several complex skills.

4 Severe disability or incapacity in all or nearly all areas of self-care and complex skills.
Rate 9 if Not Known

11. Problems with living conditions (current)

- *Rate the overall severity of problems with the quality of living conditions and daily domestic routine. Are the basic necessities met (heat, light, hygiene)? If so, is there help to cope with disabilities and a choice of opportunities to use skills and develop new ones?*
- *Do not rate the level of functional disability itself, rated at Scale 10.*

NB: Rate patient's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 9.

0 Accommodation and living conditions are acceptable; helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self-help.

1 Accommodation is reasonably acceptable although there are minor or transient problems (eg not ideal location, not preferred option, doesn't like the food, etc).

2 Significant problem with one or more aspects of the accommodation and/or regime (eg restricted choice; staff or household have little understanding of how to limit disability
or how to help use or develop new or intact skills).

3 Distressing multiple problems with accommodation (eg some basic necessities absent); housing environment has minimal or no facilities to improve patient's independence.

4 Accommodation is unacceptable (eg lack of basic necessities, patient is at risk of eviction, or 'roofless', or living conditions are otherwise intolerable) making patient's problems worse.
Rate 9 if Not Known

12. Problems with occupation and activities (current)

- *Rate the overall level of problems with quality of day-time environment. Is there help to cope with disabilities, and opportunities for maintaining or improving occupational and recreational skills and activities? Consider factors such as stigma, lack of qualified staff, access to supportive facilities eg staffing and equipment of day centres, workshops, social clubs, etc.*
- *Do not rate the level of functional disability itself, rated at Scale 10.*

NB: Rate patient's usual situation. If in acute ward, rate activities during period before admission. If information not available, rate 9.

0 Patient's day-time environment is acceptable: helpful in keeping any disability rated at Scale 10 to the lowest level possible, and supportive of self help.

1 Minor or temporary problems (eg late giro cheques): reasonable facilities available but not always at desired times, etc

2 Limited choice of activities; lack of reasonable tolerance (eg unfairly refused entry to public library or baths, etc); handicapped by lack of a permanent address; insufficient carer or professional support; helpful day setting available but for very limited hours.

3 Marked deficiency in skilled services available to help minimise level of existing disability; no opportunities to use intact skills or add new ones; unskilled care difficult to access.

4 Lack of any opportunity for daytime activities makes patient's problems worse.
Rate 9 if Not Known

13. Strong unreasonable beliefs occurring in non-psychotic disorders only. (current)

- *Rate any apparent strong unreasonable beliefs (found in **some** people with disorders such as Obsessive Compulsive Disorder, Anorexia Nervosa, personality disorder, morbid jealousy etc)*
- *Do not include Delusions rated at scale 6.*
- *Do not include Severity of disorders listed above where strong unreasonable beliefs are not present – rated at Scale 8.*
- *Do not include Beliefs / behaviours consistent with a person's culture.*

0 No Strong unreasonable beliefs evident.

1 Holds illogical or unreasonable belief(s) but has insight into their lack of logic or reasonableness and can challenge them most of the time and they have only a minor impact on the individual's life.

2 Holds illogical or unreasonable belief(s) but individual has insight into their lack of logic or reasonableness. Belief(s) can be successfully challenged by individual on occasions. Beliefs have a mild impact on the person's life.

3 Holds strong illogical and unreasonable belief(s) but has some insight into the relationship between the beliefs and the disorder. Belief(s) can be 'shaken' by rational argument. Tries to resist belief but with little effect. Has a significant negative impact on
person's life. The disorder makes treatment more difficult than usual.

4 Holds strong illogical or unreasonable belief(s) with little or no insight in the relationship between the belief and the disorder. Belief(s) cannot be 'shaken' by rational argument. Does not attempt to resist belief(s). Has a significant negative impact on the person's life or other people's lives and the disorder is very resistant to treatment.
Rate 9 if not known

PART 2:

Historical Ratings

Scales A-E, rate problems that occur in an episodic or unpredictable way. Include any event that remains relevant to the current plan of care.
Whilst there may or may not be any direct observation or report of a manifestation during the last two weeks the evidence and clinical judgement would suggest that there is still a cause for concern that cannot be disregarded (ie no evidence to suggest that the person has changed since the last occurrence either as a result of time, therapy, medication or environment etc).

A. Agitated behaviour/ expansive mood (historical)

- *Rate agitation and overactive behaviour causing disruption to social role functioning. Behaviour causing concern or harm to others. Elevated mood that is out of proportion to circumstances.*
- *Include such behaviour due to any cause (eg drugs, alcohol, dementia, psychosis, depression etc).*
- *Excessive irritability, restlessness, intimidation, obscene behaviour and aggression to people animals or property.*
- *Do not include odd or bizarre behaviour to be rated at Scale 6.*

0 No needs in this area.

1 Presents as irritable, argumentative with some agitation. Some signs of elevated mood or agitation not causing disruption to functioning.

2 Makes verbal/gestural threats. Pushes/pesters but no evidence of intent to cause serious harm. Causes minor damage to property (eg glass or crockery). Is obviously over-active or agitated.

3 Agitation or threatening manner causing fear in others. Physical aggression to people or animals. Property destruction. Serious levels of elevated mood, agitation, restlessness causing significant disruption to functioning.

4 Serious physical harm caused to persons/animals. Major destruction of property. Seriously intimidating others or exhibiting highly obscene behaviour. Elevated mood, agitation, restlessness causing complete disruption.
Rate 9 if not known

B. Repeat self-harm (historical)

- *Rate repeat acts of self harm with the intention of managing people, stressful situations, emotions or to produce mutilation for any reason.*
- *Include self cutting, biting, striking, burning, breaking bones or taking poisonous substances etc.*
- *Do not include accidental self-injury (due eg to learning disability or cognitive impairment); the cognitive problem is rated at Scale 4 and the injury at Scale 5.*
- *Do not include harm as a direct consequence of drug/alcohol use (eg liver damage) to be rated at Scale 3. Injury sustained whilst intoxicated to be rated at Scale 5.*
- *Do not include harm with intention of killing self rated at Scale 2.*

0 No problem of this kind.

1 Superficial scratching or non-hazardous doses of drugs.

2 Superficial cutting, biting, bruising etc or small ingestions of hazardous substances unlikely to lead to significant harm even if hospital treatment not sought.

3 Repeat self-injury requiring hospital treatment. Possible dangers if hospital treatment not sought. However, unlikely to leave lasting severe damage even if behaviour continues providing hospital treatment sought.

4 Repeat serious self-injury requiring hospital treatment and likely to leave lasting severe damage if behaviour continues (ie, severe scarring, crippling or damage to internal organ) and possibly to death.
Rate 9 if not known

C. Safeguarding other Children & Vulnerable Adults (historical)

- *Rate the potential or actual impact of the patient's mental illness, or behaviour, on the safety and well being of vulnerable people of any age.*
- *Include any patient who has substantial access and contact with children or other vulnerable persons.*
- *Do not include risk to wider population covered at scale A.*
- *Do not include challenge to relationships covered in scale 9.*

0 No obvious impact of the individuals' illness or behaviour on the safety or well being of vulnerable persons.

1 Mild concerns about the impact of the individual's illness or behaviour on the safety or well-being of vulnerable persons.

2 Illness or behaviour has an impact on the safety or well being of vulnerable persons. The individual is aware of the potential impact but is supported and is able to make adequate arrangements.

3 Illness or behaviour has an impact on the safety or well being of vulnerable persons but does not meet the criteria to score 4. There may be delusions, Non-accidental self injury risk or self-harm. However, the individual has insight, can take action to significantly reduce the impact of their behaviour on the children and is adequately supported.

4 Without action the illness or behaviour is likely to have direct or indirect significant impact on the safety or well-being of vulnerable persons. Problems such as delusions, severe Non-accidental self injury risk or problems of impulse control may be present. There may be lack of insight, an inability or unwillingness to take precautions to protect vulnerable persons and/or lack of adequate support and protection for vulnerable persons.
Rate 9 if not known

D. Engagement (historical)

- *Rate the individual's motivation and understanding of their problems, acceptance of their care/treatment and ability to relate to care staff.*
- *Include the ability, willingness or motivation to engage in their care/ treatment appropriately, agreeing personal goals, attending appointments. Dependency issues.*
- *Do not include Cognitive issues as in scale 4, severity of illness or failure to comply due to practical reasons.*

0 Has ability to engage/disengage appropriately with services. Has good understanding of problems and care plan.

1 Some reluctance to engage or slight risk of dependency. Has understanding of own problems.

2 Occasional difficulties in engagement ie missed appointments or contacting services between appointments inappropriately. Some understanding of own problems.

3 Contacts services inappropriately. Has little understanding of own problems. Unreliable attendance at appointments.
Or attendance depends on prompting or support.

4 Contacts multiple agencies ie GP, A & E etc, constantly. Little or no understanding of own problems. Fails to comply with planned care. Rarely attends appointments. Refuses service input.
Or Attendance and compliance dependent on intensive prompting and support.
Rate 9 if not known

E. Vulnerability (historical)

- *Rate failure of an individual to protect themselves from risk of harm to their health and safety or well-being.*
- *Include physical, sexual, emotional and financial exploitation or harm/ harassment*
- *Do not include problems of engagement rated at scale D.*

0 No vulnerability evident.

1 No significant impact on person's health, safety or well-being.

2 Concern about the individual's ability to protect their health, safety or well-being requiring support or removal of existing support would increase concern.

3 Clear evidence of significant vulnerability affecting the individuals ability to protect their health and safety or well-being that requires support (but not as severe as a score of 4). Or removal of existing support would increase risk.

4 Severe vulnerability – total breakdown in individual's ability to protect themselves resulting in major risk to the individual's health, safety or well-being.
Rate 9 if not known

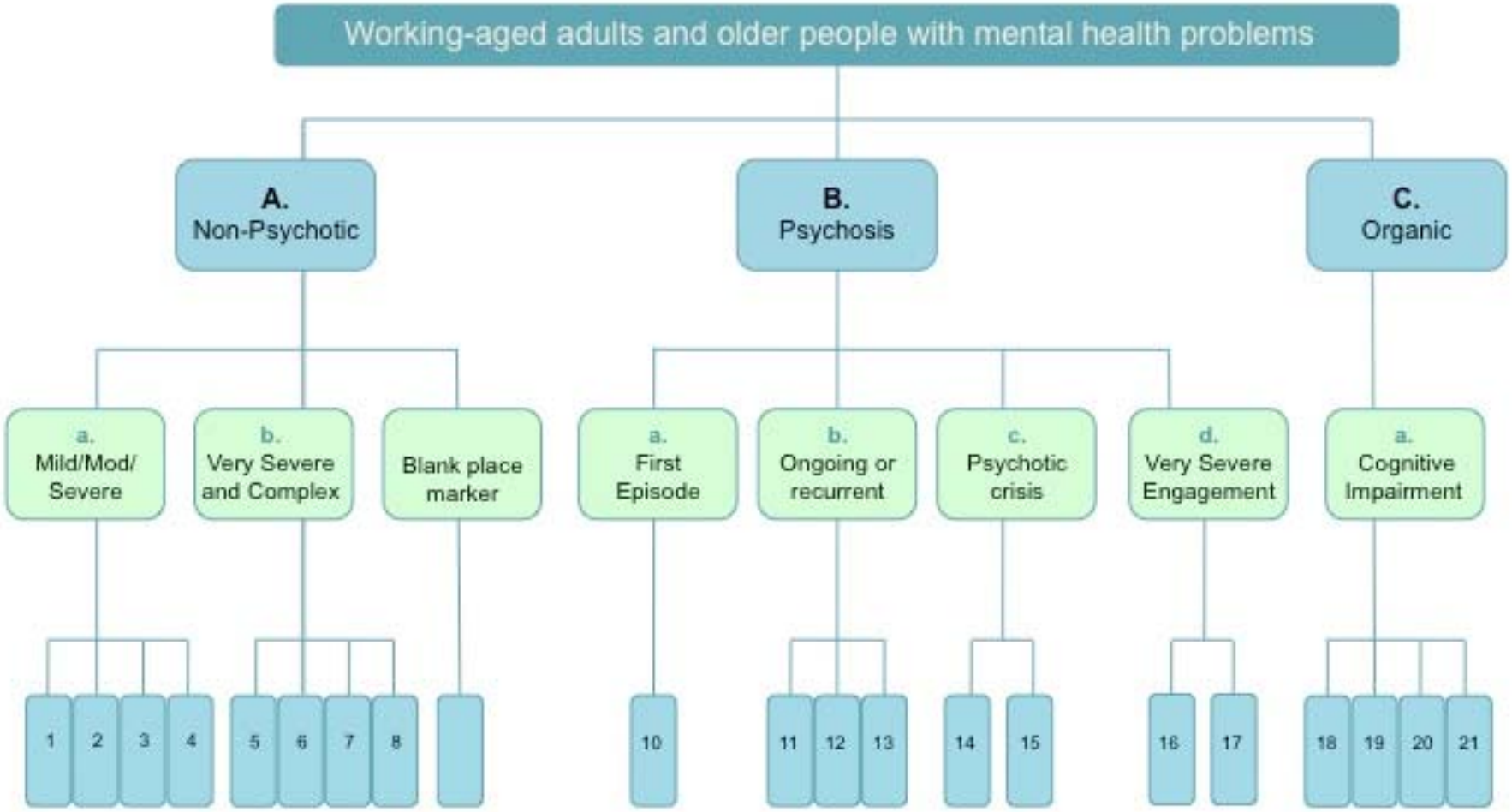
Item	Score	Item	Score
Part 1 (Current)		Part 2 (Historical)	
1		A	
2		B	
3		C	
4		D	
5		E	
6			
7			
8			
Please Circle	A B C D E F G H I J		
N.B. If J – (other) please specify			
9			
10			
11			
12			
13			

Appendix 2

Decision Tree

DECISION TREE

(RELATIONSHIP OF CARE CLUSTERS TO EACH OTHER)



Appendix 3

Cluster Descriptions
& Care Transition Protocols

CARE CLUSTER 0: Variance

Description:

Despite careful consideration of all the 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.

Likely diagnoses:

Impairment:

Risk:

Course:

Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score	
Expected to score	
May score	
Unlikely to score	
No data available	

CARE CLUSTER 1: Common Mental Health Problems (Low Severity)

Description:

This group has definite but minor problems of depressed mood, anxiety or other disorder but they do not present with any distressing psychotic symptoms.

Likely diagnoses:

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.

Impairment:

Disorder unlikely to cause disruption to wider functioning.

Risk:

Unlikely to be an issue.

Course:

The problem is likely to be short term and related to life events.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

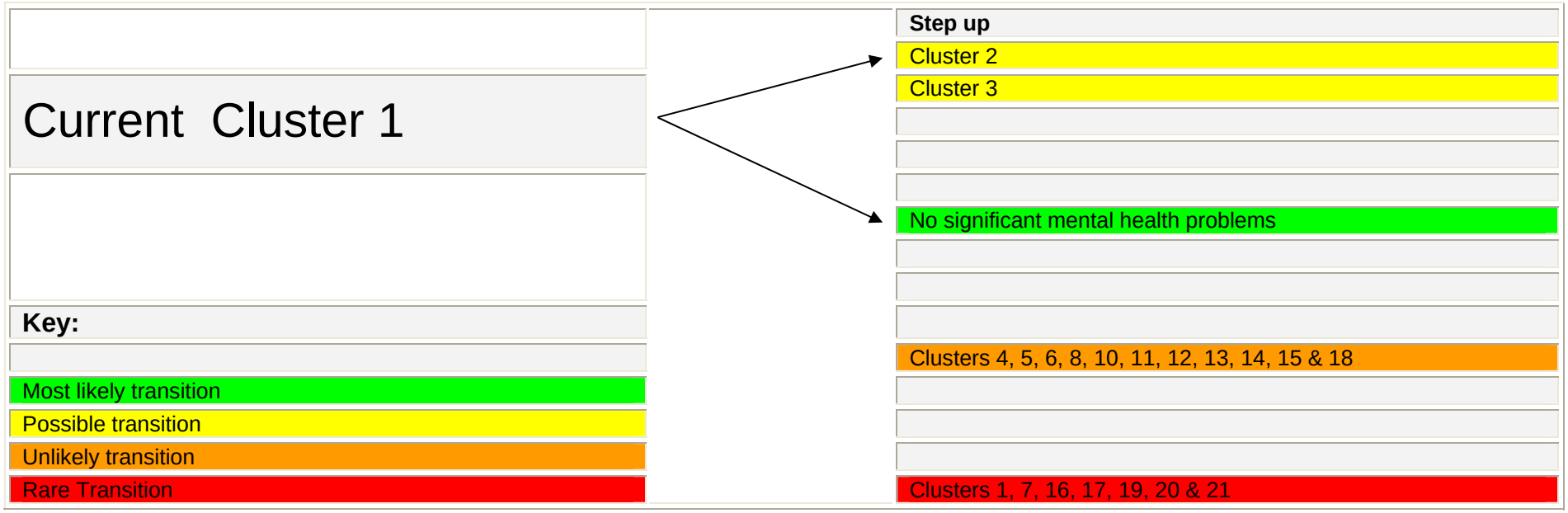
Must score	
Expected to score	
May score	
Unlikely to score	
No data available	

CARE TRANSITION PROTOCOLS
Cluster 1: Common Mental Health Problems (low severity)

Indicative episode of care: 8 – 12 weeks

Cluster reviews at least every: 12 weeks

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
1	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 0 • MHCT V1 item 7 (Depression) = 0 • MHCT V1 item 8 (Other) = 0	N/A



CARE CLUSTER 2: Common Mental Health Problems (Low Severity with greater need)

Description:

This group has definite but minor problems of depressed mood, anxiety or other disorder but not with any distressing psychotic symptoms. They may have already received care associated with cluster 1 and require more specific intervention or previously been successfully treated at a higher level but are re-presenting with low level symptoms.

Likely diagnoses:

Likely to include: F32 Depressive Episode, F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F50 Eating Disorder.

Impairment:

Disorder unlikely to cause serious disruption to wider functioning but some people will experience minor problems.

Risk:

Unlikely to be an issue.

Course:

The problem is likely to be short term and related to life events.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

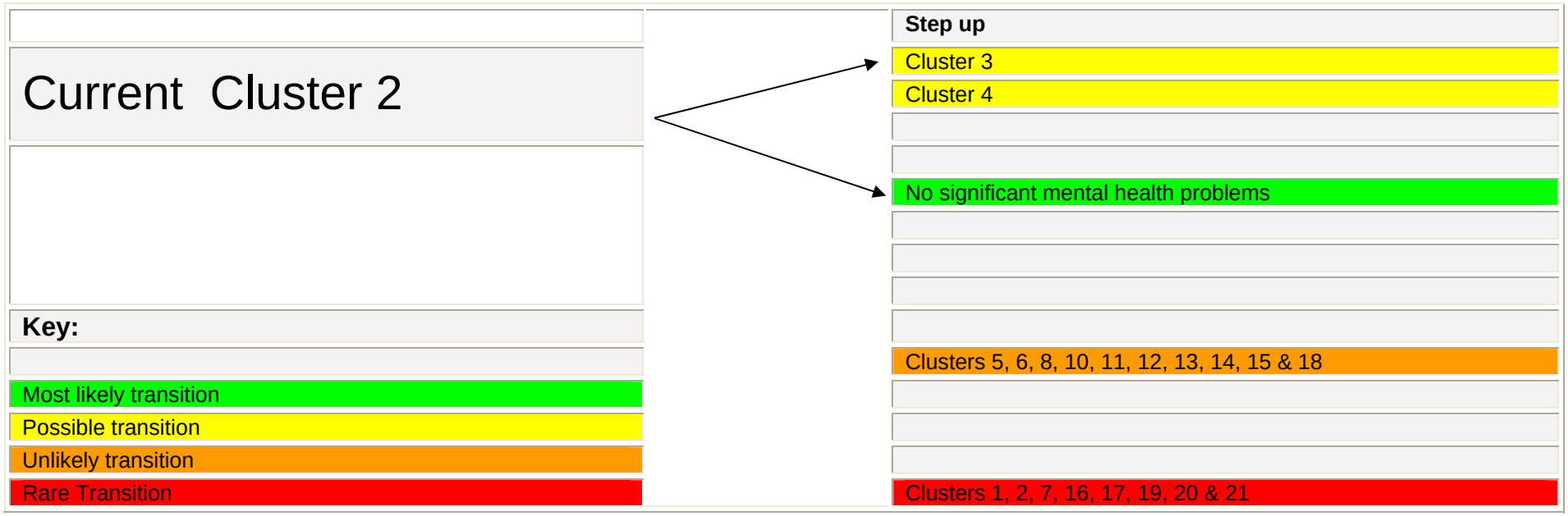
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 2: Common Mental Health Problems

Indicative episode of care: 12 – 15 weeks

Cluster reviews at least every: 15 weeks

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
2	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 0 • MHCT V1 item 7 (Depression) = 0 • MHCT V1 item 8 (Other) = 0	N/A



CARE CLUSTER 3: Non Psychotic (Moderate Severity)

Description:

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

Likely diagnoses:

Likely to include F32 Depressive Episode (non psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F50 Eating Disorder.

Impairment:

Disorder unlikely to cause disruption to wider function but some people will experience moderate problems.

Risk:

Unlikely to be a serious issue.

Course:

Short- term.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

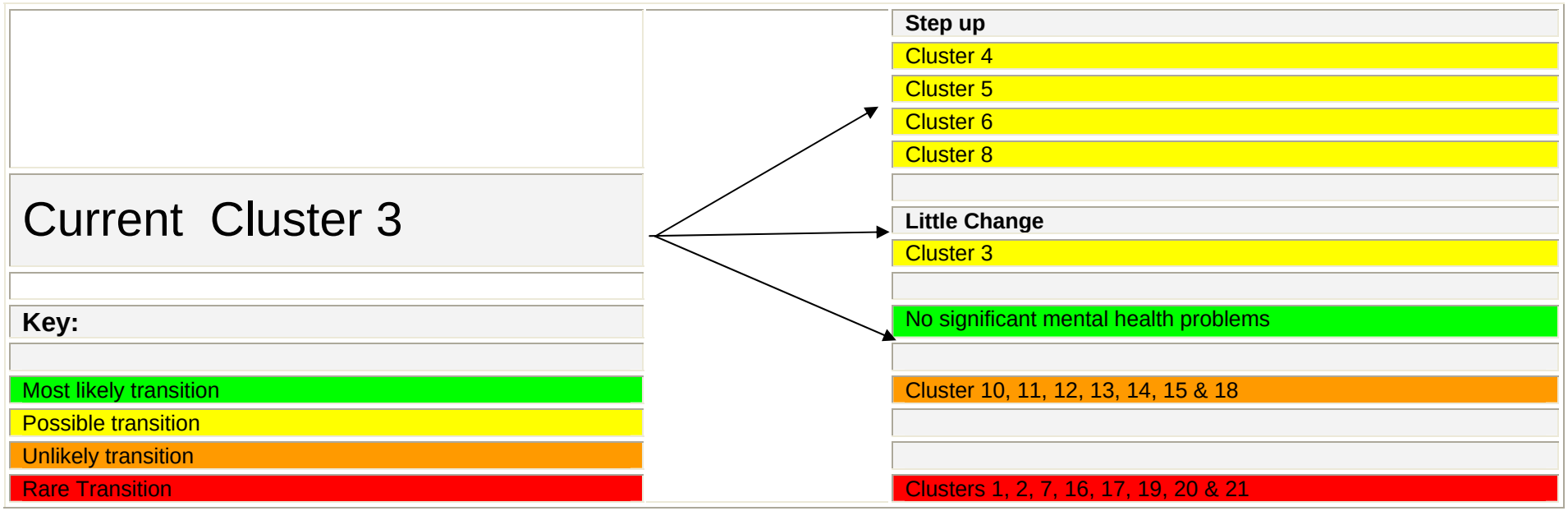
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 3: Non-Psychotic (Moderate Severity)

Indicative episode of care: 4 - 6 months

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
3	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 0 • MHCT V1 item 7 (Depression) = 0 • MHCT V1 item 8 (Other) = 0	N/A



CARE CLUSTER 4: Non-psychotic (Severe)

Description:

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.

Likely diagnoses:

Likely to include: F32 Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder

Impairment:

Some may experience significant disruption in everyday functioning.

Risk:

Some may experience moderate risk to self through self-harm or suicidal thoughts or behaviours.

Course:

Unlikely to improve without treatment and may deteriorate with long term impact on functioning.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury	Expected	Expected	Expected		
3	Problem drinking or drug taking	May	May	May		
4	Cognitive Problems	May	May	May		
5	Physical Illness or disability problems	May	May	May		
6	Hallucinations and Delusions	Must	Must			
7	Depressed mood *				Must	
8	Other mental and behavioural problems *				Must	
9	Relationships	Expected	Expected	Expected	Expected	
10	Activities of daily living	May	May	May	May	
11	Living conditions	May	May	May	May	
12	Occupation & Activities	May	May	May	May	
13	Strong Unreasonable Beliefs	Expected	Expected	Expected		
A	Agitated behaviour/expansive mood	May	May			
B	Repeat Self-Harm	Expected	Expected	Expected		
C	Safeguarding other children & vulnerable dependant adults	May	May			
D	Engagement	Expected				
E	Vulnerability	May	May			

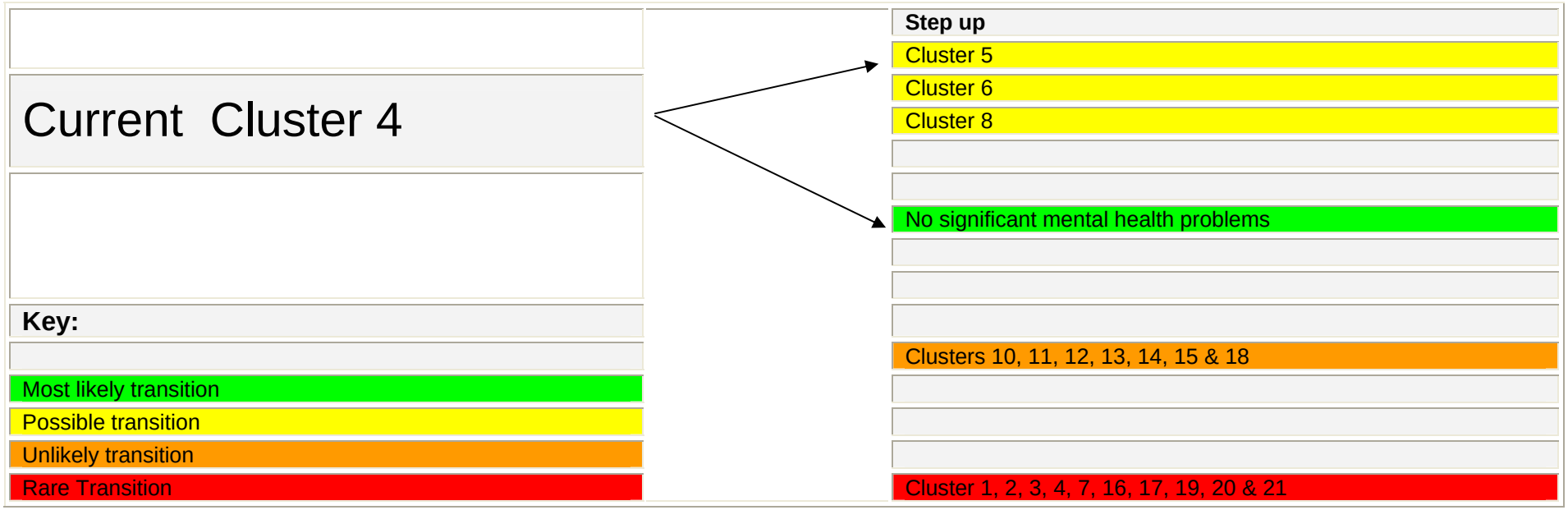
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 4: Non-Psychotic (Severe)

Indicative episode of care: 6 - 12 months

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
4	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 0 • MHCT V1 item 7 (Depression) = 1 or less • MHCT V1 item 8 (Other) = 1 or less	N/A



CARE CLUSTER 5: Non-psychotic Disorders (Very Severe)

Description:

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 Non-accidental self injury and they may present safeguarding issues and have severe disruption to everyday living.

Likely diagnoses:

Likely to include: F32 Depressive Episode (Non-Psychotic), F33 Recurrent Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder

Impairment:

Moderate or severe problems with relationships. Level of problems in other areas of role functioning likely to vary.

Risk:

Likely moderate or severe risk of Non-accidental self injury with other possible risk, including safeguarding issues if any responsibility for young children or vulnerable dependent adults

Course:

Probably known to service for more than a year or expected to be known for an extended period.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

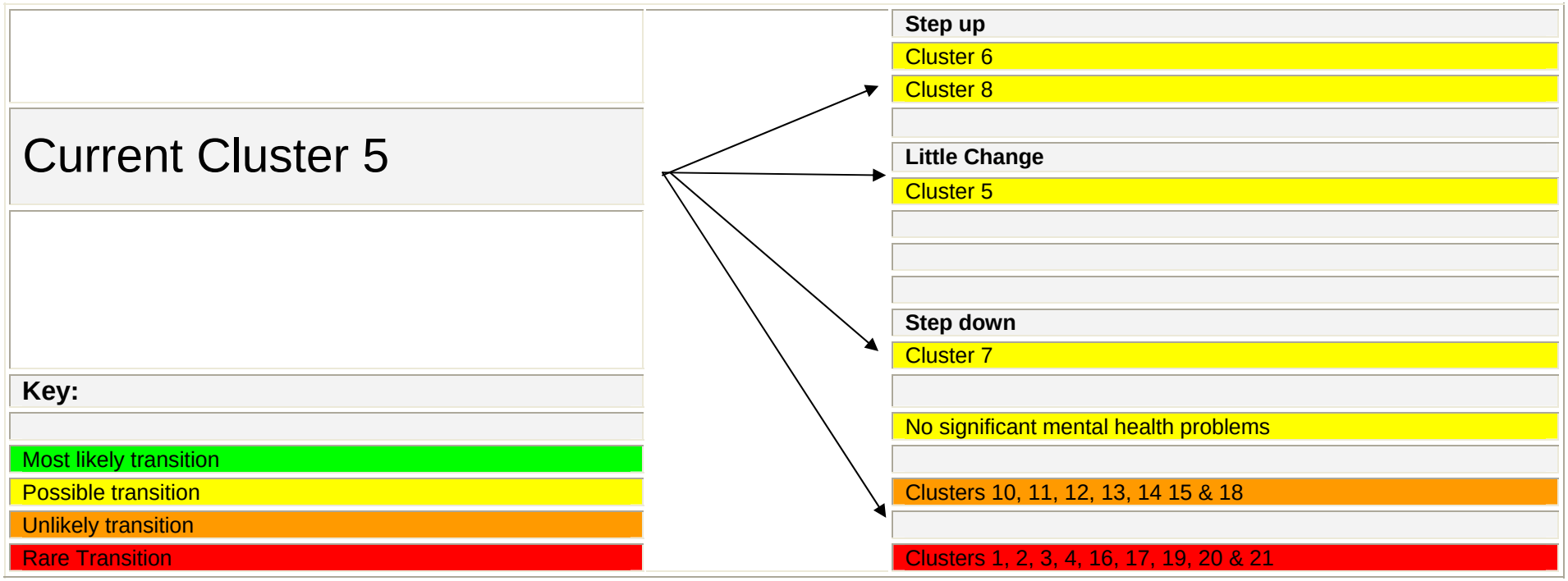
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 5: Non-Psychotic (very severe)

Indicative episode of care: 1- 3 years.

Cluster reviews at least every: 6 Months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
5	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 0 • MHCT V1 item 7 (Depression) = 1 or less • MHCT V1 item 8 (Other) = 1 or less	• Service User fits description and scoring profile of any 'step-down' cluster.



CARE CLUSTER 6: Non-psychotic Disorder of Over-valued Ideas

Description:

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.

Likely diagnoses:

Likely to include: F32 Depressive Episode (Non-Psychotic), F33 Recurrent Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder and some F60.

Impairment:

Likely to seriously affect activity and role functioning in many ways.

Risk:

Unlikely to be a major feature but safeguarding may be an issue if any responsibility for young children or vulnerable dependant adults.

Course:

The problems will be enduring.

* Either / Or

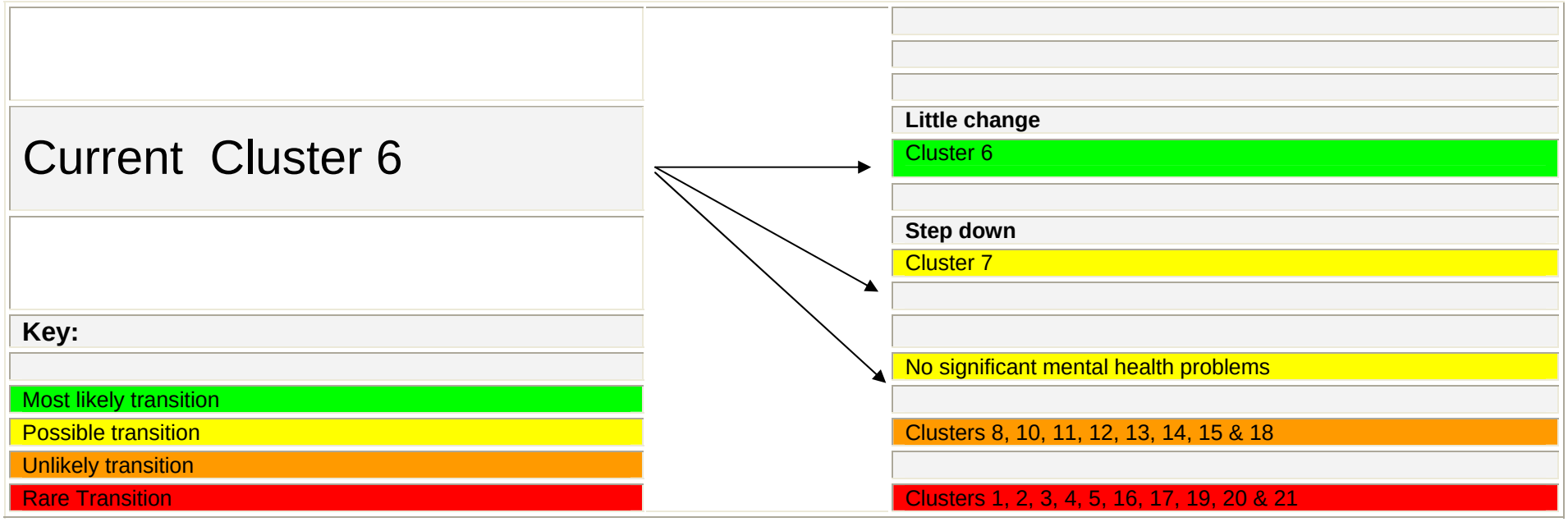
No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury		Expected	Expected		
3	Problem drinking or drug taking		May	May		
4	Cognitive Problems	May	May	May		
5	Physical Illness or disability problems	May	May	May	May	
6	Hallucinations and Delusions	May	May	May		
7	Depressed mood *				Must	Must
8	Other mental and behavioural problems *				Must	Must
9	Relationships		Expected	Expected	Expected	
10	Activities of daily living		May	May	May	
11	Living conditions		May	May	May	
12	Occupation & Activities		May	May	May	
13	Strong Unreasonable Beliefs				Must	Must
A	Agitated behaviour/expansive mood	May	May	May		
B	Repeat Self-Harm	Expected	Expected	Expected		
C	Safeguarding other children & vulnerable dependant adults	May	May	May		
D	Engagement		Expected	Expected	Expected	
E	Vulnerability	May	May	May	May	

Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 6: Non-Psychotic Disorders of overvalued Ideas
Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
6	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 1 or less • MHCT V1 item 7 (Depression) = 1 or less • MHCT V1 item 8 (Other) = 1 or less • MHCT V1 item 13 (Strong unreasonable beliefs) = 1 or less	• Service User fits description and scoring profile of any 'step-down' cluster (i.e. Cluster 7).



CARE CLUSTER 7: Enduring Non-psychotic Disorders (High Disability)

Description:

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.

Likely diagnoses:

Likely to include: F32 Depressive Episode (Non-Psychotic), F33 Recurrent Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder and some F60.

Impairment:

Likely to seriously affect activity and role functioning in many ways.

Risk:

Unlikely to be a major feature but safeguarding may be an issue if any responsibility for young children or vulnerable dependant adults.

Course:

The problems will be enduring.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

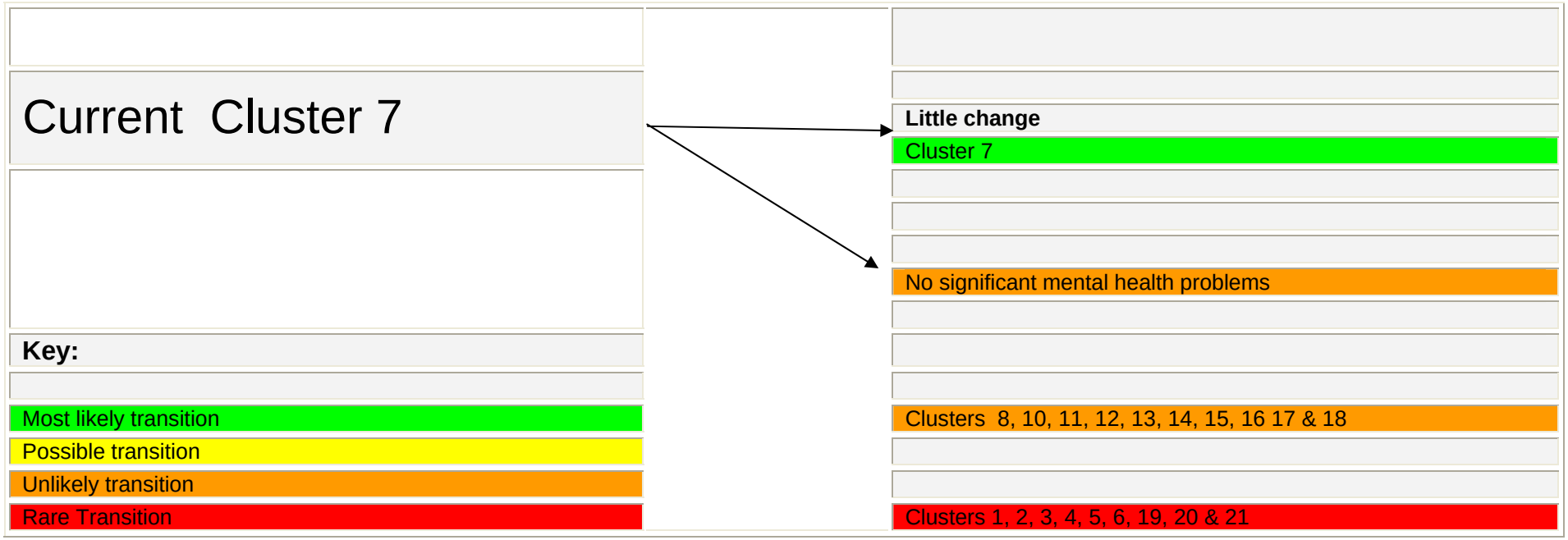
* Either / Or

CARE TRANSITION PROTOCOLS
Cluster 7: Enduring Non-Psychotic Disorders (high disability)

Indicative episode of care: 3 years +

Cluster reviews at least: Annually

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
7	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 1 or less • MHCT V1 item 7 (Depression) = 1 or less • MHCT V1 item 8 (Other) = 1 or less N/A	N/A



CARE CLUSTER 8: Non-Psychotic Chaotic and Challenging Disorders

Description:

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.

Likely diagnoses:

Likely to include F60 Personality disorder.

Impairment:

Poor role functioning with severe problems in relationships.

Risk:

Moderate to very severe repeat deliberate self-harm, with chaotic, over dependent and often hostile engagement with service. Non-accidental self injury risks likely to be present. Safeguarding may be an issue.

Course:

The problems will be enduring.

* Either / Or

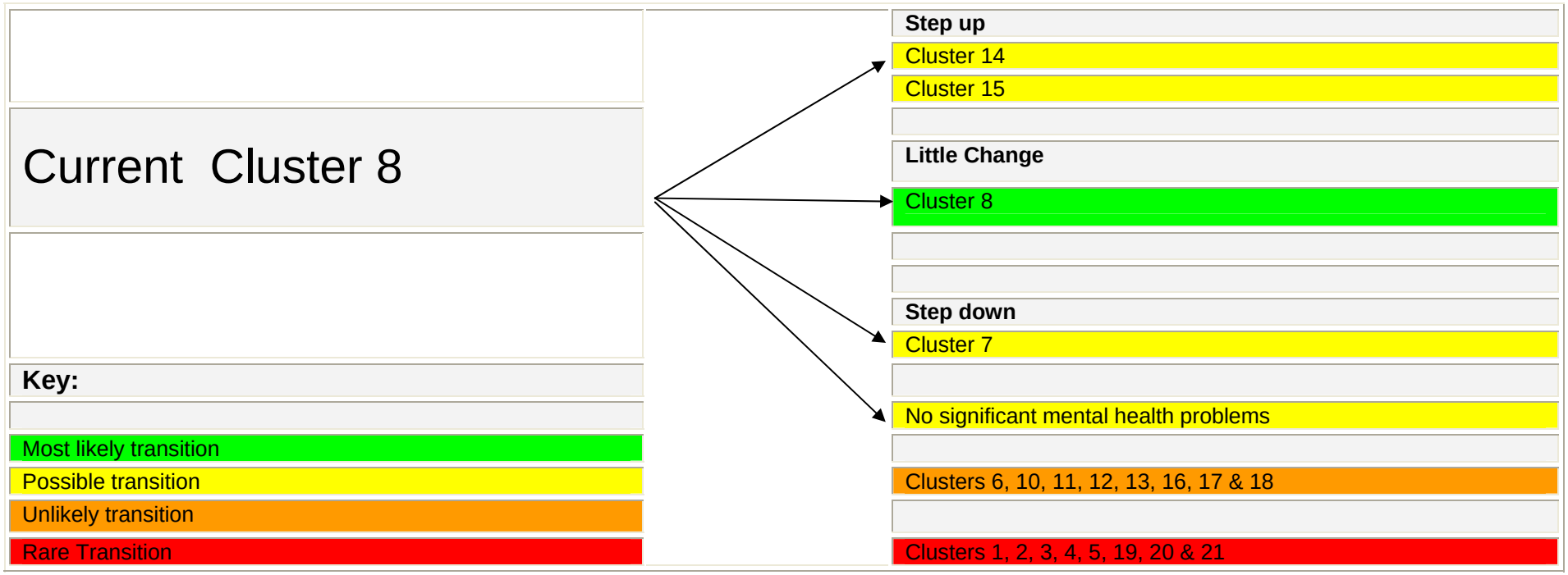
No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury			Expected	Expected	
3	Problem drinking or drug taking			May	May	May
4	Cognitive Problems	May	May	May		
5	Physical Illness or disability problems			May	May	May
6	Hallucinations and Delusions	May	May	May		
7	Depressed mood *				Must	Must
8	Other mental and behavioural problems *				Must	Must
9	Relationships			Expected	Expected	Expected
10	Activities of daily living			May	May	May
11	Living conditions			May	May	May
12	Occupation & Activities			May	May	May
13	Strong Unreasonable Beliefs			Expected	Expected	Expected
A	Agitated behaviour/expansive mood			May	May	May
B	Repeat Self-Harm				Must	Must
C	Safeguarding other children & vulnerable dependant adults			May	May	May
D	Engagement				Expected	Expected
E	Vulnerability			May	May	May

Must score	
Expected to score	
May score	
Unlikely to score	
No data available	

CARE TRANSITION PROTOCOLS
Cluster 8: Non-Psychotic Chaotic and Challenging Disorders
Indicative episode of care: 3 years +

Cluster reviews at least: Annually

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
8	• Service User fits description and scoring profile of any 'step-up' cluster.	• MHCT V1 item 2 (Non-accidental self injury) = 1 or less • MHCT V1 item B (self-harm) = 1 or less • MHCT V1 item 7 (Depression) = 1 or less • MHCT V1 Item 8 (Other) = 1 or less	• Service User fits description and scoring profile of any 'step-down' cluster



CARE CLUSTER 9: Blank Cluster

Description:

Likely diagnoses:

Impairment:

Risk:

Course:

Acute to ongoing.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
14	Mental Capacity					
15	Carer Needs					
16	Cultural and Communication					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score	
Expected to score	
May score	
Unlikely to score	
No data available	

* Either / Or

CARE TRANSITION PROTOCOLS
Cluster 9: Blank Cluster

Indicative episode of care:

Cluster reviews at least:

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
	• .	•	•

Current Cluster 9

Key:

Most likely transition

Possible transition

Unlikely transition

Rare Transition

CARE CLUSTER 10: First Episode Psychosis

Description:

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.

Likely diagnoses:

Likely to include (F20-F29) Schizophrenia, schizotypal and delusional disorders, Bi-polar disorder.

Impairment:

Mild to moderate problems with activities of daily living. Poor role functioning with mild to moderate problems with relationships.

Risk:

Vulnerable to harm from self or others. Some may be at risk of Non-accidental self injury or a threat to others.

Course:

First Episode.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury		Expected	Expected	Expected	
3	Problem drinking or drug taking		Expected	Expected	Expected	Expected
4	Cognitive Problems	May	May	May		
5	Physical Illness or disability problems	May	May			
6	Hallucinations and Delusions		Must	Must	Must	Must
7	Depressed mood *			Expected	Expected	Expected
8	Other mental and behavioural problems *			May	May	May
9	Relationships		May	May	May	
10	Activities of daily living		May	May	May	
11	Living conditions		May	May	May	
12	Occupation & Activities		May	May	May	May
13	Strong Unreasonable Beliefs			May	May	May
A	Agitated behaviour/expansive mood		Expected	Expected	Expected	
B	Repeat Self-Harm	Expected	Expected	Expected		
C	Safeguarding other children & vulnerable dependant adults	May	May			
D	Engagement			May	May	May
E	Vulnerability		Expected	Expected	Expected	

Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

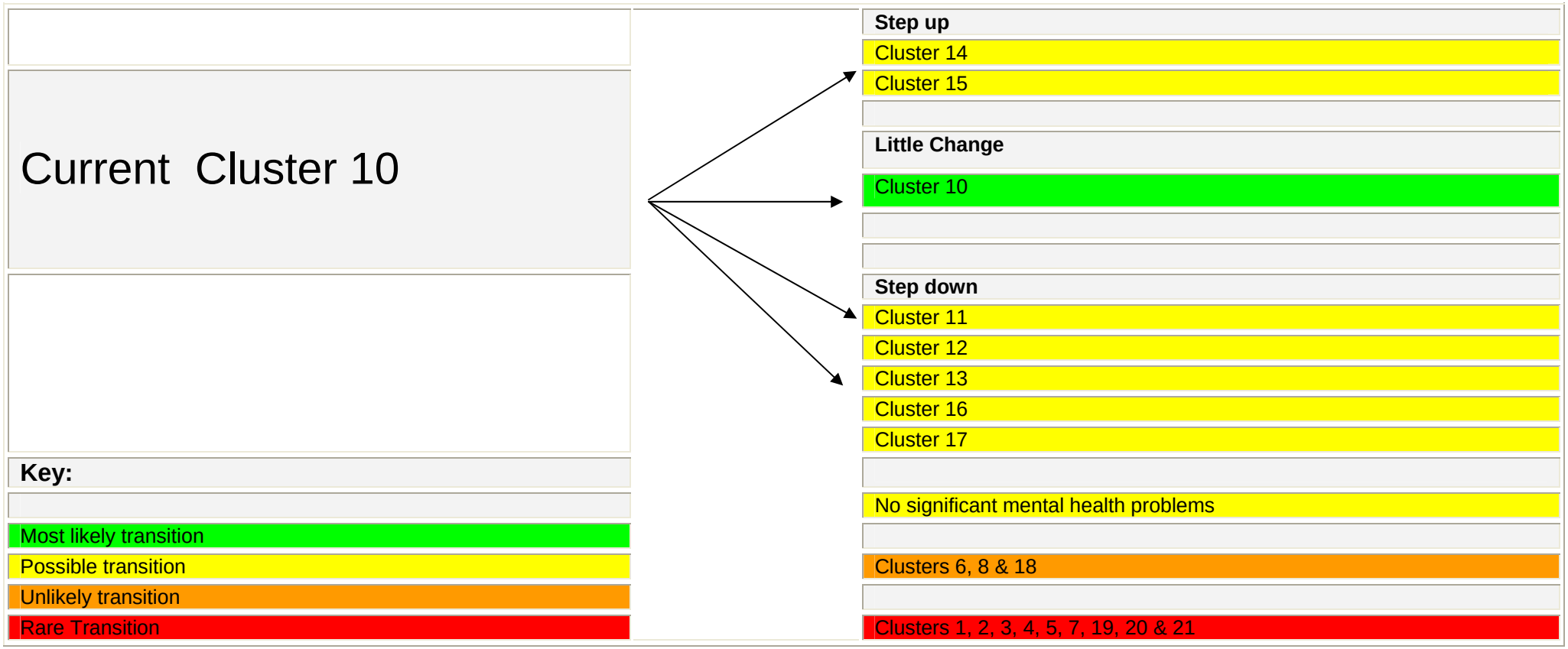
CARE TRANSITION PROTOCOLS

Cluster 10: First Episode in Psychosis

Indicative episode of care: 3 years.

Cluster reviews at least: Annually

Step-up Criteria (The following criterion is met)	**Example local discharge Criteria for MH services (All of the following criteria are met)**	**Step-down Criteria (The following criterion is met)**
• Service User fits description and scoring profile of any 'step-up' cluster.	• Requires no psychotropic medication or has been on a stable dose for the past year. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions) • Not currently detained under the Mental Health Act. • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care. • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations. • Has received three years of intervention from an Early Intervention in Psychosis Team, or no longer feels they require a service.	• Has received three years of intervention from an Early Intervention in Psychosis Team. • Service user fits description and scoring profile of any 'step down' cluster



CARE CLUSTER 11: Ongoing Recurrent Psychosis (Low Symptoms)

Description:

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.

Likely diagnoses:

Likely to include, (F20-F29) Schizophrenia, schizotypal and delusional disorders F30 Manic Episode, F31 Bipolar Affective Disorder

Impairment:

Full or near full functioning. Full or near full functioning.

Risk:

Relapse

Course:

Long term.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

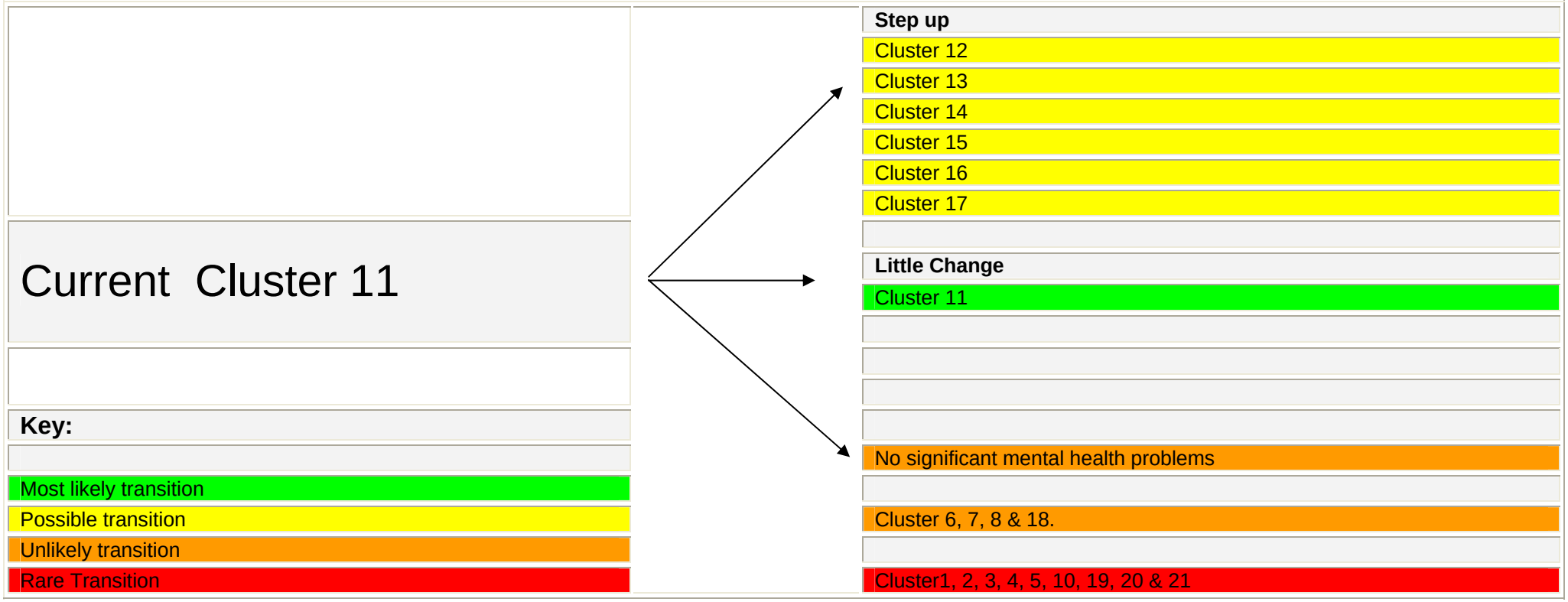
* Either / Or

CARE TRANSITION PROTOCOLS
Cluster 11: Ongoing Recurrent Psychosis (low symptoms

Indicative episode of care: 2 years +

Cluster reviews at least: Annually

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
11	• Service User fits description and scoring profile of any 'step-up' cluster.	• Fits profile of cluster 11 at the point of the planned CPA review, and has done so consistently for the past 12 months. • Requires no psychotropic medication or has been on a stable dose for the past year. • Not currently detained under the Mental Health Act. • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care. • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations.	N/A



CARE CLUSTER 12: Ongoing or recurrent Psychosis (High Disability)

Description:

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.

Likely diagnoses:

Likely to include, (F20-F29) Schizophrenia, schizotypal and delusional disorders, F30 Manic Episode, F31 Bipolar Affective Disorder

Impairment:

Possible cognitive and physical problems linked with long-term illness and medication. May have limited survival skills and be lacking basic life skills and poor role functioning in all areas.

Risk:

Vulnerability to abuse or exploitation.

Course:

Long term.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

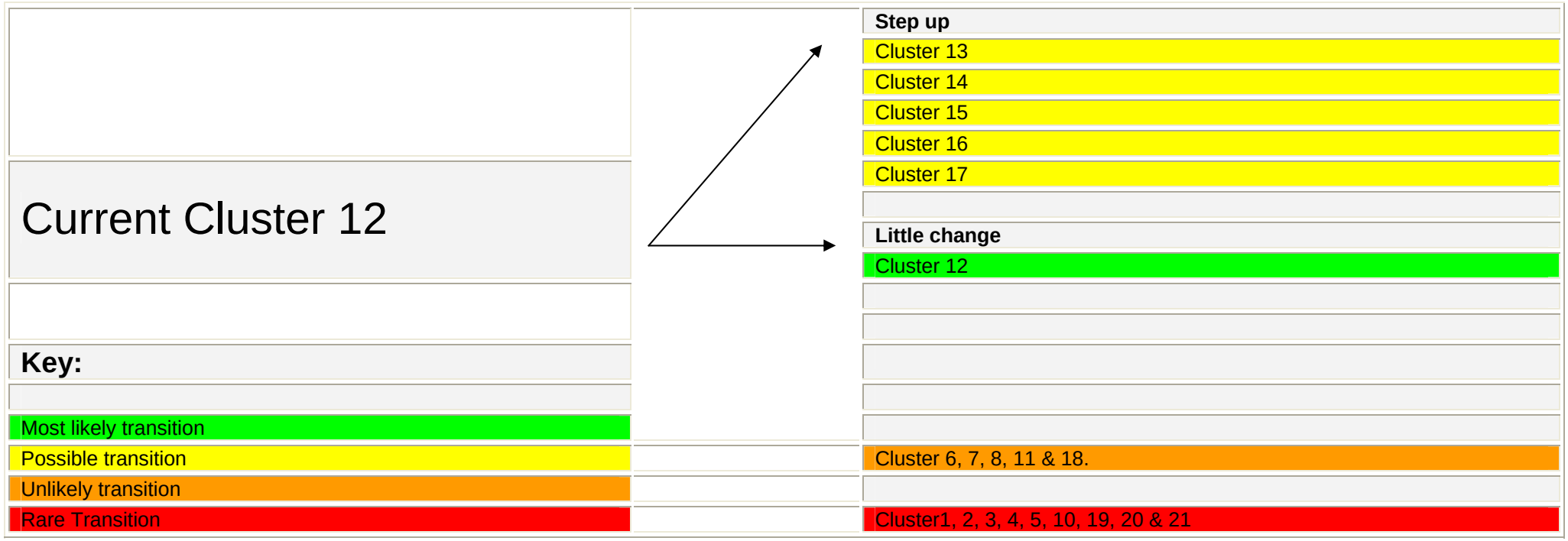
CARE TRANSITION PROTOCOLS

Cluster 12: Ongoing or Recurrent Psychosis (high disability)

Indicative episode of care: 3 years +

Cluster reviews at least: Annually

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
12	• Service User fits description and scoring profile of any 'step-up' cluster.	• Fits profile of cluster 12 at the point of the planned CPA review, and has done so consistently for the past 12 months. • Requires no psychotropic medication or has been on a stable dose for the past year. • Not currently detained under the Mental Health Act. • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care. • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations.	• Service User fits description and scoring profile of any 'step-down' cluster consistently for the past 12 months.



CARE CLUSTER 13: Ongoing or Recurrent Psychosis (High Symptom & Disability)

Description:

This group will have a history of psychotic symptoms which are not controlled. They will present with severe to very severe psychotic symptoms and some anxiety or depression. They have a significant disability with major impact on role functioning.

Likely diagnoses:

Likely to include, (F20-F29) Schizophrenia, Schizotypal and delusional disorders, F30 Manic Episode, F31 Bipolar Affective Disorder.

Impairment:

Possible cognitive and physical problems linked with long-term illness and medication. May be lacking basic life skills and poor role functioning in all areas.

Risk:

Vulnerability to abuse or exploitation.

Course:

Long term.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

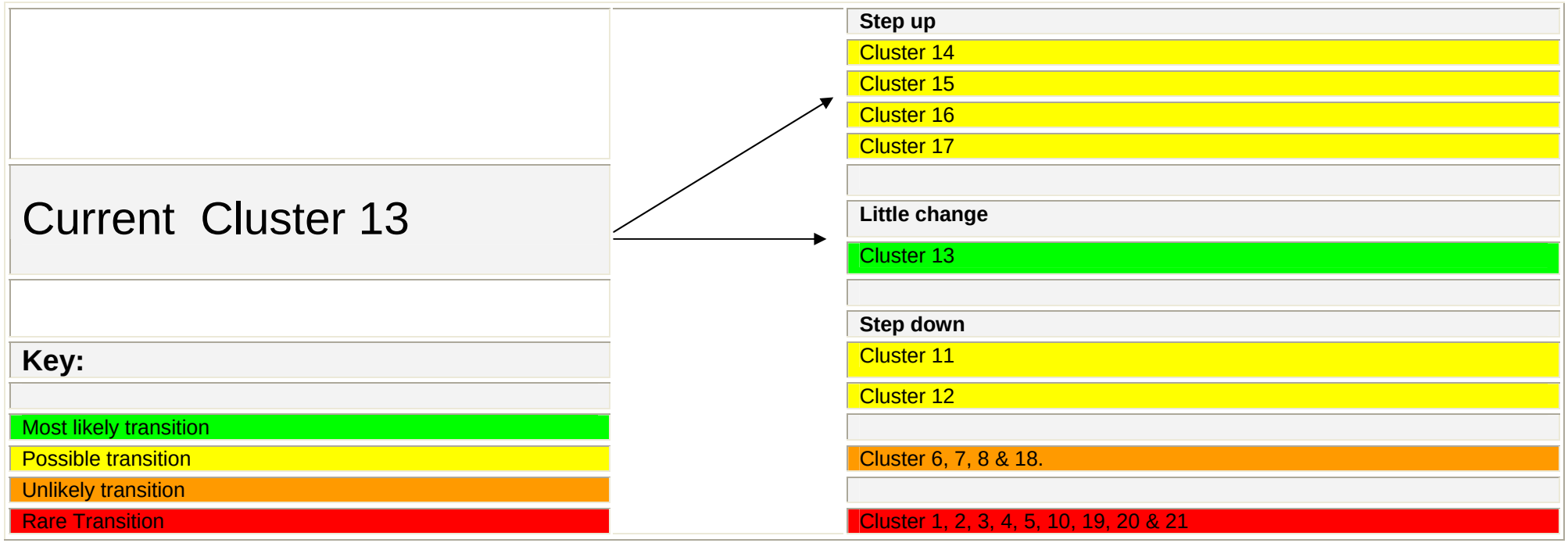
CARE TRANSITION PROTOCOLS

Cluster 13: Ongoing or Recurrent Psychosis (high symptom and disability)

Indicative episode of care: 3 years +

Cluster reviews at least: Annually

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
13	• Service User fits description and scoring profile of any 'step-up' cluster.	• Has received 2 years of specialist MH intervention. • Requires no psychotropic medication or has been on a stable dose for the past year. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions) • Not currently detained under the Mental Health Act. • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care. • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations.	• Service User fits description and scoring profile of any 'step-down' cluster consistently for the past 12 months.



CARE CLUSTER 14: Psychotic Crisis.

Description:

They will be experiencing an acute psychotic episode with severe symptoms that cause severe disruption to role functioning. They may present as vulnerable and a risk to others or themselves.

Likely diagnoses:

Likely to include, (F20-F29) Schizophrenia, schizotypal and delusional disorders, F30 Manic Episode, F31 bipolar Affective Disorder

Impairment:

Cognitive problems may present. Activities will be severely disrupted in most areas. Role functioning is severely disrupted in most areas.

Risk:

There may be risks to self or others because of challenging behaviour and some vulnerability to abuse or exploitation. Also, possibly poor engagement with service. Safeguarding risk if parent/carer.

Course:

Acute.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

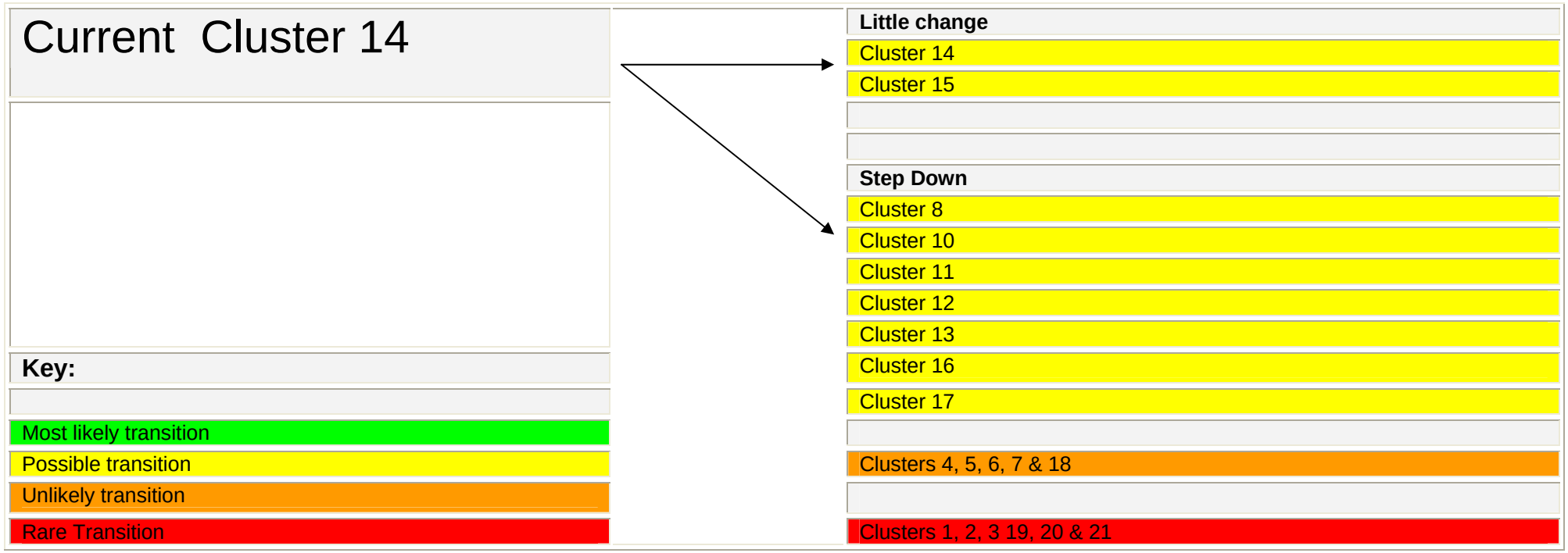
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 14: Psychotic Crisis

Indicative episode of care: 8 – 12 weeks

Cluster reviews at least every: 4 weeks

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
14	N/A	• Requires no psychotropic medication or has been on a stable dose and is adherent. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions). • Any residual risks can be managed by Primary Care. • Scores 0-2 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations.	• Service User fits description and scoring profile of any 'step-down' cluster.



CARE CLUSTER 15: Severe Psychotic Depression

Description:

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 Non-accidental self injury and have disruption in many areas of their lives.

Likely diagnoses:

Likely to include, F32.3 Severe depressive episode with psychotic symptoms.

Impairment:

Cognitive problems may present. Activities will be severely disrupted in most areas. Role functioning is severely disrupted in most areas.

Risk:

Risk of Non-accidental self injury and vulnerability likely to be present with other risks variable. Consider safeguarding risks if parent or carer.

Course:

Acute

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury			Expected	Expected	Expected
3	Problem drinking or drug taking	Expected	Expected	Expected		
4	Cognitive Problems			May	May	May
5	Physical Illness or disability problems		May	May	May	May
6	Hallucinations and Delusions			Must	Must	Must
7	Depressed mood *				Must	Must
8	Other mental and behavioural problems *			May	May	May
9	Relationships			May	May	May
10	Activities of daily living			May	May	May
11	Living conditions		May	May	May	
12	Occupation & Activities			Expected	Expected	Expected
13	Strong Unreasonable Beliefs	May	May	May	May	May
A	Agitated behaviour/expansive mood	Expected	Expected	Expected		
B	Repeat Self-Harm	Expected	Expected	Expected	Expected	
C	Safeguarding other children & vulnerable dependant adults			May	May	May
D	Engagement	Expected	Expected	Expected		
E	Vulnerability			Expected	Expected	Expected

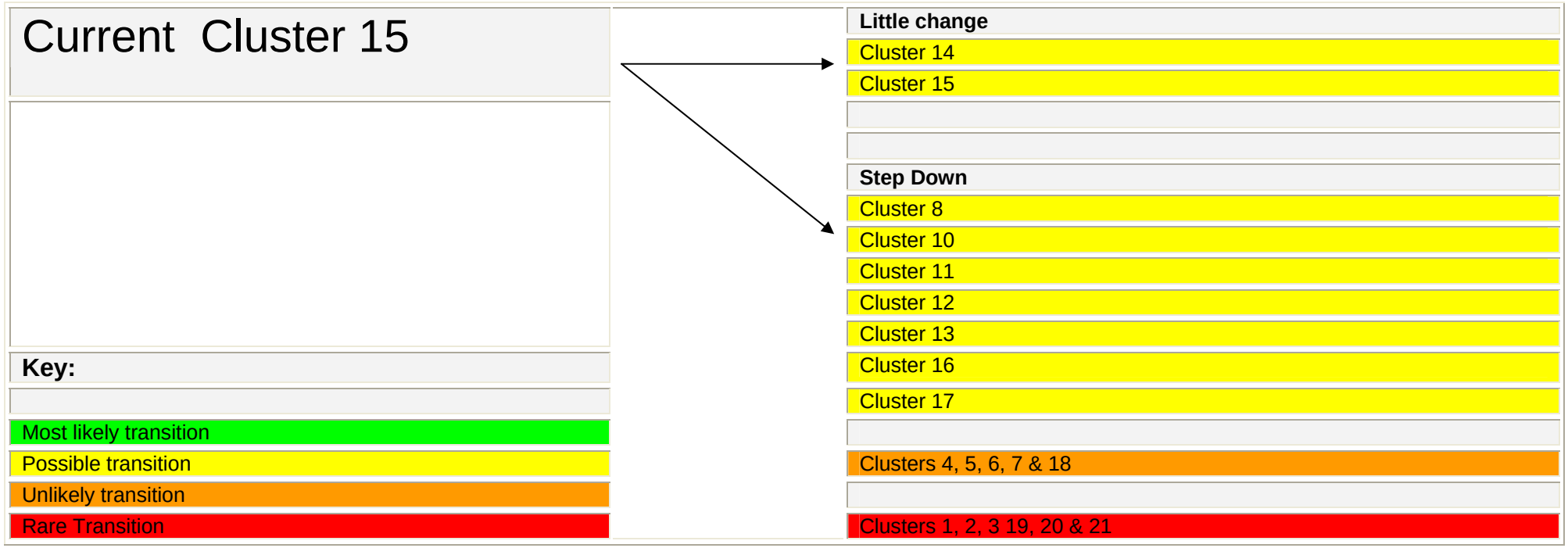
Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

CARE TRANSITION PROTOCOLS
Cluster 15: Severe Psychotic Depression
Indicative episode of care: 8 – 12 weeks

Cluster reviews at least every: 4 weeks

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
15	N/A	• Requires no psychotropic medication or has been on a stable dose and is adherent. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions). • Any residual risks can be managed by Primary Care. • Scores 0-2 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations	• Service User fits description and scoring profile of any 'step-down' cluster.



CARE CLUSTER 16: Dual Diagnosis

Description:

This group has enduring, moderate to severe psychotic or affective symptoms with unstable, chaotic lifestyles *and co-existing* Problem drinking or drug taking. They may present a risk to self and others and engage poorly with services. Role functioning is often globally impaired.

Likely diagnoses:

Likely to include, (F10-F19) Mental and behavioural disorders due to psychoactive substance use (F20-F29) Schizophrenia, schizotypal and delusional disorders, Bi-Polar Disorder

Impairment:

Physical Illness or disability problems may be present as a result of Problem drinking or drug taking and possibly cognitively impaired as a consequence of psychotic features or Problem drinking or drug taking. Global impairment of role function likely

Risk:

Moderate to severe risk to other due to violent and aggressive behaviour. Likely to engage poorly with services. Some risk of accidental death.

Course:

Long term.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury			Expected	Expected	Expected
3	Problem drinking or drug taking				Expected	Expected
4	Cognitive Problems			May	May	May
5	Physical Illness or disability problems			May	May	May
6	Hallucinations and Delusions			Must	Must	Must
7	Depressed mood *			Expected	Expected	Expected
8	Other mental and behavioural problems *		May	May	May	
9	Relationships				May	May
10	Activities of daily living				May	May
11	Living conditions			May	May	May
12	Occupation & Activities				Expected	Expected
13	Strong Unreasonable Beliefs		May	May	May	May
A	Agitated behaviour/expansive mood			Expected	Expected	Expected
B	Repeat Self-Harm	Expected	Expected	Expected		
C	Safeguarding other children & vulnerable dependant adults			May	May	May
D	Engagement				Expected	Expected
E	Vulnerability			Expected	Expected	Expected

Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

CARE TRANSITION PROTOCOLS
Cluster 16: Dual Diagnosis
Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
16	• Service User fits description and scoring profile of any 'step-up' cluster.	• Has received 2 years of specialist MH intervention. • Requires no psychotropic medication or has been on a stable dose for the past year. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions) • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations. • Scores 0-1 MHCT V1 item D (Engagement).	• Service User has fitted description and scoring profile of any 'step-down' cluster consistently for the past 12 months. • Has required no inpatient / IHT packages for the past year. • Scores 0-1 MHCT V1 item D (Engagement). • Level of support (frequency of visits etc.) has been reduced to a level that can be provided by a less intensive team for the past 6 months. • MHCT V1 item 3 (Problem drinking or drug taking) has remained at a score of 2 or less for the past 12 months

Current Cluster 16

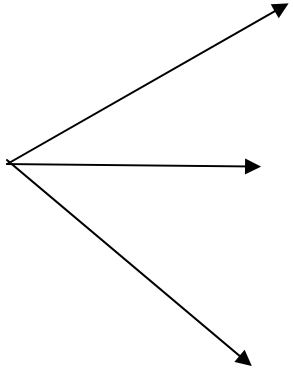
Key:

Most likely transition

Possible transition

Unlikely transition

Rare Transition



Step up

Cluster 14

Cluster 15

Little change

Cluster 16

Step down

Cluster 11

Cluster 12

Cluster 13

Cluster 17

Clusters 5, 6, 7 & 18

Clusters 1, 2, 3, 4, 10, 19, 20 & 21

CARE CLUSTER 17: Psychosis and Affective Disorder – Difficult to Engage

Description:

This group has moderate to severe psychotic symptoms with unstable, chaotic lifestyles. There may be some problems with drugs or alcohol not severe enough to warrant dual diagnosis care. This group have a history of non-concordance, are vulnerable & engage poorly with services.

Likely diagnoses:

Likely to include, (F20-F29) Schizophrenia, schizotypal and delusional disorders, Bi-Polar

Impairment:

Possibly cognitively impaired as a consequence of psychotic features or Problem drinking or drug taking including prescribed medication. Likely severe problems with relationships and one or more other area of functioning.

Risk:

Moderate to severe risk of harm to others due to aggressive or violent behaviour. Risk of Non-accidental self injury. Likely to be non-compliant, vulnerable and engage poorly with service.

Course:

Long term.

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

* Either / Or

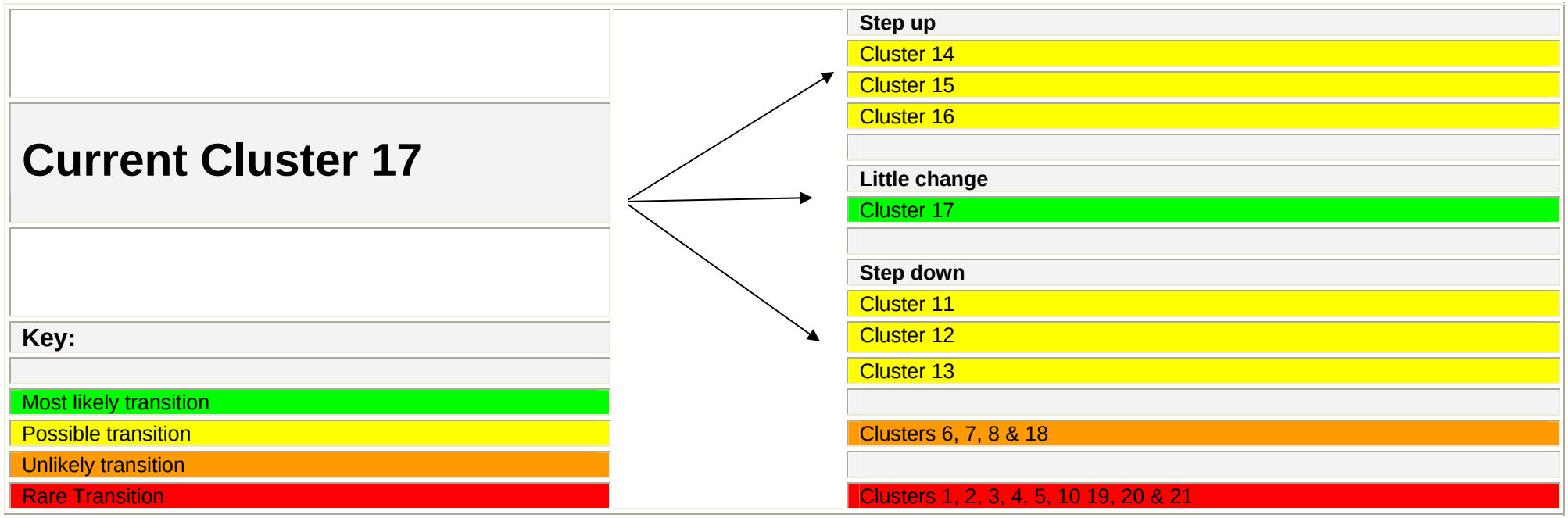
CARE TRANSITION PROTOCOLS

Cluster 17: Psychosis and Affective Disorder Difficult to Engage

Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (Any of the following criteria are met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
17	• Patient fits profile for clusters 14 or 15. • Patient scores above 2 on Problem drinking or drug taking item and this results in an inability to deliver the care typically provided to cluster 17 patients without a significant increase in resources.	• Has received 2 years of specialist MH intervention. • Requires no psychotropic medication or has been on a stable dose for the past year. • Scores 0-1 on MHCT V1 item 6 (Hallucinations and Delusions) • Has required no inpatient / IHT packages for the past year. • Any residual risks can be managed by primary care • Scores 0-1 on MHCT V1 item 12 (Occupation and Activities). • Level of social inclusion meets service user's expectations. • Scores 0-1 MHCT V1 item D (Engagement)	• Service User has fitted description and scoring profile of any 'step-down' cluster consistently for the past 12 months. • Has required no inpatient / IHT packages for the past year. • Scores 0-1 MHCT V1 item D (Engagement). • Level of support (frequency of visits etc) has been reduced to a level that can be provided by a less intensive team for the past 6 months.



CARE CLUSTER 18: Cognitive Impairment (Low Need)

Description:

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 rule out.

Likely diagnoses:

Diagnoses likely to include: F00 – Dementia in Alzheimer-s disease, F01 – Vascular dementia, F02 – Dementia in other diseases classified elsewhere F03 – Unspecified Dementia, Dementia with lewy bodies (DLB),

Impairment:

Some memory and other low level impairment will be present. ADL function will be unimpaired, or only mildly impaired. There may be changes in ability to manage vocational and social roles.

Risk:

None or minor.

Course:

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

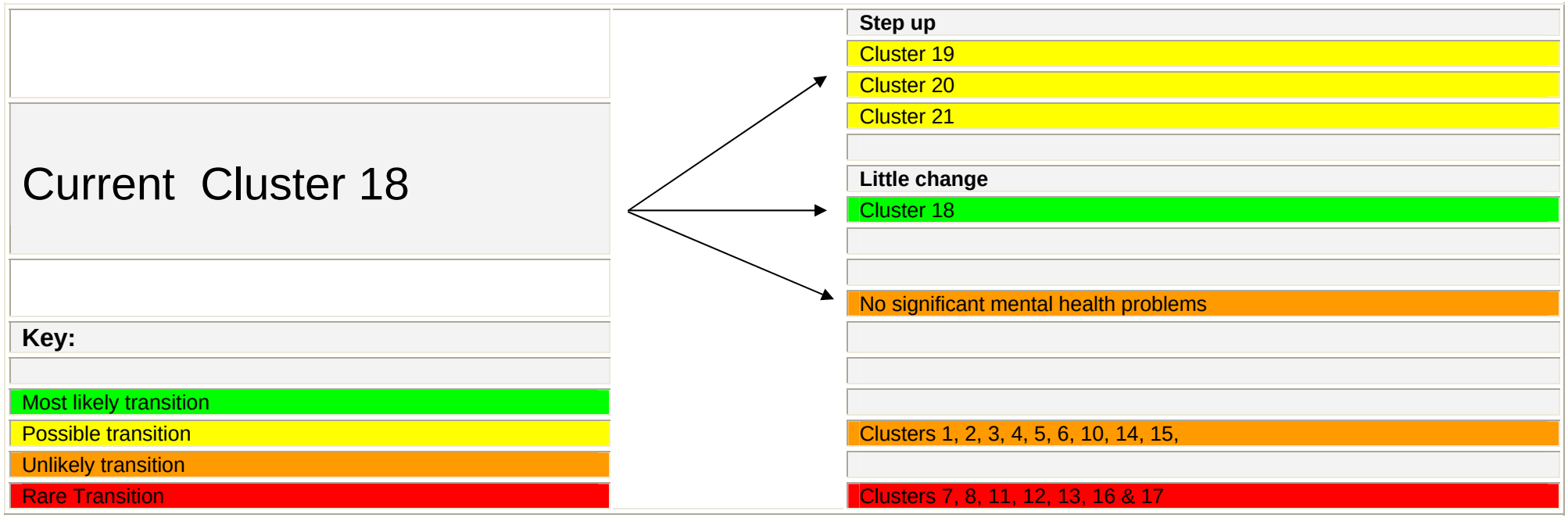
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 18: Cognitive impairment (low need)

Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
18	• Service User fits description and scoring profile of any 'step-up' cluster.	• Scores 0 on MHCT item 4 (Cognitive problems) for the past year Any residual risks can be managed by primary care	N/A



CARE CLUSTER 19: Cognitive Impairment or Dementia Complicated (Moderate Need)

Description:

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.

Likely diagnoses:

Likely to include: 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)

Impairment:

Impairment of ADL and some difficulty with communication and in fulfilling social and family roles.

Risk:

Risk of self neglect, harm to self or others. May lack awareness of problems.

Course:

Long term.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

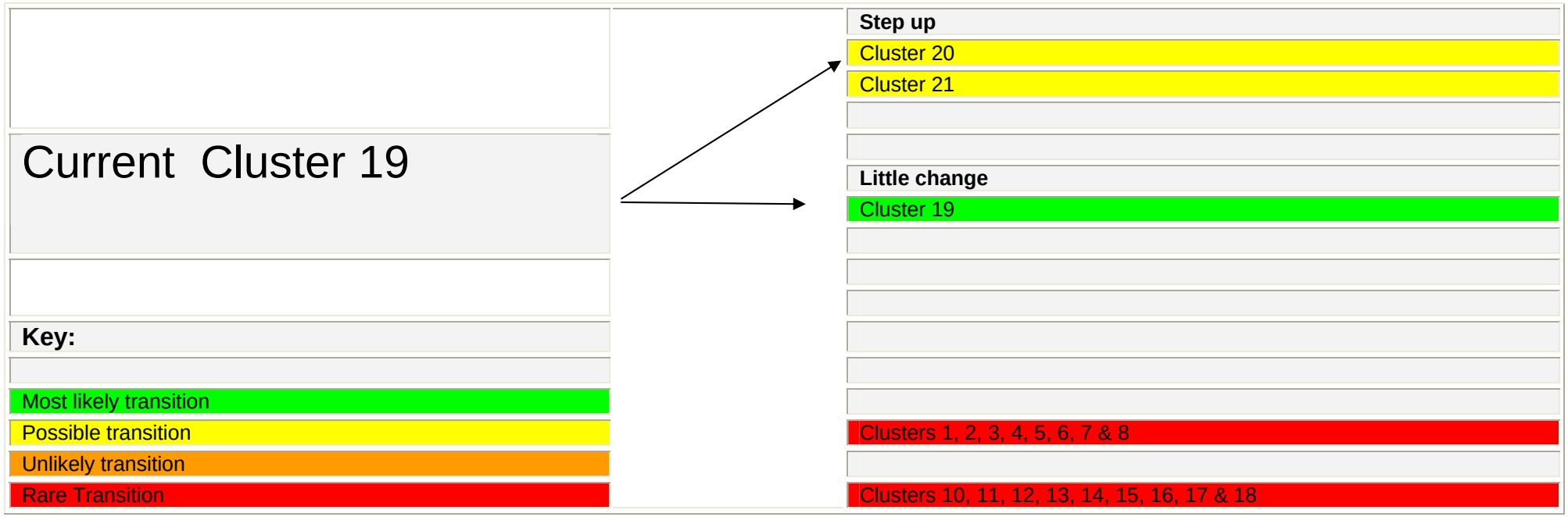
Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 19: Cognitive impairment or Dementia Complicated (Moderate need)

Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
19	• Service User fits description and scoring profile of clusters 20 or 21	N/A	N/A



CARE CLUSTER 20: Cognitive Impairment or Dementia Complicated (High Need)

Description:

People with dementia who are having significant problems in looking after themselves and whose behaviour may challenge their carers or services. They may have high levels of anxiety or depression, psychotic symptoms or significant problems such as aggression or agitation. The 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.

Likely diagnoses:

Likely to include: 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).

Impairment:

Significant impairment of ADL function and/or communication. May lack awareness of problems. Significant impairment of role functioning. Unable to fulfil social and family roles.

Risk:

High risk of self-neglect or harm to self or others. Risk of breakdown of care.

Course:

Long term.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

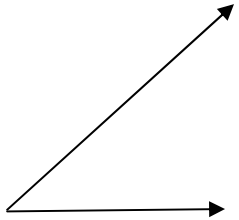
CARE TRANSITION PROTOCOLS
Cluster 20: Cognitive impairment or Dementia Complicated (High need)

Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
20	• Service User fits description and scoring profile of cluster 21.	N/A	N/A

Current Cluster 20



Step up
Cluster 21

Little change
Cluster 20

Key:

Most likely transition
Possible transition
Unlikely transition
Rare Transition

Clusters 1, 2, 3, 4, 5, 6, 7 & 8

Clusters 10, 11, 12, 13, 14, 15, 16, 17, 18 & 19

CARE CLUSTER 21: Cognitive Impairment or Dementia (High Physical or Engagement)

Description:

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.

Likely diagnoses:

Likely to include: 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)

Impairment:

Likely to lack awareness of problems. Significant impairment of ADL function. Unable to fulfil self-care and social and family roles. Major impairment of role functioning.

Risk:

High risk of self-neglect. Risk of breakdown of care.

Course:

Long term.

* Either / Or

No	Item Description	Score				
		0	1	2	3	4
2	Non-accidental self injury					
3	Problem drinking or drug taking					
4	Cognitive Problems					
5	Physical Illness or disability problems					
6	Hallucinations and Delusions					
7	Depressed mood *					
8	Other mental and behavioural problems *					
9	Relationships					
10	Activities of daily living					
11	Living conditions					
12	Occupation & Activities					
13	Strong Unreasonable Beliefs					
A	Agitated behaviour/expansive mood					
B	Repeat Self-Harm					
C	Safeguarding other children & vulnerable dependant adults					
D	Engagement					
E	Vulnerability					

Must score
Expected to score
May score
Unlikely to score
No data available

CARE TRANSITION PROTOCOLS
Cluster 21: Cognitive impairment or Dementia (High physical or engagement needs)

Indicative episode of care: 3 years +

Cluster reviews at least every: 6 months

Cluster	Step-up Criteria (The following criterion is met)	Example local discharge Criteria for MH services (All of the following criteria are met)	Step-down Criteria (The following criterion is met)
21	N/A	N/A	N/A