A good practice guide

Mental Health UK

Mental Health Navigation:

An established method for reducing pressure on primary and secondary care by supporting people to address their unmet non-clinical needs

A good practice guide

This is a guide for healthcare commissioners looking to implement Mental Health Navigation in their settings. Through developing this practice in four different areas we have identified good practice and aim to share it with you through this guide.

The pilot Community Mental Health Navigator programme is funded by Johnson & Johnson in the UK and the Johnson & Johnson Foundation. This pilot has been delivered by Mental Health UK via its four partner charities.

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1. Setting the scene

a. What is Mental Health Navigation?

Mental Health Navigation is a model that provides people experiencing mental illness with support to address their unmet non-clinical needs.

This model has been developed in four pilot sites across the UK. Mental Health Navigation can be used to compliment primary and/or secondary mental health services, by supporting people with their non-clinical needs and navigating their journey towards personal recovery. In providing this support the model reduces pressure on healthcare systems.

As each of the pilot sites developed the Mental Health Navigation model in their settings, they adapted the name of the role to meet the needs of the local area. Such flexibility in the implementation of the model is important as it has an impact on the way this model is understood by both service users and clinical staff.

Support in Mind Scotland has been delivering a Community Mental Health Navigation Service based in a community hub, the Millennium Centre in Stranraer, Scotland.

MindWise has been delivering a Peer Mental Health Navigation Service remotely in Belfast, Northern Ireland.

Adferiad Recovery has been delivering a Social Navigation Service alongside mental health services in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil, Wales.

Rethink Mental Illness has been delivering a Mental Health Navigation Service in partnership with Navigo in the Meridian Primary Care Network in Grimsby, England.

This guide brings together good practice from each of these areas, as well as the essential elements needed to deliver Mental Health Navigation regardless of differences in the local context. This guide is designed to be used by any organisation looking to deliver Mental Health Navigation.

b. The different UK healthcare systems

As health is a devolved matter across the four countries of the UK, England, Wales, Scotland, and Northern Ireland each have their own systems of publicly funded healthcare.

Services and initiatives are funded by the four different governments and governed by the different parliaments and assemblies, alongside their respective local government, private and voluntary sectors. There are differences in policies and priorities and structures of healthcare in each nation.

Mental Health Navigation has been designed to support people in all four nations and work alongside each of the different healthcare systems, so medical professionals can be allowed to work at the top of their license.

c. Why is Mental Health Navigation needed?

There are currently multiple challenges faced in community, primary and secondary health services.

This includes insufficient staff and capacity to meet rising patient need and complexity, high pressure on mental health professionals and GPs and competing demands for their time. Staff may additionally struggle to maintain an up-to-date awareness of the multitude of local community assets available.

People living with mental illness also report difficulty in navigating and engaging with social care systems and community support that may be available. This means that where there are community assets available, they may not be being accessed by the very people they were designed to support.

This model builds on the well-established social prescribing model, offering a dedicated capacity to assist and empower people to access the right support, to manage a range of needs and social distresses that can affect an individual's mental health and in doing so alleviates pressure on healthcare systems.

2. How to recruit and train a Mental Health Navigator

This section sets out the skills, experiences and training required to deliver Mental Health Navigation.

a. Template job description

This is a template job description that could be used or adapted to specific organisations or to fit a local context. It contains the skills and experience the current providers of Mental Health Navigation have identified as key.

Those delivering this service have also highlighted the importance of the underpinning principles of Mental Health Navigation. People who thrive in the role are empathetic and deliver a person-centred approach in a non-judgmental way. They collaborate with service users to empower and engage. The existing Mental Health Navigators show resilience, adaptability while also being open, honest, and receptive to support.

Job description

Job summary

I will work alongside mental health and clinical professionals to support people with mental illness and provide personalised support. I will ensure people are linked to appropriate community, health and social care services and support networks, reducing the risk of social exclusion or mental health relapse.

I will be providing a dedicated capacity within the community and offer personalised support and signposting with a focus on maintaining independence, wellbeing and quality of life whilst reducing demand on healthcare services.

I will work with the following people and teams:

- Network of Mental Health Navigators.
- Associate Director and Head of Mental Health Navigation Services.
- Full network of healthcare professionals in my setting.
- Local community health and social care services and support networks.
- Professionals working in other related disciplines in both statutory and non-statutory agencies as appropriate.

What I do and achieve

- I will primarily provide Mental Health Navigation services in a health and/or community setting, with the ability to work remotely.
- I will manage new referrals to the service from established pathways and assess them on suitability criteria.
- I will conduct holistic needs assessments and develop risk management and support plans based on individual needs to ensure the needs identified are supported and they are signposted to the right service(s).
- I will deliver a person-centred service and collaborate with service users to empower and engage.
- I will develop local knowledge of support services to be used with service users. I will continually update this as things change.
- I will establish and maintain effective relationships with a wide range of professionals.
- I will attend multi-disciplinary team meetings relating to service user support.
- Where I identify gaps for individual service users to receive the support they need, I will utilise local knowledge to find individual solutions and record any gaps in service and report back through any feedback mechanisms to improve local services where possible.
- I will manage my case load based on agreed KPI's within the contract.
- I will record and collate data for 'outcome measures' to demonstrate and evidence impact.
- I will ensure the accurate entry of appropriate data onto agreed systems, maintaining the highest standard of record keeping and confidentiality.

Who I am

I have the essentials covered:

- I have an insight into the needs and experiences of people with mental illness.
- I have or am prepared to work toward QCF / NVQ/SVQ level 3 (or equivalent) in Health & Social Care.
- I can prioritise workload demands and positively respond to unforeseen challenges.
- I can develop and maintain good professional relationships with service users and practitioners, based on openness and honesty.
- I am resilient and adapt well to different situations and seek support where needed.
- I understand and can maintain professional boundaries, even in challenging situations.
- I can communicate with a wide range of people including professionals and a diverse range of community members.
- I can work autonomously and manage time effectively, balancing the needs of the service user and the organisation effectively.
- I can use supervision and personal development positively and effectively.
- I have working knowledge of standard IT packages.
- A full UK driving license and access to a car or reliable transport for business purposes.

I may also have:

- Lived experience of mental health services and/or mental illness.
- Coaching experience i.e. mental health wellbeing coaching.
- Mental Health qualifications or knowledge.
- A working knowledge of debts, housing, mental health, employment, and social prescribing
- Experience of providing interventions both in a 1:1 and group setting.

b. Recruitment process

The job description offers a springboard from which to start the recruitment process for this role alongside the underpinning principles of the service. Existing providers of Mental Health Navigation found the following particularly beneficial when selecting Mental Health Navigators.

Firstly, that the recruitment panel consists not only of the direct line manager of the Mental Health Navigator, but also someone from the local clinical team and someone working in the local community. Furthermore, including a discharged service user or expert by experience on the panel has been found to add immense value, for both the recruitment panel as well as the prospective candidate.

Secondly, given the holistic nature of the role and the variability of the day-to-day tasks of delivering Mental Health Navigation, including in the recruitment pack insight into the role from both existing Mental Health Navigators and Service Users was helpful to prospective candidates. Someone who was recently recruited into a Mental Health Navigation role shared that these insights into the work made the post attractive and she also felt more confident in applying for the role with a better understanding of it.

Our four pilot Navigators shared how they would describe the role to prospective candidates.

"This job is so rewarding, you meet people when they are lost and go through the journey with them. I also enjoy the networking and getting to know my own community and charity sector"

– Sharon from Belfast, Northern Ireland

"No day is the same. You get to be on the journey with people and be a part of people's stories"

– Teresa from Grimsby, England

"You have time to listen and understand, you can give people the time that they need and deserve."

– Theresa from Bridgend, Rhondda Cynon Taf and Merthyr Tydfil, Wales

"Creativity is key in this role, not limited to a framework but support is based on individual needs. You can help find the relevant access for support. There is trust and freedom in the role."

– Georgia from Stranraer, Scotland

Hannah* has utilised the Mental Health Navigation service and shared her story so others could understand how the service supported her.

Hannah's story

Hannah was referred to the Mental Health Navigation service as she was not getting the support she needed. She was in a place where she felt stuck, her goal was to get better, but she didn't know how to.

She was also scared to leave the house unless she had to and had recently left a women's refuge when she was first referred to the Mental Health Navigator.

Hannah said she received contact from her Mental Health Navigator straight away after the referral. Initially, given her fear of leaving the house, their appointments would be in Hannah's home. She was a little unsure of what the support would be like but described it as having a helping hand. She explained that together they developed steps and small goals to work towards. The first area they looked at was supporting Hannah to have coping mechanisms and keeping herself safe, this involved a referral to a local counselling service.

Together they worked on several areas of Hannah's life. She explains, the Mental Health Navigator supported her to complete a welfare assessment and they set achievable goals such as joining a gym, paying off her debt and having their appointments outside of Hannah's home. Hannah did these things and shared she now does volunteering and had a job interview the other day.

Hannah is soon to be discharged and she explained that she has really enjoyed working with her Mental Health Navigator. Reflecting on her journey of recovery she shares that while before her only goal was to get better, now she wants a job and a boyfriend and sees having children in her future. She now has a comfortable home environment, confidence, and independence as well as the tools she needs to support her mental health on a daily basis.

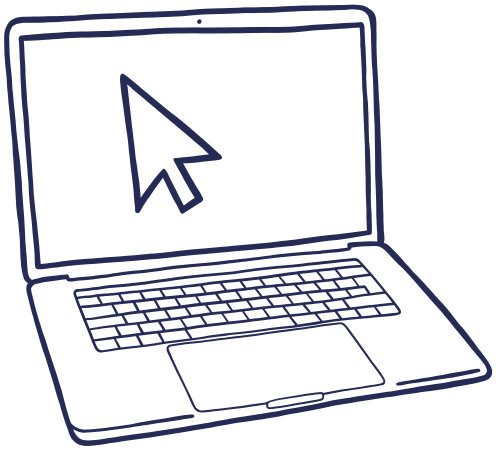
** Name and identifying features have been changed to protect the service user's identity.*

c. Induction and ongoing training needs

Existing Mental Health Navigation providers have identified core areas where training is needed from the outset. Then depending on the delivery context and the experience a person brings to the role there is other training identified that could be beneficial.

Reviewing these further training needs with the local population in mind can help guide future training opportunities.

Offering the training in this way has been helpful to ensure that it is consistent and appropriate. It has also been an attractive element of the role for the Mental Health Navigator themselves, by offering growth and development as part of role.



Initial Training Offer

- Local setting policy and procedures
- Health and safety
- Safeguarding (children, young people and vulnerable adults)
- Mental health awareness
- Equality and diversity awareness
- Self-harm and suicide prevention
- Risk assessment and management
- Basic counselling

Further Training Opportunities

- Social isolation and loneliness
- Specific mental illness training
- Physical health and mental illness
- Trauma-informed practice
- Grief and loss
- County lines
- Alcohol and substance misuse
- Motivational interviewing
- Local housing system
- Benefits awareness

3. Providing Mental Health Navigation support

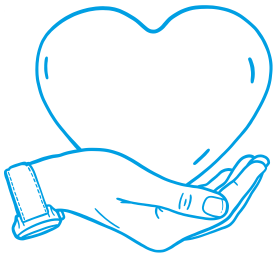
The template job description offers an overview of the role and responsibilities required, but each day working in a Mental Health Navigation service is as different as the people that need support.

Therefore, this section will break down good practices for working with service users. Mental Health Navigation as it is delivered in each area draws upon assessment and planning tools; specific tools have been developed to work for different groups and areas.

a. Template holistic needs assessment tool

The first appointment with a new service user is an opportunity to get to know them and conduct an assessment on their needs from a whole-person perspective.

This sets the tone for the work that they will do with their Mental Health Navigator. Each of the Mental Health Navigators uses a tool that covers eight different topics to guide the initial appointment and subsequent work. The first appointment is a minimum of an hour and a half, with Mental Health Navigators often allowing for two hours in their calendar for this initial meeting. This is a template holistic needs assessment tool that could be used or adapted to specific organisations or to fit a local context.



Holistic needs assessment tool

Confidentiality and consent

- Discussed and agreed confidentiality and information sharing
- Consent gained to complete assessment

Service user details

Name

Date of Birth DD / MM / YYYY

Referrer name/agency

Service referral route

Known risk factors

Mental illness (please tick)

- ☐ Anxiety disorder
- ☐ Psychosis without schizophrenia
- ☐ Depression
- ☐ Schizophrenia
- ☐ Personality disorder
- ☐ Schizoaffective disorder
- ☐ Bipolar disorder
- ☐ Autism spectrum
- ☐ Eating disorder
- ☐ Dementia
- ☐ PTSD
- ☐ Other

Accommodation

Hints: Current accommodation type / Status? / Housing needs / Tenancy issues? / Mortgage commitments? / Problems in local community? / Housing history / Other agency involvement.

Benefits

Hints: Benefit check / Change of address? / Appointee required? / Filling in forms / Dealing with correspondence? / Overpayments / Social Fund Loans / NI / PI / Appointments / Grants / Food Parcels

Are you receiving all benefits currently eligible for?

☐ Yes ☐ No ☐ Under sanction ☐ Not applicable

Financial situation / money management

Hints: Previous rent / council tax arrears / Money management? / Budgeting / Debts / support with debts? / Borrowing money / Lending money? Bank/building society

Physical health

Hints: Any physical health conditions / Annual GP health check? / any follow up needed from annual health check? / appointments / general fitness / exercise routines / sporting activity / diet considerations / healthy eating / gym memberships / any physical health aspirations e.g. start at gym, join sports group

Mental health

Hints: Mental health conditions / Any counselling or therapy / Coping skills / Support?

Addictive behaviours

Hints: Support needed / agency involvement

Substance misuse / addiction issues

- [ ] Alcohol misuse
- [ ] Gambling problem
- [ ] No information
- [ ] Drug misuse
- [ ] Self-Harm
- [ ] Other

Social and professional support in the community

Hints: family / friends / support services / advocacy services / social integration projects
i.e. peer mentoring

- [ ] Unpaid carer
- [ ] Substance Misuse
- [ ] CPN
- [ ] Floating Support
- [ ] Community Mental Health Team
- [ ] Social Services
- [ ] Probation
- [ ] Other

Training, employment and volunteering

Hints: Any employment / Returning to work? / Identified training or educational need? / Unpaid Voluntary work / Purposeful activity? / Aspirations

Date initial assessment completed DD / MM / YYYY

Service user (print and sign)

Mental Health Navigator (print and sign)

This and other tools can be adapted to suit different population needs. We know that there are nuances and particular presenting issues for different areas. For more detail on adapting the service to local context please see Section 5.

Services in Northern Ireland, England and Scotland all use variations on the Holistic Needs Assessment tool. Wales uses a tool that works in a similar way and is known locally as a Recovery Plan, which has been co-produced with people seriously affected by mental illness. It also covers eight areas: Accommodation, Education and Training, Finance and Money, Medical and other forms of treatment, Parenting or caring responsibilities, Personal care and physical well-being, social, cultural and spiritual, as well as work and occupation.

b. Appointments and support

The holistic needs assessment tool is used as a starting point for the Mental Health Navigator to understand the unmet non-clinical needs of the service user. Using it as a baseline they work together to set realistic goals and steps to achieve them. The Mental Health Navigator will use their local community knowledge to recommend and support the service user achieve these goals.

Appointments are flexible and adapted to meet the needs of the service users. A usual appointment will be between 30 minutes to an hour and can be provided remotely over the phone, within the Navigators setting at the service users home or out in the community.

Current Mental Health Navigators work for 35 hours a week. They have found that putting protected time of half a day in each week for reflection and admin works well. There isn't an expectation of back-to-back appointments Monday to Friday. Mental Health Navigators have found a need to clearly set boundaries around their working hours.

The nature of support can be personalised and is flexible, but current providers of the service have found a need to give service users realistic expectations of the service provision. For example, existing Navigators find it important that service users and referral pathways are aware of their working hours. This is achieved by including working hours in email signatures, voicemail message, any correspondence and advertisement of the service. On occasion when additional hours are worked to support the needs of a service user a time off in lieu (TOIL) policy has been utilised. This is what a week in the calendar of a Mental Health Navigator can look like:

Monday	Tuesday	Wednesday	Thursday	Friday
09.00–10.00 Job Centre: service user to meet employment advisor	**09.00–09.30** Service user meeting (telephone)	**09.00–09.30** Walk to volunteering induction with service user	**09.00–09.30** Service user meeting (telephone)	**09.00–10.00** Service user meeting (discuss budgeting)
	09.30–11.30 Induction service user meeting (in their home)	**09.45–10.45** Service user meeting (discuss gambling support services)	**09.30–10.30** Support service user access foodbank	
10.15–11.15 Service user meeting (complete housing application)			**10.45–11.45** MDT (multi-disciplinary team) meeting to discuss complex cases	**10.15–11.15** Service user meeting
11.30–12.30 Service user meeting	**11.45–12.15** Nature walk with service user	**11.00–12.00** Housing services and service user meeting to support engagement		**11.30–12.30** Monthly call with other Mental Health Navigators
12.30–13.30 Lunch	**12.15–13.15** Lunch	**12.00–12.30** Service user meeting (telephone)	**12.00–13.00** Service user meeting (in their home)	**12.30–13.30** Lunch
13.30–14.30 Line Manager 1:1	**13.15–14.15** Service user meeting	**12.30–13.30** Lunch	**13.00–14.00** Lunch	**13.30–14.30** Service user meeting
14.45–15.45 Service user meeting	**14.45–15.30** Service user meeting	**13.30–17.00** Protected admin time	**14.00–16.00** Induction service user meeting	**14.30–15.30** Calls to service users for any agreed upon check ins and appointment set up
15.45–17.00 Calls to service users for check-ins and appointment set-up	**15.30–16.00** Service user meeting (telephone)			**15.30–16.30** Service user meeting (discuss coping over the weekend)
	16.00–17.00 Community Services Network Forum		**16.00–17.00** Service user meeting (explore physical activity options)	**16.30–17.00** Service user meeting (telephone)

The contents of appointments will vary depending on the needs of a patient but will often start with a general wellbeing check in.

Frequently, support that service users need involves some level of emotional support. The appointment will then go on to discuss the different unmet non-clinical needs. Option to address these whether through a community resource or specific application are discussed and then the steps needed to achieve this, whether that's to be done together or by the service user outside of the appointment.

Dominik's appointment

Dominik* went to see his Mental Health Navigator for a general appointment. They started by discussing Dominik's general wellbeing. He shared that he hasn't been sleeping very well recently and that in the mornings he has good intentions for the day, to get out for a walk with his dog, go see friends and run errands, but finds it really hard and often ends up not doing these things and staying at home.

The Mental Health Navigator confirmed that he was taking his prescribed medication and engaging with the cognitive behavioural therapy he had been referred to before moving on to discuss the different aspects he had highlighted, and they had been working on in previous sessions.

As Dominik had raised his desire to get out of the house for walks and to see friends, they discussed social support in the community. The Mental Health Navigator suggested he could join a local support group, or group doing a specific activity he was interested in. Dominik was hesitant as he does have friends he could see if he wanted to but paranoia when he is out and being social is the barrier.

The Mental Health Navigator explained that a group could be good for him to get used to social situations again in a structured way, much the same as he goes out to attend his appointments where he knows what to expect from his professional support team. She suggested he have a think about things he enjoys doing and they could look for a group together he might be interested in. Dominik said he would think about it and reiterated he is often motivated in the mornings to walk his dog but finds it hard. The Mental Health Navigator offered that perhaps the next time they meet, it is not in the office, but they meet and go for a walk together in the morning to achieve his goal together. Dominik was keen to do this.

They went on to discuss other pieces of ongoing work. Dominik is currently in the process of getting a Work Capability Assessment done and is receiving support for this through a service he was referred

to through the Mental Health Navigator. Dominik shared he finds it difficult with paperwork, but he has the support he needs. He found it difficult to talk about and shared that his memory has been a little bad of late. His Mental Health Navigator said that this along with his difficulty sleeping he mentioned before, it may be worth talking to his GP to do a memory test and discuss his physical health. Dominik agreed that this might be a good solution, and together they made arrangements for this appointment.

Reflecting on their work together Dominik shares that he feels that he has the support in place, but his paranoia and uncertainty day to day in his feelings makes it hard to think beyond each day. He is starting to have good days though. They planned their next appointment, a walk in some local nature and agreed that his social connections would be their next priority together. As they closed the appointment Dominik thanked his Mental Health Navigator for listening to him and working on these things together with him.

** Name and identifying features have been changed to protect the service user's identity.*

c. Discharging service users

The support offered is not time limited, and the length of time supporting a service user can vary depending on the complexity and level of need presented. Support can vary as widely as being provided for a few weeks to six months.

The purpose of Mental Health Navigation is to address unmet non-clinical needs of service users. This can be through several routes including referrals onto community-based services. The objective is that upon discharge the service user is empowered and independent, with the tools and networks they need to achieve and maintain good mental health alongside the medical support in place.

The holistic needs assessment tool is used to identify and navigate through the many elements that Mental Health Navigation can support with. A service user will then be discharged upon mutual agreement between themselves and their Mental Health Navigator.

Despite drawing on resilience and adapting the service to individual need, on occasion a service user may choose not to engage in the service. In a situation like this, the Mental Health Navigator will attempt to contact them through the preferred contact method listed on the referral form multiple times and allowing for up to a month for contact to be returned. The Mental Health Navigator may also get in contact with the referrer to obtain any additional information that may be beneficial as to how to approach the service user, such as certain times of day or an alternative contact method.

Should the Mental Health Navigator have serious concerns about a service user that is not engaging in a service, they should follow the appropriate safeguarding procedures, making any interventions that are required, documenting and raising with relevant services or professionals as appropriate.

Following these efforts, should the service user still not wish to engage, the Mental Health Navigator will contact the service user in writing to let them know that they are being discharged from the service. Within the letter is details on how to access the service if they should want to engage in the future, as well as contact information for mental health crisis support should this be needed. Depending on the details given in the referral and if not already provided in previous contact attempts, information of other local community support available may be appropriate.

[Date]

Dear [Name],

I hope this letter finds you well. I had previously tried to contact you via phone, text and email and left messages asking you to contact myself should you need the support of a Mental Health Navigator.

I understand that there may be many reasons that I have not heard from you, but I hope that it is because you no longer need support from the service.

I have now discharged you from the Mental Health Navigator service and wish you all the very best for the future. Should you find that you need to access the service in the future you will need to be referred once again through your [referrer into service].

Please know that if you require more urgent support you can call [local mental health crisis support information] or the Samaritans on 116123 for free 24/7.

Kind Regards,
[Name]
Mental Health Navigator
My working hours are Monday-Friday 0900-1700

4. Referral pathways

Each service delivering Mental Health Navigation has formed their own referral pathways. This has been done to ensure that the service aligns appropriately with the healthcare systems and pathways already in place. It allows for flexibility in approach to meet the needs of the local population. It also allows referral pathways to be put in place where there is pressure on healthcare services where people are presenting with unmet social rather than clinical needs.

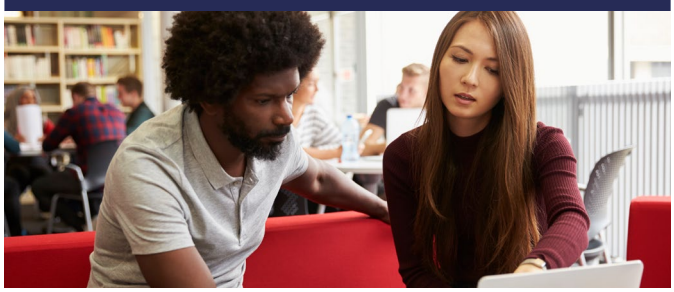
a. Referring into Mental Health Navigation

Each service delivering Mental Health Navigation is aligned with healthcare services to address unmet non-clinical needs that present and can have a detrimental impact on the mental health of service users. This provision is offered alongside the appropriate medical support whether through primary or secondary care, as needed by the service user. Referral pathways can therefore be set up from wherever people are presenting with unmet non-clinical needs that are impacting their mental health.

Primary Care
(GPs, Practice Nurses, Mental Health Practitioners, Community Psychiatric Nurses)

Secondary Care
(A&E, Acute Wards, Specialised Mental Health Services, Crisis Teams)

Mental Health Navigation
(Community Mental Health Navigators, Peer Mental Health Navigators, Social Navigators)



The model is adaptable to different local settings to best reduce pressures on healthcare services. The following referral pathways have been set up in the pilot areas and are open to adjustment in new areas:

England receives referrals from GPs, Practice Nurses, Social Prescribers, Community Mental Health Teams and Crisis Resolution Teams.

Northern Ireland receives referrals from Mental Health Practitioners.

Wales receives referrals from the Hospital Admissions Ward and Crisis Teams.

Scotland receives referrals from a Community Psychiatric Nurse.

The referral process is simple and reflects the objective of the service in alleviating pressure on healthcare systems. A referral form is required where the Mental Health Navigator does not have access to medical systems. In some instances, Mental Health Navigators have access to medical systems due to how their roles have been set up. As such they receive referrals through the primary care networks CRM, by way of an assigned task and notification and this way have access to service user information. Regardless of the process, the same information is needed upon referral.

Referral form

Referral details

Have you received consent from the referred person to refer to the Mental Health Navigator

Referral date DD / MM / YYYY

Referral source (Name, role and contact information)

Service user details

Name

Date of birth DD / MM / YYYY

Telephone

Email

Address

Preferred contact method

Referral details

Brief details about why they are being referred/what support is required

Known risks

Does this person pose any risk to themselves or others? If yes, please provide details

There are a several indicators that someone may benefit from Mental Health Navigation. Alongside mental illness presentation, they will exhibit at least one of the following:

- Not engaging with traditional referral pathways.
- Desire to address presenting non-clinical issues or be more involved in the community.
- Low confidence and self-esteem.
- Experiencing loneliness and isolation.
- Specific non-clinical issues impacting mental health directly such as finances, housing, or relationships.

Existing Mental Health Navigation services have found that contacting service users quickly is important. This is because non-clinical needs can escalate quickly and due to their nature can have a huge impact on people's mental health and ability to cope. To prevent deterioration towards crisis a timely referral into Mental Health Navigation has been found to be important.

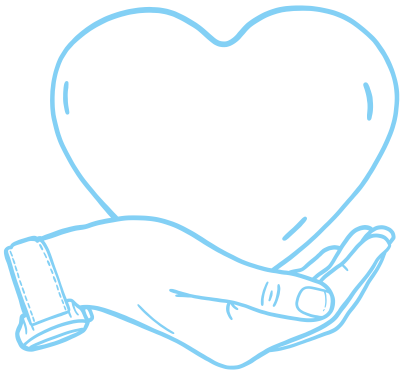
To this end, the Mental Health Navigators will often contact service users within 24 hours of receiving the referral though depending on capacity this can be up to 72 hours. Then within two weeks they will have conducted their initial appointment with the holistic needs assessment or recovery plan.

b. How to manage risk

As this is not a crisis service it is important that the referrals into the service are appropriate and people being referred will be able to benefit. Those that refer into the service will need to complete a basic risk assessment to determine if the person they wish to refer is in crisis. Those in crisis will not be able to engage and will need to be referred to specific mental health crisis teams. People not in crisis or no longer in crisis can be referred into the service.

As part of the referral form any other risks should be identified. When the Mental Health Navigator receives the referral, they will complete a basic risk assessment. This will include taking into consideration the safeguarding and crisis routes within their setting as covered by their initial training offer. Given referrals can come from different places and the Mental Health Navigator can be based in several settings this is why it's important to complete safeguarding and crisis training for the full area they cover, including any settings they may be based out of.

Considering these risks will help to ensure the safety of both the service user and the Mental Health Navigators.



c. Referring onwards

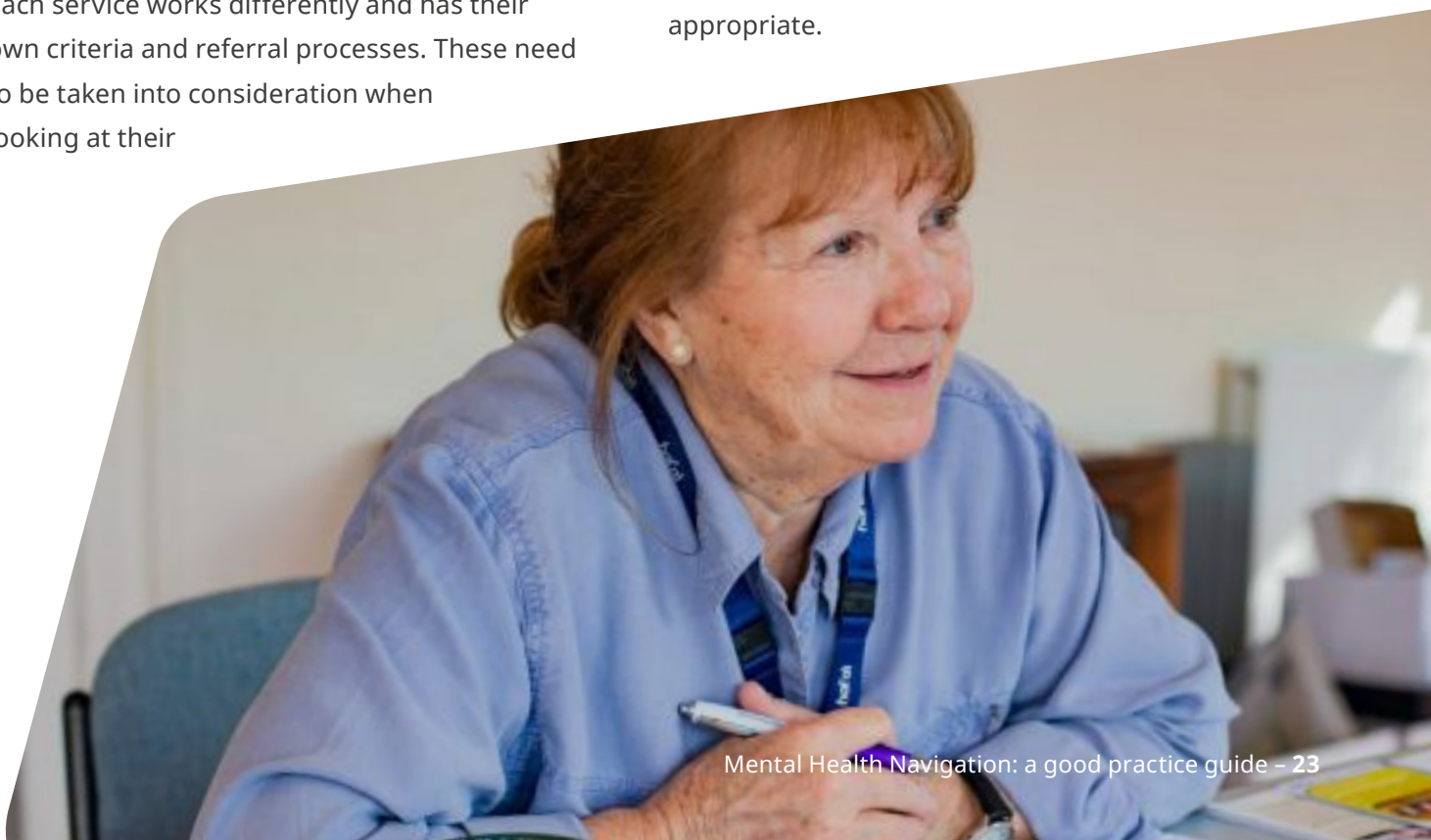
The objective of the service is to address unmet non-clinical needs for people who are affected by mental illness. In doing so provide them with tools and support they need within their home and community to live independently and well. The support that is needed is often available in some shape or form within the community, it is a matter of having the local knowledge as well as addressing any barriers that a service user may have due to their mental health or otherwise.

A vital part of a Mental Health Navigator's skillset is knowledge of community and mental health support available in their area. These support services can be constantly evolving and changing. Some areas have online directories that can be utilised, others have community forums which are useful place to start to develop this knowledge. A key part of the role is a combination of existing knowledge, ongoing mapping and keeping up-of date of changes including new, closing or changing local services.

Each service works differently and has their own criteria and referral processes. These need to be taken into consideration when looking at their appropriateness for service users. Ultimately, a service user works together with the Mental Health Navigator to decide what will work for them and what steps are needed to be taken to engage well in that service, in line with the person-centred approach. This may include addressing barriers they may have personally, such as anxiety in social situations, which the Mental Health Navigator can work with them on to ensure a transition into a service.

We have heard anecdotally that referrals that work best for both the service and service user are where the Mental Health Navigator provides details to the service and is contactable should further information be needed or to work together to support the engagement of the service user.

These onward referrals, as with the Mental Health Navigator, are provided alongside clinical support and are aimed at addressing non-clinical issues and thereby alleviating pressure on clinical teams. In instances where a service users mental health is deteriorating this should be raised with the clinical referrer for their attention, any relevant onward referrals made into specific mental health services and safeguarding procedures followed where appropriate.



A discharged service user, Nicola, shared her experience of accessing support from a Community Mental Health Navigator.

Nicola's story

Nicola reached out to her GP as she lives with bipolar disorder and wanted to link up with mental health services in the area as she had just moved there. At the time, two of her loved ones had recently passed away and she wanted to access support before symptoms she was experiencing escalated. She was also feeling isolated in her new home and was concerned with her recent loss things would become unmanageable.

Through her GP she had a medication review and was supported clinically. At the same time she was referred to the Mental Health Navigation service to address the isolation she was experiencing. Together with her Community Mental Health Navigator they identified that that a lack of social connectedness was key.

Nicola's meetings would often take place in the community and be walk and talk sessions. This meant she was able to become accustomed to her new environment and start to feel more comfortable in the area. Through the service she tried a number of local social support groups, including coffee mornings, sewing group and even disco bingo.

Some of these didn't work for her. In one instance someone at a group made a comment about people living with mental illness that made Nicola feel very unwelcome. By having a Community Mental Health Navigator to work with she felt comfortable to walk away from the groups that didn't suit her and focus on creating a social network of people she enjoyed spending time with. Nicola quickly grew in confidence and now has the social connections she was missing; she regularly attends local groups and no longer has concerns for her mental health. Nicola found being discharged from the service was just as easy as the referral process for her and was a mutual decision.

Nicola is grateful to have had a personal service that responded to what she needed. She continues to try new things in the community and was recently in the learning centre looking at courses to pursue.

5. Community and local context

An essential element of Mental Health Navigation is its adaptability. This model has been able to adjust in four completely different and unique places. The key to achieving this is by understanding local population need as well as the community context and responding accordingly in how Mental Health Navigation is set up. Such adaptations can be subtle and nuanced but make an impact in how the service is received and the outcomes it achieves.

a. Regional adaptations

In Belfast there are significant political and religious differences which affects the types of services people engage with. As a result, consideration was given as to how Mental Health Navigation should be offered.

To ensure as many people could access the service, they deliver remotely. This eases any tensions that can arise from a location-based service in Belfast. In addition, when the holistic needs assessment is being completed the Peer Mental Health Navigator will enquire as to comfortability with working with community services across Belfast. For example, some people are most comfortable staying within the West Belfast Community.

In Grimsby the use of multi-disciplinary team (MDT) meetings is fundamental to ensuring that service users receive appropriate support. With high numbers presenting at GPs with complex needs and many specialised services being developed to support, it is crucial teams work together. MDT meetings offer a way for different professionals to share their knowledge and approaches with one another to ensure that the service user receives cohesive, appropriate and streamlined support. Mental Health Navigation is an important part of this. The MDT meetings provide an opportunity for the Community Mental Health Navigator to understand the progress of different interventions and support, clinical as well as social. They can

share work they are conducting to address unmet non-clinical needs as outlined in the holistic needs assessment. This avoids siloed working and provides more efficient and effective support for the service user.

In Bridgend, Rhondda Cynon Taf and Merthyr Tydfil the Mental Health Navigator works closely with the admissions ward at the local hospital. People are frequently presenting at hospital with mental illness symptoms which have been exacerbated by non-clinical issues, but they do not meet the threshold for admission. Left without support their symptoms are likely to escalate resulting in admission eventually. Many of these people are receiving clinical support from their GP but their non-clinical issues are being left unaddressed and being identified at presentation at hospital. To solve this the Mental Health Social Navigator takes referrals directly from the admissions ward. This fills the gap between primary and secondary care in such a way that it reduces pressure on the healthcare system as a whole.

In Stranraer, the community is very rural with agriculture being the main industry in the region. As with many rural communities, isolation is particularly prevalent. To combat this and foreseeing that this may be a frequently presenting issue of service users, the Community Mental Health Navigator is located in a community centre. This provides multiple benefits; it allows for an in-person service in a local non-clinical space as well as promoting the local community offer and it means that the Mental Health Navigator can work closely with community groups and becomes well known in the area.

b. Addressing health inequalities

Across the UK there is a concerted effort to understand and address health inequalities, the Mental Health Navigation model can be utilised to support health inequalities experienced by people living with mental illness. Alongside adapting to regional differences, services also want to adapt to health inequalities when delivering mental health specific services.

Health inequalities are widely understood as the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Those experiencing health inequalities can be identified through a couple of means. Utilising national indices of multiple deprivation can help identify the most deprived 20% of the national population. Inclusion health groups can also be a useful indicator which include ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

It is important to involve local communities in the service development. Currently outreach work is being conducted with inclusion health groups in the pilot areas to understand barriers to mental health and wellbeing support. Mental Health Navigators will look to adapt the services accordingly based on the information gathered from these groups.

6. Managing a Mental Health Navigation Service

a. Management and support

There are several elements that the existing services have found necessary to provide effective management of the role and ensure the Mental Health Navigators are sufficiently supported.

Mental Health Navigators have found general line management support is beneficial and often put in time with their line managers at least fortnightly. This is provided by the host organisation in every case. They see this as an opportunity to discuss current caseload and is a space for support with capacity and administrative elements of the role. This is also used as space to identify development goals and any ongoing training needs.

In addition to line management needs, the service providers have found clinical supervision necessary to support their work on a monthly basis. Clinical supervision is provided in most places through aligned primary or secondary care but can also be sourced by the host organisation. While this is not a clinical role, the service does work parallel to clinical support for service users and Mental Health Navigators find clinical supervision allows for an open discussion on the service user needs and any complex presentations.

Peer support has been identified as a valuable by existing Mental Health Navigators. Peer support can take a few different forms, but the Mental Health Navigators have found it works best when there are informal networks of peers. This can be people who work in the same location, or it can be people in the same role in other settings. Allowing for time

and space to discuss current work presentations and pressures is important for the Mental Health Navigators. This can be informal channels such as WhatsApp groups, catching up over coffee or through a dedicated time. The Mental Health Navigators rely on this form of support on at least a weekly basis.

In one area they also have reflective practice forums, which occurs on a quarterly basis and are facilitated by a clinical supervisor to their local network of Mental Health Navigators. It's an opportunity to bring examples of good and best practice, to unpick complicated cases and is an opportunity to have guest speakers. Guest speakers will talk on wellbeing and resilience, patient engagement etc. It's all about skills and sharing as well as offering a safe space to discuss concerns such as processes, as well as any offloading needed.

An effective lone worker policy has been implemented to support a Mental Health Navigator in each of the areas. The nature of the role requires lone working and can include meetings within the community or in service user homes. This helps to ensure the safety of Mental Health Navigators and by following effective processes the potential risks associated with lone working are lowered. For the delivery of Mental Health Navigation this can include personal alarms, appropriate risk assessments, shared calendars, and designated contacts for emergencies or any agreed upon check-ins.

As explored in Section 4 on managing risk, safeguarding protocols and procedures are also important to each of the Mental Health Navigation services. Given the nature of the role to be flexible and delivered in several different settings safeguarding processes will differ depending on where the Mental Health Navigator is. For this reason, line managers have found it important to not only include the safeguarding policy and procedure training for each setting the Mental Health Navigator is in but keep up to date with these safeguarding routes to support the Mental Health Navigators with this cross-organisational element as it arises.

b. Sustainability and growth

There is a huge demand for this service across all four pilot areas. This has meant that a key role for the management team is supporting the Mental Health Navigators with their capacity. In some cases, this has been done by setting clear geographical boundaries for the service, such as only taking referrals from certain GP practices. In other areas the delivery teams have not been able to advertise the service to as many clinicians as they had initially planned, as the Mental Health Navigator has consistently reached capacity with only a few clinicians being aware of the service in the area.

Alongside the strengths of a personalised approach to supporting people with unmet non-clinical needs, it must also be acknowledged that this requires significant capacity from the Mental Health Navigator, in order for them to deliver a service that is effective and has long term outcomes. Given the demand on the service there is clearly room to grow in each of the areas as well as replication in other regions. We have already begun to see growth of the project beyond the initial pilot.

Three new Community Mental Health Navigators have been recruited to expand the service to the full North East Lincolnshire region in England. To manage this expansion the existing Mental Health Navigator has been promoted to Senior Community Mental Health Navigator and provides line management to the three new starters. Additionally, two new Mental Health Social Navigators have been recruited in Cardiff to replicate the service in Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

To sustainably deliver these new roles there is significant time spent on establishing and developing referral pathways and knowledge of the community prior to embarking on delivering the model. The investment early on as well as openness to ongoing development and adaptations is key to successful delivery.

We have seen expansion of the service in other ways too. In Belfast they have developed a Peer Volunteer Programme. This is an opportunity for people with lived experience of mental illness and/or mental health services. They will offer additional capacity to the caseload of the existing Peer Mental Health Navigator in Belfast, providing remote support. This offers not only additional capacity for the existing service by also is an opportunity for those wishing to start a career in mental health sector or looking to gain new experience or skills while supporting members of their local community. This is an innovative approach in the face of limited funding in the sector.

7. Further information & acknowledgments

For enquiries about implementing a Mental Health Navigator service please do not hesitate to contact the team in your area:

England

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For more information on this guide please contact Eva Bell, Senior Policy Officer on eva.bell@rethink.org

A huge thank you to Rethink Mental Illness, MindWise, Support in Mind Scotland, Adferiad Recovery and their local delivery partners including Navigo for sharing their good practice of Mental Health Navigation.

Lastly, a heartfelt thank you to the service users who shared their experiences of the service and their personal recovery stories.

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