

# From Observation to Intervention in Mental Health: a proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care

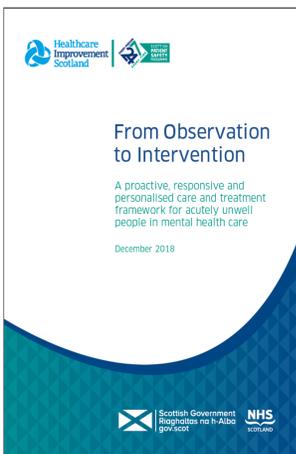
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## Introduction

The Scottish Patient Safety Programme Improving Observation Practice (SPSP-IOP) is a transformational programme of change. Its main focus is to end the historical practice of enhanced observation and replace this practice with a framework of proactive, responsive and personalised care and treatment, which focuses on prevention and early intervention in the context of a deterioration in patients' mental health.

The main aims of the programme are to:

- produce a refreshed national observation practice guidance centred on human rights principles and recovery-focused practice, and
- ensure safe and reliable observation practice that values prevention, early recognition and response, in order to improve patient and family experience and reduce harm.



## Outcomes/results

The new guidance 'From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care', replaces the 2002 Clinical Resource and Audit Group (CRAG) observation guidance document 'Engaging People: Observation of People with Acute Mental Health Problems'. As observation practice and experience may also be indicative of wider mental health care practice and experience, the new guidance also contributes to a refocusing and refreshing of mental health care practice as a whole.

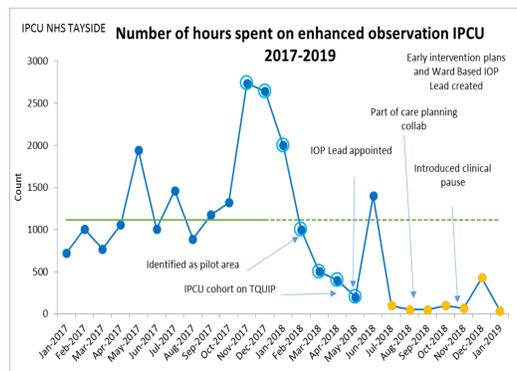


Figure 1: NHS Tayside IPCU enhanced observation data

The data in Figure 1 shows an example of local practice where NHS Tayside's intensive psychiatric care unit (IPCU) set out to have a 50% reduction in 1:1 observations by July 2019.

## Conclusions

As we come to the end of phase 2 of the programme, there is ongoing and excellent engagement across Scotland and promising improvements in key outcomes within all mainland NHS boards and the private sector.

The challenges that we now face are the consolidation and ongoing focus on work within adult acute mental health inpatient services, with consequent improvement in changing the focus of care from observation to intervention. In addition, there is already considerable interest, engagement and enthusiasm for the extension of the programme into a variety of areas.

This is an exciting and crucial time for the new SPSP-IOP guidance. The initial reviews have commented on the transformational nature of the guidance and the wider impact of its principles to the quality and standard of care patients receive in acute mental health inpatient services in Scotland.

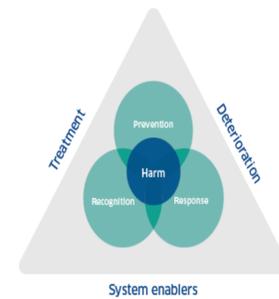
“The IPCU set out to have a 50% reduction in 1.1 observations by July 2019...it feels that that wasn't ambitious enough. The change and feel in the ward over the last year has been significant and being the initial IOP pilot ward in NHS Tayside has been one of the contributory factors. To challenge the model and concept of the traditional 'obs' has been described by some in the team as challenging, uncomfortable even, but now, being able to reinvest time saved into therapeutic engagement is beginning to pay off. In what way? Staff sickness is down from 3,418 hours in 2017 to 1,169 in 2018, there's now a gym where people can go for activity, distraction, de-escalation – it's a therapeutic space that wasn't there before. Ultimately, the ward is investing in engagement, culture change and development of the therapeutic milieu where 2:1 is not the standard operating procedure (SOP) on admission, improving patient experience and outcomes is.” (NHS Tayside)

## Method

Phase	Activity	Dates
Year zero	Pre-work	Jan 2016 – Sep 2016
Phase 1	Testing in six mainland NHS boards (inpatients)	Sep 2016 – Mar 2018
Phase 2	Expanding test sites to include all mainland NHS boards	Apr 2018 – Apr 2019
Phase 3 Prototyping year	Consolidation and spread to all acute adult mental health settings	Apr 2019 – Mar 2020

### Reference:

1. Scottish Government. Pulling Together: Improving Urgent Care for the People of Scotland. November 2015; Available from: [www.gov.scot/Publications/2015/11/9014/downloads](http://www.gov.scot/Publications/2015/11/9014/downloads)



- System enablers**
- SBAR, safety briefings, safety huddles, team briefings, debriefing, flexibility in ward rules with focus on personalisation
  - risk assessment linked to goal setting; daily goal setting
  - carer engagement and involvement; peer workers
  - education and training and agreed competencies, such as distress tolerance, mindfulness and other psychotherapeutic and interpersonal interventions, trauma-informed care – and embedding developed skills in practice
  - evidence - and values-based practice
  - effective multidisciplinary team working
  - sharing learning from adverse events, and from patients' and families' experiences; tools/approaches to support review and upscaling of support
  - safety walkrounds; clinical supervision
  - ward procedures and routines that build in time for patient-staff contact

- Treatment**
- therapeutic interventions or activity, such as psychotherapeutic and interpersonal interventions
  - physical activity and exercise
  - engagement and follow-up with service users about effects of medicines
  - safe prescribing and administration of as required and high-risk medicines
  - consideration of impact of physical health issues

- Deterioration**
- environment - design, sense of space or confinement
  - therapeutic milieu - quality of engagement, rapport, therapeutic intervention, empowerment, collaboration
  - quality of assessment - indirect or direct
  - ethics and human rights
  - personal, social and interpersonal factors
  - communication and consistency of staff and patient understanding of care planning and intervention
  - care and support at critical points - early admission and preparation for discharge

The Triangle of Care from the SPSP-IOP guidance