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.

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

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year zero</td>
<td>Pre-work</td>
<td>Jan 2016 – Sep 2016</td>
</tr>
<tr>
<td>Phase 1</td>
<td>Testing in six mainland NHS boards (inpatients)</td>
<td>Sep 2016 – Mar 2018</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Expanding test sites to include all mainland NHS boards</td>
<td>Apr 2018 – Apr 2019</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Consolidation and spread to all acute adult mental health settings</td>
<td>Apr 2019 – Mar 2020</td>
</tr>
</tbody>
</table>

Phase Activity Dates

Year zero Pre-work Jan 2016 – Sep 2016
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Phase 2 Expanding test sites to include all mainland NHS boards Apr 2018 – Apr 2019
Phase 3 Consolidation and spread to all acute adult mental health settings Apr 2019 – Mar 2020

Figure 1: NHS Tayside IPCU enhanced observation data

Outcomes/results

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.

Figure 1: NHS Tayside IPCU enhanced observation data

Posters

<table>
<thead>
<tr>
<th>Poster No</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>S13</td>
<td>From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care</td>
</tr>
</tbody>
</table>