ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

The burden of mental health conditons in the western world is undeniable in its impact on mortality and morbidity, and even higher rates are found amongst the elderly. Conditions such as depression and memory problems are sterotyped as a normal part of ageing. Over the age of 60, 1 in 5 people suffering with depression due to poor physical health and social immobility and 60% of those over 80 have a degree of congitive impairement (Copeland et al, 1999 ; The Mental Health Foundation, 2018). However nearly half these cases go undiagnosed, often due to people unable or unwilling to seek help.

Psychiatry is a highly policisied speciality, whose practices are constantly adapting to society. Clinicians must navigate patient's expectations influenced by media, internet as well as deeply engrained religious and cultural beliefs surrounding the mind and well-being.

Unlike several developing nations, here in the UK there is a robust comphrensive mental health system. In addition to poor funding and cultural narriatives disscrediting psychiatric practices, developing nations face a double burden of disease;communicable diseases still thrive alongside the increasing rise of non communicable disease such as cancer and mental health problems. Studying delivery of sucessful mental health services here in the UK, may help to develop stratergies to deliver equally diverse healthcare services in low-resource nation.

I carried out a six week elective with the crisis team and community mental health team for Older Adults. The burden of mental health in this population makes extensive in-patient care unsustainable. Therefore there is a need for high quality low cost community care which is able to provide psychitric services to a large population. This elective, focussing on the ,mental health care for the elderly, a highly marginalised group, allowed me to develop and explore my own thoughts on psychiatry as a speciality and its context in public health from first hand expeiences of working with the crisis team, community psychiatric nurses and consultant psychiatrists.

Mental health is the single largest burden of disease in the UK (28%), however only receives 13% of NHS annual budget (David, 2017). This parity in funding of mental health against physical health, has grave effects on service delivery, which was apparent during my time with the team.

One such example was my time at a long stay elderly mental health unit. This was a community based in patients ward where patients whose mental health meant they required 24hr specialist care could be placed. The entire North East trust where my elective was based had 2 15 bed- wards to meet the needs of the 600,000 population. Despite high demand, due to budgetary allowance, one of the wards was closing down. I was able to sit in on ward rounds and MDTS where decisions were made as to how to re-allocate care or accommodate patients in the community after the ward closure. This gave me good insight into how funding directly impacts the daily work of healthcare workers. Furthermore gave me greater understanding of the challenges in prioritising acutely unwell patients over more stable patients. It was during this time at the long stay unit that I was introduced to the concept of continuing care funding, whereby if a patient has people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This decision is decided on a case by case basis amongst the mental health and social worker involved in your care. It is not permanent funding and can be removed if the patient's behavioral, cognitive or psychological symptoms improve. This can be a

cause of contention, as I witnessed many cases whereby patients relatives were attempting legal contestation of the removal of funding. In the UK a residential place costs £600 per week, draining family finances quickly.

In addition to spending time at the long stay unit I was able to attend home visits with the Crisis Team. This is team consisting of community mental health practice nurses, was an important interface between the community and specialist care. Their role was to provide a 24hr service to attend to any patient in residential setting whose psychiatric symptoms had worsens and provide treatment or nursing advice to stabalise the patient in the community without deteriorating to the point of o in-patient admission. In one case I accompanied the team to see an elderly woman with bipolar disorder in a care home who was having aggressive behaviour towards staff and refusing any personal care. She was on covert medication however during this manic phase she had been refusing food making her difficult to manage at the care home. Discussing nursing techniques to reduce agitation and advice on change medication from oral to depot were discussed which enabled the patients condition to improve and avoid costly in-patient admission.

The early memory assessment and dementia services are a key part of elderly adult mental health care. Shadowing these services was a particularly interesting experience, as I was able to follow patients from referral to diagnosis and observe the multiple disciplines role in dementia care. Early engagement with social support workers and psychiatrists in supporting families with respite care, carer support and directing them early on to seek financial and legal advice such as LPA for the future where the patient may no longer have capacity. Thus, althoug clinical improvement is limite in most dementia cases it was evident this service greatly improve overall quality of life. As part of service improvement I had the opportunity to carry out a research project. I chose to audit service delivery for the early memory assessment clinic. I collated appointment wait times to see whether this was in line with NHS frame that all patients with a treatable condition must be seen within 18weeks. The clinic operates in two phases; an initial assessment with a mental health nurse, followed by a diagnostic clinic up to 6 weeks later with a consultant. The initial findings have shown having a two-phase clinic system has a small percentage of DNAs and re-scheduled appointments. Currently, the clinic is changing to a one stop clinic similar to that of breast cancer screening, whereby both assessment and diagnosis occurs at the same appointment. I plan to re-audit the data to see whether waiting times will improve with this change. Having the opportunity to develop my own audit although challenge and time consuming, gave me the opportunity to develop my data collecting and research skills as well as establish mentoring relations with the medical staff I encountered.

Another useful learning development opportunity was sitting in on the weekly educational programme afternoons. This is where juniors of all grades currently on psychiatric rotation are invited to present interest cases or research they have undergone during their time with the trust. It was a very positive experience to see that during our training we will be encouraged to continue to develop our interest in the speciality and our presentation skills.

Overall, my elective has allowed me to gain a deeper insight into the delivery of specialist care in the community. Although the mental health services in the UK operates with limited budgetary allowance and workforce it is still a country which fairs high on the international stage for the provision of timely, highly quality care. My many thanks to the staff for their support and kindness.

BIBLIOGRAPHY

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