

Appreciative Interview Questions.

1. We use our experience, knowledge and the views of others to inform and support our decisions.

a) How do you feel your experience and knowledge has helped you make decisions about whether to carry out a Mental Health Act assessment?

worked across many areas & met over yrs. → K & E of what can be done in H & in Comm, & when H = only option left.  
From many yrs working in MH you know when to do MHA assessment  
K & E enables to balance a lot of info - resources, law, what works & doesn't & v. quickly, + gives confidence to make that decision.

b) What difference does it make when you have support from others? Tell me about an example?

Gives me confidence to make partic. contributions & unpopular decs.

Way of checking that my plots = not completely off beam - esp when being handed to assess  
I whilst knowing wrong thing to do.

Good eg, cannot MHAAs & another AMHP. Although indep decs, good 2 check in volatile sit thinking  
= on track & not distracted by other factors.

SIDH pup, v sure not need assess. Catatonic, + walking in chaotic. 3 way MHL, SWIS, & yrself. Matt  
Went & you to SWIS - needing reliable info didn't have.

2. Using a holistic and open-minded approach we keep the person at the centre of our decision.

a) How do you keep the person at the centre of the decision about whether to proceed with a Mental Health Act assessment?

Marg Jones - Dr Obeid req MHA. Heavy Body - V looked @ info & took onto case load.  
Had Butcher's Job. Routine & familiarity important.  
Young & V saw ~~Police~~ s136, been raped. Police investigating. Ensured Worker from Cause involved straight after - trusted. Parental role. Arrived @ PS @ 2.30.  
off four years  
direct Police

b) What does being holistic look like when considering a Mental Health Act assessment?

U see diff to SWs cos of yr trng.

Look @ soc options avail. What worked w/ not. Env.

Anything signif triggered - bereavement, job loss.

Engagement & meds. Stpt needs 1 yr ago - not a major issue now. What now?

Whole cives of the case. Really digging.

Will we escalate R by such heavy-handed intervent?

Can we use gentler or less intrusive options?

Is MHA needed at all just cos peeps 'behaving badly' doesn't mean M.D.

3. We selectively gather information and think analytically and creatively about possible options and alternatives to an assessment under the Mental Health Act.

a) What creative alternatives to a Mental Health Act assessment might you use?

Care Management, & exploring Care Man options - eg Dementia. We do all the time -

- Alz Supporter, & supporting her.

Not yjt waiting c Spec Dementia Nurse. Also young-onset dementia Nurse - support Workingage Adults c Dementia.

Careload paps, able to remove hospital, avoid.

Shd be an ArE for MH. - shortstay ward  
- Dis & Nurses, SW

Also crisis service c Dementia

~~Md approach to MHAAS - V~~

DT, V input to Phase R of MHAAS

c) What are the benefits of being open-minded when considering a Mental Health Act assessment?

Outcome = led by assessment - good.

Don't make dec pre obtaining the info

Too easy to make over-egged situation - SWISS/Dis

Some peeps underplay sits, which put us at Risk

Enables us to make best dec we're able to without it being loaded → best outcome to person

b) How can you make positive use of time in your decision-making about whether to proceed with a Mental Health Act assessment?

Sometimes, based on info, must act really fast - cos of R (as depend to availability of people, or bed)  
" " " need to slow process down. Balance speed of response with the need for further info.

Got enough info for sec? - maybe jst a 13(1)

Time - need to pinpt what need to know  
Sometimes need to stop talkers. & then feedback later

4. We balance risk and time in our decision-making to create opportunities.

a) How does risk impact upon your decisions about whether to proceed with a Mental Health Act assessment?

R = really imp.

R = not an M1

R = only relevant if evidence of M1

If evidence of M1 - can R be safely managed in comm without putting P/family/comm at R of harm.

b) How do you select relevant information?

Review everything  
Corroborate info

Speak to everyone

Knowing sources of info - reliability among my staff

Understanding mot of P giving info - do they have agenda -