

Mr S, age 20

**The maintenance of morale on an
intensive care unit**

Purposes of this presentation

- n To demonstrate how we treat our most challenging cases
- n To promote discussion of what can be done to maintain staff morale in the face of multiple assaults by a patient and very slow progress

Background

- n History of dysharmony and violence within the home
- n Referral to child services for anger issues age 11
- n Excluded from school at 14 for violence
- n Heavy substance misuse
- n Abuse (only gradually revealed)

Index Offences 2006

- n Attempted robbery
- n AOABH - s47 with use of knife on one victim and assault on a passer by with a hammer.

Previous Offending

- n March 2002 - AOABH s47
 - n April 2002 - Battery s39
 - n December 2003 - Battery s39
 - n March 2004 - Battery s39
 - n July 2004 - Common Assault s39
 - n August 2004 - Battery s39
 - n April 2005 - Robbery
 - 2x s39 (battery and common assault)
- 2 x possession of offensive weapon (knife), 3 x property
2 x public disorder, 5 x police/courts/prisons
8 x theft and kindred

Progress in prison

- n Multiple assaults on fellow prisoners
- n Complaining of hearing voices
- n Seen by 2 psychiatrists - one diagnosed paranoid schizophrenia / one did not
- n Medicated with Risperidone
- n Handcuffed or kept arms up jumper when with people, on 3 man unlock
- n Admission recommended July 07

At time of admission (5.9.07)

- n Imprisonment for Public Protection sentence (expiry January 2008)
- n Had spent 18 months in segregation
- n On 5mg bd Risperidone
- n Highly anxious and aroused

Progress following admission

- n 5 September - admitted to Burne Ward (admission)
- n 7 September - assault to N/A's head - seclusion
- n 15 September - transfer to Derwent in seclusion
- n 17 September - return to Burne, Derwent daycare
- n 17 September - assault on patient (attempt to bite ear)
- n 20 September - assault on staff - seclusion
- n 29 September - transfer to Derwent

Progress on Derwent (October 2007)

Initially nursed in passive holds with 2 staff

- n Pleading for medication. Sitting on floor
- n 7 October - assault on staff nurse - seclusion
- n 9 October – seclusion ended, back to 2:1 nursing
- n Request for Speech and Language involvement

Progress on Derwent (November)

Still on 2:1 staffing, held for much of the time

- n 11 November - assault on staff - seclusion
- n 15 November - seclusion terminated
- n 19 November - assault on patient, return to 2:1

Progress on Derwent (December)

Still nursed by 2 staff and held passively at times

- n Assaults on patients - secluded on 4 occasions
- n Commenced additional antipsychotic medication (chlorpromazine)
- n Antidepressant started (mirtazepine)
- n Afraid of hitting people

Progress on Derwent (January 08)

- n No longer hearing voices
- n Wondering if he has a personality disorder
- n 2 assaults on peers; therefore held by staff
- n Constantly requesting medication
- n Continued therapeutic input in seclusion (SALT)
- n Seclusion again necessary
- n Sessions with psychologist started

Progress on Derwent (February)

- n Further assaults – re-secluded
- n Derogatory voices returned
- n Thoughts of violence
- n Severe distress and ideas of self harm - punching door
- n Decision made to use long term seclusion from 2nd February 2008; after discussion with Rampton Seclusion Monitoring group

Progress on Derwent (March)

- n From 3.3.08 was having 3 x 15 minute periods out of seclusion with 3 staff in attendance, spending time in the seclusion suite
- n Care Programme Meeting - extreme distress
- n Commence anxiolytic and mood stabiliser
- n Explore abuse issues
- n Continuing SALT and psychology sessions

Progress on Derwent (April)

- n Progressed to 2 two hour periods out of seclusion (3:1 staffing), using OT room and some time alone in day room
- n Plan written outlining steps to reintegration into ward (all involving 3:1 staffing levels)
- n Writing poetry
- n Developing understanding of triggers for violence
- n Access to locker/phone calls

Progress on Derwent (May)

- n Having meals in OT room, accessing day room alone
- n Care plan persevered with despite 'setbacks' of 2 assaults on staff and punching the walls
- n Triggers to violent thoughts still present

Progress on Derwent (June)

- n Speed of re-integration slowed due to his level of anxiety
- n Breakfast with peers, but otherwise nursed 3:1 in seclusion/OT areas without contact with peers
- n Stopped telephone contact with mum
- n By end of June was having some activity sessions with his fellow patients

Progress on Derwent (July)

- n Continuing programme of gradual integration into ward activities, increasing number of meals and activity sessions in company of peers
- n Period of anxiety and hostility in mid July

Progress on Derwent (August)

- n Continuing integration; all meals and on-ward activities undertaken with peers
- n Brief period in the day room with others
- n Increasing confidence
- n Communication with and trust in many staff
- n One assault on a fellow patient in late August

Progress on Derwent (September)

- n Spending whole week with peers except off-ward activities (still on 3:1 staffing)
- n Away day held for Derwent Ward staff, Mr S case discussed
- n Assaulted staff following 1st off ward trip to gym, secluded
- n Re-integration plan suspended 15th September due to failure to regain previous skills

Example of summary of away day discussions

| Medication | |
|---|--------------------------|
| <i>Responded Poorly</i> | <i>Responded Well</i> |
| PRN Chlorpromazine | 'Drug holiday' in safety |
| Antipsychotics (regular) | Anti-depressants |
| Medication that slowed down/ interrupted communication | |

| Restrictions | |
|--|---|
| <i>Responded Poorly</i> | <i>Responded Well</i> |
| Seclusion- after a bit | Seclusion- protection for him and staff, safety, low stimulus; used to segregation |
| Early integration | Clear Ward Boundaries- not used to having boundaries |
| Passive Holds | Structure |
| Ward Boundaries | Controlled Momentum |
| Moving too quickly from one stage to another | |

Where are we going? Summary of Group Discussions

Option One: Reduced levels and full integration to Derwent Ward:

| | |
|--|---|
| Pros | Cons |
| Develop trust- S with staff and staff with S Control over speed he moves on/ out Less restrictions Positive progress (fits with GS' goal of Burne by 21 st) | Increased level of pressure- does this increase risk of failure? Cost implications Return to beginning (not 'going anywhere') Increased risk to staff and patients PD patients as 'role models' |

Option Two: Transfer to Burne Ward

| | |
|---------------------------|---|
| Pros | Cons |
| Normalising Assessment | Too much change Increased risk of violence Not known to staff Less opportunity for interaction Negativity from previous experience Increased staffing = increased cost |

Option Three: Transfer to Personality Disorder Directorate:

| | |
|---|--|
| Pros | Cons |
| Schema therapy Increased activities- 'boredom busters' | No boundaries Mixing with antisocial role models Increased risk of manipulation/ vulnerability |

Progress on Derwent (October)

- n Re-integration plan reinstated 25.9.08; to be followed over a 6 week period (c.f. a 7 month period first time around)
- n Back to 3:1 staffing
- n Progressed as far as attending one off ward activity prior to a further seclusion proving necessary following assault on fellow patient

Progress on Derwent (November)

- n Visit from mother and brother, initially coped with well.
- n Secluded late November, describing the re-emergence of traumatic memories following family visit.

Progress on Derwent (December)

- n Secluded on three occasions in early December, feeling violent, resisting restraint.
- n In other respects, progress being made; less anxious most of the time and a clearer view of his future.
- n Seclusion necessary in run up to Christmas.

Progress on Derwent (January 2009)

- n Still engaging well with psychology work on distress tolerance and self esteem
- n Started at Assessment Unit (off ward)

February 2009

- n Transfer to Admission Ward following one familiarisation visit.
- n No seclusions, occasional verbal falling outs
- n Dealing with anxiety appropriately, participating in education and other off ward activities

Diagnoses

Depression

Anxiety disorder

Complex PTSD

Further assessment of possible Personality
Disorder

Achievements while on Derwent

- n Greater diagnostic clarity
- n A secure base – improved attachment
- n Good engagement
- n Major social skills retraining
- n Restoration of self esteem and hope for the future
- n Cost effective intensive care – will produce a shorter stay and improved clinical state.

Incidents involving Mr S 1.9.07 – 30.9.08

- n 12 attempted assaults; 4 of these upon patients
 - n 24 assaults; 13 of these upon patients
 - n 13 incidents of self harm
-
- n 8 injuries to staff during MV & A

Mr S Incidents - Before seclusion care plan (1.9.07-2.2.08)

- n 22 assaults occurred (out of total of 24)**
- n 9 attempted assaults occurred (out of total of 12)**
- n None of the 13 incidents of self harm took place before long term seclusion was initiated**

Morale maintenance

- n Mutual understanding of diagnosis and any uncertainties surrounding it
- n Discussion of reasons for problematic behaviours leading to a shared understanding for the rationale for the management plan
- n Provision of space for these discussions
- n Involving every level of staff