

## **Stress related disorders group**

**Community and Digital Assets:** The value of community support and the network around the person and their family featured strongly within the group discussions. They felt it would be crucial for someone to support the individual to become aware of and to connect with the resources and support available within their community, including practical, social and emotional support. The role of community and digital assets with the person's recovery journey is ongoing rather than a defined stage of the pathway.

**Individual, family or personal network identification:** this step acknowledges that the presence of a stress-related condition may not be immediately recognised by the person themselves, rather another person within their network may be the first to notice. This could be a relative, healthcare professional or friend/neighbour. Therefore, there needs to be greater awareness more widely of the support available and how to access it, as well as work to reduce stigma. There was also a concern about how to reach people isolated due to being at greater risk from Covid 19, as well as those living in rural communities and those in digital poverty.

**Single Point of Access:** to simplify access to help and support, we propose a single point of access for individuals, their families and/or concerned individuals to contact.

**Access to a menu of support:** this stage involves explaining the options available, and reaching a collaborative decision together with the individual and their partner/carer/family about the best way forward for them. The group discussed the role of a peer supporter or care navigator to assist with this. This role could be fulfilled by existing professionals such as social prescribers. There is an emphasis on personal choice whilst also managing expectations, as well as reducing the gaps in service provision and supporting those who currently fall between services.

**Community, Network and Voluntary Services:** The menu of support would include the community and voluntary services available, if these have not already been accessed.

**Collaborative Triage and Assessment:** for access to more specialist services, the group propose a collaborative assessment process, reducing multiple referrals and assessment, with a "warm handover" to the appropriate service. It is also important to liaise with physical health services to respond holistically to the individual's needs.

**Chosen Specialist Mental Health Support:** this could include talking therapies through Steps to Wellbeing, the Perinatal Mental Health Team, Community Mental Health Team, Home Treatment, Early Intervention, Assertive Outreach, Rehab services.

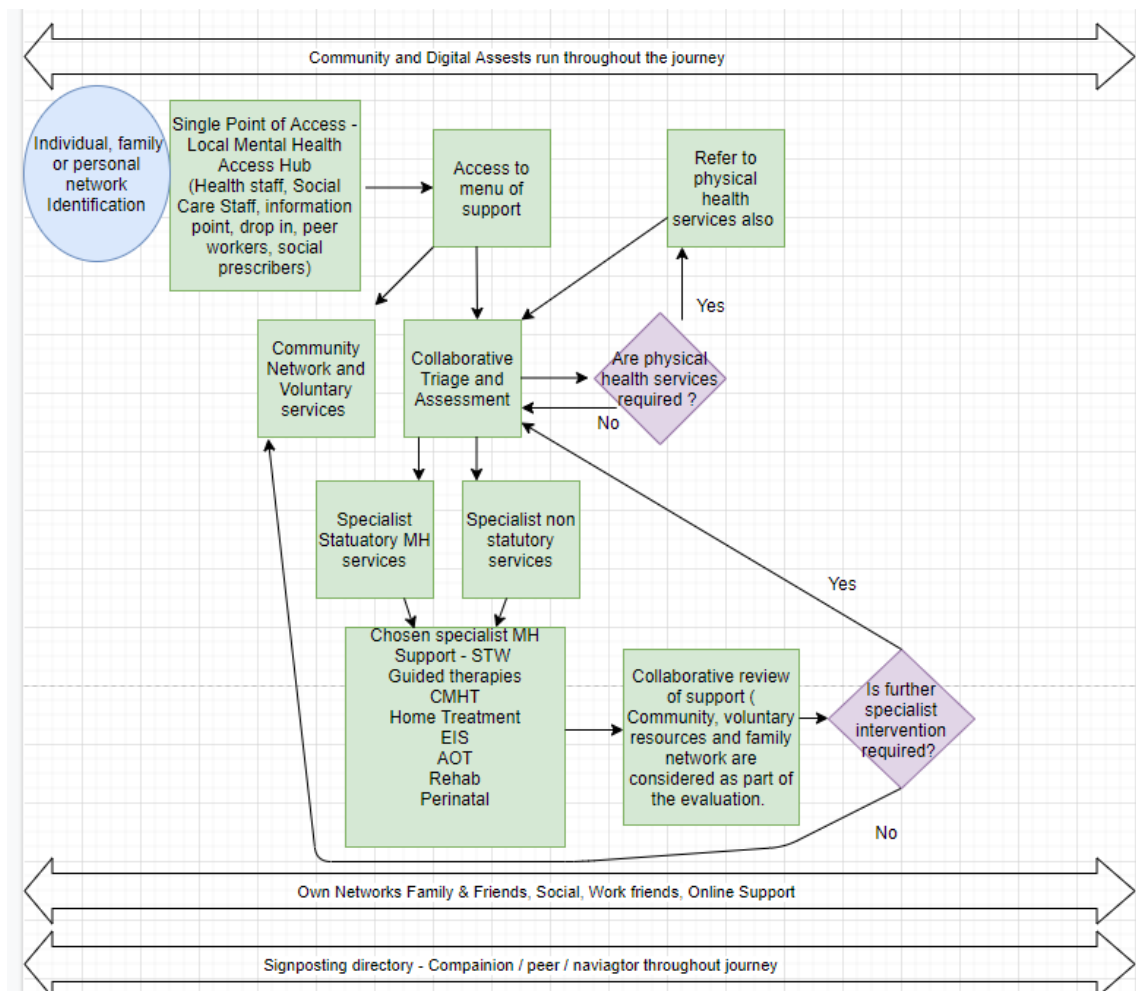
**Collaborative Review of Support:** many services offer time limited support, so after completion of a piece of work a collaborative review should take place involving the individual and their carer/relative/family as appropriate. Different support needs may be

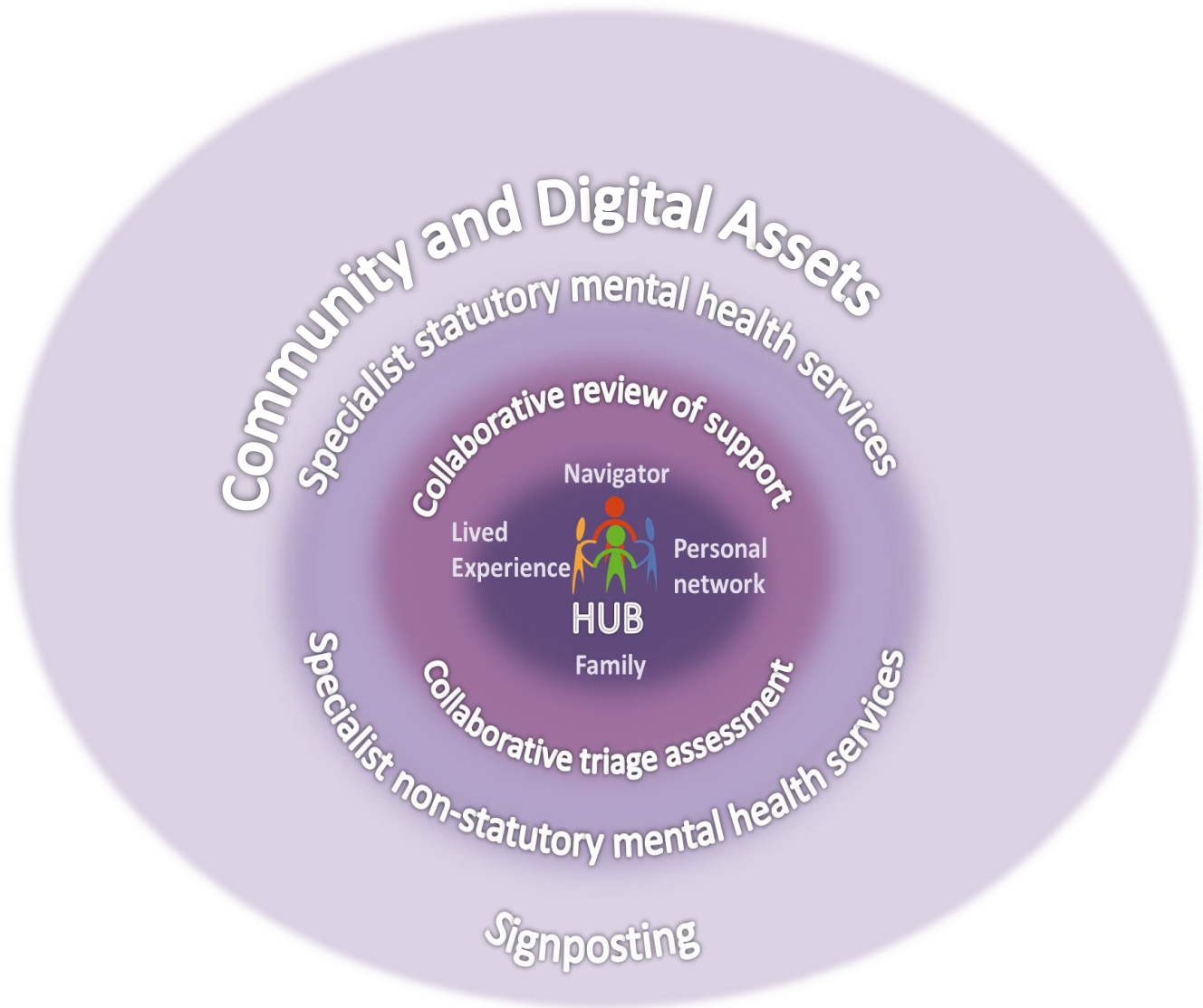
identified which require a different service or approach. Support offered so far should be evaluated.

**Decision point:** is further specialist intervention required- yes or no.



If No: the role of the specialist service concludes but the community support continues for as long as needed to sustain the individual through their recovery.

If Yes: a “warm handover” to the relevant service in collaboration with the individual, rather than self-referral or signposting, to support them to access the service.





## Appendices

Describing template A	 Describing template A Stress Re
Analysing template B	 Analysing template B Stress Related Disc
Reflective template	

