

## **Appendix B**

### **New Model of Care Case Studies**

### **Case Study 1: A model of care for mental health**

#### Crisis support

Carol is a 34 year old lady who has suffered from Bipolar Affective Disorder since she had her first child. She has 3 children aged 12, 7, and 3 years old. She lives with them and her partner. When younger she had episodes where she felt elated and hyperactive but these days her illness means that she feels depressed most of the time. She struggles to motivate herself to get out of the house. She is on a lot of medication and worries about the effect this is having on her body. Sometimes her moods become so bad that she feels like killing herself and she has had to be admitted to hospital. However this is infrequent and she had only had two admissions in the last 10 years. Carol is very reliant on the support she gets from the Community Mental Health Team. She has noticed that her community nurse, Peter, and her Consultant psychiatrist both seem much busier these days and she is not able to see them as often as she would like. In the past few weeks Carol has been feeling very low and has started to think it might be better if she wasn't here

Current -Carol has told Peter how she feels and he has increased his visits to see her. He has asked the Community Home Treatment Team to be involved. Carol feels supported throughout the day but things are much worse at night. She can't sleep and feels she has no-one to turn to when she wakes in the night. She calls the emergency contact number and talks to a nurse on the ward. The nurse listens and is supportive. However Carol feels she has to tell her story all over again and she is worried the nurse has other work she should be doing so she hangs up. Things are so bad that she takes an overdose and ends up admitted to hospital

After redesign – As well as support throughout the day there is now a 24 hour Community Home Treatment Team. They give Carol a number to call if she becomes afraid in the night and when she calls the nurse knows about her case and what has been happening recently. She is able to calm Carol and arrange to see her first thing in the morning. Carol feels at the end of her tether and to have a break "from life" she ends up at the local crisis house for a couple of nights. After 2 days she feels well enough to return home and resume her parenting role and continue to be supported by her CMHT.

**Carol is given the number for a Talking Therapies, Crisis Café and Recovery College that she can visit for additional group support.**

### **Case Study 2: A model of care for mental health**

#### Dementia outreach service

Mr Joseph is a 75 years old elderly gentleman with a diagnosis of an Alzheimer's Dementia of moderate severity (known to Memory Clinic). He has deteriorated rapidly in his mental state and has become agitated and aggressive towards others (family) especially on intervention. His wife contacts the GP stressing that she requires extra support but desperately wishes to keep him at home for as long as possible.

Currently: Due to the degree of his acute presentation he is admitted to an inpatient ward. He becomes more distressed due to the change in environment and change in people who he is not familiar with. We establish that his abdomen is heavily distended and he is acutely constipated. He is treated successfully and has a good bowel movement in the next 24-48 hours. His presentation settles. No further agitation / aggression is reported, however he ends up developing Pneumonia and spends some time on the medical ward. He has a fall and sustains a fracture to his wrist. He is eventually discharged home with a care package 3 months later.

After redesign: With the development of the Dementia Outreach Service – professionals will be able to visit him in his own home and complete a thorough assessment. They can liaise with the GP and work with the multi-disciplinary team in managing his relapse. They treat his underlying constipation and he settles. The above medical complications can be avoided by simply having this service – where staff from the dementia outreach service are going out to see him in his own familiar surroundings.