"The importance of the patient story"

Dr Peter Aitken, Chair, Faculty of Liaison Psychiatry October 2013
Key Evidence Based Frameworks

The psychological care of medical patients
A practical guide

Assessment following self-harm in adults
Council Report CR122
October 2004

Psychiatric services to accident and emergency departments
Council Report CR118
February 2004

National Suicide Prevention Strategy for England

Royal College of Physicians
Royal College of Psychiatrists

Royal College of Psychiatrists
British Association for Accident and Emergency Medicine

British Association for Accident and Emergency Medicine

Self-harm
The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

Quick reference guide
Issue date: July 2004

Depression: management of depression in primary and secondary care

Quick reference guide
Issue date: December 2004

Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care

Quick reference guide
Issue date: December 2004

Violence
The short-term management of disturbed/violent behaviour in psychiatric in-patient settings and emergency departments

Quick reference guide
Issue date: February 2005

Clinical Guideline 16
Developed by the National Collaborating Centre for Mental Health

Clinical Guideline 23
Developed by the National Collaborating Centre for Mental Health

Clinical Guideline 32
Developed by the National Collaborating Centre for Primary Care

Clinical Guideline 25
Developed by the National Collaborating Centre for Nursing and Supportive Care
PbC sized Locality community – Average 75,000 population

- Hospital
- A&E
- Police
- General Practice
- Self
- Work
- School

Liaison

Urgent care pathway

Gate way service (Triage)

Psychological Therapies, (all locality clients)

MH Team (Multi Disciplinary)
(care navigation; 20 – 25 clients case load Nominal attachment to GP practices)

Locality CAMHS service (Multi-disciplinary)

Mixed sector provision, (plural market)

Rapid response/ (Crisis Resolution)

Acute care, home treatment/ inpatient beds

10,000 clients (per year) 10 counsellors

0.5 team

1200 clients
48 care coordinators + specialist support

Acute Care – Other Respite options

Substance Misuse services

Carer support service

Vocational services

Advocacy

Accommodation services

33 clients

Early Intervention (Psychosis Service)

45 clients (all age)

Rapid Response and Care Home Liaison service

No bed model

ONOF Darzi Mental Health Pathway 2007/8
Liaison psychiatry in the modern NHS

Michael Parsonage, Matt Fossey & Carly Tutty
People want to be listened to……
“There are too many people in hospital when you’re on a ward. It’s confusing. You have to start from the start every time you meet someone new. You have to use a lot of mental energy to explain everything all over again”.

“No-one reads notes”.

“Sometimes you’re in a difficult mental state from when you started so it is difficult to explain each time. Then you leave hospital and have to start again, explaining to your GP, to other specialists, to the CMHT…”
“What liaison psychiatry teams do best is to provide someone to talk to in a setting when the physical side is just being “done to” and fixed.

Liaison is about listening to you talk and helping guide emotionally”
“A very important feature of a liaison psychiatry team is that they spend time listening”.

“It is important to include staff on the team who have the time to listen”.

“Good listening skills are key”
Let’s listen to stories about

• Safeguarding
• Situational awareness
• Safe environment
• The perspective of others
• Recovery of hope
Safeguarding
Situational Awareness
Safe environment
The perspective of others
• So to the recovery story
Different Perspectives?

- Rescued persons story
- Rescuers story
- Ambulance story
- Mental Health Liaison Nurse story
Lost in the handover?

- Emotional detail
- Accuracy
- Chinese Whispers
Making the most of the story

• Narratives
• Synthesis
• Analysis
• Action
Structure the story

- Situation
- Background
- Assessment
- Recommendation
Measure it, value story time

Frequency Distribution of Assessment Times (Mean 82.4 minutes)

Time taken for assessment

Frequency

Count of referrals

Peter Aitken 2007, Claire Thomson 2009
Mean face to face story time is 90 minutes.

Stories take longer with

• Unfamiliar problems
• Problems related to cancer
• Older women
People need to be listened to......

If we listen well, people feel better, and get better care

Value listening time