



SNAP Training Supplement for Mental Health Clinicians

This brief document is designed as a **supplement for mental health clinicians to the online SNAP training** (available on the SNAP website: <https://thesnap.org.uk/>). The supplement's content is based on focus groups, workshops and interviews with mental health service users and clinicians as part of the SNAP in Mental Health study¹.

Mental health clinicians seeking to deliver SNAP-MH (mental health version) must:

- 1) First, complete the online SNAP training available on the SNAP website: <https://thesnap.org.uk/> (Unit 1 as a minimum).
- 2) Then, review this document. Read it through and reflect on the three key learning steps below: (1) The potential for SNAP in mental health; (2) Delivering SNAP in mental health; and (3) How does the SNAP-MH Tool compare to existing tools used in mental health?

Both steps are required in order for the SNAP-MH Lead to secure a licence to use the SNAP-MH Tool in clinical practice. Training must be completed by all other team members who will be involved in delivering SNAP-MH, but this can occur once the licence is issued. The SNAP-MH Lead should also ensure that any team members who subsequently join the team also complete the training.

We strongly recommend that the SNAP-MH Lead also completes Unit 2 of the online training and watches the short "Role Play" and "Clinicians often ask..." videos on the training webpage.

Learning Step 1: The Potential for SNAP in Mental Health

Initial exploration of the SNAP Tool (the "How are you? Booklet") and SNAP's person-centred process with acute mental health clinicians confirmed its potential value within mental health care ("*to ensure we are being holistic in our assessments*") if adapted. It

was clear that some questions on the SNAP Tool required adaptation and there was concern that the tool did not include a question about risk.

NICE (2022)² recommends that mental health clinicians “*do not use risk assessment tools and scales to predict future suicide or repetition of self-harm*” but instead “*focus the assessment ...on the person's needs and how to support their immediate and long-term psychological and physical safety*”. As a different way of helping patients identify and share their support needs with health care professionals, SNAP (with appropriate adaption) could deliver this by helping open up and structure these conversations.

SNAP has therefore been adapted for Mental Health: SNAP-MH.

SNAP-MH has the potential to bridge gaps between mental health services and wider social support systems. Because SNAP-MH was designed to capture needs related to housing, education, and social connectivity, it could provide a common language to facilitate integrated care, preventing service users from falling through gaps between NHS and local authority services. Further, the SNAP-MH Tool identifies needs that might otherwise be missed in a standard psychiatric assessment by identifying social or practical stressors early (e.g., housing instability). This may help you refer patients to social support services sooner (if appropriate), potentially reducing repeat crisis presentations.

Finally, SNAP-MH could foster a more collaborative relationship between clinicians and service users: when service users feel their holistic needs are being acknowledged, engagement with treatment plans increases. Where service users don't have an opportunity to identify their own needs, they are less likely to accept interventions intended to meet such needs³.

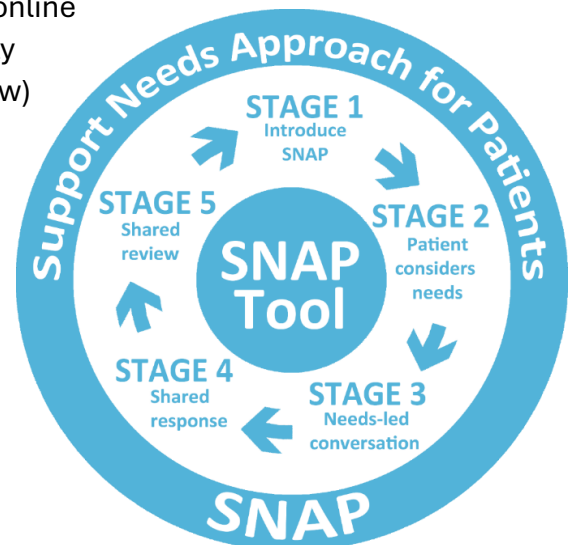
The importance of empowering individuals to manage their mental health is well established: it restores personal agency, improves treatment adherence, and transforms care from a paternalistic model into a collaborative partnership – SNAP-MH could help achieve this.

Learning Step 2: Delivering SNAP-MH in Mental Health

2.1) What should be delivered within SNAP-MH?

The same five-stage approach, outlined in SNAP's online training, should be delivered, but using the specially adapted SNAP-MH Tool for mental health (see below)

- Stage 1: Service users are introduced to the idea of having a conversation about their support needs and are introduced to the SNAP-MH Tool (the "*How are you? Booklet*")
- Stage 2: Service users then use the Tool to consider and indicate the areas in which they need more support – by answering the evidence-based questions
- Stage 3: A needs-led conversation then takes place between the service user and the health care professional using the patient-completed tool, which enables the service-user to prioritise and express their individual support needs
- Stage 4: Together, the service user and health care professional then agree on what (further) supportive input would be valuable and create a shared action plan
- Stage 5: A shared review of the service user's support needs is then carried out, by the service user and health care professional, at another point in time



2.2) How does the SNAP-MH Tool differ from the original SNAP Tool and what does it look like?

We worked with service users, unpaid family carers and mental health clinicians to adapt the original SNAP Tool for use in mental health care.

A short statement was added to the **front cover** of the “*How are you? Booklet*” (which the SNAP-MH Tool sits within) to make it clear that the tool is for mental health service users: “A set of questions to help mental health service users discuss their concerns”.



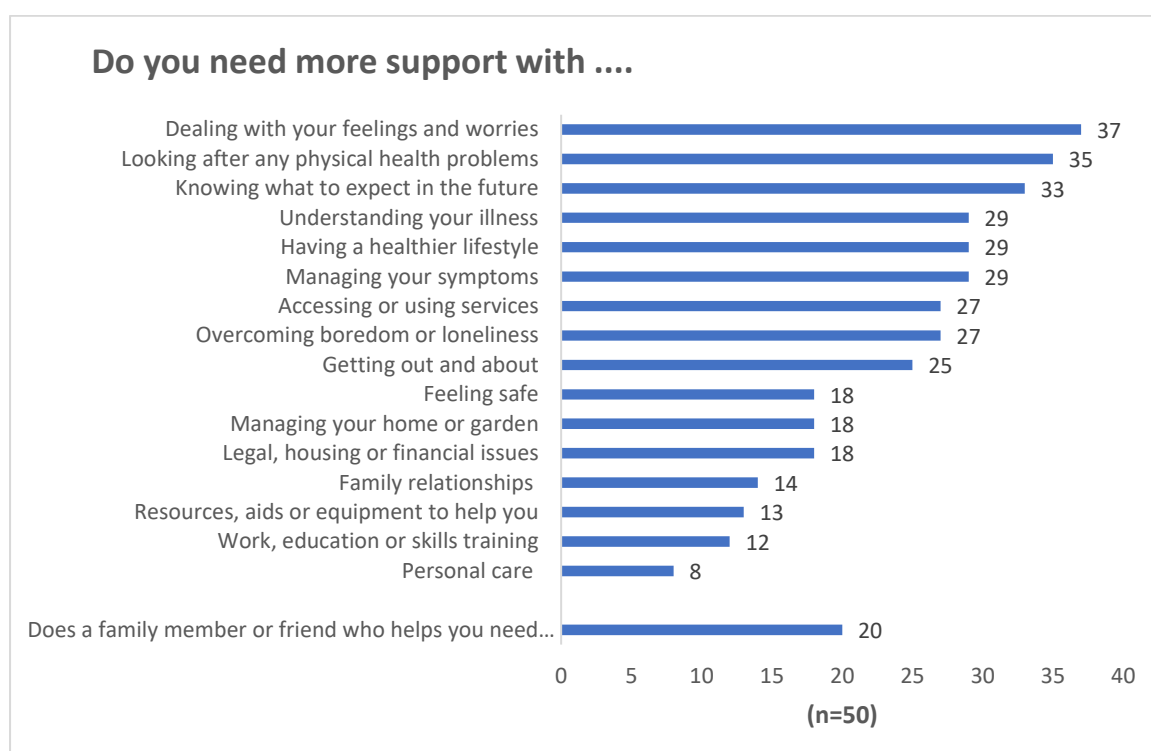
The instructions, the question stem (“*Do you need more support with...*”) and three response categories were retained (“No”, “A little more”, and “Quite a bit more”) were retained.

Six of the 15 questions on the original SNAP Tool were adapted, one was split into two separate questions, and an additional question around risk was added. Service users liked the wording of this new question describing it as “gentle”, “not in your face”, and “not threatening”.

The table below shows the topics the SNAP-MH Tool questions cover.

SNAP-MH Tool questions cover...	
Understanding your illness	Your personal care
Managing your symptoms (including medication and any side effects)	Resources, aids or equipment to help you
Dealing with your feelings and worries	Family relationships (including talking to your relatives about your illness)
Looking after any physical health problems you may have	Knowing what to expect in the future
Having a healthier lifestyle	Accessing or using services (including planning your care)
Getting out and about	Feeling safe
Legal, housing or financial issues (including benefits)	Anything else – please write in:
Work, education or skills training	
Managing your home or garden	Does a family member or friend who helps you need more support?

Importantly, the questions on the SNAP-MH Tool have been found to comprehensively cover service users' support needs¹. We established this comprehensiveness by asking mental health service users to complete the SNAP-MH Tool in a survey and then checked to see if any of the questions were redundant (i.e., were there any questions that had not been ticked at all as areas of support need?) or whether any areas of support need had been missed (i.e., was there anything added in response to the “anything else?” question that didn't fit any of the existing questions). We found there were no redundant questions and no missed areas of support need. Take a look at the histogram which shows the findings below:



You will see on the histogram that, after ‘*dealing with your feelings and worries*’, the most frequently indicated areas of support need were ‘*looking after any physical health problems*’ and ‘*knowing what to expect in the future*’. Interestingly, these latter two areas of support need are among those most frequently indicated by patients with predominantly physical health conditions using the original SNAP Tool⁴.

The fact that support needs around ‘*looking after any physical health problems*’ were so frequently indicated by service users with mental health conditions suggests the potential for the SNAP-MH Tool to open conversations within SNAP on service users’ physical health needs, helping address known barriers to physical health care in mental health care and the resulting inequalities⁵⁻⁹. Indeed, point 9 of NHS England’s “*10 key actions: Improving the physical health of people living with severe mental illness*” relates to “*Personalised care and support planning*” to “*address the full needs of the*

individual, including mental, physical and social needs such as loneliness and isolation"¹⁰. It states that this should involve shared decision-making between patients, family and friends, and the professionals supporting them¹¹: SNAP-MH could enable this.

Here is an extract of the SNAP-MH Tool:

How are you?
We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

Do you need more support with...	No	A little more	Quite a bit more	Do you need more support...
...understanding your illness	☐	☐	☐	...managing your illness
...managing your symptoms (including medication and any side effects)	☐	☐	☐	...your physical health
...dealing with your feelings and worries	☐	☐	☐	...resources
...looking after any physical health problems you may have	☐	☐	☐	

An inspection copy of the full SNAP-MH Tool is available via the SNAP website's licencing page.

[2.3\) When and where should SNAP-MH be delivered?](#)

As with the original SNAP, we do not prescribe when (in terms of when in the patient trajectory) or where (in terms of location) SNAP-MH should be delivered, but feedback from service users, unpaid family carers and mental health clinicians suggested that SNAP-MH could be used across a range of settings including the following:

- In the community
- During admission, after the initial period in hospital when things calming down
- Prior to discharge:
 - This could involve linking with community teams so that community teams conduct Stage 5 (the shared review) – however this would require community teams to have an understanding of SNAP-MH and its person-centred nature
 - This could involve using ward rounds or multi-disciplinary team meetings to check if SNAP has been started
- During a transition period e.g., between housing levels/types
- During annual reviews
- In place of the Care Programme Approach (CPA)

Service users felt that:

- Using SNAP should be an individual decision (person-centred)
- SNAP should sit within a dedicated appointment or meeting – it should be the reason for the consultation or meeting, rather than an add on
- SNAP should be re-visited – it should not be a one-off thing

Clinicians felt that:

- SNAP itself (the intervention) could be useful for facilitating conversations with service users and for involving them in the assessment and care planning processes.
- SNAP could be useful for opening up one-to-one conversations between in-patients and their keyworkers:

“[The SNAP Tool would] be a nice way to actually get in touch with the patients, to open conversations... this might be a good opener” [HCP2]

“when they’re overstretched [...] engagement can be really hard, so they need to find a way of getting the patient to engage. So, maybe, they can use this to say, ‘Look, you don’t want to see me now, but have a look at it and we’ll talk about it next time’” [HCP1]

- Managing service user expectations was important during SNAP

2.4) Who should deliver SNAP-MH?

As with the original SNAP, we do not prescribe who should deliver SNAP-MH, other than they must have completed at least Unit 1 of the online SNAP training (see above), but feedback from service users, unpaid family carers and mental health clinicians suggested the following:

- Ward nurses
- Community Psychiatric Nurses (CPN)
- Health Care Assistants (HCA)
- Regardless of who delivered SNAP-MH, service users emphasised that what was most important to them was that it was:
 - Someone they could trust
 - Someone who was trained to deal with responses e.g. in relation to risk

Learning Step 3: How does the SNAP-MH Tool compare to existing tools used in mental health?

DIALOG+ (<https://www.elft.nhs.uk/dialog>): Clinicians and Patient and Public Involvement (PPI) service users consulted for the SNAP-MH Study had concerns over the scoring system on DIALOG+, preferring the SNAP Tool's non-scored design: as one PPI service user said, *"you can't put a number on things"*. Clinicians and PPI described DIALOG+ as rigid and complex when compared to SNAP, with PPI service users describing SNAP as *"more person-centred"*.

References:

- 1) <https://arc-eeo.nihr.ac.uk/research-implementation/research-themes/palliative-and-end-life-care/adapting-and-operationalising>
- 2) National Institute for Health and Care Excellence (NICE) (2022). Self harm: assessment, management and preventing recurrence. NICE Guidance September 2022. Available at: <https://www.nice.org.uk/guidance/ng225> [accessed 23/07/2026]
- 3) Hancock GA, Reynolds T, Woods B, Thornicroft G, Orrell M (2003). The needs of older people with mental health problems according to the user, the carer, and the staff. *Int J Geriatr*, 18, 9, 803-11. doi: 10.1002/gps.924
- 4) Gardener AC, Ewing G, Mendonca S, Farquhar M (2019). The Support Needs Approach for Patients (SNAP) Tool: a validation study. *BMJ Open*, 9, e032028. doi: 10.1136/bmjopen-2019-032028
- 5) Rodgers M, Dalton J, Harden M, Street A, Parker G, Eastwood A (2018). Integrated Care to Address the Physical Health Needs of People with Severe Mental Illness: A Mapping Review of the Recent Evidence on Barriers, Facilitators and Evaluations. *Int J Integr Care*, 18, 1, 9. doi: 10.5334/ijic.2605
- 6) Lawrence D, Coghlan R (2002). Health inequalities and the health needs of people with mental illness. *N S W Public Health Bull*, 13, 7, 155-158. doi: 10.1071/nb02063
- 7) Mitchell A, Hill B (2020). Physical health assessment for people with a severe mental illness. *Br J Nurs*, 29, 10, 553-556. doi: 10.12968/bjon.2020.29.10.553
- 8) Carswell C, Brown JVE, Lister J, Ajjan RA, Alderson SL, Balogun-Katung A, Bellass S, Double K, Gilbody S, Hewitt CE, Holt RIG, Jacobs R, Kellar I, Peckham E, Shiers D, Taylor J, Siddiqi N, Coventry P; DIAMONDS Research team (2022). The lived experience of severe mental illness and long-term conditions: a qualitative exploration of service user, carer, and healthcare professional perspectives on self-managing co-existing mental and physical conditions. *BMC Psychiatry*, 22, 1, 479. doi: 10.1186/s12888-022-04117-5

- 9) NIHR Evidence (2023). Supporting the physical health of people with severe mental illness; April 2023; doi: 10.3310/nihrevidence_57597
- 10) NHS England (2024) 10 key actions: Improving the physical health of people living with severe mental illness. Available at: <https://www.england.nhs.uk/long-read/10-key-actions-improving-the-physical-health-of-people-living-with-severe-mental-illness/> [accessed 23/07/2026]

Funder acknowledgement:

This study/project is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration East of England (NIHR ARC EoE) at Cambridgeshire and Peterborough NHS Foundation Trust. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

