



Acute Mental Health Care Pathway

October 2018

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Foreword

We have developed this Acute Care Pathway, thereafter referred to as the Pathway, for patients who require acute mental health care and support. The Pathway recognises that all treatment and care needs to be highly personalised and recovery orientated.

At the heart of this Pathway is the recognition that patients, whether they are using, supporting or providing a service, have a positive contribution to make.

Through the development and implementation of this Pathway we are confident that it will help to promote a genuine partnership approach in mental health services.

Equality Statement

In line with Section 75 of the Northern Ireland Act 1998, Acute Mental Health Services will be provided and available to all irrespective of gender, ethnicity, political opinion, religious belief, disability, age, sexual orientation, dependant and marital status.

Acute Mental Health Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Acute Mental Health Services also have a wide social duty to promote equality through the care they provide and in the way they provide care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

Alternative Formats

This report can also be made available in alternative formats: large print, computer disk, Braille, audio tape or translation for anyone not fluent in English. Please contact the Communications Office at the Health and Social Care Board www.hscboard.hscni.net.

Acknowledgements

This Care Pathway has been jointly developed by experts by experience, (people with lived experience, family members, partners, friends and/ or advocates for people with mental health needs) and professionals involved in leading and delivering care, reflecting a commitment to supporting a culture of partnership, co-working and co-production.

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The Project Team would also like to acknowledge and thank the wide number of people who responded to the consultation exercises as the pathway was developed. The feedback provided was a very helpful contribution in creating a pathway that enables everyone to have the very best care and a positive experience of emotional and mental health services.

Introduction

The purpose of the Pathway is to provide guidance on the key components of acute care to be delivered, to enhance the quality of service experience and promote consistency of service delivery across Northern Ireland. The document has drawn from the range of documents compiled by the Joint Commissioning Panel for Mental Health <http://www.jcpmh.info/>

The Pathway describes a whole systems approach to acute mental health care, outlining the services that are required to deliver an acute mental health service which is fit for purpose in terms of quality and governance.

The Pathway should be read in conjunction with the You In Mind Regional Mental Health Care Pathway launched in October 2014 which is underpinned by the ethos of “recovery”, and is guided by the values set out in ‘NICE 136: Improving the Experience of People Using Adult Mental Health Services’.

Acute mental health services provide intensive treatment for those patients who are most acutely unwell and vulnerable.

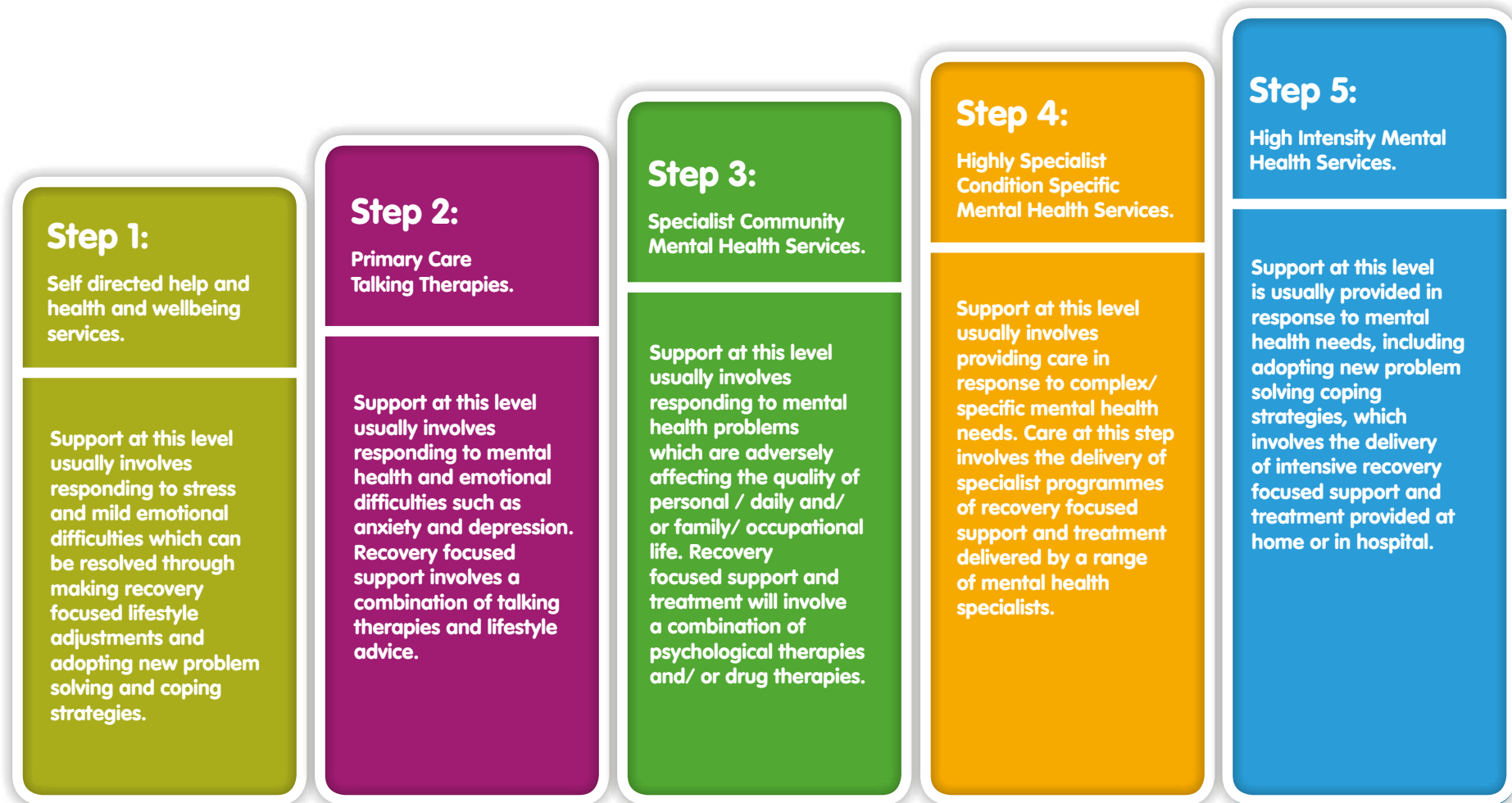
The Pathway/Services will: -

- meet the mental health needs of those patients who cannot be supported by primary care and specialist community-based services;
- include crisis resolution and home treatment services, unscheduled care, acute day services and inpatient services;
- include a range of community-based supports that may be commissioned to complement treatment at home or in hospital.

The Pathway has been co-produced by people with lived experience, family members, partners, friends and/or advocates for people with mental health needs and professionals involved in commissioning and providing care. Co-production acknowledges that people with lived experience are often best placed to advise on what support and services will make a positive difference to their lives. It is underpinned by the key values of ownership, openness and honesty.

The Pathway outlines the journey that patients make from referral to discharge from acute services. It refers to the interlinked services and agencies working together to support patient and carer needs and achieve desired outcomes.

The Pathway specifically focuses on Steps 4 and 5 of the Stepped Care Model set out in the You in Mind Regional Mental Health Care Pathway (2014), as shown below:



3.0

The delivery of acute mental health inpatient care is underpinned by a range of principles and values which are respectful of patients' human rights, including the rights to receive services that offer:

- Quality and safety;
- Privacy and dignity;
- Person centred care;
- Opportunities for collaborative working with families/carers;
- Accessibility;
- Least restrictive option on an individual's liberty;
- Choice.

3.1

Patient Quality and Safety

As acute mental health care is a particularly high risk area, of mental health care it is essential that services are appropriately resourced, based on evidence and regionally and nationally agreed standards. This will lead to a timely response, sufficiently intensive support, safer environments and seamless care.

3.2

Person Centred Care

When a patient requires mental health acute care they have high levels of need and are often in crisis, anxious and vulnerable. In many cases patients will be at risk of self-harm or suicide.

Ensuring the mental health care needs are identified and addressed is critical to the patient's recovery and their future engagement with mental health services.

3.3

Collaborative Working

This Pathway recognises the triangle of care, the partnership between carers, patients and professionals in working towards recovery. It is acknowledged that family/partners/friends can contribute knowledge and information which may help identify early warning signs and which will positively impact on their loved ones' wellbeing and personal safety.

This plays an important part in the Pathway in supporting improved outcomes for care planning and recovery. A carer's understanding of their loved one and what is important to them can significantly enhance person-centred care planning and engagement with mental health professionals. It is essential that the role carers play is acknowledged with the provision of support for carers as an equal partner in care.

3.4

Good Communication

It is essential that there is clear communication between acute care teams and others involved in the care of people in both primary and secondary care, specifically: -

- Close liaison between inpatient, Home Treatment Team (HTT) and crisis teams;
- GPs/practices to be contacted within 24 hours (next working day) when someone is admitted acutely/seen by a crisis team/HTT and that they are again informed within 24 hours when someone is discharged with a current diagnosis and list of their current medication (more detailed discharge summaries can follow later);
- Close, proactive communication with community mental health services/care co-ordinators to ensure better care continuity and to facilitate the journey through the care Pathway;
- Good communication with any other agencies involved, for example Addictions Services/Eating Disorders/Forensic/ Public Protection/Social Services.

3.5

Patient Experience

As a partner in their care, patients can expect to be:

- Listened to, valued and understood
- Given meaningful information and explanation
- Encouraged and given time to recover
- Provided advocacy and peer support
- Given choice
- Supported to make decisions
- Encouraged to give feedback

4.1 Key Service Areas Explained

There are four key components of acute care in mental health:

- i) Home treatment;
- ii) In-patient services;
- iii) Acute day services;
- iv) Home treatment house / Crisis house.

- **Home Treatment Team (HTT)**

Provide treatment at home for those acutely unwell who would otherwise require hospital admission. The Team 'gate-keeps' (assesses the appropriateness) of inpatient admissions, and facilitates early supported discharges.

This is a multidisciplinary team that operates on a mobile basis 24 hours a day, 7 days a week.

The decision to admit to Home Treatment will be taken following a clinical assessment, including safety planning and patients need to be willing to engage with the service. HTTs have the capacity to visit patients in their own home daily, or more often based on assessed need. HTTs are multidisciplinary and may include mental health nursing, social work, occupational therapy, psychiatry, pharmacy, psychology, peer support, advocacy, etc.

- **Inpatient Services**

Provide a high standard of treatment and care in a safe and therapeutic setting for patients who have been assessed by HTTs as requiring hospital care usually due to the patient being assessed as being a serious risk to themselves or others and being unable to engage with treatment at home. Admissions are considered when this is essential for a person's progress to recovery from the acute stage of their illness.

There are two types of inpatient service:

- i. Acute inpatient wards
Provide inpatient facilities for a broad range of psychiatric diagnoses for people who cannot safely receive their care in the community.
- ii. Psychiatric intensive care units (PICUs)
Provide high intensity nursing and medical care for patients whose illness means they cannot be safely cared for on an acute/open ward. Prior to being admitted to these wards, patients will have been assessed under the Mental Health Order (NI) 1986. PICU staff will also provide advice and support to staff caring for patients on acute wards reducing the need for patients to be admitted to PICU. They can be located at a stand-alone unit adjacent (co-located) to other mental health inpatient facilities or as a ward within a larger unit (integrated).

- **Acute Day Services**

These services provide an alternative to admission for people who are acutely unwell and are a means of facilitating early discharge and preventing re-admission. Acute day services may be provided as an integral element of an acute hospital unit or as a stand-alone facility and can be offered independently or as complementary to Home Treatment.

Acute day services offer a safe and supportive environment to allow staff to complete a full assessment and establish a Safety Plan. It provides a full therapeutic programme which aims to support the patient to resolve, manage and prevent future crisis. This is achieved through education, advice and supporting the patient to problem solve, develop positive coping skills and build resilience. Staff promote a healthy balanced lifestyle, optimise engagement in meaningful activities and assist in identifying and accessing appropriate community resources relevant to identified need.

- **Home Treatment House/Crisis House/Crisis Beds**

This is a small community facility with beds provided by a single Trust for its population, for patients who have been assessed as suitable for Home Treatment but are unable to remain at home. Reasons for being unable to stay at home may include breakdown in relationships with carers/family or having no carer in the home.

The unit may be staffed by mental health professionals or support staff and acute care will be provided by the HTT. This provision may also be used to support people making the transition from hospital to home.

The Home Treatment/Crisis House and similar approaches to providing respite or sanctuary outside of hospital has been developed alongside Crisis Resolution and Home Treatment Teams (CRHT) and hospital approaches. They have strong support from patient groups. These are community-based crisis/home treatment services that offer residential support

The **community infrastructure** including, community mental health services, specialist mental health teams (eg forensic, personality disorder services) early intervention services, drug and alcohol services, liaison services and supported housing **are not part of this Pathway** but are essential components of support for people with mental health needs. It is also acknowledged that there is a continuing need to focus on prevention, wellbeing and community services.

Depending on the local context, other services will interface with the acute care Pathway including prisons, courts, mental health liaison service to Emergency Departments, and other acute wards in general hospitals and primary care services.

5.1 Acute Care Services will have the following Standards:

- Intensive assessment and treatment of patients' needs and strengths over 24 hours per day;
- A care model used and understood by all professionals and easily explained to patients and carers which delivers a full range of evidence-based approaches including pharmacological, physical health, psychological, occupational and social interventions which focus on the person's recovery;
- Multi-disciplinary input that enables a bio-psychosocial approach to meeting the patient's and family's needs;
- On-going assessment and management of risk, which is a dynamic process that may fluctuate;
- A therapeutic environment to support engagement and recovery;
- Sanctuary for patients who are experiencing acute distress within the context of a mental illness;
- Sufficient staffing to ensure that evidence-based interventions are available when patients require them;
- Access to advocacy and peer support;

Acute Care Services will also adhere to the service standards set out in the You in Mind Regional Mental Health Care Pathway (2014). Specific standards for Acute Care Services include:

- » A safer environment to commence treatment for patients, including detained patients. This may include restrictive practices and deprivation of liberty. There will be safeguards to ensure these are used only when necessary and employed appropriately;
- » Good communication within acute care and with other mental health care teams and primary care;
- » A recovery focus which is demonstrated by outcome measurement, demonstrating that services are increasing opportunities to build a life beyond illness, enhancing quality of life and wellbeing;
- » Support and education for families and/or carers who may be dealing with acute illness;
- » Evidenced patient and carer experience data and satisfaction;
- » Information about the service for service users and carers.

6.1 Effective Care and Treatment in a Recovery Focused Environment

Based on the patient's assessed needs they will be offered one or a combination of the care/treatment options. This will be either in an inpatient ward or home based treatment where the following may be required:

- A range of evidence-based interventions should be offered within acute care. They will be structured and focused on stabilisation and enhanced coping skills; including brief interventions (cognitive therapy, solution focused therapy, interpersonal therapy, interventions for drug and alcohol misuse, pharmacological interventions and relapse prevention);
- Opportunities for peer support;
- Access to appropriate therapies eg Occupational Therapy, assessments and activities;
- Social, physical and psycho-education for patients and carers;
- Carer support and assessment;
- Family interventions

The intervention offered will be guided by the patient's level of functioning and the outcome of their psychological assessment and formulation.

Mental Health services will explain which option(s) are recommended for a patient's recovery and they will explain the relevant National Institute Care Excellence (NICE) clinical guideline(s) being followed to meet the patient's needs.

6.2 Involving Families

Family/carers will be provided with information to help them understand mental illness and treatment options, and, carer support assessments will be offered routinely. In addition, Trusts should aim to work towards implementing the Triangle of Care as outlined in the six key elements below. This is designed to achieve better collaboration and partnership with carers in the patient and carer's journey through a typical acute episode.

The six key elements state that:

- i. Carers and the essential role they play are identified at first contact or as soon as possible thereafter;
- ii. Staff are 'carer aware' and trained in carer engagement strategies;
- iii. Policy and practice protocols in relation to confidentiality and sharing information are in place;
- iv. Defined post(s) responsible for carers are in place;
- v. A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway;
- vi. A range of carer support services are available.

6.3 Learning from Patient Experience

Trusts will be expected to measure the impact of care using the regionally agreed validated measurement framework and patient experience feedback. Trusts will report progress against clinically validated measurement tools via the Service Framework for Mental Health and Wellbeing reporting mechanism.

7.1 Introduction

This section describes environmental standards that all acute mental health inpatient services within the Northern Ireland region should aspire to achieve in the design, maintenance and operational management of facilities, regardless of the degree of progress associated with the development of new purpose built wards. While the primary aim throughout the development of these standards has been enhancing safety and security, it is recognised that standards associated with safety and security are inextricably linked to standards that promote a positive therapeutic and recovery focused experience for patients and staff.

It is expected that these standards will influence the planning and design of acute inpatient facilities. They will enable regionally consistent and continuous monitoring to assist providers and commissioners in determining priorities and actions required to enhance the safety and therapeutic value of acute mental health inpatient environments.

7.2 The Standards

The Department of Health's (2008) paper 'Laying the Foundations', which highlights specific requirements for inpatient mental health facilities including the environment of care that patients have the right to expect.

The document stresses that all new facilities should strive to:

- Improve the physical and mental wellbeing of patients, staff, carers and visitors;
- Improve individual patients' recovery;
- Create an environment in which people can learn and be creative;
- Ensure services provide effective and efficient care and treatment;
- Provide care in a safe environment that is free from smoke, drug and alcohol abuse;
- Provide a 'generous provision' of circulation space to reduce a "pressure cooker" type atmosphere;
- Provide dedicated space for visiting children, located adjacent to the ward with sufficient playing materials;
- Improve links with local communities to reduce stigma and social exclusion;
- Improve the human rights of patients, staff, carers and visitors.

Acute Mental Health In-patient Service Standards should be co-located together, which serves a number of benefits including:

- » Improving the standardisation and delivery of best practice;
- » Reducing the need for patient transfers between disparately located wards;
- » Improving access to inpatient care through better bed capacity management;
- » Reducing the isolation of units and providing a more supportive environment to teams;
- » Creating a more flexible and responsive service;
- » Creating economies of scale that enable the concentration of resources.

They should be co-located with general acute services so that patients have optimum access to appropriate diagnostics, care and treatment for physical health problems.

Where they are not located on an acute site, there should be prompt support from other medical services (DoH, 2013) that should be explicitly outlined:

- Provide single en-suite bedrooms. Where this is not possible, male and female patients should be afforded separate accommodation for sleeping and washing, etc. These should be freely accessible from communal areas which are spacious and included sufficient:
 - » activity areas;
 - » quiet areas;
 - » family/child visiting room;
 - » fitness facilities;
 - » wide corridors;
 - » outside viewing areas;
 - » natural lighting;
 - » rooms suitable for assessing and de-escalating distressed or agitated patients.

- Should be co-located with the Trust's Psychiatric Intensive Care Unit (PICU);

- Will conduct a general risk assessment every six months, or more regularly according to the level of risk that arises. The general risk assessment will consider the risks posed to patients, staff and members of the public through: violence and aggression; self-harm and suicide; absconding; misuse of drugs and/or alcohol. In carrying out these assessments, control measures and further actions required to address identified risks need to be recorded and implemented.
- Will conduct a ligature risk assessment every six months, or more regularly according to the level of risk that arises. In carrying out this assessment, control measures and further actions required to address identified ligature points need to be recorded and addressed. This applies to the risks posed by en-suite doors, which have been used as a ligature point in a number of reported incidents across the region.
- Have in place entry and egress control measures that are governed by an appropriate protocol.
- Have access to Trust security teams to support the management of violence and/or potential violence. Where this is not the case, arrangements for dealing with a security incident should be explicitly set out eg involving the PSNI.
- Provide a patient call system.
- Provide a staff personal alarm system, with sufficient numbers of alarms to accommodate all relevant staff. Each service should have procedures in place to govern the response to alarm activation and the testing of equipment.
- Have good lines of sight that allow staff to easily and unobtrusively observe all areas of the ward.
- Have access to suitable levels of CCTV coverage, including outdoor spaces, as per Trust policy.
- Have established minimum nurse staffing levels to maintain safety and provide an appropriately therapeutic environment. Each service should have a protocol in place to govern what will happen in the event of staffing levels falling below the established minimum standard.
- Do not allow direct access to bedroom windows from outside (being careful to account for privacy issues so that internal courtyards aren't looking directly into bedrooms etc).
- Where possible allow patients to control factors such as bedroom temperature and lighting, where possible.
- Contain suitable acoustics to reduce the unwanted effects of echo or noise travel.

Acute mental health care needs to be accessible and appropriate to all those who may need it. Specifically, services must promote equality in accessibility to mental health services.

For example, adjustments may be needed to enable a disabled person to stay in an acute unit, access psychological therapies or participate in therapeutic activities and language barriers and other communication issues may need to be addressed. Cultural awareness in constructing care plans and providing services may also be needed, including for example:

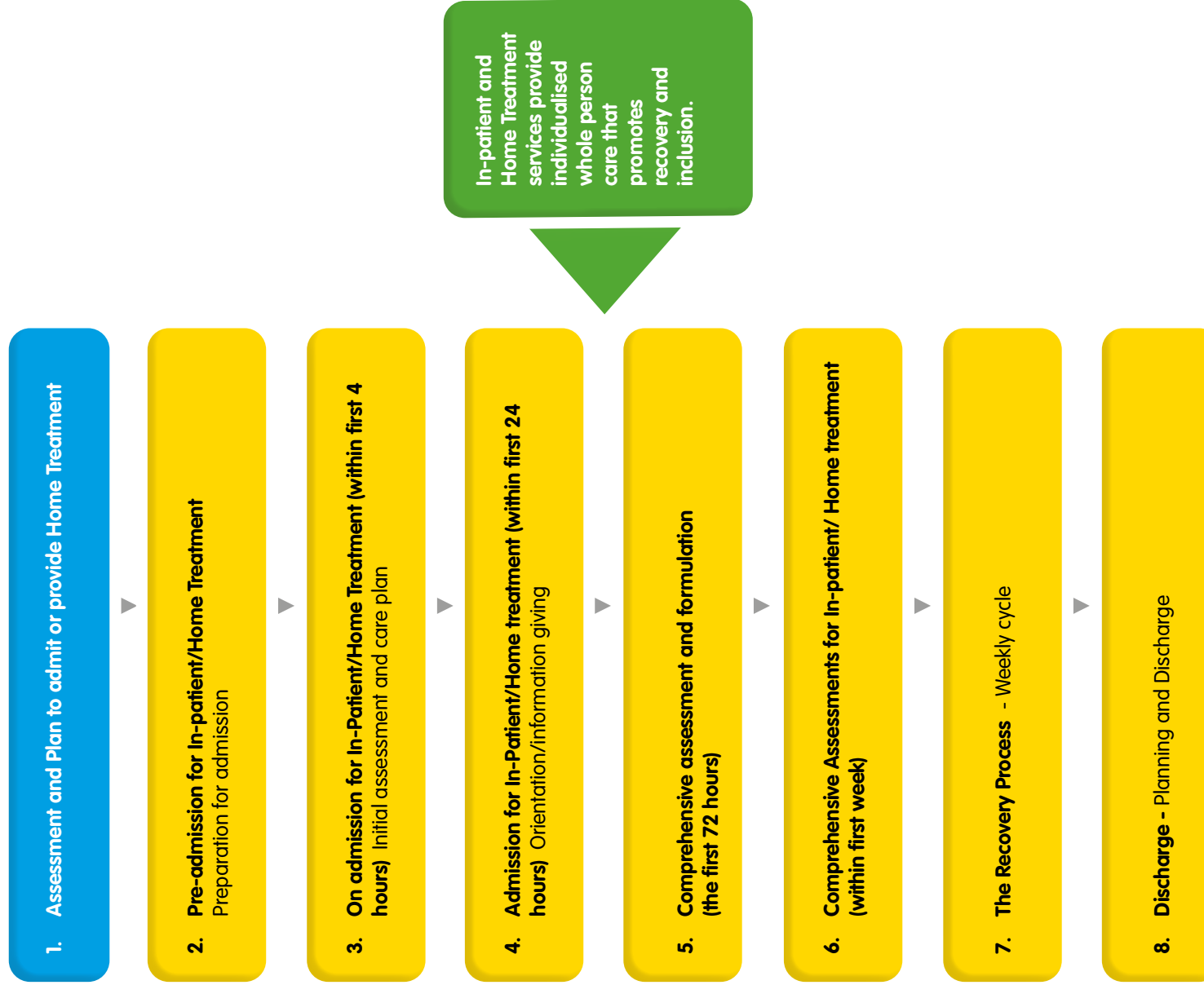
- The person may live with family members, or may need to have support from family and friends both inside and outside the acute unit to reduce fear and isolation;
- Food requirements, dress requirements, a place and time to pray if needed, should all be discussed with the person and considered throughout inpatient care;
- In organising therapeutic activities staff should be mindful that individuals may not wish to drink, mix with the opposite gender in close proximity, or may have certain beliefs or values which would be compromised if they were forced to carry out specific activities.

Actions that promote equality and cultural awareness include:

- i. Employing interpreters or staff with various language skills;
- ii. Providing information in various languages and formats, including for example how the service is organised, processes involved in hospital admission, medication requirements, and the right to advocacy;
- iii. Training staff in different groups' needs and requirements;
- iv. Displaying policies and accredited standards in wards and other premises to confirm that discrimination, abuse or violence will not be tolerated towards any group;
- v. Openly recruiting staff from all sections of society;
- vi. Working with external agencies and charities such as BME charities, lesbian, gay, bisexual and transgender groups, disability groups and religious and spiritual organisations, to ensure the needs of people with mental health problems are being met in the best way possible;

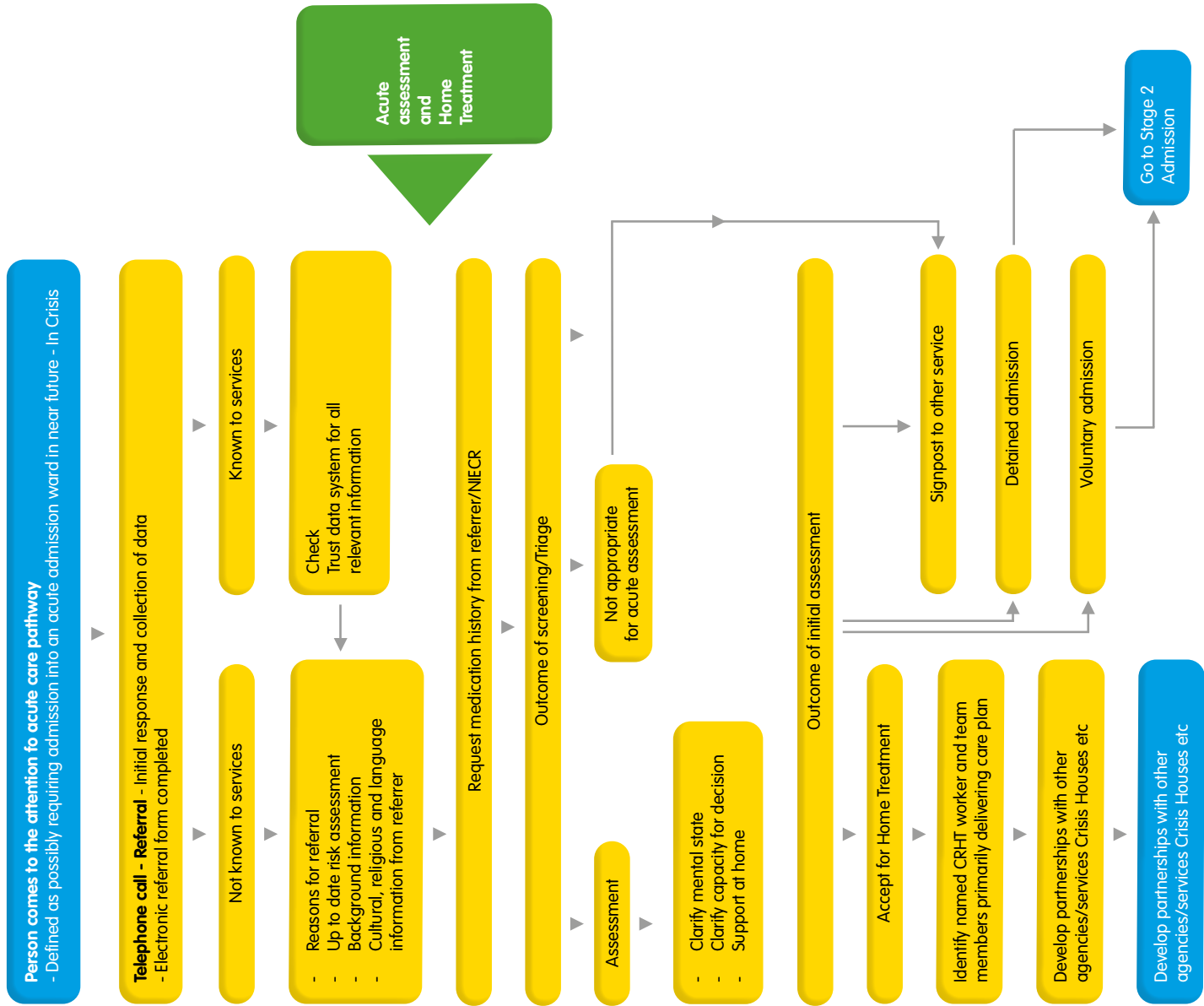
- vii. Recording and measuring objectives and outcomes of services, including service user/patient satisfaction, and by protected characteristics under Section 75 of the Northern Ireland Act 1998, so that inequalities can be addressed;
- viii. Ensuring access to advocacy and support to make complaints;
- ix. Considering patients' needs holistically, including the impact of race or religion on where people live, their community, places they go to, people they see, and what they discuss with others in regards to their mental health;
- x. Taking account of the cultural environment to which patients return when discharged, and the impact on them and their family after being in an acute unit.

Overview of In-patient/ Home Treatment pathway at a Glance



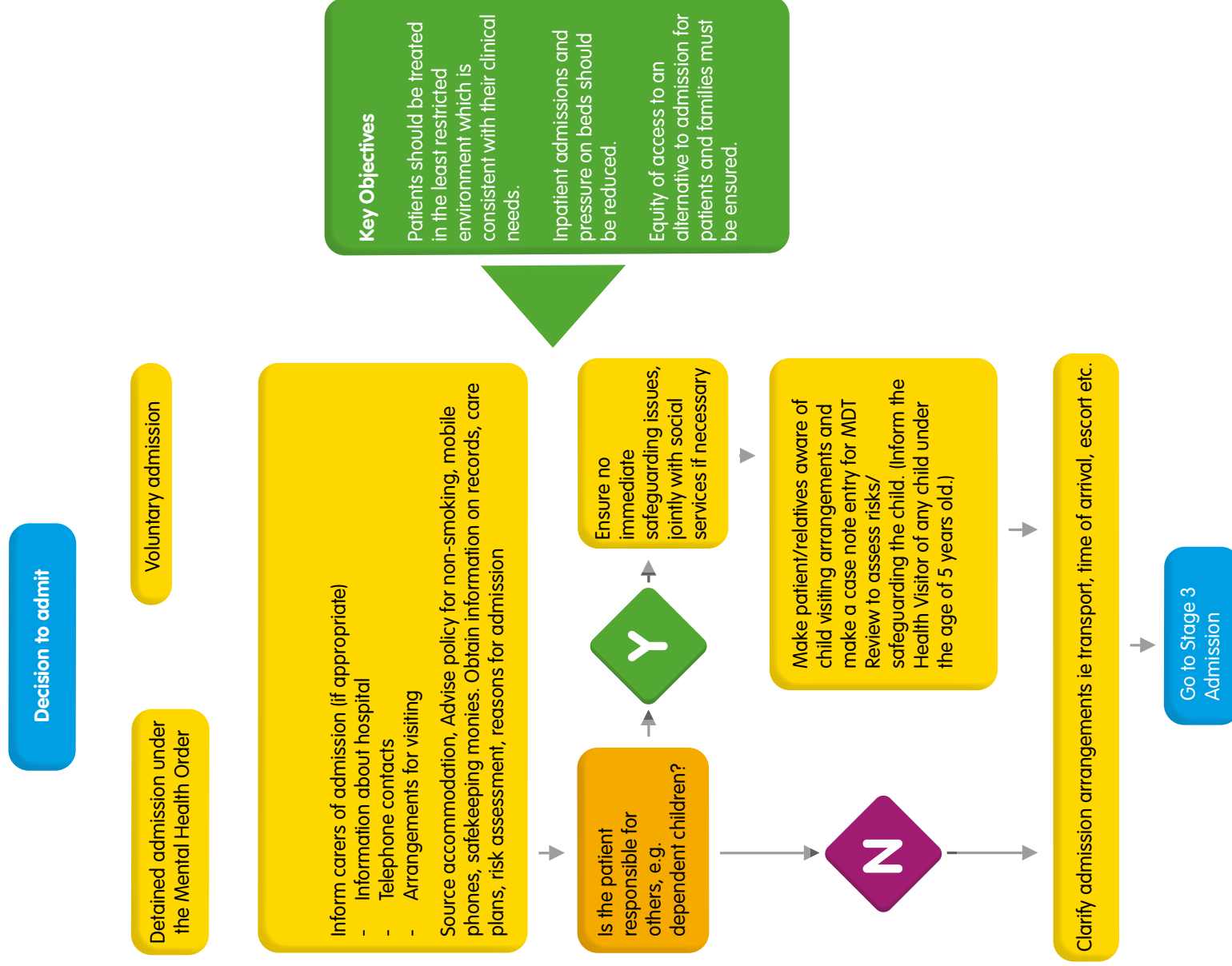
Stage 1

In-patient Assessment and Initial Formulation



Stage 2

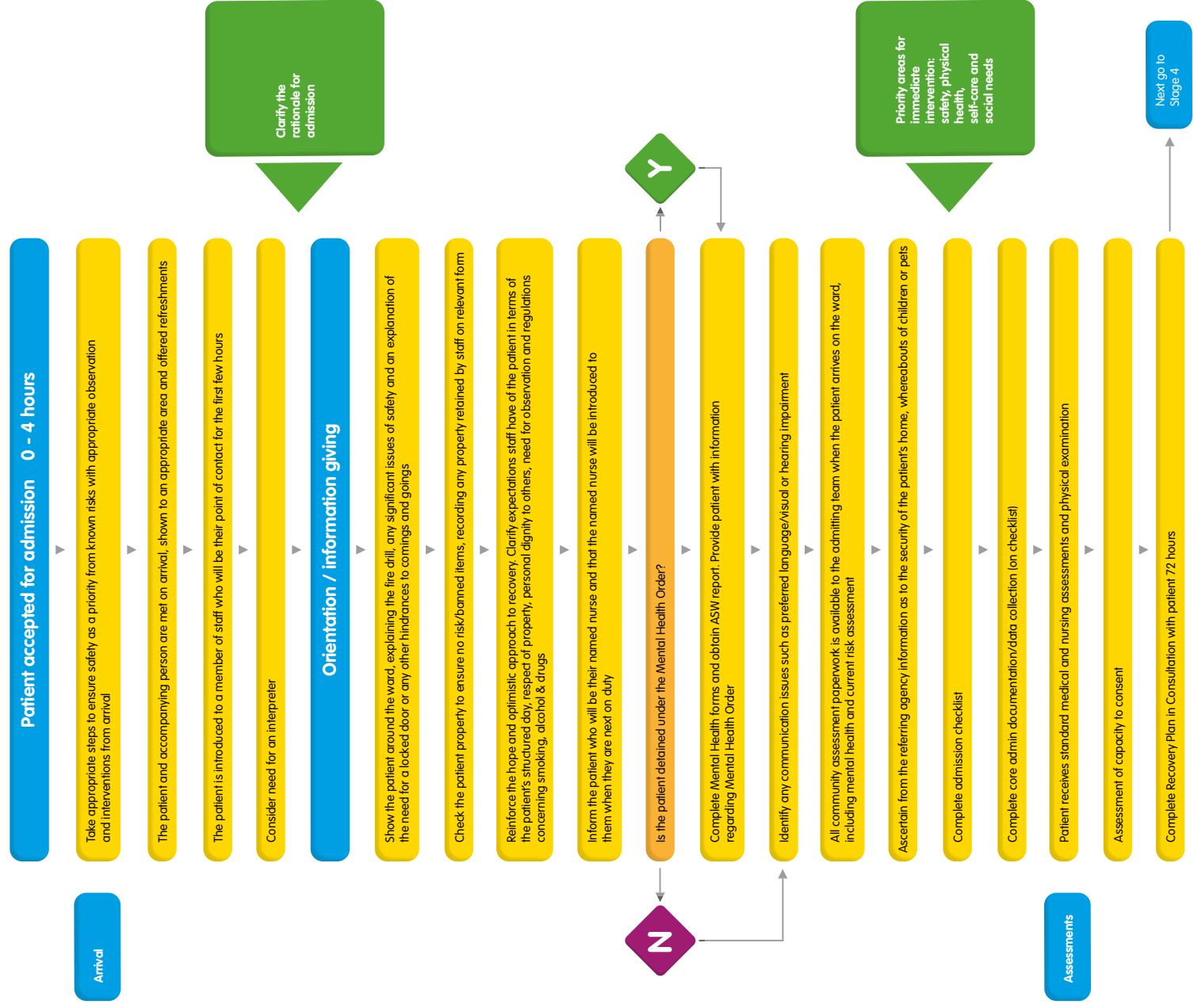
In-patient Pre-admission preparation



Stage 3

In-patient Admission

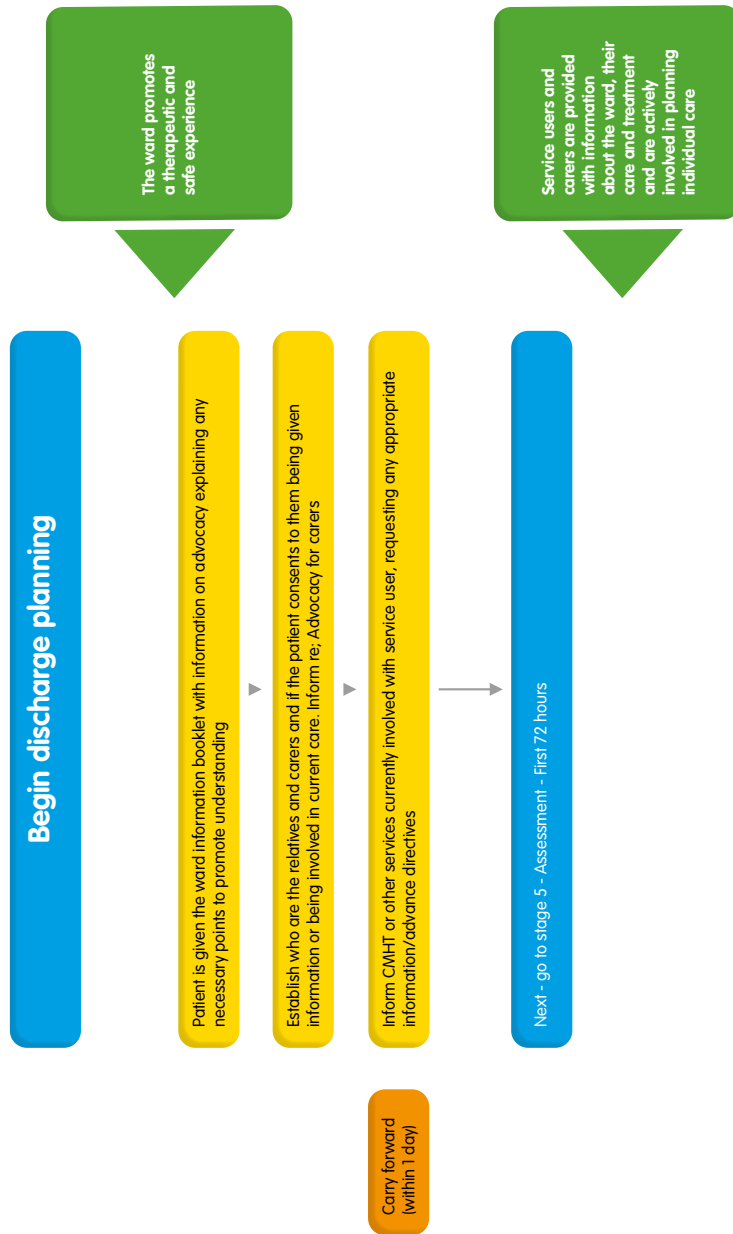
Commence normally within first 4 hours



Stage 4

Admission

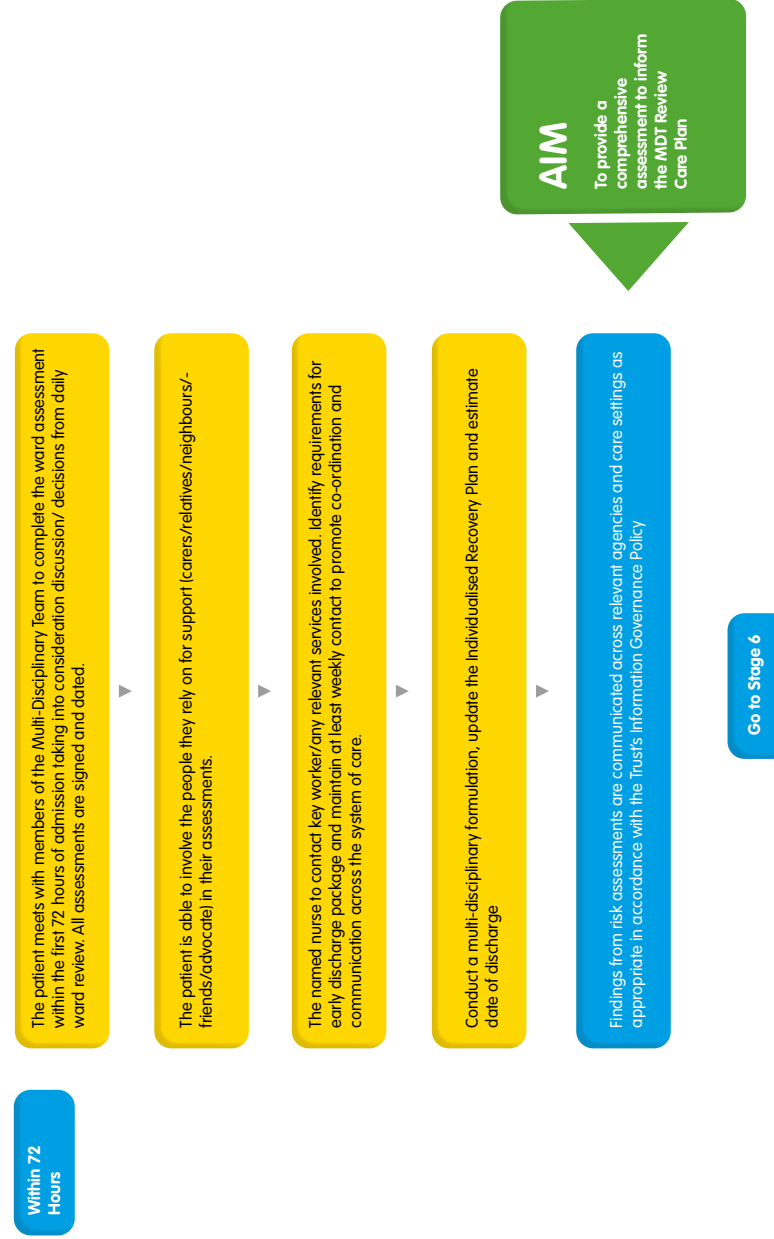
Within first 24 hours



Stage 5

Comprehensive Assessment

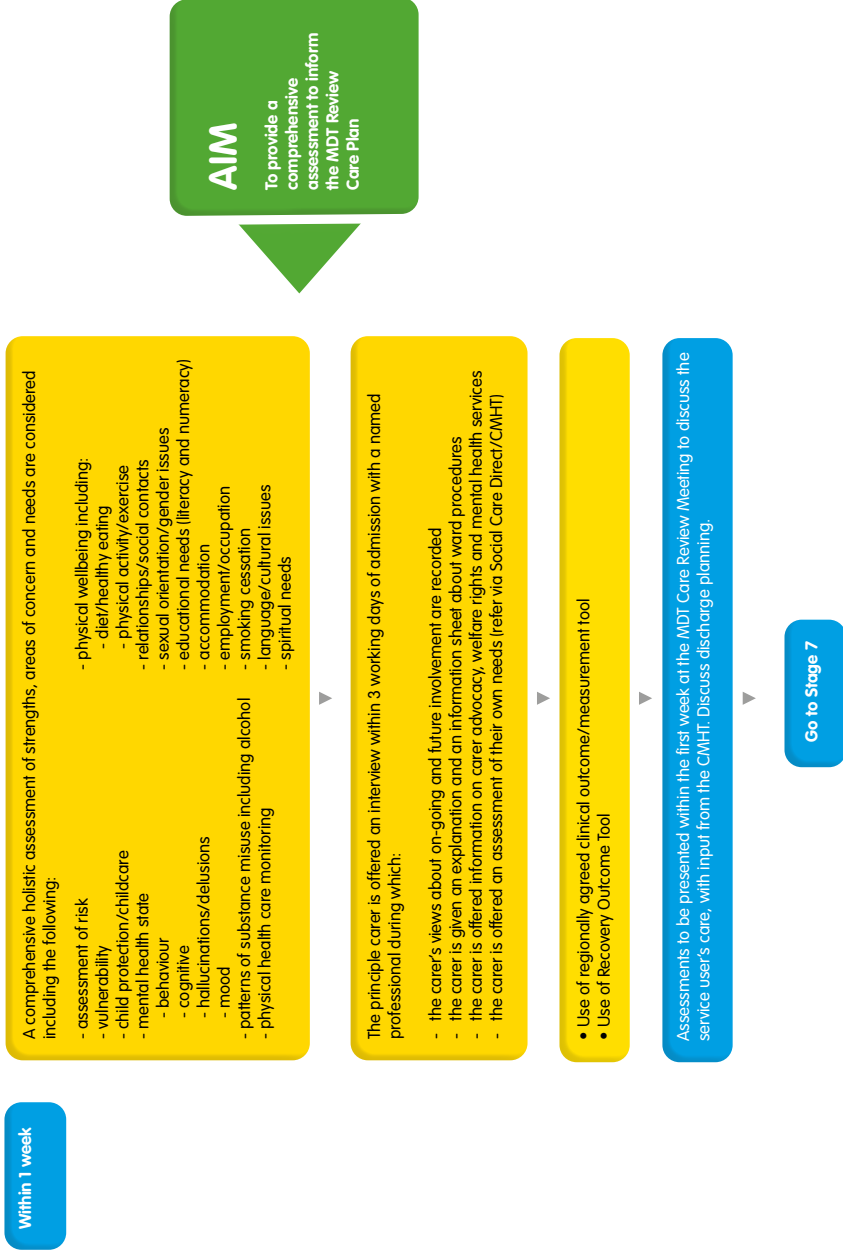
The first 72 hours



Stage 6

Comprehensive Assessment

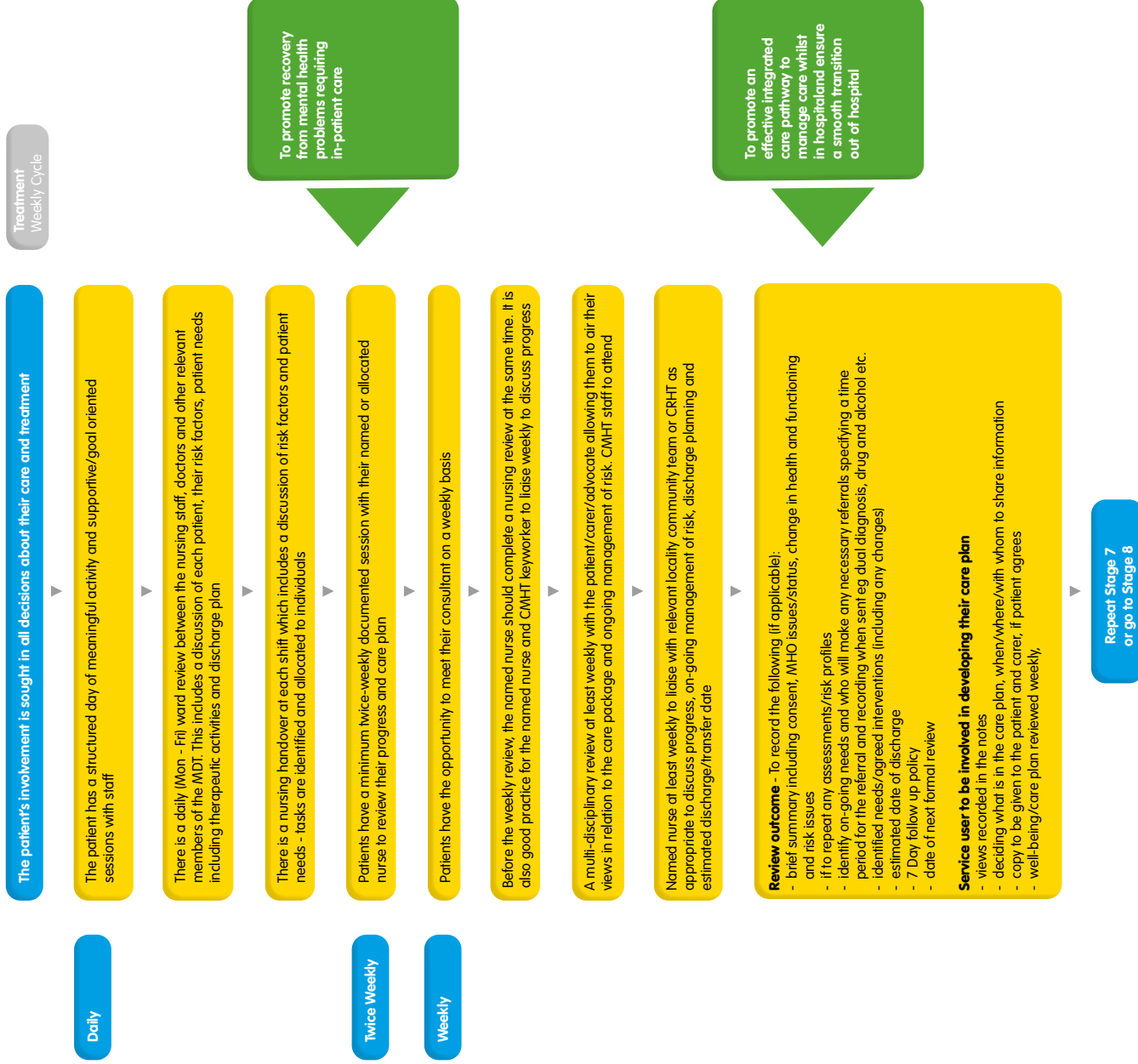
Within first week



Stage 7

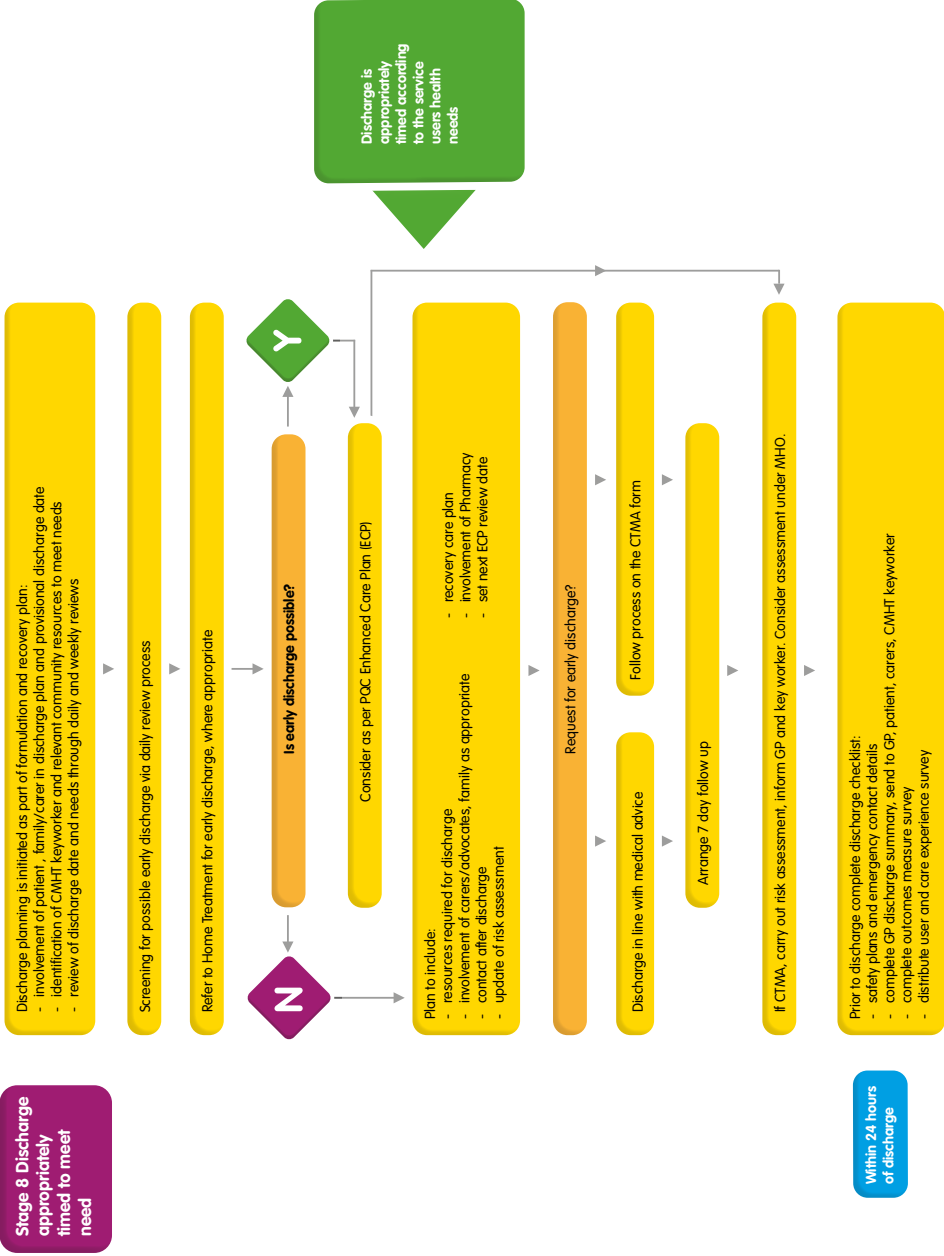
The Recovery Process

- Weekly cycle



Stage 8

Discharge

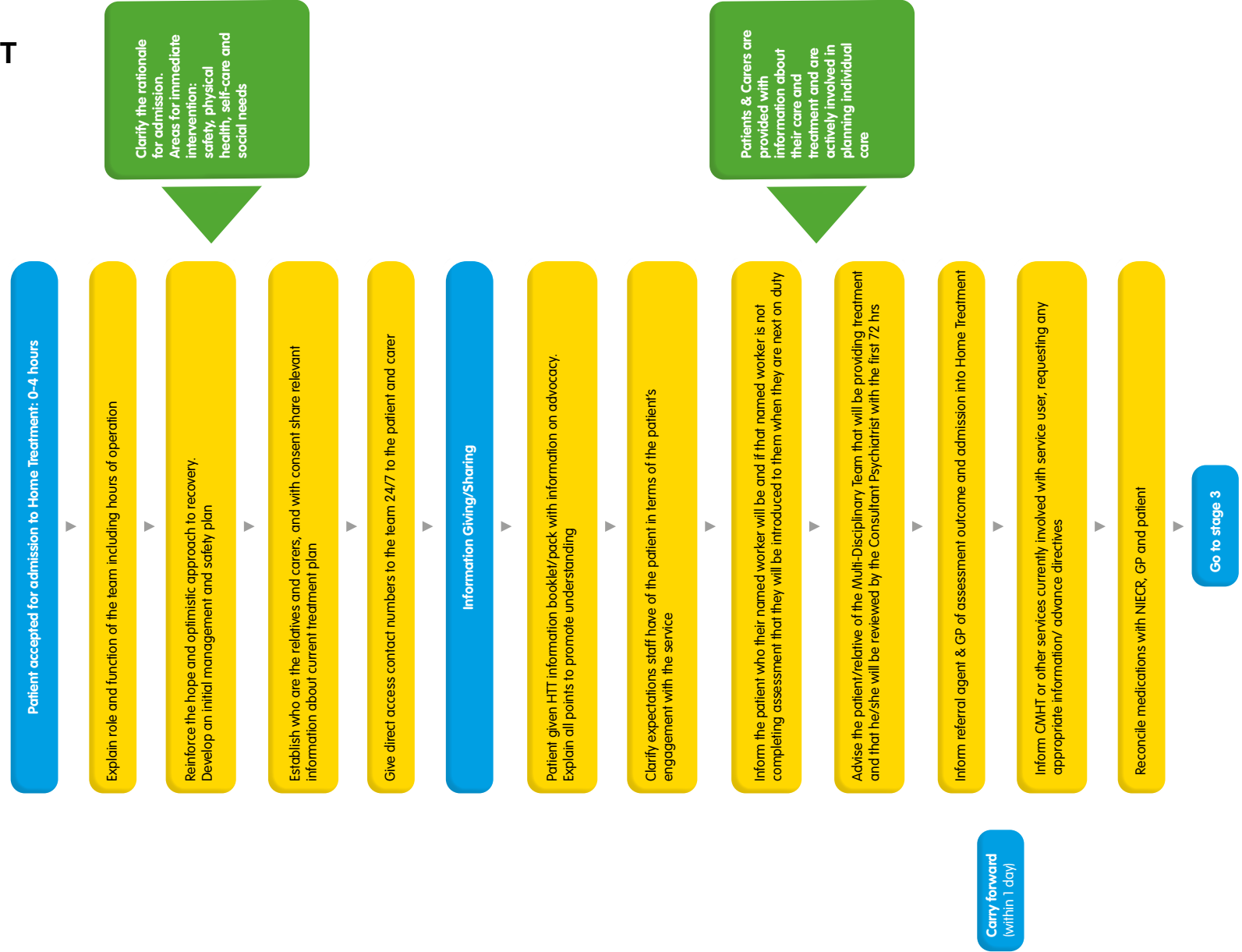


10. Adult Mental Health Acute Care Pathway Stages - Home Treatment

Stage 2

HOME TREATMENT

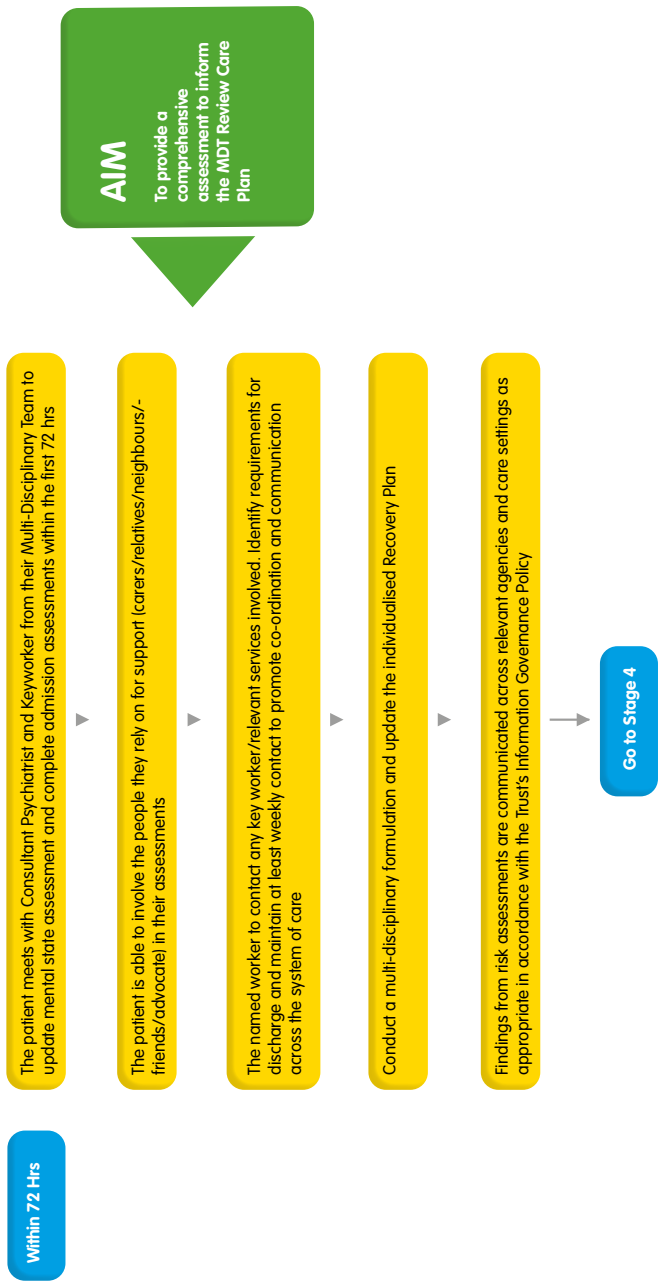
Admission
(within the first 24hrs)



Stage 3

Comprehensive Assessment

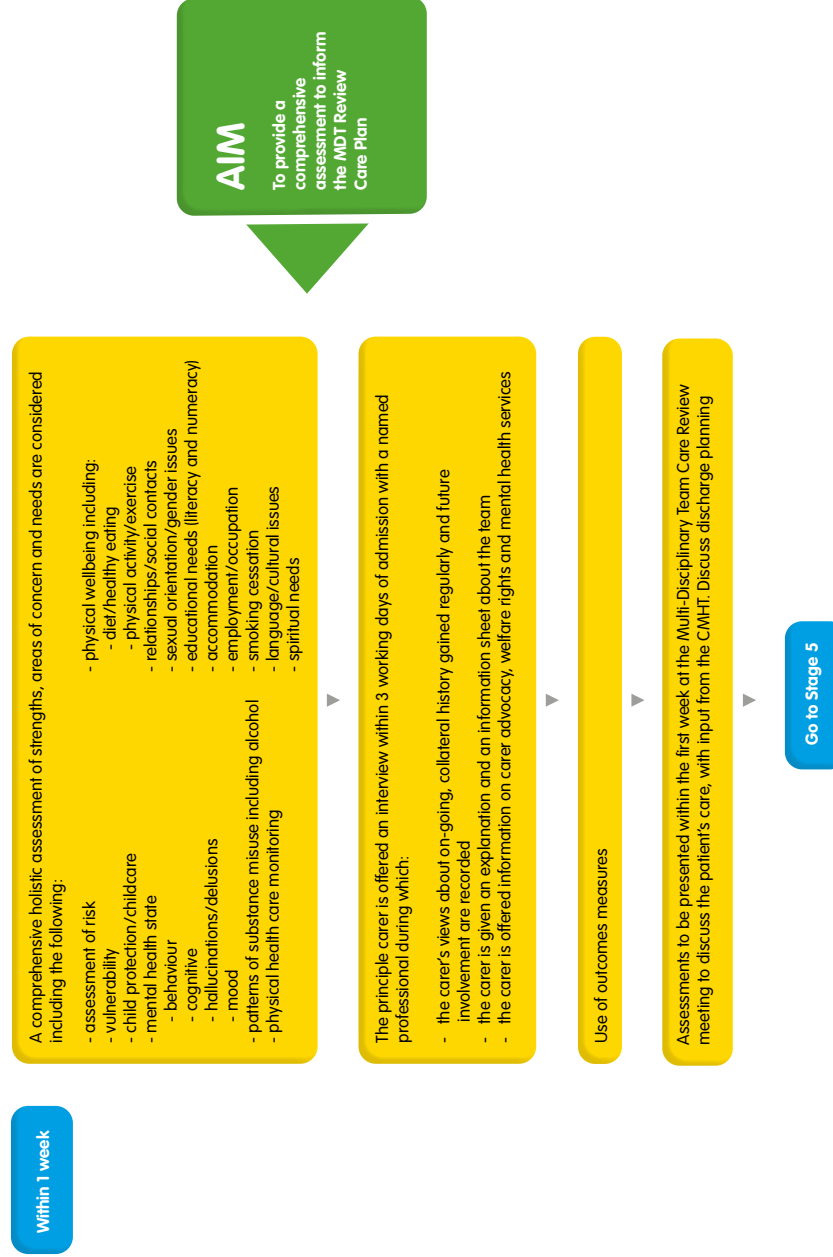
- The first 72 hours



Stage 4

Comprehensive Assessment

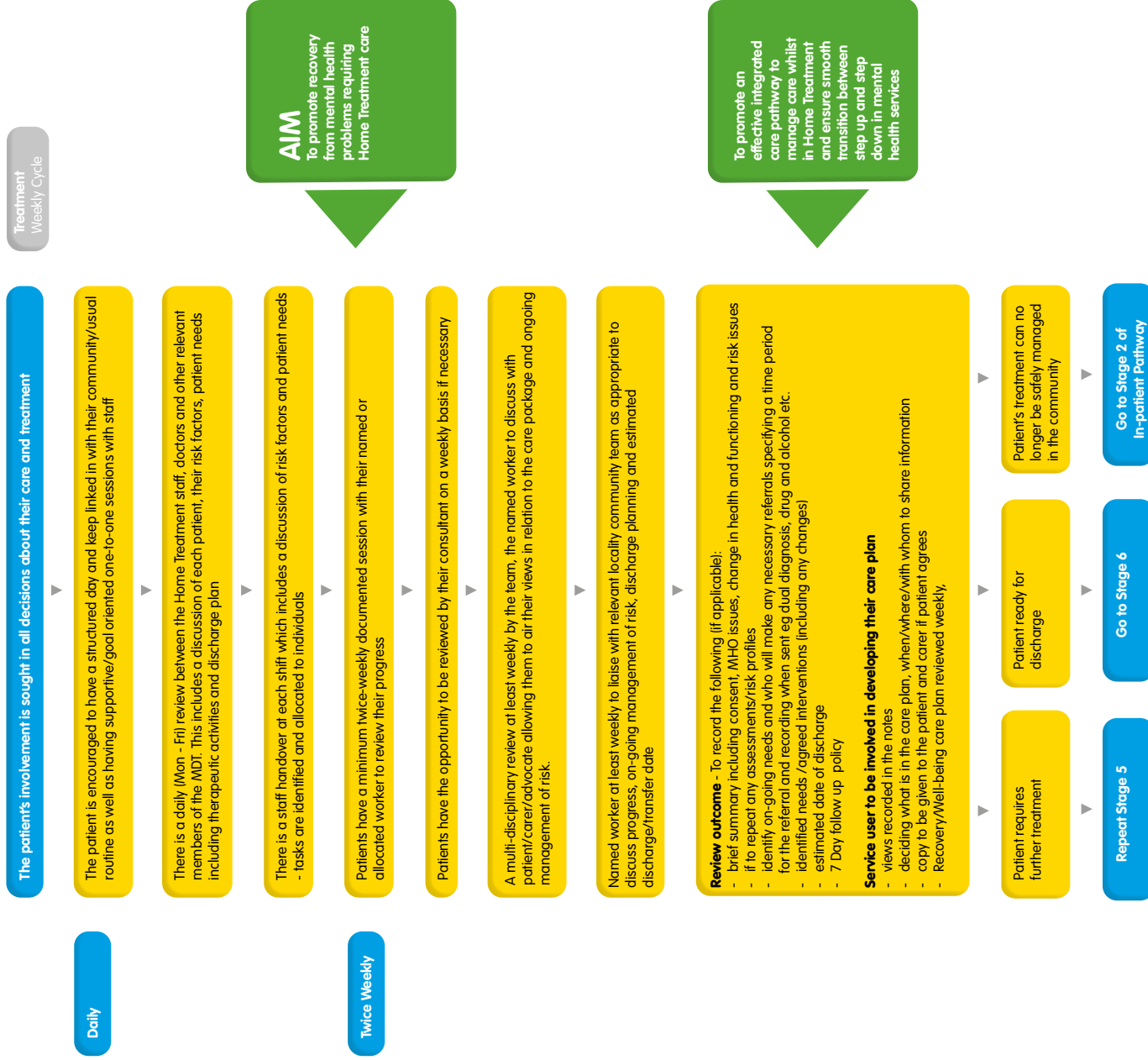
- Within the first week



Stage 5

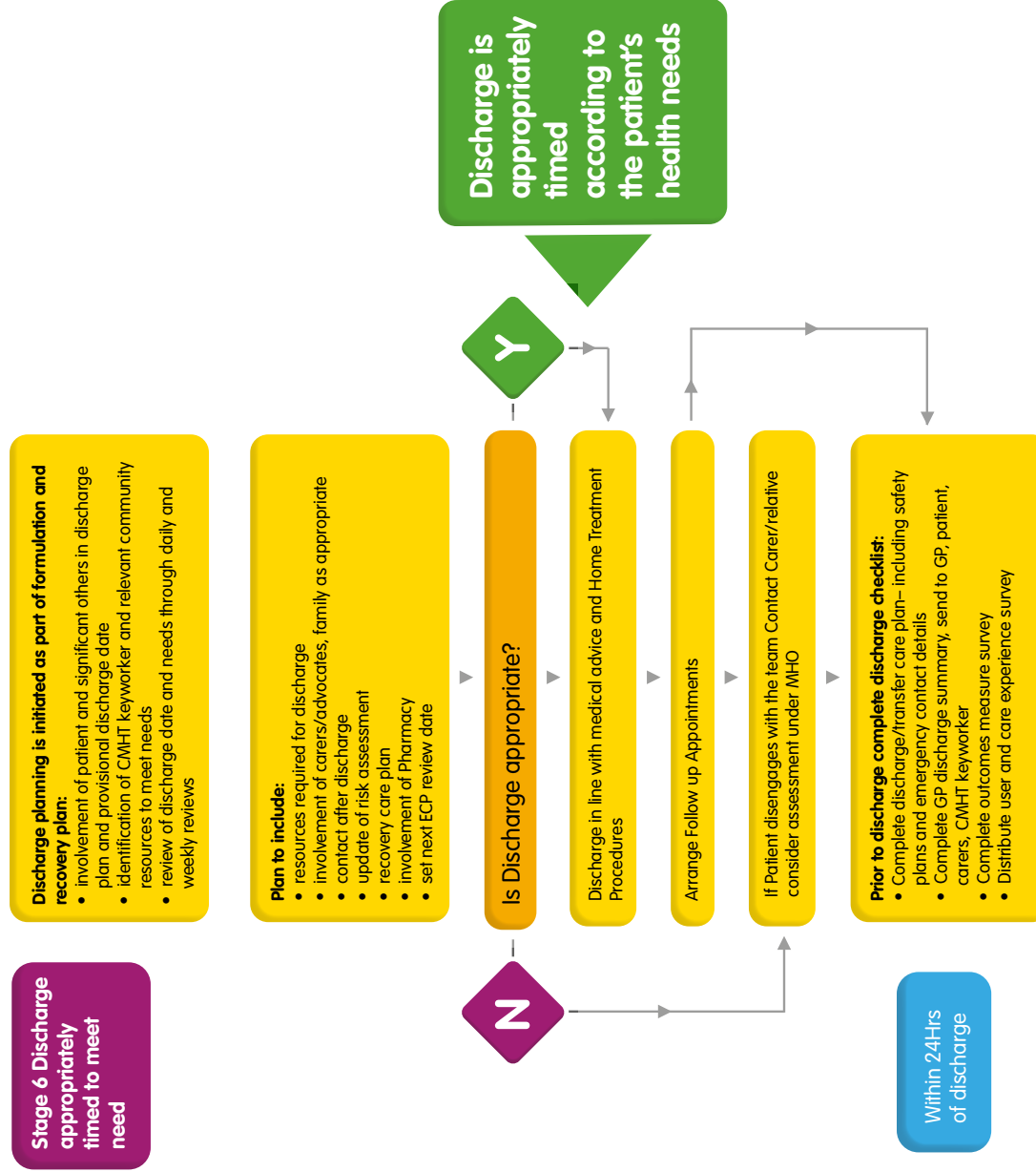
The Recovery Process

- Weekly cycle



Stage 6

Discharge



Supporting Resources

- i. Health and Social Care Board, (2014) You In Mind Regional Mental Health Care Pathway
 - ii. Department of Health (2001) *Crisis Resolution/Home Treatment Teams: The Mental Health Policy Implementation Guide*. Department of Health
<http://apt.rcpsych.org/content/19/2/115#ref-17>
 - iii. The Joint Commissioning Panel for Mental Health Guidance for commissioners of acute care – inpatient and crisis home treatment
www.jcpmh.info
 - iv. iv) NICE (2011) Clinical guidance 136 - Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services
<https://www.nice.org.uk/guidance/cg136>
 - v. DOH (2002) Mental Health Policy Implementation Guide - National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments
www.napicu.org.uk/wp-content/uploads/2013/04/2002-NMS.pdf
 - vi. Leicestershire Partnership NHS Trust, Adult Mental Health Acute Care Pathway, October 2012
 - vii. <http://www.jcpmh.info/commissioning-tools/cases-for-change/crisis/what-works/crisis-houses>
 - viii. <http://www.jcpmh.info/>
- Standards are provided in DOH Mental Health Policy Implementation Guide National Minimum Standards for General Adult Services in Psychiatric Intensive Care Units (PICU) and Low Secure Environments HSCB, (2015), You in Mind Talking Yourself Well – A Guide to Mental Health Psychological Therapies.

Glossary

Acute psychiatric care - Acute psychiatric care is the treatment and support provided to people who are either experiencing, at risk of, or recovering from a mental health crisis. This could include in-patient care on acute psychiatric wards, care in the community by a CRHT, care in acute day services or in crisis/recovery houses.

Acute psychiatric wards - Acute psychiatric wards provide in-patient care to people when their illness cannot be managed in the community.

Bamford Review of Mental Health and Learning Disability

The Bamford Review was commissioned in 2002 by the DHSSPS and reviewed the law, policies and provision of services relevant to both mental illness and learning disability. It concluded its work in 2007 but, alongside Transforming Your Care, has remained the main framework for continuing improvements in mental health and learning disability services in Northern Ireland.

Community Mental Health Teams (CMHT) and Primary Care and Recovery Teams (PCRT)

CMHTs and PCRTs are secondary mental health services which provide support to people living in the community who have complex or serious mental health problems.

Crisis House - Crisis houses are community-based crisis services that offer residential support to people experiencing a mental health crisis. There are various models of crisis house and they can be clinical or non-clinical in nature.

Crisis Resolution and Home Treatment Team (CRHT) - CRHTs provide intensive support in the community to people experiencing a mental health crisis as an alternative to inpatient care.

Extra Contractual Referrals (ECRs) - ECRs occur when patients from Northern Ireland are transferred abroad for care as they require treatment or services not available in the region.

Mental Health (Northern Ireland) Order 1986

The Mental Health (Northern Ireland) Order 1986 is the legislation governing the care, treatment and protection of persons with a mental disorder in Northern Ireland. Significant changes to the legislation were proposed by the Bamford Review and draft legislation – The Mental Capacity Bill – has been published to this effect.

Rehabilitation Psychiatry Services

Rehabilitation Psychiatry services aim to promote recovery for people with severe and complex mental health problems by minimising symptoms and promoting social inclusion, in order to support patients to live as independently as possible.

Releasing Time to Care/Productive Ward

The Releasing Time to Care/The Productive Ward approach was introduced in Northern Ireland in September 2009 in a joint Public Health Agency (PHA)/Health and Social Care Board (HSCB) initiative. It aims to improve ward processes and environments to help nurses and therapists spend more time on patient care.

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MIND (2006) Building Solutions – Improving Mental Health Environments

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Appendix 1

Therapeutic Interventions Explained

A range of evidence-based psychological interventions may be offered within acute care. Suitable interventions will tend to be brief, structured, and focused on stabilisation and enhancing coping skills. The choice of intervention should be guided by the patient's level of functioning and an understanding of their psychological formulation.

Cognitive Behavioural Therapy (CBT) is a collaborative and goal-focused therapy which is recommended for a wide range of difficulties such as anxiety, depression and psychosis. It helps people to understand the links between their thoughts, feelings, and behaviour, and teaches skills for addressing negative thinking and changing unhelpful behaviour patterns.

Behavioural Activation focuses on reducing avoidance and increasing engagement in a range of activities (routine, pleasurable, and necessary), which can impact positively on mood.

Mindfulness-based interventions emphasise increasing awareness of the present moment, adopting a stance of non-judgemental acceptance. Such approaches are useful for reducing emotional avoidance, enhancing emotional awareness and expression, and increasing opportunities for responding skilfully to distressing psychological experiences (by stepping back from such experiences rather than being overwhelmed by them).

Dialectical Behavioural Therapy (DBT) is a therapeutic approach that teaches skills in mindfulness, distress tolerance, interpersonal effectiveness (eg assertiveness skills), and emotion regulation. It helps people to develop new skills for managing overwhelming emotions, building a life worth living, and addressing issues such as self-harm and suicidality.

Other useful interventions within acute care can include relaxation techniques, problem solving, psycho education, motivational interviewing (eg for addressing ambivalence about change in relation to alcohol and substance misuse issues), Wellness Recovery Action Planning (WRAP) (a recovery focused approach that facilitates self-management and identifies personal wellness resources), approaches that can help people make sense of their experience of admission, and support around relapse prevention, as well as Family Interventions and carer support.

Notes



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