

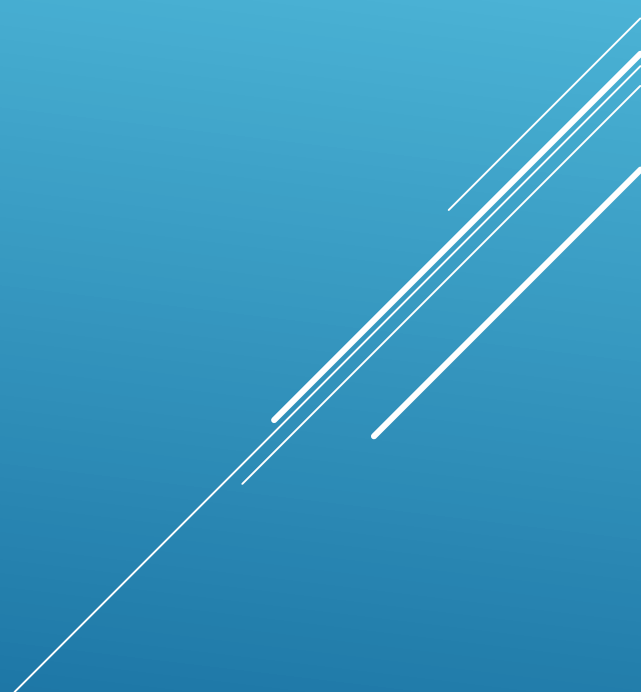
MENTAL HEALTH IN THE COMMUNITY

Amersham Deanery Synod

September 2018

Dr Graeme Fletcher

With an afterword by Rev'd Martin Williams



Contents

- Depression
- Suicide
- Disorders
 - Bipolar
 - Schizophrenia
 - Borderline Personality Disorder
- NHS Support Information
- Cognitive Behavioural Therapy
- Samaritans, Bereavement
- Mental Health Act
- Social Services
- Final Thoughts
- As Our Churches – Rev'd Martin Williams

▶ Or 'fed up with your lot'

DEPRESSION

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

Fig 1. Modified Patient Health Questionnaire–9 (PHQ-9). PHQ-9 Scores and Depression Severity**
 PHQ-9 Score: 0–4: none-minimal; 5–9: mild; 10–14: moderate; 15–19: moderately severe; 20–27: severe. **Kroenke K, Spitzer RL. Psychiatric Annals 2002;32:509–521.

Subject Name _____ Date _____

Since your hospitalization, how often have you been bothered by any of the following problems? Circle your response.

	Not at all	Some	Often	Nearly all of the time
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Total: _____

DEPRESSION – EVALUATION

- Listening
- Practical support
- GP Referral
 - Use of Healthy Minds
 - Listening and Support
 - Use of medication including antidepressants and anti-anxiolytics
 - Referral to mental health team either as a routine referral or to crisis team

TREATMENT OF DEPRESSION

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score — = Add Columns — + — + —

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

- ▶ Previous suicide attempt or self harm
- ▶ Male gender (three times more likely)
- ▶ Current mental disorders or previous psychiatric treatment
- ▶ Unemployment
- ▶ Alcohol or drug abuse
- ▶ Lack of supportive environment

SUICIDE - RISK FACTORS

- 12 deaths per 100 000 population
- All deaths have to be investigated by the police
- Inquest in open coroners court
- Devastating for family and carers/supporters

SUICIDE IN COMMUNITY

- Talk openly about suicide and any plans
- Be prepared to go for help
- Never go behind someone's back when breaking a confidence
- Remember you are not responsible for anyone's actions other than your own
- Be sure of having a strong support network around you

DEALING WITH SUICIDE

Often misdiagnosed as depression as sufferers commonly do not seek help when in the manic phase.

BIPOLAR DISORDER

Manic	Depressive
Onset: Before Age 30	Previous Manic Episodes
Mood:	Mood:
Elevated	Dysphoric
Expansive	Depressive
Irritable	Despairing
Speech: Loud-Rapid, Punning, Rhyiming, Clanging, Vulgar	Decreased Interest In Pleasure Negative views Fatigue Decreased appetite Constipation Insomnia Decreased libido Suicidal preoccupation May be agitated or have movement retardation
Grandiose Delusions Distracted Hyperactive Decreased Need For Sleep Inappropriate Flight of Ideas Begins suddenly escalates over several days	

SCHIZOPHRENIA

- Illogical Thinking & Impaired Judgment
- Loss of Ego Boundaries
- Inability to Trust
- Bizarre Behavior
- Indifferent - Aloof
- Love/Hate Feelings
- Feelings of:
 - Rejection
 - Lack of Self-Respect
 - Loneliness,
 - Hopelessness
- Speech Incoherent & Rambling
- Disorganized Thinking
- Auditory Hallucinations
- Delusions – Persecutory or Grandiose
- Hypersensitivity to Sound, Sight & Smell
 - Difficulty Relating to Others
 - Negativism
 - Religiosity
 - Lack of Social Awareness
 - Behavior – Disorganized, Motor Agitation, Catatonic
 - Retreat to Fantasy World
 - Autism



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SCHIZOPHRENIA



Impulsive and risky behavior

Awareness of destructive behavior

Wide mood swings

Short but intense episodes of anxiety or depression

Inappropriate anger

Difficulty controlling emotions or impulses

Suicidal behavior

Feeling misunderstood, neglected, alone

Fear of being alone

Feelings of self-hate and/or self-loathing

BORDERLINE PERSONALITY DISORDER

Healthy Minds Bucks



Oxford Health
NHS Foundation Trust

What we do

Getting help

Self help

Videos

Contact us

Welcome to Healthy Minds Bucks

This website provides information and support for anyone who may be experiencing difficulties with anxiety, depression or stress.

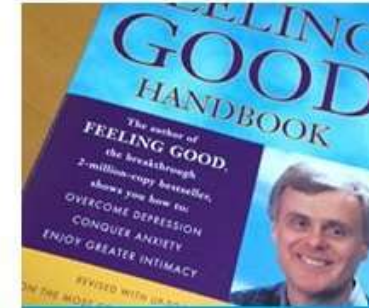
Healthy Minds is a NHS service offering quick and easy access to talking therapies, practical support and employment advice.

Anyone who is feeling depressed, anxious or stressed, is aged 18 or over and has a GP in Buckinghamshire can request help from Healthy Minds.

[Learn more](#)



Getting help



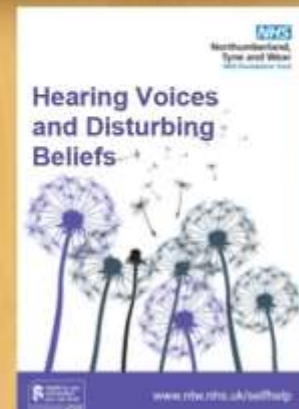
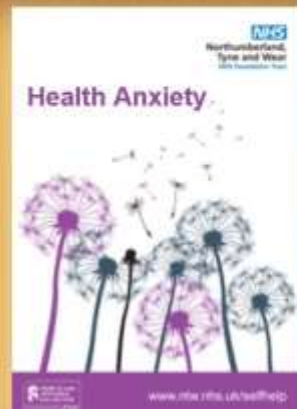
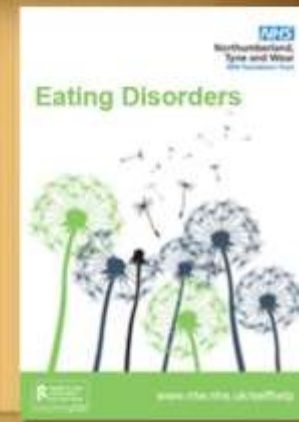
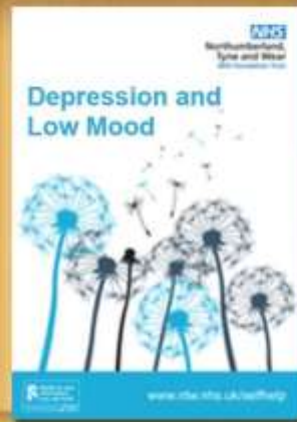
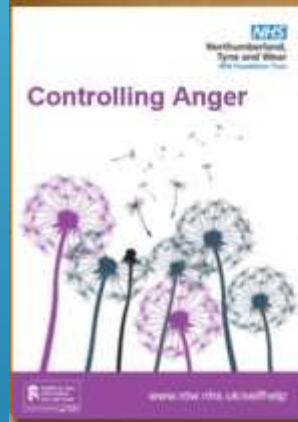
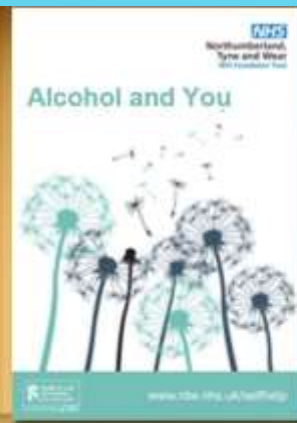
Self help

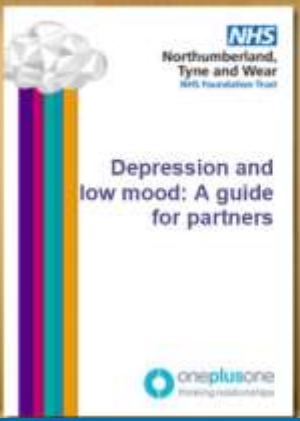
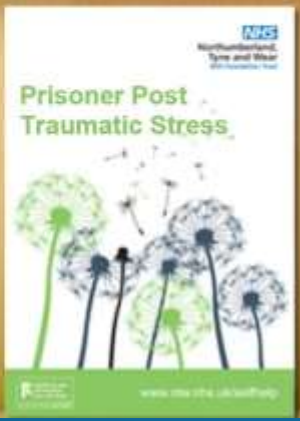
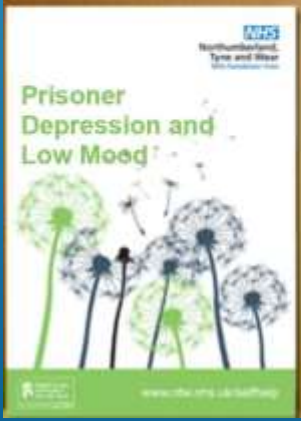
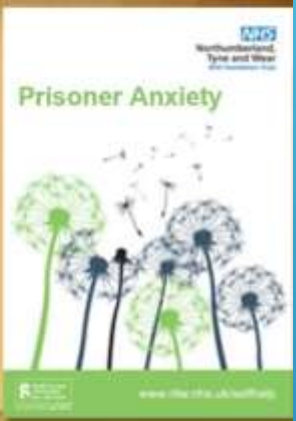
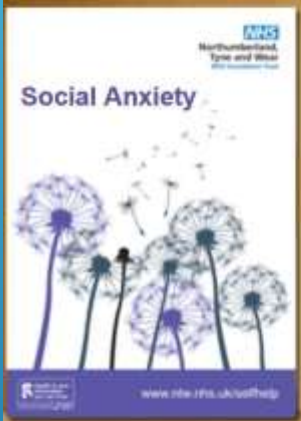
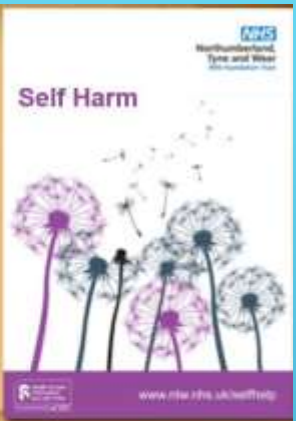
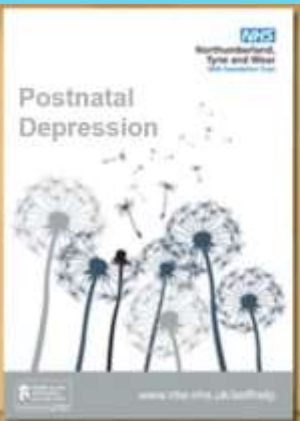


Videos

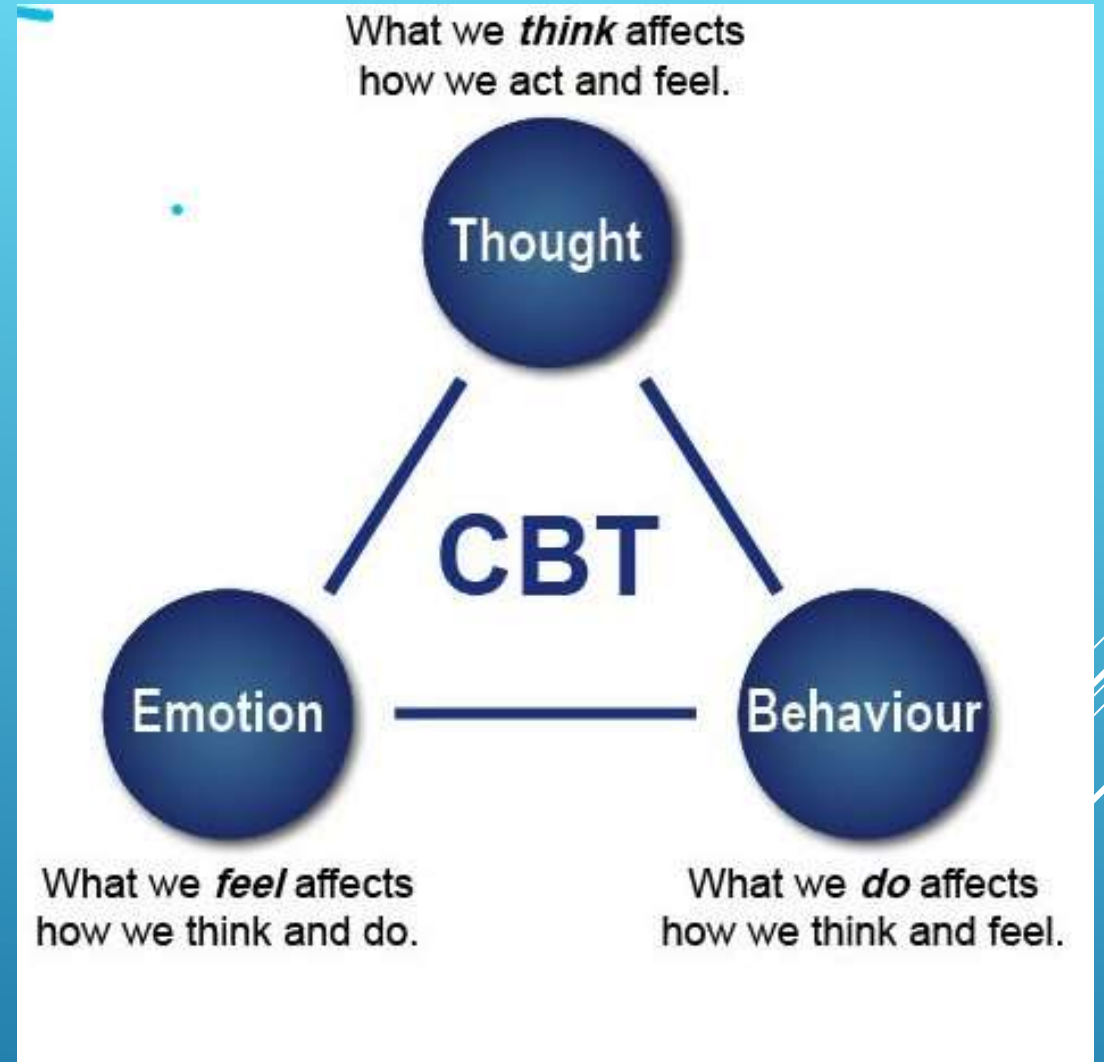


Contact us & self refer





Cognitive behavioural therapy (**CBT**) is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems



COGNITIVE BEHAVIOURAL THERAPY



- How we can help you
- In your community
- Volunteer with us
- Support us
- For business

Home > How we can help you > Contact us

CONTACT US NOW

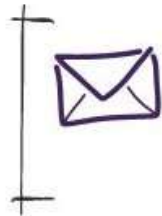


CALL US

116 123 (UK)
116 123 (ROI)

Whatever you're going through, call us free any time, from any phone on 116 123.

We're here round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call us on the phone. This number is FREE to call. You don't have to be suicidal to call us.



EMAIL US

jo@samaritans.org



VISIT US

Find your local Samaritans branch.



WRITE TO US

Freepost RSRB-KKBY-CYJK,
PO Box 9090, STIRLING,
FK8 2SA

SUPPORT



Help for those affected by recent major incidents

SUPPORT

- ▶ If concerned about your immediate safety or safety of others 999 police and WAIT
- ▶ In case of medical emergency 999 ambulance to A and E
- ▶ 111 if out of hours
- ▶ Talk openly and supportively with patient. Careful of not making promises
- ▶ Signpost to Samaritans, GP, leading careworker etc.

WHAT TO DO IF CONCERNED

Mental Health Act(2007) made simple

Section	Reason for admission?	Who?
2	Assessment (max 28 days)	Instigated by relative or AHMP 2 x RMP
3	Treatment (<6 months)	
4	Emergency assessment (<72 hours)	1 x RMP (must say why S2 unsuitable - i.e. delays)
5(2)	Patient already in-patient ward (<72 hours)	1x RMP Not for outpatient/A&E use!
5(4)	Patient requiring treatment for mental disorder (<6 hours)	Senior Nurse

No treatment without consent (can sedate under common law)

AHMP = Approved Mental Health Practitioner

RMP = Registered Medical practitioner



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High yield notes:

Section 2 is used for **assessment AND treatment**

Section 2 can be converted into Section 3 for long term admission treatment

Convert Section 4 into Section 2 as soon as possible

Convert Section 5 into Section 2 and Section 3 as soon as possible

For outpatient/A&E location: Common law prevails for sedating and controlling psychotic patients

MENTAL HEALTH ACT

Emergency information and advice for adults in Buckinghamshire

Emergency numbers

If you need to speak to someone urgently about a vulnerable adult:

- Report abuse: [0800 137915](tel:0800137915)
- Speak to our adult social care team: [01296 383204](tel:01296383204)
- Outside office hours: [0800 999 7677](tel:08009997677)

For information on safeguarding vulnerable adults, please visit the [Buckinghamshire Safeguarding Adults Board website](#).

Find care advice in Buckinghamshire

Information, advice and guidance for adults and their carers is available from [Care Advice Buckinghamshire](#)

Information and advice

Look for [information and advice](#) around staying independent, disabilities and getting care and support.

SOCIAL SERVICES INCLUDING MASH

- ▶ Provide a listening ear and practical support where needed as a friend.
- ▶ Signpost to most appropriate organisation if more input is required
- ▶ Have good boundaries that you stick to. Friends should never take advantage.
- ▶ Share concerns with trusted colleague

FINAL THOUGHTS

- ▶ These diagnoses, treatments and medicines are part of our human ingenuity and God's provision. We are part of a matrix of care that includes GP, specialist, family, friends and sometimes other professionals such as social services.
- ▶ As Christians we are called to be on the 'Godward' side of this issue. Appropriate prayer, compassion and pastoral care is our business. *Appropriate* is a key word.
- ▶ In churches there are no lone rangers. We should always offer ministry as part of a team and with appropriate safeguarding and diocesan support as well as clergy and pastoral teams. If in doubt hold tight boundaries take advice and refer.
- ▶ If pastoral care and coming alongside those with mental illness is something you are called to, get trained and get accountable and work out a theology for what you are doing.
- ▶ Some Christians can get embroiled in deliverance in this area. This is specialist ministry that requires training and accountability. See <https://www.oxford.anglican.org/mission-ministry/faith-in-action/mental-health/>

AS OUR CHURCH FELLOWSHIPS

(AFTERWORD BY REV'D MARTIN WILLIAMS AREA CO-DEAN)