

Mon 16th Nov:



Research
Matt ~~Thing~~ Thing:

Colloidal dream \rightarrow see Matt's notes (email).
(i.e. 20 years time).

Shift in language \rightarrow

1st para at 3rd = para added.

Change language - change culture / metaphors.
(All the answers?)

structured clinical management.

= (pathways \rightarrow e.g. ~~agoraphobia~~ dementia, psychosis,
P.D.)

Capacity as issue - binary - i.e. here it or don't
- not always as clear.

least restrictive - means diff thing to diff people
or

Need consideration of structure ~~between~~

Other papers can be defensive of the question their
regards.

Need Blue light Mtgs. in MH?

Case Study

- Better systems
- this needs

late 30s lvs at 16 go son

S36 provided a CO₂ poisoning by boiler
+ targeted with boiler.

Alternative spirit network?

why now?

new H&P post facto psychosis

Trigger points?

no ~~ca~~ cactus in CO as Bluebell.

Alternative - ie cellular life, ^{mt}A+E, Cus the?
- ie diff environment.

Matt moved at home. -

needs too low. (Chp prembel)

Cum can handle. I don't see much.

25mg x 8 !! tablets.

Habit's been psychologized - ie by internet.

(But need symptoms of CO ~~managing~~
+ dizzying)

Anxiety? \swarrow Hormonal?

Also worried about his mum's health.

Kept clocks to see if alive.

All living at mum's house.

Needed the MHAH visit?

Urgency? \rightarrow = about family not coping.

But = low - except what happens with the
batter means.

Pres. S136 - HT + meds - adding to this!

\rightarrow started 200mg after ~~200mg~~ S136-

(Needed MDT?)

Dream scenario - "Blue light" mt.

Should have had paper descriptors earlier
in the week - (on the Monday).

False

~~Scared~~ - for her to see + ^{mt}A+E type environment.
Explore more complex more.
Explore basic ones.
 \rightarrow get basic sorted?

Alternative Support Networks

- for client, for family etc.
- Necesses - EP - flame agent.

There for case discussion:

- of what we would expect to find (check)

Under involvement of support service

- ① practical interests (eg. later)
- ② Alternative support for person/family
(anyway - 3 Red Alerts? / keep account) (agreed: Blue Light nets?)
- ③ Exchange use of calm life
- sep place for concerns/issues?
- or circus house
- ④ Consider changes of treatment
(eg. meds etc - less tablets)
- ⑤ Explore ~~psychiat~~ physical health issues
(at her or at calm life?)
- ⑥ Clarity risks (eg. what do they want with their med?)
- ⑦ General Support for earlier involvement of support
line is above.



crisis ?

Need Multidiscpl team -

- core / super arm to team? (eg: community support in a crisis)

Better funded staffed 'Home Treatment' team.

Needs CCO in the team to follow person through.

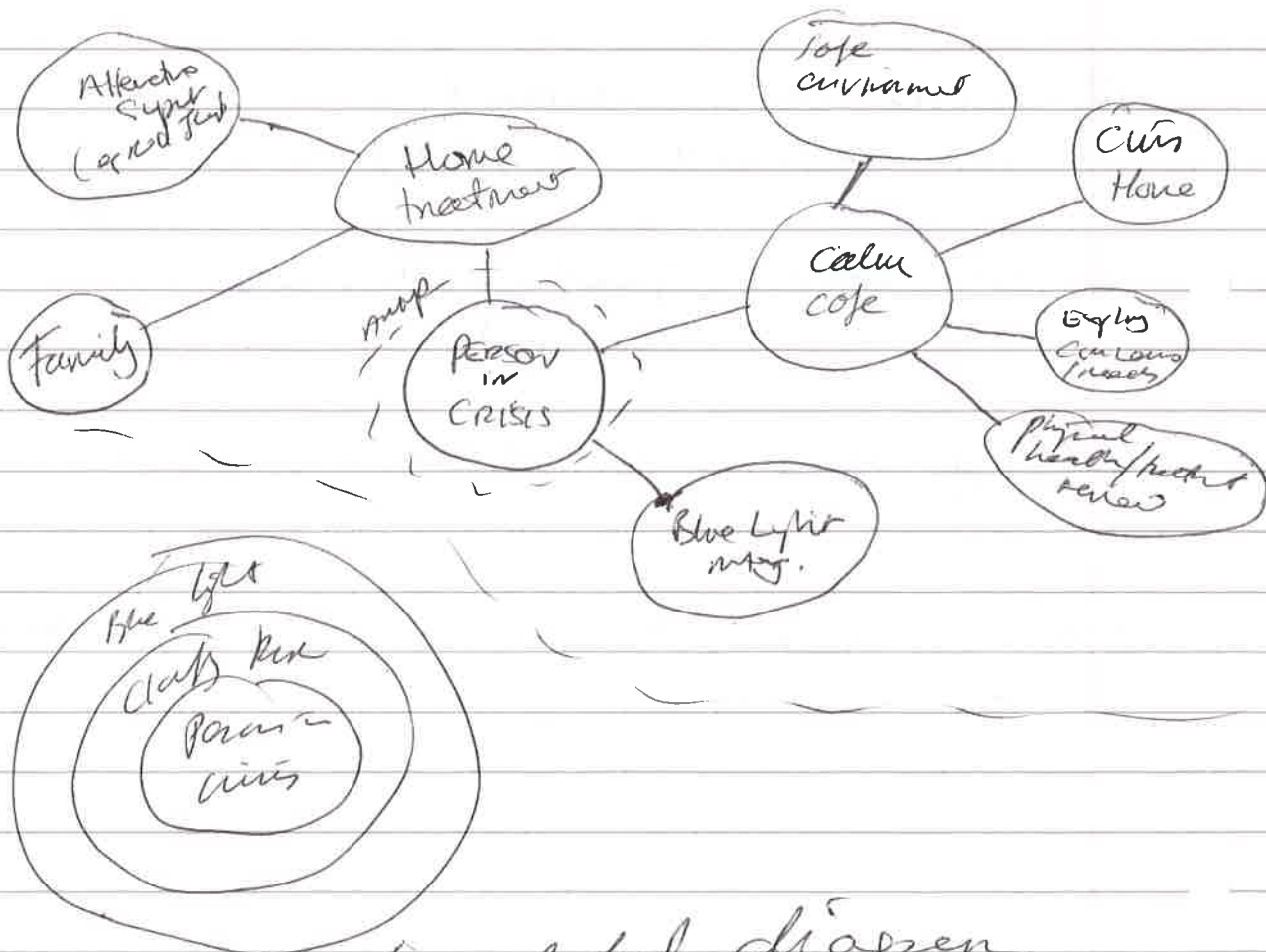
+ deal with more physical issues
(eg blood test too.)

Access to practical help as paper lost.

(matt's) outline of process:

Really irritated, diff. to engage. Refrags informal admission. Delivered - admitted next day.
(delayed by Tesco!)

MIND MAP



+ See Matt's adapted diagram.

Agency buys social perspective

↓
early interest

↓
help stage requires

Apprentice
Engus - air
entitled

by
Crest - this

II
dream

↓
stine?



Groups

How service is greatly affected

What parts of the service needs to develop?

e.g. Agency service, (Can only partly replace others)

e.g. "Design elements" of a service.

Agency?

Options formed over time.

From series that repeat = not necessary. If a whole

→ managing expectations.

Advancing the series. Could do just visit.

Need to manage? (like ADS?) = prevention.

Limited amount of time. Perhaps, take box?

These

Education

"Blue light" = more bringing together of agencies

Discussion → is new model more reactive than proactive?

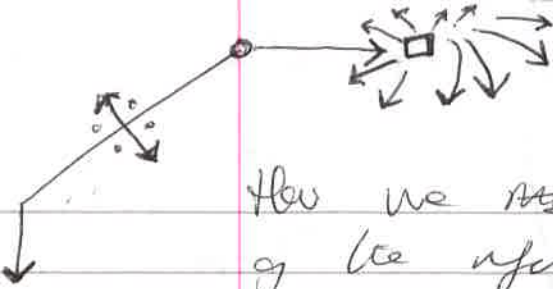
Continuity is desirable but how long likely?

These

Education

Blue light model

Continuity



Second order

How we ~~manage~~ deal with person as part of the referral process.

"Proactive Propositions"

- ① How we manage referrals & include the person & all relevant others.

Group
Dinner

- ① Triage - involving the person. - visits. - to
Expectations of co (etc) involvement.
CNS as part of the team.
(? modelling behaviour.)

- ② How involve other services & to develop the light joint into joint accountability.
What diff. services can do?
More invites to MDTs.
Modelling at being offensive.

(F.G.C. = for MDT.)
And keep laptops

Triage ~~plan~~ good for handing over.

- ② Referral triages & Strategy meeting?
(like a blue light MDT.)
"invite" on agenda
- one route, new less long.

③ work allocated on basis of ~~constant~~ activity
either where work leaves person but a
relevant expertise
(desirable) but may not be realistic
Sometimes to do until the right person or duty.

④ building into work day series to work
⑤ with them on an on-going basis to give them a
greater understanding of our role.

(but a light touch needed?!)

Final bit

look @ proactive properties → get action
points to implement each one.

Develop implementation plan.

ie. ideas have value.

- then see if it can happen.

