

MHSOP Modernising Day Services Appendix 4**Case Studies demonstrating the proposed role of Day Services provided by Nottinghamshire Healthcare NHS Trust****Case 1**

Alice is a 72 year old lady who has become increasingly confused. She recently got lost on a shopping trip and has been forgetting where she put things and who people are. She lives with her husband who has arthritis in his knees and is waiting for surgery.

Following a referral to mental health services she was seen in the memory clinic and commenced medication. She was offered a place at the day hospital for 8 weeks to attend a cognitive stimulation group. Whilst attending she had input from the occupational therapist that enabled her to learn some memory rehabilitation techniques.

Her husband was offered support and practical advice through the carers group. It was identified that they would need extra support whilst he went in for knee surgery and a referral was made to social services so that respite care could be arranged either at home or a day centre.

Alice and her husband managed well for 2 years with GP follow up. However she then started to become increasingly forgetful, and once left the gas on. She was referred back to the memory clinic where it was agreed her medication was no longer effective. She was offered a place at the day hospital again to fully assess her needs. It was identified that they needed further support at home and a referral was made to social services, and she attended a communication group in the day hospital led by a speech therapist. This was followed up with a carers' session which gave her husband some techniques to improve communication and understanding at home. Alice was discharged having been put on the waiting list for a local day centre.

The day centre receives support from mental health services through outreach. A few months later the day centre staff advised that Alice had become more difficult to manage. She was reluctant to attend and whilst there would become aggressive when people asked her to move from a chair. The outreach team were asked to assess Alice. The physiotherapist noticed that Alice was favouring one leg and on further assessment noticed that she had pain on standing. She was referred for an x-ray and there were signs of arthritis. Alice was given pain killers, and the carers and her husband advised by the physiotherapist on the best ways to encourage her to mobilise. Alice's challenging behaviour decreased in response and she continued to attend the day centre.

Case 2

Frank is a 76 year old man whose wife recently died. He went into a severe depression and there were concerns that he was expressing suicidal thoughts. He was referred to mental health services, where following a full risk assessment it was agreed with Frank to refer him to the day hospital rather than admit him. At the day hospital he received multi-disciplinary input. He was prescribed medication which was monitored until the appropriate dose was found. He started to see a psychologist for regular sessions and he began to improve. He had previously played golf, and as part of his discharge plan he was supported in re-attending his golf club where he benefited from both the exercise and the social interaction. Frank was discharged from the day hospital after 8 weeks and followed up monthly by the psychologist for a further 3 months prior to being discharged back to the care of his GP. The ability of the day hospital to respond quickly enabled Frank to remain at home rather than be admitted, and allowed him timely and effective access to a psychologist. By reengaging him back into an activity he previously enjoyed there was no need to refer to social services, and Frank did not become dependent on statutory services for his care.

Case study 3

George is a 75 year old gentleman with dementia who attends a day centre. He has gradually become less able to join in group activities, and spends considerable amounts of time pacing the day centre and trying to leave. Whenever the door was opened, George would try and go outside and twice got found in the car park. If he was prevented from leaving he became aggressive and staff began to feel physically threatened. The day centre staff felt they couldn't manage him anymore and asked for input from the mental health service and he was offered a place at a local day hospital for assessment which his wife accepted.

George's symptoms continued at the day hospital and in fact he was more confused and disorientated. The cause of his challenging behaviour was seen to be that he did not understand why he had to attend a day centre or hospital, and could not understand why people prevented him from leaving. The rationale for his continued day centre attendance had been respite care for his wife, but he had increasingly gained no personal benefit from attending due to his declining condition. Whilst his behaviour could be contained within the day hospital setting, George was obviously not happy attending and derived no personal benefit from doing so.

There are choices available to managing this situation for George and his wife:-

- The day hospital could continue to provide care for George in a safe environment to provide respite for his wife
- George and his wife could utilise direct payments to purchase respite care at home, allowing George to stay in familiar surroundings

A more flexible service would allow George and his wife to choose a solution that best met both their needs.