

Assertive Outreach

This factsheet explains what Assertive Outreach Teams are, who they are for and how to access them.



KEY POINTS

- Assertive Outreach Teams are part of community mental health services but are separate from the traditional Community Mental Health Teams (CMHTs).
- They are specialist teams set up to work with you if you are an adult with mental illness or personality disorder, and you find it difficult to work with services, have been admitted to hospital a number of times and may have other problems such as violence, self harm, homelessness or substance abuse.
- Assertive Outreach Teams offer an intensive, long term relationship with you to build up trust.
- These teams include staff with a mixture of skills to meet your needs.
- Care Coordinators in Assertive Outreach Teams will have a smaller case load than care coordinators in Community Mental Health Teams.
- To receive assertive outreach you normally have to be referred by the Community Mental Health Team.
- Assertive Outreach Teams no longer exist in all areas as some have been disbanded. However, you should still be able to get the level of support you need from local mental health services.

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1. What are Assertive Outreach Teams (AOTs)?

Assertive Outreach Teams are part of secondary mental health services and are usually attached to the Community Mental Health Team. They work with people who are 18 to 65 years old who have particularly complex needs and need more intensive support to work with services.

Guidance suggests that you may need assertive outreach if you have:¹

1. A severe and ongoing mental disorder (for example, schizophrenia or bipolar disorder) that has a significant impact on your everyday life.
2. A history of being admitted to hospital a lot or receiving a lot of support from the local Crisis Team (for example more than two hospital admissions or more than 6 months in hospital in the past two years).
3. Problems agreeing to work with mental health services or work with them over a longer period of time.
4. Multiple and complex needs including having a number of the following -
 - History of violence or persistent offending
 - Significant risk of ongoing self-harm or not looking after yourself
 - You have not responded well to previous treatment
 - You have problems with substance misuse as well as having a mental illness (dual diagnosis)
 - You have been detained (sectioned) under the Mental Health Act (1983) at least once in the past two years
 - Unstable accommodation or being homeless.

If you have support from an Assertive Outreach Team, this support should include:

- Help with daily living such as shopping, budgeting and domestic chores. You may get training to help you with everyday tasks to help you be more independent.
- Help with taking medication and regular reviews and help with side effects.
- Psychological therapy such as Cognitive Behavioural Therapy (CBT).
- Help with substance abuse including referral to a specialist service if you need this.
- Help to improve your social support if you are isolated.
- Help to improve your physical health.
- Support to help you find suitable education, employment and training opportunities.
- Help you to find and keep suitable accommodation.

- Developing a 'relapse prevention' plan which looks at triggers that can make you unwell. It should also include signs that you are becoming unwell that you can look out for. It should look at what you can do if this happens. If you have support from family or carers, the plan should also look at what they could do.
- Being able to access crisis support quickly if you do become unwell to try to prevent you needing to be admitted to hospital. If you do need to be admitted to hospital this should be arranged quickly for you.
- An assessment of the needs of family and carers who are supporting you. This should include a care plan for them and they should be offered practical support and family therapy if they need this.

Professionals from an Assertive Outreach Team work with you in your own environment. This could be your home, a cafe, a park or in the street – wherever you need it and it helps you most.

You should have a detailed assessment which looks at your strengths and what you want as well as your needs. You should have a written care plan which gets reviewed every six months².

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2. Who makes up an Assertive Outreach Team?

An Assertive Outreach Team needs to have staff from a variety of backgrounds to meet your needs. Most staff will come from health or social backgrounds and include psychiatrists, social workers, nurses, and psychologists.³

Psychiatrists

A psychiatrist is a medically trained doctor who has specialised in mental illness and psychological problems. They can often provide a diagnosis for symptoms of a mental health condition and also manage treatment, such as medication.

Social workers

A mental health social worker will be trained to give expert, practical help with your social care needs. This might be help with housing problems, financial issues or through giving general support and advice.

Community psychiatric nurses (CPNs)

A CPN is a qualified mental health nurse who works outside of hospitals. They can support you with taking medication, offer encouragement and help you to manage your health while living in the community.

Psychologists

A psychologist is a trained professional who can offer psychological assessment and therapy for mental health problems. They may specialise

in treating particular conditions or providing a particular sort of psychological therapy.

Occupational therapists

An occupational therapist helps you to overcome difficulties with everyday tasks. They aim to help people be as independent as possible.

Other Assertive Outreach Team professionals

Other people will also make up the team such as managers, psychotherapists and administrators, although this list is not exhaustive.

These people work together closely and have regular meetings to discuss the progress of the people they support. You might hear these meetings referred to as 'multi-disciplinary meetings'.

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3. How can I access the Assertive Outreach Team?

Usually you will need a referral to access the Assertive Outreach Team. A referral is when your details are passed to another team or service so that they can make an appointment to see you. Assertive Outreach Teams will accept referrals from Community Mental Health Teams (CMHTs) and other mental health teams in the community. Assertive Outreach Teams will not accept self referrals or referrals from friends and family.

Assertive outreach workers only deal with about ten to twelve people each. This is very few compared with the usual workload of someone working in a Community Mental Health Team. If you live in an area where there many people need assertive outreach, then the criteria for getting help from the Assertive Outreach Team may be increased and be harder to meet.

If you feel that you need to be referred to the Assertive Outreach Team but are refused, it might help to get hold of the local Assertive Outreach Team criteria. You should be able to get this by contacting the team directly. If you feel that you meet the criteria, you can complain to the NHS Trust operating the service. You could also contact PALS. [Section 7](#) of this factsheet has more information on these options.

We are aware that in some areas Assertive Outreach Teams are being disbanded. This does not mean that you should go without services if you have more complex needs. Instead your care will probably be provided by the Community Mental Health Team. You should still be able to access all the support you need.

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4. What happens after I have been referred?

In most cases, your details will be passed on and someone will contact you to arrange an initial assessment. This is sometimes called a screening assessment or triage assessment. Although it is unlikely you will meet with the whole team, this assessment may take place with one or two different workers over the course of a few sessions. This is so that the team can work with you to plan how they can best support you.

They will discuss how you are feeling and what affects this, and what sort of support you already have. They will ask you questions and together you will decide how best to move forwards with your treatment and care. You might get help from the team as a whole or just one person. The assessment and planning process should aim to meet your needs and choices. It should not just focus on what professionals and services can offer. It should address what you want and what you are good at as well as what you need or find difficult.

Your GP will still be responsible for the rest of your medical care and may, for example, prescribe regular medication. GP surgeries usually hold a register of all patients at the practice who have schizophrenia, bipolar disorder and other psychotic conditions. They should offer you a regular physical health check and this register reminds the GP or nurse to contact you when your check up is due. Research shows that people with these conditions are at higher risk of certain physical health conditions. A health check may include taking your blood pressure, taking your pulse, doing a urine or blood test or weighing you. You can find more information in our **'Good health guide'**, which you can download for free from www.rethink.org or call 0300 5000 927 and ask for a copy to be sent to you.

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5. The Care Programme Approach (CPA)

If the team thinks that you have complex needs that need ongoing support, then you might be placed under the Care Programme Approach (CPA). This is the framework that coordinates some people's mental health care.

If you are eligible for CPA, then you should receive a care plan and regular reviews. You should also get a care co-ordinator who will be responsible for overseeing your care and support. ⁴A care co-ordinator can be someone from a number of backgrounds such as a social worker or Community Psychiatric Nurse (CPN). The eligibility criteria for CPA can differ depending on the area where you live. However, even if you are assessed as not needing CPA, then you should still be able to receive support from secondary mental health services. You can find more information about CPA in our **'Care Programme Approach (CPA)'** factsheet, which you can download for free at www.rethink.org/factsheets or call 0300 5000 927 and ask for a copy to be sent to you.

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6. Discharge from the Assertive Outreach Team

According to the Department of Health⁵, assertive outreach should continue for as long as you still need it. If you make a good recovery, your care could be transferred to a community mental health team that provides less intensive support.

If you are discharged but you then need services again, it must be possible to quickly re-refer you back to the Assertive Outreach Team. If you move home, the team needs to make sure that your care is transferred. They should keep in contact with you until you are able to work with the new team.

If you are discharged from the Assertive Outreach Team, you should be involved in the discharge planning process. If you have support from family or carers, they should also be involved in this if you would like.

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7. Problems with my Assertive Outreach Team

You may prefer to be seen by a male or female professional within the Assertive Outreach Team. Although you can request this, this may not always be possible. This would depend on who is available at the time. However this does not mean that you can't ask for it if you feel it would help you.

If you have a care coordinator, then this person will have an overall responsibility for organising and monitoring your care. This is the person who you will probably have the most contact with. It is important that if you have a preference for a male or female care coordinator, the team consider this so you can build up a trusting relationship with him or her. If you have any cultural or religious needs, the team should also consider these.

Whether you are getting support from the whole team or only from particular people within the team, you should feel comfortable enough to discuss any issues that arise with them if you feel that there are any problems.

If you feel unhappy with how your care is being handled, then you could contact the Patient Advice and Liaison Service (PALS), who can try to resolve any problems or questions you have. Their details should be available to you through the Assertive Outreach Team, but you can also find your local office details through the website listed in the 'useful contacts' section of this factsheet.

If you are unhappy with your support then the help of an advocate can be useful. An advocate can help you to understand the mental health system and help you to be fully involved in decisions about your care. An advocate is independent from mental health services and can help to

make your voice heard with problems you may come across. They may be able to help with writing letters for you or attending appointments or meetings.

There may be a local advocacy service in your area which you can contact for support. You can search online for a local service or the Rethink Mental Illness Advice Service could search for you.

You could make a formal complaint if you are unhappy with your care from the Assertive Outreach Team. If you wish to put in a complaint about the team then the Patient Advice and Liaison Service (PALS) at your local Trust could advise you on this. You can also get help with this from the Independent Complaint Advocacy Service (ICAS) who deal specifically with NHS complaints. You can find more information about complaining in our **'Complaining about the NHS or Social Services'** factsheet. You can download our factsheets for free from www.rethink.org/factsheets or call 0300 5000 927 and request that a copy is sent to you.

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8. What about confidentiality?

The Assertive Outreach Team should not normally discuss your care or give information about you to people outside of the team without getting your permission to do so. This includes family members or carers. The only person that they will contact is your GP who should still be involved with your care and will work alongside the Assertive Outreach Team. You can find more information in our **'Confidentiality'** factsheet, which you can download for free from www.rethink.org/factsheets or call 0300 5000 927 and ask for a copy to be sent to you.

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9. What to expect as a carer, friend or relative

According to the Department of Health⁶ if the person you care for is under the Assertive Outreach Team you should also get a care plan which is reviewed regularly. You may get information about your loved one's mental illness and how to support them, known as 'psycho-education'. You may also be offered family therapy. Practical support for family/carers should be provided as needed.

Carers should be involved with decisions about care planning. There are particular rules regarding confidentiality and carers. Unless the person you care for consents, confidential information about them cannot be passed on to you or other family, friends and carers. The team should seek permission from them and ask what they are happy for others to know. This would also include any care plans that are drawn up. You can find more information in our **'Confidentiality and Information Sharing – For Carers, Friends and Relatives'** factsheet.

As a carer, friend or family member of someone living with mental illness, you might find that you also need support. If you feel you need additional

support to care for your loved one you could ask for a carer's assessment. You can find more information in our '**Carers Assessments**' factsheet. Our factsheet '**Supporting someone with a mental illness**' may also be useful.

It is important to seek emotional support for yourself if are struggling to cope. You could check whether there are any local support groups for carers, friends and relatives in your area. You can contact us to find out what services or groups are in your area.

You can download our factsheets for free from www.rethink.org/factsheets or call 0300 5000 927 and request that a copy is sent to you.

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USEFUL CONTACTS

Centre for Mental Health has been doing some important work on the setting up and running of assertive outreach teams, as well as information about teams across the country. For more information go to their webpage, click on search and click on Assertive Outreach.

Centre for Mental Health
134-138 Borough High Street, London, SE1 1LB
Tel - 0207 827 8300
Web - www.scmh.org.uk

The **Patient Advice and Liaison Service (PALS)** is a statutory service set up to help patients resolve concerns about their local health care service. To find your local PALS use the website below.

[http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363www.pals.nhs.uk](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363www.pals.nhs.uk)

¹ Department Of Health. *The Mental Health Policy Implementation Guide*. London: Department of Health. 2001.

² See reference 1

³ The Centre For Mental Health: *Transforming Mental Health Care, Assertive outreach and crisis resolution in practice*. Anne Chisholm and Richard Ford, The Sainsbury Centre for Mental Health/National Institute for Mental Health in England 2004.

www.centreformentalhealth.org.uk/news/2004_transforming_mental_health.aspx [accessed November 2012]

⁴ Department of Health. *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance*. London: Department of Health. 2008

⁵ See reference 1

⁶ See reference 1



REFERENCES

The content of this product is available in Large Print (16 point). Please call 0300 5000 927.

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