



Psychiatric Intensive Care Outreach Services

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Introduction

- | 32 Psychiatric intensive care unit beds in the whole of the Birmingham Solihull Mental Health Foundation Trust of which 22 are male. (*excluding forensic*)
- | 22 beds split between two units one located in the south of Birmingham (Caffra) and the other located in Central Birmingham (Meadowcroft).
- | The trust has a total of around 188 acute beds of which about 112 are male.

Referral Process

- Referring ward makes a referral
- Senior Nurse from the PICU responds within 4 hours (*Usually less*) and carries out an assessment.
- Decision is made and regardless of the outcome a supportive management plan would be drafted.

Patient requires a PICU

- | Base yourself on the unit and support in managing the problem whilst a PICU bed is being created e.g. Offer PRN, Arrange transport. Review staffing levels e.t.c

Patient does not require a PICU

Supporting the Unit and make recommendations of how to managed the proposed problem.

Common Problems

- Persistent absconding
- Ongoing use of Illicit substances
- Increased Levels of violence and aggression
- Concordance issues with prescribed medication

Scenario Patient X

- 30 year old Assertive Outreach client well known to the Mental health service.
- Currently on section 3 after his CTO recall/revoked.
- Admitted onto an acute ward for treatment due to non-concordance with treatment plan which contributed to his relapse.

Management concerns with Patient X

Management concern 1

Refusing oral medication and becomes threatening when offered.

Support

- Involve Mr X in drafting up a care plan highlighting the options as agreed by the MDT e.g. Depot, syrups, quicklets, velotabs.

Management concerns with Patient X

Support cont....

- || Attend to the unit and offer support when offering treatment to ensure cooperation with agreed care-plan.
- || Offer advise and support on how to safely enforce treatment if required (*as last resort*)
- || Advise staff on how to utilise PRM medication proactively.
- || Advice on Rapid Tranquilisation (Support & implementation)

Management concerns with Patient X

Management concern 2

Has gone AWOL twice in one week but safely returned by police on both occasions as he was found at his address.

Support

- | Encourage staff on being aware of the AWOL risk patterns.

Management concerns with Patient X

Support cont...

- Recommend for Mr X to be placed on suitable observation levels to reduce the risk e.g level 3 (within eye sight) during group escorts to the dining area.

Management concerns with Patient X

Management concern 3

Ongoing use of illicit substances.

Support

- | Care plan to be drafted which should include regular drug screens.

Management concerns with Patient X

Support cont...

- Establish boundaries to ensure that Mr X does not bring or use illicit substances whilst in hospital. It is a criminal offence.
- Assist in planning and implementation of regular environment/client searches as per policy. Involve local police if possible.
- Supervise visits to further minimise the risks.

Model of Outreach Work

- | Following assessment immediate support provided regardless of outcome.
- | PICU staff to support acute ward in implementing suggested interventions.
- | PICU to make follow up contact within 24 hours of assessment to review suggested interventions, check progress of client and make amendments to interventions if required.
- | Further daily follow ups and attendance to MDT reviews as required.
- | Reassurance that if the situation further deteriorates/management plan fails to work on acute ward, patient would be transferred onto the PICU.
- | Options of providing respite as required for agreed time frames.

Conclusion

- Following an informal ward base research, 60-70 % of clients referred in the last 12 months were effectively managed on the acute ward with effective PICU Outreach working.
- This has improved the working relationships between the acute wards and PICU's and allowed clients to be managed on the least restrictive environments.
- Short term respite has been provided to alleviate distress faced by both staff and other clients which proved to be effective.