

CPD Online summary note

Creating constructive in-patient stays**Marion Janner****Introduction**

Among the many challenges facing psychiatrists working on acute wards are the pervasive cultures of observation rather than engagement, containment rather than development and pharmacological intervention rather than a bio-psychosocial model. Psychiatrists, ward staff, patients, carers, pressure groups and even the Department of Health itself are frustrated by the current inability of acute wards to effectively meet the objectives of:

- assessment
- treatment, including pharmacological, psychotherapeutic and social
- meeting physical health needs
- developing illness self-management skills
- supporting the patient's return home partly through the nurturing of sustainable relationships with other patients
- patients who are severely mentally ill, no longer able to cope at home and at risk to themselves and/or others.

Treatment

The Care Programme Approach is intended as the core framework for assessing, delivering and reviewing patients' needs, including after discharge. There are three values-led treatment approaches currently being used on UK acute wards – the recovery model, refocusing and the tidal model. There is considerable similarity between the models, for example their emphasis on nurturing patient optimism about the future and empowering the individual to harness their own recovery skills.

One of the most important, but currently chronically under-developed means of accelerating patients' recovery is ward staff talking to patients. Three ways of improving this situation are:

- create things to talk about! Group activities, events, entertainment, plans;
- involve patients in aspects of ward life;
- staff training (e.g. in listening, asking great questions, ice-breakers etc.).

It's increasingly being recognised that it is no longer acceptable for the primary, or usually the sole, treatment intervention being pharmacological. Appropriately low-key talking therapies (such as modified versions of cognitive behavioural therapy, solution focused brief therapy and mentalisation-based treatment) can be introduced through:

- direct input of psychiatrists and/or clinical psychologists, providing individual therapy and group therapy;
- indirect input of psychiatrists and/or clinical psychologists, to train and supervise low-key talking therapies ;
- psychiatrists and/or clinical psychologists providing training for staff who aren't specialist psychotherapists, in therapeutic approaches which are particularly suitable for brief interventions.

The greatest resource for effecting patient recovery is the patients themselves. Patient self-management can be enhanced through:

- active involvement in care planning
- psycho-education
- learning core emotional well-being skills
- graduated self-medicating.

Ward structures

Clearly, how the ward is staffed and how patients' days are programmed play a crucial role in determining the effectiveness of the admission. Two changes are proving popular with patients and staff (after initial reservations!):

- introducing 'protected engagement time'
- revamping ward rounds.

Wards are introducing dynamic elements of a full weekly programme for patients, including evening and weekend activities, such as:

- psycho-education e.g. medication management, relapse prevention;
- creative and expressive activities e.g. art, drama, music;
- personal protection sessions e.g. legal rights, DSS benefits;
- relationships groups e.g. women's and black identity groups;
- social and recreation activities e.g. board games, computers;
- physical activities ranging from Tai Chi to visits to the local gym.

The psychiatrist's role

The psychiatrist's role is of course central to the effective running of the ward and sustainable recovery of patients. There are many aspects to the role, including:

- specialist psychiatric assessment
- care plans and treatment plans
- management of complex cases
- Mental Health Act implementation
- pharmacological treatment
- physical treatment
- psychological treatment approaches
- physical medicine skills
- appraisal, educational and clinical supervision
- advocating for individuals or more broadly for improvements in services, rights and social justice for people with mental health problems
- staff training and supervision.

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