

Bea

1(a) - exp & knowl. is 6 core sw values - less attention on them. Always bring back to values. exp AD - helped to manage risk - higher risk threshold. Experiential knowledge of brother's death - exp suicide of close fam. member on site whilst at work.

1(b) Happened with some colleagues whose practice / resp. AD - hit head, went to A&E stitcher & I said no - colleagues helped & 2 senior bulling cars.

2(a) I feel I do keep person at centre. At times MHAA can draw a line & needn't be unpleasant esp. if you can keep at centre^(b). Holistic can depend on situation - as much as poss. Time constraints.

(b)

(c) Open minded, time allowing, at centre of practice. ~~Keep~~ Not being attached to an outcome & it complements autonomy of AMHP.

3(a) Home treatment, crisis, bed inc supp at home, involve family. Talking directly to person and say to them what do you want. by admissions.

(b) Systems, health staff, family anyone or organisation that has been involved. Sometimes direct gives info.

4. (a) When I know client^{so} well, that I know hosp admission would not benefit ^{informed} ~~led~~ by others of risks at time, s13-1 very helpful with decision.

(b) Talk to all who know client & ask & consider a triage^{is it}.

~~History~~