

CPD: Therapeutic Observation, Engagement and Support

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Firstly A Big Thank You from NHSP:

- NHSP recognises the immensely valuable observation and engagement input from mental health members, on a daily basis
- We recognise that this is often rewarding activity, however it can also be intense and challenging.
- You are the true ‘lived-experience’ subject experts!
- In this webinar we aim to learn and develop together as practitioners and people.

Purpose of CPD session:

- To provide reflective space for members to discuss issues relevant to therapeutic observations and engagement
- To consider on Service User / patient experience
- To explore context, trust and individual responsibilities
- To review and discuss 'good-practice' guidance
- To discuss challenges experienced by members in undertaking observation duties
- To support members and receive feedback

Some Context:

- Therapeutic Observation and Engagement refers to an intervention designed to support a person through an intense episode of illness and to reduce risk of harm to the person or others during that time.
- Observations are usually prescribed by the person's multidisciplinary team but can also be put in place by an individual nurse in response to perceived risk.
- There are levels of observation, ranging from general, every 30 mins through to continuous and within arms reach.
- Every MH Trust will have a specific policy setting out defined levels of observation and guidance to be followed. This policy should be read and understood by members, prior to working at the trust.

MH Trust Responsibilities:

- Observation practice is closely monitored by trusts as a restrictive intervention.
- Trusts are required to recognise the potential privacy and dignity impact for the person and monitor how this practice is applied.
- It is necessary to ensure that only the minimum necessary level of restriction is put in place and that this is proportionate to the risk presented.
- A care plan and risk assessment should be in place for each patient currently being observed under the policy. This should specify the level of observation required and any considerations or relevant individual factors.
- All staff are required to follow trust policy at all times when undertaking observations.

Service User / Patient considerations:

- Observations can be experienced as supportive and therapeutic; however, they can also be felt to be intrusive and difficult to bear.
- Maintenance of dignity and privacy is always important, within the restrictions required under the prescribed level of observation.
- Whilst risk is a core consideration, human engagement / interactive factors are central to the overall experience of recovery
- Although observations are necessary at times to support and manage risk, it is important to be aware of and sensitive towards the service user perspective.
- Without imposing personal values, sometimes it help to imagine how we might wish to be treated!

- **Good Practice – things to consider:**
 - Be aware of relevant Trust observation policy
 - Read relevant care plans and risk assessments
 - Ask the nurse in charge to clarify any aspects that are unclear
 - Ensure that you understand any privacy or dignity issues e.g. gender issues
 - Carry out observations as specified by the clinical team
 - Talk to the team about any aspects that are proving difficult to maintain or any concerns you may have
 - Accurately report all behaviours and risks as they become apparent. Maintain good records.
 - Be mindful of the balance that needs to be maintained between risk management and personal respect
 - Endeavour to be supportive and therapeutic in your interactions
 - Remain alert and vigilant at all times

- Looking after you:

- Ensure that you understand the schedule of observations and what is required of you.
- Highlight any concerns you may have about your required tasks to your clinical team and/or to NHSP
- Ensure that you are allocated and take adequate breaks
- Discuss any clinical or risk concerns with the nurse in charge and/or clinical team
- Ask for support when you need it
- Be aware of carer fatigue: ensure that you are sufficiently rested prior to coming on duty
- Engage in supervisory activity and access reflective space as available

Observation / Engagement policy References:

- Department of Health guidance: Positive and Proactive Care: Reducing the Need for Restrictive Interventions (2014)
- Mental Health Act Code of Practice (2015).
- Meeting needs and reducing distress: Guidance for the prevention and management of clinically related challenging behaviour in NHS settings (2013)
- *Mental Health Act 1983 Code of Practice* (2015) and *Violence & Aggression*
- *Short term management in Mental Health, Health, and community settings. NG 10* (2015)

Thank you for your time and for listening



Discussion / Q&A