Locked Rehabilitation

An Emerging Clinical Need or an Existing Gap in Provision Being Defined?
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- Context
- Pathways
- Definition - Does it fit?
- Case study
- Suggestions/recommendations/challenges
- Summary
Behind the statistics

- Consequences for patients, families and staff
- Out of area placements, some more than 100 miles from the patients home town
- Lucy Bowden Story BBC News Health 2013
Pathways

- No Health Without Mental Health

pathways to wellness

- Local
- Clinical
- Commissioning
Modern day changes

- The National Service Framework for Mental Health (NSFMH) 1999 was for adults of working age (16-65).
- Standards for the mental health of older people were set out in the NSF for older people (2001).
- The NHS Plan (Department of Health, 2000).
Definition or shared values

A contemporary definition of rehabilitation which is based on the findings of a national survey of rehabilitation services in England undertaken in 2004 (Killaspy et al, 2005)

“A whole systems approach to recovery from mental illness that maximizes an individual’s quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support”.

- Leadership
- Culture
- Model
- Multi-disciplinary group and approach
- Occupational therapy
- Vocational therapy
- Psychotherapy
- Support
- Step down community placements
- Advocacy
- Elements of security
- Safety
- Ability to safely take therapeutic risks
- Valuing mental health equally with physical health or “Parity of Esteem”.

Unable to find a clear definition of ‘locked rehabilitation’
Describing locked rehabilitation

- Specialising in people with complex and challenging mental health needs.
- Active / assertive engagement.
- Recovery focus – journey not destination.
- Is able to provide a large proportion of mental health resources.
- Centred within the local community with established community relationships.
- Has an element of measured security appropriate to the risk / safety of patient group.
- Is compliant with all required standards.
- Has high ratio of staff to patients.
- Works collaboratively with multi-disciplinary professionals.

- High secure depositing patients into medium secure (evidence).
- Medium secure depositing patients into low secure / locked environments (evidence).
- Rules on low secure & low secure treatment are unclear, some low secure are fulfilling roles of picu services thus leading to an inability to move patients within secure settings to more appropriate settings.
- Lack of appropriately contained environments for patients moving down the security stream (pathway to unlocking secure mental health care).
- What are locked?
- What is locked rehabilitation within Cambian?
A Patients Journey

- Patient ‘Ben’
- Male
- Section 3 MHA 1983/2007
- Attended mainstream primary and secondary schooling.
- Dropped out from University within the first year.
- Several admissions to hospital under Mental Health Act 1983/2007.
- One short heterosexual relationship.
A Patients Journey

When Unwell

- Psychotic symptoms
- Mood deterioration
- Negative symptoms
A Patients Journey Interventions & Treatment

Initial GAP Assessment: 15.02.11  Score: 30

2011 medications
- Flupenthixol Decanoate 80mg  4/52
- Risperidone Consta 37.5mg  2/52
- Paliperidone 12mg PO OD
- Olanzapine Orodispensible 5mg OD

2012 medications
- Risperidone Consta 50mg IM 2/52
- Olanzapine Orodispensible 10mg OD
- Citalopram 30mg OD
- Zuclopenthixol 40mg OD

- Correct care package – Active Care
- Vocational pathway
- Identified meaningful activities
- Relapse prevention plan
- Correct environment
- Social support
- Professional support
- Psychological Approaches: Bio-Psycho-Social framework
- CBT Approaches
- DBT Skills
- Systemic Approaches
- Views people as occupational beings
- Enables occupations to restore health
- Supports both medical and social models
- Vocational Pathways
- Community Integration and Social Inclusion
A Patients Journey
Formulation of risks

Influence of alcohol & illicit substances

- Paranoia (belief that others are trying to kill him)
  - Self neglect - Reduces dietary intake, becomes isolative
  - Vulnerability to exploitation increases
  - Maladaptive coping strategies
  - Paranoia

Violence, using weapons (knives)

Attempting to harm self (overdosing on substances)
A Patients Journey

GAP upon discharge 10.12.2012 Score: 76

- Discharged to supported accommodation 10.12.12
- Completed successful vocational course relating to his original university degree course
- Incident free and drug free for 8 months
- Decreased negative symptoms
- Full engagement with psychology
- Socialising and building positive relationships with family
- Positive measured, evidenced outcomes GAP and DLSOS
- Self medication final stage
“I was very ill 3 years ago. I knew I was ill because of the amount of stress I was experiencing and had to drop out of University. When I came to Victoria House, I struggled to talk to people and needed a lot of support. During my time here, I’ve been able to talk to people and get on with my life. I thought the allotment, walking and swimming really helped me to get up in the mornings and to relax. I haven’t had that anywhere else. I used to have difficulty with the effects of everyday life but whilst I’ve been here doing activities, its helped increase my confidence in social settings and put structure in my days. The best thing to happen to me so far is being supported by staff without being pressurised. It gave me time to consider my life in perspective, which helped me to realise what I want in my future. I am an informal patient now and am going to be discharged to supported living soon. I will take part in the activities available in particular the fishing group. My long term goal is to complete my degree in retail and volunteer in a charity shop. Victoria House has taught me how to feel comfortable within myself and feel confident talking to others. I am confident that now is the right time for me to begin a new life outside of hospital.”
Summary

• An evolving service.

• Successfully discharging patients.

• Several recognised providers already specialising in locked rehabilitation

• Benchmarking.

• Forum.
2. Alex Langford (2013) “Why mental health bed cuts make me ashamed to work for the NHS” www.theguardian.com
3. Andy McNicoll (2013) Mental Health, Mental Health Act, The State of Mental health care. Patients at risk as ‘unsafe’ mental health services reach crisis point. Community Care investigation prompts minister to pledge to end "institutional bias against mental health" in NHS.
11. Dr Frank Holloway (2005) Royal College of Psychiatrists. The Forgotten Need for Rehabilitation in Contemporary Mental Health Services. A position statement from the Executive Committee of the Faculty of Rehabilitation and Social Psychiatry. Chair of the Faculty of Rehabilitation and Social Psychiatry.
Bibliography