

Edie's prep for interview - initial thoughts.

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?

Need adm?

Need knowledge of P: known to MH services
- seen recently?
Presentation any diff from prev?
MH assess vs MHA A.

Confidence / Assertiveness / self-assured - eg what P's have been seen by
shrinks, or at least known by
Explore & Rule out less restrictive options. MHA A the only way fwd?
Don't waste my time re using MHA A to establish if one is needed.
+ put P through this.
- used to be first resort, not last.

Knowledge of P
" " GPs / H profs - attit to R.
" " resources, local. - Hence discomfort re Bristol
" " mds / Diagnoses eg PD
" " T. options / Meds.
Exp. " " Risk

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

Reassuring others not easy United front.
Reassurance: Confidence
emph re time R taking.

Speed of response - know sibs, no familiarity, lead. by Lizzy St

Mary C

MT - Matt + Jan E-W
whosup who?

Discussions, sounding board, Enriches decision making
All angles, new angles, options
'2 heads better than one vs too many cooks'
Colleagues who have exp eg in dementia, autism, children, LD
or who know P?
or resources.

Guiding Principles:
 - p & L, inc families, care & eval -
 respect & dignity
 respect & effective communication
 inc family

"Indoor Temp" - human rel.
 2 - self-neglect - waited months.

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

a) Can you give some positive examples of how you keep the person at the centre of the decision about whether to proceed with a Mental Health Act assessment?

LISTEN to - Give time

agreed: Adv Stat/Refusal - strong/cons participant in decision.
 is own that wants/wishes to make way forward
 from G - happy & lifestyle when unwell
 - Adv Stat - means if become unwell - 13
 - where want adm - FW.
 Named Advocate.
 respect on P's plan

Listen to P - interpret if nec.
 People there that P wants - if poss
 - family, friend - reassurance.
 Advocate
 Trust client - give a chance

Principles of MHA - account C
 practical steps to help make dec.
 Allow nurse dec.
 If not C, BI
 least restrictive

Human R Act
 consider best interests

MC - Age, frailty, vulnerability, Article 3 -
 feeling so controlled
 Find another way - Jon's view
 - not a ward staff

Plan
 This shd be approp to the P, i.e. clear therapeutic aims, promote recovery.

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

No pre-conceptions or assumptions. eg PD - re using mental health needs, others, not can be done in ST & LT
 Cultural & social differences. Difficult mtd!
 Person, family, community.
 soc support
 soc circles
 employment issues.
 Fam + soc circles -
 Past & present wishes.
 Phys help

Employment

P's own wishes & views
 Capacity? Even so.
 What wd have wanted with P?
 Past & Present wishes

Distress to P
 " " Carer/family

Impact of having site no detention/adm -
 - upon P, family, pers. rels, carers/agency, espec those living with - ability & willingness to cope.
 Effect of both P + close peeps re dec to detain/admit, or not.
 Prev mtd? Nature, course of disorder/deterioration.

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

greater range of possibilities & options.
 Able to receive all info, be receptive, consider all of it & same wt
 May not agree to assess: + may agree to assess
 May change mind!

No pre-conceptions or assumptions
 eg PD - indiv needs, R, ST & LT plans

Cabelard SL - stay in R - neglect part of TRAMP.

No assessment / clinician / no detention!

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?

Cons / Dr to see, or have knowledge. MH assess - MT
SWISS, MESS.

SSC - Dr Review, or Jt.

Support from family/friends - P go to visit / stay, or they to P. or check in on during day.

* How to ↓ R? - Heater
care package / Housing / Tent
Treat home
shopping
mob resources

P's own exp, skills in managing disorder
- good relapse plan.

Explain concerns
Give due warning
or if
meds
enjoy

See P involves - Trust, give opp

Give time - sleep in off - dr
just sleep - no

* CAA + allow to SDC care?

Best interests.

Identify a source of rel. safe can do in
for future.

Give people info.

b) How do you select relevant information?

Go to The Law learning

Criteria = Springfield = M / D / Singnes, degree

nature - chronicity, previous prev res
to T - off focus of T?

Risks? degree

Warrent Hada

" Detention?

or s3 - opp + rec rec such T in

Capacity?

likely 2 b Dol?

Agg to others - not MCA

Back from Prof relevant spec. skills eg CAANTS, LD

P's own wishes, views & needs
Values

- Holistic factors

Read
Written med & soc care records / history

Consult people who have knowledge

Person
Family / friends.

after do not consult P: visit = good if pass
may have poor knowledge

Views of NR

R vs NR - spec Article 5

R / admission / detention - adverse effects. MAMC
3 freedom from torture & inhuman or degrading treatment

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

a) In positive terms, how does risk influence your decisions about whether to proceed with a Mental Health Act assessment?

Yes, if crime - has to be present. If to other, then MHAA rather than DOLS, so more likely to assess
~~kill, hood, severity / severe.~~

Don P need to be in H?

MH assess vs MHAA.

Impact of leaving assessment / No MHAA - up family community rels

Nature: chronicity, prognosis, prev response to receiving T. Does Admission HELP?

Capacity
extreme spath & unwise decs

~~Path~~ Reported R in PD - ↑ wobbling

Distress & Fear

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

Explore less restrictive options, hopefully successfully
- get someone to assess - SWIS, Consultant

slow it down - info gathering + more thorough knowledge
pressing sit

Speak to family, carers, spec NR - really want family detained?
" to P, 1st visit?

check reliability of evidence
(R = exaggerated intent, or not intent
Judge!

MH Services + family on same page?

Let P sleep off substances - s36 too short, 24 hrs

" P just get sleep eg c Swiss roads -

14 days, 2 med recs?