NHS
Health Education Thames Valley

MENTAL HEALTH ACT

MODULE: MENTAL HEALTH ACT ASSESSMENT – DOORSTEP INTERVIEW

TARGET: PSYCHIATRY ST4 – 6 TRAINEES INVOLVED IN MHA ASSESSMENTS

BACKGROUND:

Undertaking MHA assessments in the community is rarely straightforward. Once the logistical difficulties of assembling all the relevant parties at the address have been overcome there is the risk that the patient won't be in or that they will refuse to co-operate with the assessment. It can be tempting to make decisions based on minimal information where this is the case. This short scenario offers trainees the opportunity to reflect on a realistic situation where the individual does not engage in the assessment and how teams can manage this.

RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO – 1 Assessment	Demonstrate the ability to undertake a thorough assessment including where possible obtaining all relevant information Assess and manage patients with multiple and complex pathologies Identify urgent psychopathology
ILO – 2 Formulation	Demonstrate the ability to construct formulations that include differential diagnosis, liaising with other agencies and specialists and making appropriate referrals
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ILO 9 Work effectively with colleagues	Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention
ILO 17 Act in a professional manner at all times	Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty Support and advise colleagues in dealing with complex professional interactions Recognise own limitations

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INFORMATION FOR FACULTY

LEARNING OBJECTIVES

- Increased understanding of authority of the MHA in these situations
- Appreciation of need for adequate information
- Reflect on how to manage this and similar situations
- Awareness of need to consult other agencies and work collaboratively to manage risks

SCENE SETTING

Location: Training room/simulation suite
Expected duration of scenario: 5 -10 mins Expected duration of debriefing: 30 mins

EQUIPMENT AND CONSUMABLES

Screen to act as door

PERSONNEL-IN-SCENARIO

Doctor
AMHP
Patient

PARTICIPANT BRIEFING

Faculty Introduction to Scenario:
This short scenario is based on a real life, recent situation. The intention is that it will allow you to consider the issues raised and consider how you would manage this yourselves.

Background:
Mr P is a 47 year old man with no history of contact with mental health services. He lived with his parents until seven years ago when they told him to move out. He has since had a number of tenancies which have all broken down due to him accruing debts or not maintaining the place, or getting into conflict with his neighbours. His brother helped him financially and he eventually moved in with him three years ago. The relationship has been difficult and there have been fights. Mr P has been reported to the police many times for banging on walls, shouting threats to neighbours. He has also been seen by neighbours brandishing a knife in the garden, throwing bricks and his brother has found him holding knives on more than one occasion. His brother reports that he experiences 'episodes' where he acts very unpredictably. Recently concerns have been escalating as his brother has reported to police that he thinks he will be harmed by his brother. He found him standing over him naked holding a knife one night. His brother has also made threats to his parents. He has a history of assaulting his parents. The police have flagged the address to ensure a quick response if there is a call and have discussed installing a panic button.

After several weeks of communication between agencies a MHA assessment is arranged.

Watch the scenario and we will discuss at the end. Make notes if you like.

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FACULTY BRIEFING

This scenario is designed to allow trainees to actively consider how they could manage this situation or how they might advise others to manage it. It is written as a forum theatre scenario although it could easily be adapted to be a role play instead.

'VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'PSYCHIATRIST', 'AMHP', 'PATIENT'

The scenario involves two professionals, a Psychiatrist and an AMHP. They knock on Mr P's door. He answers (the brother is out) and they introduce themselves.

Outline Script for Scenario

Near Miss Scenario 1 (1)

Dr: Hello, Mr Peters? I'm Dr Khan from Claxon House CMHT and this is Jenny Folman the social worker with our team.

AMHP: We have been asked to come and see you to see if everything is ok with you.

Dr: Do you mind if we come in and have a chat?

Mr P: I wasn't expecting you. Did someone call you? I don't need any help thanks.

Dr: Well often we find it's easier to catch people when they are in. Lots of people have been worried about you.

Mr P: Well, I'm fine. There's no problems and I really don't need any help. I just want to be left in peace. I bet it's those people next door, why don't they just leave me alone?

Dr: It would be really helpful if we could just spend a few minutes inside having a chat about how things have been. Your family have been quite worried and I know the police have been involved as well.

Mr P: I really don't want you to come in. There is nothing the matter with me. I wish everyone would just leave me in peace. I don't have to talk to you if I don't want to.

Dr: Well no, you don't. But it is our job to take everyone else's concerns seriously so it would really help us to address those if we could get your view on things.

AMHP: Why don't you let us come in and have a chat for a few minutes?

Mr P: They are all overreacting. I don't have a problem with my neighbours and things with my brother are alright now. Everything has been blown out of proportion. I am sick of people telling me I need help when I'm fine. My brother is the one with the problems around here.

Dr: Well why don't you tell us a bit about that?

Mr P: No you're alright thanks. Can you just go now? (Crosses arms)

AMHP: Your neighbours reported you had a knife. Can you explain what that was about?

No answer

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Dr: Mr Peters, if you don't talk to us you're going to find more police coming round. This is your chance to tell it like it is.

(Getting visibly angry)
Mr P: Piss off

AMHP: Mr Peters, we only want to know if there is anything we can do to help.

Mr P: I'm fine, I don't need any help. Goodbye. (Closes door)

Near Miss Scenario 1 (2)

Afterwards the two professionals talk to each other.

Dr: Well, that's that then. Not much else we can do is there?

AMHP: Yeah, we can't detain him on the basis of that. He didn't say anything that sounded really mad although he was quite odd and a bit scary.

Dr: Mm, and he did mention problems with the neighbours and his brother. I think he probably is quite risky isn't he?

AMHP: Yes, well that's what the police are for. We can't section him based on hearsay from the neighbours.

Dr: And the brother. Who said he saw him with a knife and feels threatened. We really need to talk to him properly. Should we talk to the police about a 135 warrant?

AMHP: We'd never get one for this. No evidence.

Dr: But the brother thinks he might be at risk

AMHP: That's a domestic issue. We have no actual evidence Mr Peters has a mental disorder.

Dr: Well we have some evidence. Wielding knives, banging on walls, shouting crazy things at neighbours. And he was quite suspicious. I feel like we ought to be doing something?

AHMP: just shrugs. Nothing we can do. Lets go.

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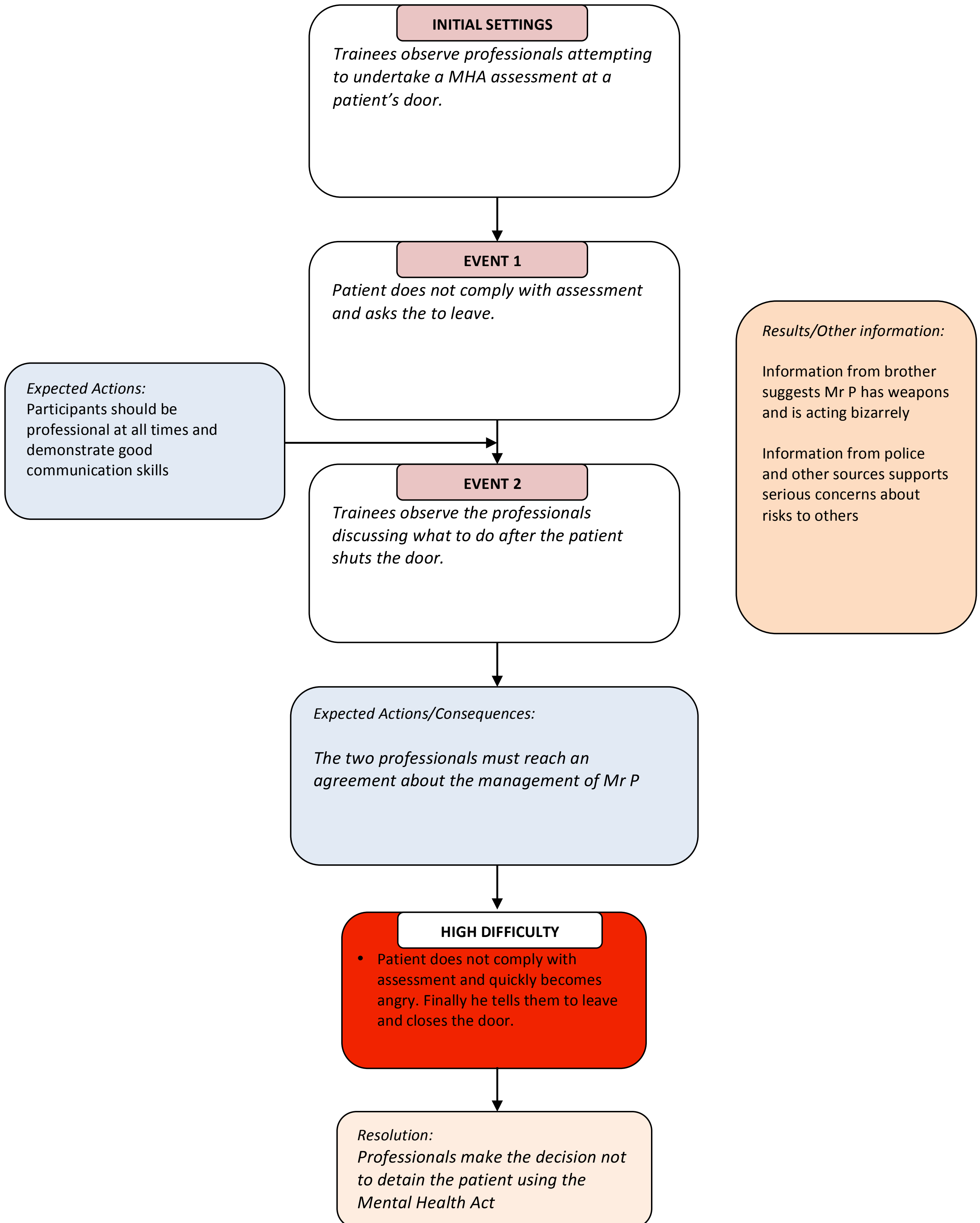
CONDUCT OF SCENARIO



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DEBRIEFING

The facilitator's role is to set the scene for the scenario, ensure the actors are adequately briefed, then interrupt at key points to allow the trainees to reflect on what they have seen/heard and offer their interpretations. The facilitator is not teaching in the traditional sense, nor imposing specific learning objectives, but allowing time for trainees to learn from each other.

POINTS FOR FURTHER DISCUSSION

Questions the facilitators might ask

What do people think about the information provided before the scenario starts?

What would you be thinking?

What would you like to do/know before you went to the house?

What did you think of the approach of the professionals?

Do you think Mr P could be legally detained under the MHA?

What are the statutory criteria for detention under the Act?

What constitutes Nature or Degree?

Who would you involve in the management of this man?

What would you do?

DEBRIEFING RESOURCES

Mental Health Act Code of Practice

Royal College of Psychiatrist Guidance

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PSYCHIATRY SCENARIO 6 - HANDOUT

INFORMATION FOR PARTICIPANTS

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KEY POINTS

- Consider your approach to this situation and what factors you might consider next time
- Consider the statutory criteria for detention under the MHA
- Consider the views of other agencies in this situation
- Have more confidence in dealing with these situations

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WORKPLACE-BASED ASSESSMENTS

Curriculum	Details
1-4b Psychiatric emergencies	CBD, CP, Mini-PAT, supervisors report
15 Appraisal and teaching	DONC, AoT, Mini-PAT, supervisors report

FURTHER RESOURCES

Mental Health Act Code of Practice

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PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

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PARTICIPANT FEEDBACK

Date of training session:..

Profession and grade:..

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?

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