

Workshop: Zoom 16th Nov

MHA, detention - really the last choice? / least restrictive

Blue like entry for MHA?

♀ late 30s, living with son, age 14. Mum and Carer.
- Bro staying.

tempting to enter

Below / CH pressing in carbon ... + Mum's. she particularly sensitive to, - had symptoms - headaches, bit of dizziness.

Fire brigade, + PD -

6136 → NWIS.

to Amb → A&E.

Mum ✓ - she not have invite, + not want meds +
Zooming Quiet. - Bro Sup.

GP was prescribing

Tab's were 25mg - x 8

Son is going to stay in Dad

Bro + Mum can't cope.

NWIS see daily, but not feel can home treat.

Wiggle room in meds? Not anti-psych dose.
[meds]

Stressor re this episode? Why now? - Cd direct intervention?

Had no worries re Blackbell - felt safe.

Stark in Calm Cafe? - if worries were in background, more productive
psych A&E.

MHA = Mum's house

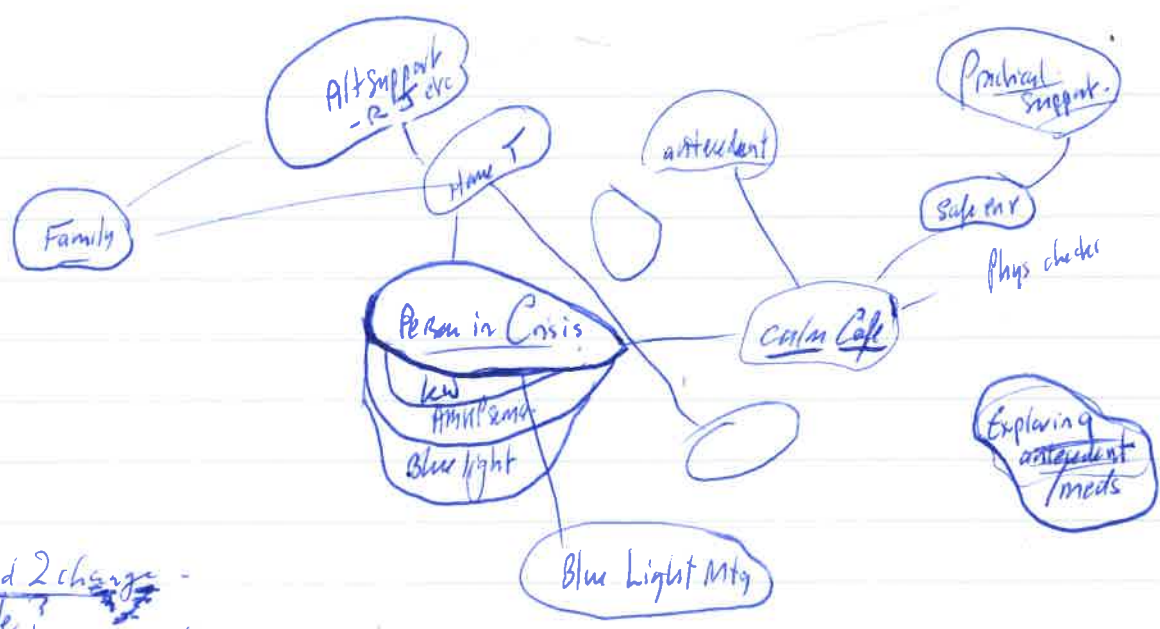
Att. support networks

Advoc.

Explore @ calm cafe.

Hormones? Phy H check.

34 19
13 24
20 24



Design Elements

Wt pts of service need 2 change -
How we manipulate?

Blue light - blueprint - model re how service
should respond 2 referral.
Physical mtd process -> Design service around local resources
Co-ord response.
no person's land.

Educ peeps who contact us - managing expectations.
Sep designat 1 who triggers earlier - phone, s/v go out } -> how inc the Per al (relations)

Blue light model

Continuity re dealing c referral.

↓
How manage distribut of the work / Struct of refu.

Provocative Proposition

How we alloc wrk 2 enhance continuity? *Exquisite.*
" " educate other services re our role?
next - how 2 put into action - ideas a reality.

Proppn ided!
Present tense
Grounded in wit words
Provoc - stretch beyond familiar
Desirable

Spoke AMHP - coord more in line
c continuity/preventing AMHPs -

Peter re 'Control Workers' - triage,
control of shift.

Info 26 shared c other Wilts AMHPs.