

# Mental health: support for people living with mental health conditions

A CPPE learning resource



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## **Disclaimer**

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## **Feedback**

We hope you find this learning programme useful for your practice.

Please help us to assess its value and effectiveness by emailing us at:

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# How to use the programme

**Mental health** is a wide-ranging topic and this resource will focus on how the pharmacy profession and other healthcare teams can improve communication and help to support people living with mental health conditions.

This programme is designed for pharmacy professionals in all sectors to gain new insights into different areas of mental health and how you, in your own setting and practice, can make a difference to people with these, often invisible, conditions.

These cards focus on different areas of support for people living with mental health conditions. The first side outlines key information and the reverse side contains activities to further develop your practice.

There are signposts to relevant resources and links to more detailed learning hosted on the CPPE website: [www.cppe.ac.uk/mentalhealth](http://www.cppe.ac.uk/mentalhealth). The activities are not sector specific; consider how they apply to your own setting. You can work through the cards in any order that suits your learning needs.



## The cards can be:

- kept in your practice to refer to when needed, eg, in the dispensary, consultation room, ward or department
- used for individual, team or multidisciplinary learning.

## On completion of this programme you will be able to:

- 1) define a range of mental health conditions and recognise the impact that these can have on people's lives
- 2) identify appropriate support options that you can offer to people with different mental health conditions
- 3) demonstrate patient-centred consultation skills to engage people living with mental health conditions
- 4) promote physical health and wellbeing as part of a treatment regime and encourage positive lifestyle choices
- 5) provide mental health first aid to people in a crisis situation
- 6) explain the importance of medicines optimisation as a strategy to support people living with mental health conditions
- 7) support a non-discriminatory approach to people with mental health conditions, both inside and outside of the workplace.

# 2 What is mental health?

"At my worst I felt like I was absolutely worthless."  
Jack is living with a borderline personality disorder (BPD).

We all have mental health and it influences how we feel about ourselves and how we interact with the world around us, from communication, to dealing with life events.

Mental ill-health is very common and can affect anyone. We have put these cards together to help you understand how mental health conditions can affect us all.

<sup>1</sup> Department of Health. *No health without mental health*. 2011.

## Aim

To raise the profile of mental health conditions and to explore how pharmacy professionals can improve their support for people living with mental health conditions. This will help ensure that those with mental health conditions and physical health conditions receive parity of treatment.

- One in four people will have a mental health condition in their lifetime.
- People with severe mental health conditions have an average reduced life expectancy of between 16 and 25 years.
- People with a mental health condition are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease and are at a higher risk of being overweight or obese.
- Some people can, and do, recover from mental ill health; others manage their conditions.<sup>1</sup>

Pharmacy professionals can play an important role by helping to improve the lives of those living with mental health conditions. By guiding people to optimise lifestyle choices you can support wellbeing, resilience and independence and even reduce premature mortality.

# What does mental health mean?

The national *No health without mental health* policy defines good mental health as a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Levels of mental health are influenced by the conditions people are born into, grow up in, live and work in. <http://bit.ly/2wduyGe>



In this resource we will provide guidance on a range of topics without focusing on specific conditions. You can find out more about individual mental health conditions in various resources like the Mind website and the National Institute for Health and Care Excellence (NICE) guidelines which provide information on a wide range of mental health conditions, such as depression, anxiety and schizophrenia. We have provided signposting to extra resources. You can find it by following this link or scanning the QR code. [www.cppe.ac.uk/mentalhealth](http://www.cppe.ac.uk/mentalhealth)



## Activities

1. Before you work through activities on these cards, ask yourself how confident you are supporting people living with mental health conditions. Mark yourself from one to ten, with one being not very confident and ten being very confident.
2. Watch the video from Mind, *In our own words*, to hear how other people feel about mental health conditions and personal stories of how their lives have been affected by mental ill health. [www.mind.org.uk/information-support/mental-health-in-our-own-words](http://www.mind.org.uk/information-support/mental-health-in-our-own-words)
3. Either individually or with other members of your team identify ways in which you currently support people with mental health conditions in your routine practice. What do you do well and what scope do you have to develop the support you give?



**Myth:** People with mental health conditions don't experience discrimination.

**Fact:** Nine out of ten people with mental health conditions experience stigma and discrimination.

## Ways that dispelling myths can help:

- By directly reducing ignorance and fear of conditions by challenging false beliefs, particularly sweeping generalisations, like mental illness is a weakness and is something that is embarrassing or shameful.
- Reducing barriers to people reaching out for help.
- Decreasing the fear of conditions and being around others with mental health conditions. This encourages families and friends to be more open with each other, enabling empathy and support with more knowledge and understanding.
- By raising awareness about mental health conditions.
- Encouraging people to talk and think differently, promoting a more open-minded, non-judgemental culture.

## What are the myths?

People with mental health conditions are likely to cause violence or crimes (actually they are more likely to be the victim of a crime or violence)

People with mental health conditions have lower intelligence (no, mental health can affect anyone regardless of intellect)

People with mental health conditions can't work (no, some may be unable to, but many of us probably work with someone experiencing a mental health condition)

Depression means a person is sad all the time (depression can be episodic)

# Listening and understanding

Greater understanding and challenging myths reduces unease, as people know what they are seeing rather than being frightened by the unknown. It can open conversations between people, meaning greater support and empathy for people with mental health conditions.

Hearing what it's like to have a mental health condition from people who have first-hand experience of the issues can help break down the negative stereotypes that exist around mental health conditions. When people with mental health conditions feel more able to be open and honest about their experiences, it becomes easier for them to seek help when they are feeling unwell.

## Activities

The following activities are designed for you to work through in your pharmacy teams, to explore what myths are being portrayed through general communications and media. What effect do these messages have on your perceptions of people living with mental health conditions?

1. In your pharmacy teams can you list five myths around mental health? How can dispelling these myths be helpful? Click the link or scan the QR code to take you to our suggestions.  
[www.cppe.ac.uk/gateway/mhc#tt-mhc-c2-D-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c2-D-00)
2. Give a newspaper to your team and ask them to review it for myths about mental health. Discuss your findings and use this to explore ways to improve your communication skills.
3. Song lyrics - in five minutes how many songs can you name that are linked to mental health conditions? Are these song titles and lyrics favourable or discriminatory? How can you change your pharmacy practice to ensure negative images and perceptions of mental health are not propagated?





"Have you ever tried not having diarrhoea?"  
What if we talked about physical conditions the way we talk about mental health?

According to the Royal College of Psychiatrists we should be striving for **parity of esteem**, where mental health conditions and physical health conditions are treated equally. By looking at a person holistically you will treat physical health conditions and mental health conditions together, taking responsibility for the whole health of that person, so no one develops a new health condition that slips through the gaps.

Sometimes it can feel daunting when people have a lot of changes to make, and they may doubt if these are achievable. As a healthcare professional it is really important that you empower people with information and support.

## Top tips



- Introduce information or advice on **lifestyle**, **diet** and **exercise** from the offset so that patients can be empowered to make healthy choices as soon as they are able to.
- Poor **dental health** can exist due to side effects of medicines, such as dry mouth or through lack of self-care. People with eating disorders can be at particular risk, as vomiting can cause enamel erosion and restrictive diets can reduce calcium levels. Many of the health promotion messages are the same as those given for other physical health conditions.
- Ensure all health checks and monitoring tests are kept up to date.
- New condition or side effects? Investigate new symptoms as you would for other health conditions, don't assume.
- Have a look at **Arthur Boorman's** story – it may inspire you to believe in people when the odds are stacked against them.

Follow the link or scan the QR code.

[www.youtube.com/watch?v=qX9FSZJu448](https://www.youtube.com/watch?v=qX9FSZJu448)



# Activities

1. Watch this video; it highlights the differences between how people currently perceive mental and physical health conditions. <http://bit.ly/2w4yW11> 
2. After you have watched the video, consider your own perceptions of mental health conditions and how these compare with physical health conditions. Reflect on your current practice in how you see people living with mental health conditions. You could discuss your thoughts with a colleague. Think about how the video's message can help support your patients and change the way you and your team might approach the care of all patients.
3. What initiatives are available to help support patients with lifestyle changes? Do you have easy-to-read leaflets on various topic areas? Are there any local exercise classes that you can promote? You can read more about the relationship between mental and physical health on the Mental Health Foundation website.  
[www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health](http://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health) 

## Case study

**Ryan O'Neill** is 24 years old and has a diagnosis of paranoid schizophrenia and been prescribed clozapine. Follow the case study to explore the physical side effects of clozapine, the monitoring required and other medicine interactions.

[www.cppe.ac.uk/gateway/mhc#tt-mhc-c3-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c3-E-00) 

Evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.<sup>2</sup>

Wellbeing is important as it impacts mental and physical health and rates of recovery. Wellbeing in the workplace is also important for you and your colleagues, as it allows you to function well and be resilient at work. This in turn will allow you to effectively care for people who use your services.

## Ways to improve wellbeing include:

- Healthy eating
- Exercise – this can improve mood, boost confidence and increase energy levels
- Sleep – effective rest is essential for you to function well

<sup>2</sup> New Economics Foundation. *Five ways to wellbeing*. 2008. <http://bit.ly/2i6yKCu>



Mind report that stress and other mental health conditions are the second biggest cause of sickness absence, accounting for 70 million lost working days every year. Absence can put additional strain on other members of the team and could potentially limit service provision.

Make a plan for **promoting wellbeing** in your practice, maybe you can do a Healthy Living Pharmacy campaign or provide information to staff and service users.

## Top tips




- Promote the *Five ways to wellbeing* in your practice (link can be found at base of card). This could be an email, poster or a discussion in a meeting.
- Explore ways to be mindful:  
[www.freemindfulness.org](http://www.freemindfulness.org)
- Meditation is an effective method to promote wellbeing. Carried out regularly this can help people to feel calmer, more in control and better able to manage stress in their daily lives.
- Provide information on how to improve lifestyle, eg, information on alcohol awareness and the NHS Choices case studies on going dry for a month, smoking cessation and the benefits of exercise.



# How to improve your support

- Look out for warning signs of stress in people who use your services as well as colleagues.
- You can reduce stress levels in the following ways: take a break, create boundaries and prioritise your time.
- Perform a debrief after a difficult experience in the workplace – this could be as simple as discussing what happened with an appropriate colleague or manager.

## Activities

1. Wellbeing involves looking at the person as a whole rather than focusing on one specific area. One way to promote mental wellbeing is to refer people to the NHS resource *Five steps to mental wellbeing*. Find out more about the five steps on the NHS Choices website.  
[www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx](http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx) 
2. Watch these videos by yourself or with colleagues and make a note of the top three action points that you can use to reduce your stress levels:
  - Stress and wellbeing webinar  
[www.youtube.com/watch?v=t2uNbLUMyWk](http://www.youtube.com/watch?v=t2uNbLUMyWk) 
  - Assertiveness and time management for pre-reg trainees  
[www.youtube.com/watch?v=Ng3oWpmz7fl](http://www.youtube.com/watch?v=Ng3oWpmz7fl) 

"When I go into the dark, in the darkness of that place, I couldn't tell you what I am going to do in the next few seconds."

The **Mental health first aid (MHFA) course** is a training programme that teaches you how to help people with mental health conditions and shows the appropriate measures to take when someone is facing a mental health crisis. It does not make you a counsellor. It teaches you how to have conversations about mental health. This includes useful questions to ask:

- How are you feeling at the moment?
- How long have you felt like this – is it an ongoing issue?
- Is there anything thing that I can do to help?
- What kind of support do you think might help you?

The course also gives **information** on how to listen and things that you should avoid doing for example you should not offer advice such as '*pull yourself together*' or '*cheer up*'.

**If you're worried that someone is at immediate risk of taking their own life, it's best to stay with them and take one of these steps:**

- ring their GP or out-of-hours service for an **emergency appointment**
- contact their **Community Mental Health Team (CMHT)** if they have one
- encourage them to ring **Samaritans** on freephone 116 123 (24 hours a day)
- arrange for them to be taken to the nearest **Accident and Emergency (A&E)** department
- **call 999** or NHS Direct on 111 (England) or 0845 46 47 (Wales)
- contact the **local crisis team** who can sometimes arrange home visits.

# 6 Mental health first aid

# Putting it into practice

**Steve Allsopp** is a regular patient of yours. Steve tells you that “he feels like life just isn’t worth living.” You are concerned that Steve is feeling suicidal. What should you do next? Discuss your ideas with a colleague. Mind state that you should use open questions and give Steve time to respond, take him seriously, be non-judgemental and do not skirt around the topic. <http://bit.ly/2w531XQ>



A *Mental health first aid* course will increase your confidence supporting someone who feels suicidal. You can find out more information on the MHFA website. <https://mhfaengland.org>



The MindEd website has information for healthcare professionals, parents and the public on dealing with a child or young adult at crisis point. [www.minded.org.uk](http://www.minded.org.uk)



## Activities

1. Listen to these patients discussing their experiences of suicidal feelings and consider how you would support them in your practice. [www.youtube.com/watch?v=yjPITuhpgjg](http://www.youtube.com/watch?v=yjPITuhpgjg)
2. As a team think about how you can implement mental health first aid in your workplace, both in terms of supporting colleagues and patients. What learning do you need to do? Who will be trained? Where can you signpost people to in a time of crisis?



"I thought they were just saying it [sectioning me] and they wouldn't actually do it, I was really upset and felt like I had no control over anything."

As pharmacy professionals we are responsible for the safe and effective care of our patients. That includes understanding our legal obligations and how this affects the care of our patients.

You may be familiar with the **Mental Health Act**. This is the law which sets out when a person can be admitted, detained and/or treated in hospital, sometimes without their consent. It is also known as being 'sectioned'.

You may also want to look at the **Mental Capacity Act**. This act was implemented to protect individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

## Covert administration

Each healthcare organisation may have different policies for covert administration of medicines, but they will contain the same core components. Here are some examples:

- Establish the reason why the person does not want to take the medicine(s)
- Ensure suitable alternative treatments have been explored
- Establish if the medicine is essential
- Verify that the person lacks the mental capacity to consent/make the decision themselves
- Have a discussion about the **person's best interests** involving the multidisciplinary team (MDT) and family/carers
- Involve the pharmacist
- Document all activity appropriately
- Review capacity and treatment plan regularly

### **There are also considerations when administering medicines covertly:**

- Acceptability to the patient
- Relationship with food and drink
- Knowledge and training of staff
- Consider alternative formulations
- Consequences of crushing or opening

# Safeguarding

The issue of safeguarding children and vulnerable adults is the responsibility of every healthcare professional that comes into contact with these patient groups. Each member of the pharmacy team must recognise their professional responsibility and ensure you are confident and competent in dealing with any safeguarding issues. For further learning on safeguarding visit: [www.cppe.ac.uk/services/safeguarding](http://www.cppe.ac.uk/services/safeguarding)



## Activities

1. A good place to start is the NHS Choices webpage on mental health services. It explains what mental health services are available and also has easy-read information you may like to print and give to people wanting to know more. <http://bit.ly/1HX6Jky>
2. All healthcare professionals working with or caring for adults who lack, or who may lack, capacity must comply with the five core principles of the Mental Capacity Act 2005. What are these core principles? [www.legislation.gov.uk/ukpga/2005/9/contents](http://www.legislation.gov.uk/ukpga/2005/9/contents)



## Case study

You receive a phone call about **Elsie Davies**, a lady you are familiar with. She is 80 years old and has dementia. Elsie lives in a local care home and she is prescribed donepezil 5 mg once daily, metformin 500 mg three times a day, ramipril 5 mg once daily and simvastatin 20 mg at night. The caller tells you Elsie is refusing her medicines and wants to know if the tablets can be crushed and the capsules opened, and then added to her food and drink without her knowing.

What are your responsibilities professionally and under the law?

Some suggested answers can be found on the CPPE mental health webpage.

[www.cppe.ac.uk/gateway/mhc#tt-mhc-c6-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c6-E-00)





"After a decade of suffering with depression I finally began taking anti-depressants. The first month was horrendous. Yet when I became used to the medicines, I realised a significant change in my mood; I felt motivated to get out of bed and go to work."

It is important that all patients understand the medicines they are being offered and the risks and benefits of treatments. Pharmacy professionals in all sectors are in an ideal position to help people make informed decisions about their treatment.

Consider your knowledge of treatments for mental health. You may use resources like a psychotropic drug formulary at your trust which outlines treatments available, doses, links to guidance and the evidence base.

## Top tips

- Communicate these risks and benefits in a way that is meaningful to the patient.
- Be aware of the non-medical treatment and have a range of easy-to-read leaflets you can discuss with your patients.
- Discuss side effects with the patient, eg, Parkinsonian effects when taking first generation antipsychotics (haloperidol) or potential weight gain when taking a second generation antipsychotic (olanzapine).
- Explore the most appropriate times to take medicines: sedative medicines can be taken at night to help sleep, alerting medicines can be taken in the morning.
- Are there any interactions with over-the-counter medicines the patient may have bought? For example, St John's Wort can interact with many medicines altering their plasma concentration, or ibuprofen can increase the risk of lithium toxicity.

# Side effects

Some people are put off taking medicines because of the possible side effects. Consider how you would talk to your patients about the side effects of their medicines. It is best to have this conversation when a patient is starting a new medicine. You can provide reassurance and enable the person to make an informed decision about their treatment options. Consider how you can provide information in a useable format for the patient.

## Activities

1. Listen to Helen Chuck, a mental health nurse, to see how she approaches her patients and the common areas where the pharmacy team can have a great impact.  
[www.cppe.ac.uk/gateway/mhc#tt-mhc-c7-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c7-E-00)
2. The Lester tool is a useful resource to monitor the physical health of patients experiencing severe mental health issues. Look at how you could use this tool in your practice to improve your support for patients. <http://bitly.com/2uSzEEm>
3. How would you support your patients if they are choosing not to take their medicines? What are the risks and benefits? This Mind resource provides you with information from patients and considers why they may wish to halt treatment. <http://bit.ly/2x7giw0>



## Case study

People taking medicines for mental health conditions may experience new symptoms; these may be a side effect from the medicines or be a new physical health condition. Have a look at our case study and follow **Grayson Webster's** journey from diagnosis to treatment and the way the healthcare teams responded to new side effects and symptoms. Reflect on how you might approach your patients differently. [www.cppe.ac.uk/gateway/mhc#tt-mhc-c7-E-01](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c7-E-01)






"I felt like I had this black cloud hanging constantly over my head and it's just a feeling that stays with you and you can't seem to get away from it at all and you feel completely alone."

NICE defines children as those aged 5–11 years and young people as aged 12–18 years. A child or young person can present with all the same mental health conditions as adults. Factors associated with poor mental health include being bullied, frequent quarrels with parents, being unhappy with their appearance and spending over three hours per day on social media.

## How children and young people are treated differently:


- Medicines - be aware of the different first-line drugs, doses and licenses. Discuss these with your team so you will be confident in handling a prescription or patient query.
- Consider the faster metabolism of medicines in children and young people, increased frequency of doses, frequency of monitoring and their sensitivity to side effects.
- Children and young people may use different language to express their feelings.
- Common signs in children include disturbed sleep, anger and aggression, poor concentration and overactivity, mood swings and muddled thinking, as well as unexplained physical symptoms.
- Often when you are dealing with children you will also have parents or guardians present, so you will need to manage a triadic consultation. You will also have to consider consent issues.

# Activities

1. How friendly is your practice environment for children and young people? Do you display posters and leaflets that appeal to children and young people? Do you have anything that explains confidentiality to these age groups? Gather your team and evaluate what you currently do well and what you can do to develop your environment. This tool kit gives information on providing quality services for young people. [www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services](http://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services) 
2. Mental health conditions can affect anyone at any time of their lives and at multiple times during a lifetime. Take a look at page 55 of this government report on the trajectory of mental health through a life span and how factors such as maternal health and poverty can affect the mental health of young people. <http://bit.ly/1vvhdmY> 
3. There is an increased risk of suicidal thoughts in children and young people taking antidepressants. Read through our factsheet to learn more about the stepped-care model for treating children and young people with mental health conditions. [www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-D-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-D-00) 

## Case study

Now that you have considered the differences you can encounter in treating children and young people, apply your knowledge to the case studies of **Chirag Patel** [www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-E-00) and **Sienna Wood** [www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-E-01](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c8-E-01) 

To support these case studies you may wish to access the NICE pathway on *Social and emotional wellbeing for children and young people*. 

<https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people> 

## Perinatal

This refers to mental health during pregnancy and up to roughly a year after giving birth. Around one in five women will experience a mental health condition during pregnancy or in the year after giving birth.

These can include post-natal depression, anxiety, obsessive compulsive disorders, eating disorders and post-traumatic stress disorders.

### Top tips

- Pick up on changes in appearance that indicate poorer self-care in women that you see regularly.
- Build a rapport early in pregnancy.
- Ask what support is needed or signpost to the GP, health visitor or midwife and the Mind website as appropriate.

## Older people

Specific life changes such as retirement and bereavement, worsening physical health, giving up driving, being a carer and living on a low income can affect mental health.

### Key facts:

- Loneliness affects one million older people, can be linked to the onset of dementia and is associated with depression.
- Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole.
- There is an increased risk of inappropriate use of antipsychotic medicines in older people living with mental health conditions.

# Activities

## Perinatal

1. Some women may be reluctant to seek medical help, but you may be able to help them identify someone in their primary care team that they would be willing to talk to. Listen to women talking and blogging about perinatal mental health conditions and list situations when you might pick up on perinatal mental health conditions in your sector of practice. <http://bit.ly/2uLseqz>



## Older people

2. Consider the support you can provide to older people, including signposting to local support groups useful to older people such as the Alzheimer's Society, the Carer's Trust and Carers UK.
3. Read the CPPE distance learning programme *Older people: practical tips for managing long-term conditions*. Pay particular attention to Section 5 on depression. Discuss with your colleagues how you can better support the treatment of depression in older people and key factors affecting the treatments. [www.cppe.ac.uk/learningdocuments/pdfs/olderpeople\\_factfile%20\(1\).pdf](http://www.cppe.ac.uk/learningdocuments/pdfs/olderpeople_factfile%20(1).pdf)



## Case study

"I took my spare medication back to the pharmacy for disposal as I had been told I couldn't take it as I was pregnant and was just greeted with a 'thank you'". This is a real patient experience after stopping her antidepressants when she found out she was pregnant. Follow **Dee Winterburn's** journey and see how you can help support her in this situation. [www.cppe.ac.uk/gateway/mhc#tt-mhc-c9-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c9-E-00)



Between 30 and 70 percent of patients have either an error or an unintentional change to their medicines when their care is transferred. It is also possible that messages between healthcare professionals are not received or badly communicated and some issues may not be followed up.

NICE gives information on managing risks around the transfer of care for people with mental health conditions in their *Transition between community or care home and inpatient mental health settings* pathway.

<http://bit.ly/2vHzhxD>



Sometimes a simple conversation is enough to understand the patient's medicine changes, but other times the patient may not want to talk about their medicines, or is unable to give specific information due to the clinical presentation or mental health condition. In these situations you will need to work with the wider healthcare team.

## Top tips

- Communication between healthcare teams is essential to make sure that changes to medicines are actioned when a patient is transferred. This could include dose changes, for example to antipsychotics or antidepressant medicines, and short-term additions of anxiolytics or sleeping tablets.
- Obtaining discharge information from the acute hospital is essential for good medicines reconciliation, as on occasions medicines are stopped or changed during acute or short hospital stays.
- On acute admission for manic episodes it is essential to check if antidepressants are taken and review immediately, as antidepressants have been known to precipitate manic episodes in patients suffering from bipolar disorder.
- Clozapine patients: it is essential to check for serious interactions with common medicines, nicotine replacement therapy and lifestyle changes.
- Depot antipsychotics: may not appear on Summary Care Records (SCRs) or GP summaries.

# Activity

1. Create a toolkit for assessing patients who transfer into your setting where additional support is needed. This could either be an electronic or paper file. Share and discuss with your team.

## Case studies

- Consider specific issues that occur when someone with a mental health condition is transferred between care settings and what specialist services are available. Follow **Vitesh Pratel's** journey living with schizophrenia and the mental health specialist services he accesses for support.  
[www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-00](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-00)
- Reflect upon **Harry Griffiths'** story and how you might change your practice as a result of reading this. This is based on a real event and patient.  
[www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-01](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-01)
- **Jace Williams** is a 48-year-old man who has been admitted to hospital due to severe cuts in arms and legs. He is stating that the voices in his head were telling him to make cuts in his body. Think about how you can apply your learning to help support Jace's treatment and discuss with your colleagues.  
[www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-02](http://www.cppe.ac.uk/gateway/mhc#tt-mhc-c10-E-02)





"My diagnosis is schizoaffective disorder. I think the word 'schizo' is the worst thing about having a mental health problem, it has a lot of stigma attached to it."

The language we use and the approach we take in a consultation plays a big part in reflecting our own views of mental health conditions. Healthcare professionals can be responsible for perpetuating attitudes to mental health which can lead to a patient feeling stigmatised.

Our aim should be to 'normalise' mental health conditions and allow and encourage people to speak freely about their issues as much as they would their physical health conditions, using appropriate language and techniques.

## Top tips

- Be open about mental health, if you are confident talking about it so will the patient.
- Using open questions to encourage the patient to talk. *'Tell me how you are feeling'* rather than *'I can see you are feeling very low'*.

### The language you use:

- Take a neutral and non-judgemental approach
- Avoid clichés like *'chin up'* and *'I'm sure whatever you're feeling will pass'*
- Don't explain away anxiety or distress using *'it's normal to feel like that when you're depressed'*
- Never say *'I understand how you are feeling'*, because the likelihood is you don't
- Reflect the patient's own language

### Apply patient-centred consultation skills:

- Demonstrate active listening
- Find out what information would be helpful to the patient in terms of their medicine and condition
- Explore their ICE (ideas, concerns and expectations) of their medicines and condition

# Activities

1. How confident are you in conducting a medicines review with a person who has schizophrenia? What phrases would you use to open up the conversation to discuss the medicines they are prescribed for a mental health condition?
2. Now watch the video titled *Five tips on how to start a conversation about mental health*. What will you do differently to engage a person in conversation?  
[www.youtube.com/watch?v=FGiqn5MK1TY](https://www.youtube.com/watch?v=FGiqn5MK1TY)
3. Using inappropriate language in the consultation can break the therapeutic relationship and promote stigma. Read **Catherine's** story which explains the impact of using clichés like '*...but you have so much to be grateful for*' when discussing mental health. You can access Catherine's blog on the Time to Change website.  
[www.time-to-change.org.uk/blog/why-you-shouldnt-tell-someone-depression-be-grateful](https://www.time-to-change.org.uk/blog/why-you-shouldnt-tell-someone-depression-be-grateful)
4. Think about the **words** and **phrases** you use when speaking with a person who has a mental health condition. Can you identify which words and phrases might be useful in building a therapeutic relationship? Are there any phrases and clichés you may inadvertently use which may promote stigma? What effect do you think this may have on the patient and/or their carer?
5. Take a look at this document outlining some helpful and not-so-helpful ways to communicate with people living with mental health conditions. What changes will you make to your practice now?  
[www.time-to-change.org.uk/media-centre/responsible-reporting/mind-your-language](https://www.time-to-change.org.uk/media-centre/responsible-reporting/mind-your-language)



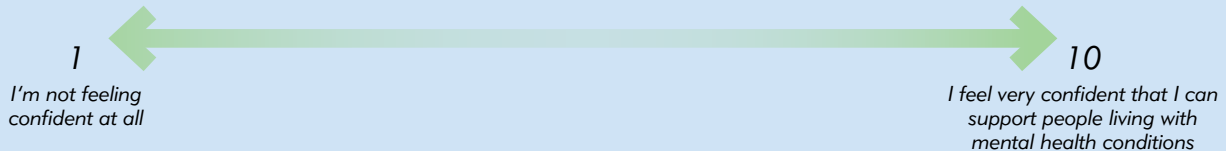
# Next steps

This resource has taken you through different topics on mental health and asked you to work through patient examples and activities to put your learning into practice.

There are many more learning activities, resources and documents to help support your patients on the **CPPE** website. [www.cppe.ac.uk/mentalhealth](http://www.cppe.ac.uk/mentalhealth)



On card 2 you reflected on how confident you were supporting people living with mental health conditions. Now you have worked through all the cards have you moved along the arrow?



## Contacting CPPE

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