Home Treatment Accreditation Scheme (HTAS)

Webinar - Responding to CV 19 Pandemic

Tuesday 21 April 2020
16:00
Housekeeping

- This is a live event, therefore unless you’re a designated speaker you are on mute.
- Please use the Q&A function to ask any questions and vote for the ones you want answered.
- This will be recorded and the link will be shared after the event.
- If you have requests or suggestions for future webinars please let us know.
Agenda

• Service delivery, assessment and gatekeeping
• Team working and home treatment
• Risk assessment and leadership
• Medicolegal and ethical considerations
• Patient and staff support
• Q&A
Impact of CV 19 pandemic on CRHT/HTT

- Departure from standard operating procedures.
- Potential impact on:
  - Service delivery and response,
  - Assessment and gatekeeping, Facilitating early discharge, working with other services
  - Team working, home treatment and staffing.
  - Overall impact on acute mental health pathway
Service delivery, assessment and gatekeeping

SEAN BOYLE
Clinical director Cheshire and Wirral NHS Partnership
Member of the HTAS Advisory Group
Team working, home treatment delivery

GEORGINA MILLS
Clinical Lead-South West Essex CRHT (EPUT)
Member of the HTAS Advisory Group
Team Working

• MDT working during the CV-19 outbreak
• Continuing with face to face staff meetings (with social distancing), but with added technology for staff to join remotely
• Introduction of Microsoft Teams
• Support for staff whom are not as ‘tech savvy’ as others
Service Delivery

- Cleanliness of work environment
- Social distancing
- Use of Personal Protective Equipment
- CV19 tele-screening for all patients prior to visits
- Video calling patients
Risk management and leadership

Dr Pranveer Singh

Consultant psychiatrist in CRHT Essex Partnership University NHS Foundation Trust and Chair of HTAS advisory group
Risk management and leadership

- To ensure that we continue to have clear pathways into and for onward transfers.

- Working more closely with families. (involve families with consent) - May be an advantage while using video conference. (ask about suicidal thoughts).

- Maintain emphasis on building relationships; and gathering good quality information.

- Multi-disciplinary discussions about all patients care.
• Satisfactory staffing levels
• Particular challenges for people with CV19, determining capacity to consent, those are at high risk or who lack other social supports
• More than usual need for on-going supervision
• Risk of CV-19 infection
• Minimise risk to your own health
• Senior clinicians – engage as MDT in decision making when considerations of departure from standard practices.

• Keep matters of risks- forefront of clinical practice.

• Ensure good communication.

• Fostering team spirit and cohesion.

• Ask for support or raise concerns as necessary.
Medicolegal and ethical considerations

DR KAPIL BAKSHI

Deputy Medical Director
Chair, Clinical and Ethical Advisory Group
Norfolk and Suffolk NHS Foundation Trust
Key points

• Good Medical Practice
• Treatment of Covid-19 positive patients
• Remote/Virtual working and Patient Confidentiality
• Mental Health Act
• Accountability
• Support with difficult decisions
Patient and staff support

Dr Luke Sullivan
Senior Clinical Psychologist, Member HTAS Advisory Group

Gabriella Bergin-Cartwright
Honorary Assistant Psychologist
South London and Maudsley NHS Foundation Trust
Patient and staff support

- Psychological model of working in HTT (Sullivan, 2018, Sullivan & Whiteley, 2019)
- Principles, techniques and tools routinely used in this setting
- Made relevant to service users, staff and general public
In times of crisis...

**Threat State**
- Problem-focused
- Anxiety, agitation, anger, disgust, feeling trapped

**Depressive State**
- Withdraw and shut-down
- Sad, low, lonely, hopeless, helpless, defeated

Overwhelmed and preoccupied with the problem at the expense of everything else

Failure to recognise the dangers, or feeling numb & depressed

**Goal is to get to the best place psychologically**
- to be able to respond effectively and get through challenging times safely

1. Managing difficult emotions
2. Managing isolation and withdrawal
Managing fear, anxiety & strong feelings

Some level of anxiety and fear is **normal and needed** – up to a point

Our threat system is both immediate and predictive, but we **can’t control or remove the threat of COVID-19**

1. **Address immediate threats**

First priority is to make things as safe as they can be – **assess the situation and make a plan**

Once immediate dangers have been addressed, anxiety has served its initial purpose

2. **Techniques to manage strong feelings**

Help reduce the sense of threat and **switch on inner safety system**

- Breathing exercises
- Intense exercise
- Grounding
- Meditation & mindfulness
- Progressive muscle relaxation
- Change your temperature
- “Dropping Anchor”
- Distraction
Managing isolation and withdrawal
Behavioural activation – Baseline Functioning

Staying at home can present many challenges
Withdrawal and isolation can contribute to depression

1. Get the basics right
As things go on for longer, doing the small stuff can start to feel pointless and people may stop doing the basics
Establish a good baseline routine, focusing on caring for fundamental physiological needs

2. Remain activated
Engaging in activities will help to reduce problem-focused thought
Achievable and meaningful in some way
Many free resources currently...
You can access the full guide online at:

https://www.mensmindsmatter.org/coronavirus-survival-guide.html

Dr Luke Sullivan  
Senior Clinical Psychologist

Gabriella Bergin-Cartwright  
Honorary Assistant Psychologist

Men's Minds Matter CIC  
Lambeth HTT
Questions, comments and next steps
HTAS WEBINAR: IMPLEMENTING A 24/7 CRISIS LINE

Date: Tuesday 28 April 2020  
Time: 16:00-17:00  
To register your interest please email htas@rcpsych.ac.uk

There will be discussion from teams who have a 24/7 line implemented and those who have recently done so followed by a Q&A session.