

Nothing ~~grows~~ in toxic environments

thrives?





Standards are dropping



Dr Sidney Chu



Dr Jenny Preston



Dr Sarah Kantartzis



Dr Nick Pollard



Dr Anita Atwal



Professor Diane Cox



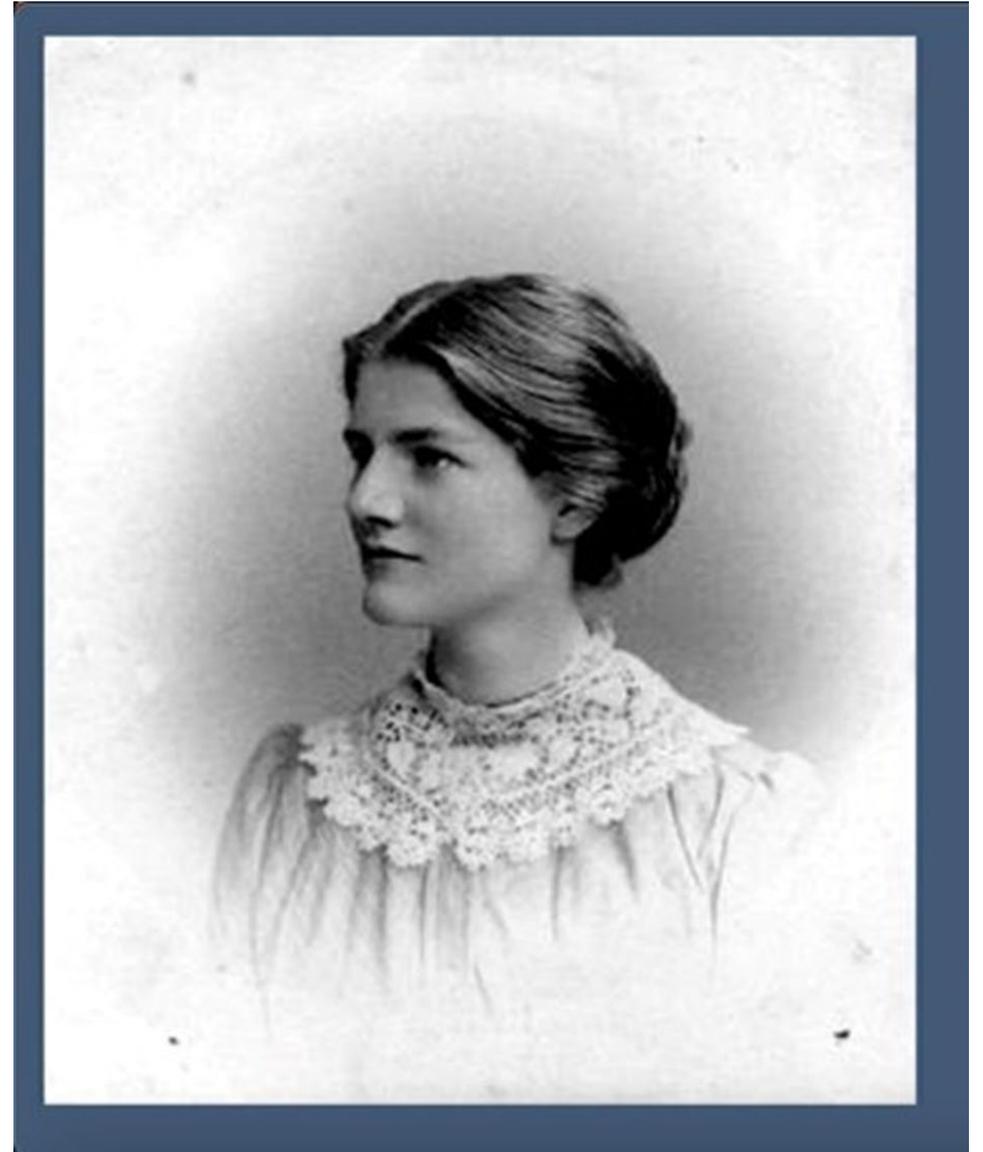
Dr Wendy Bryant

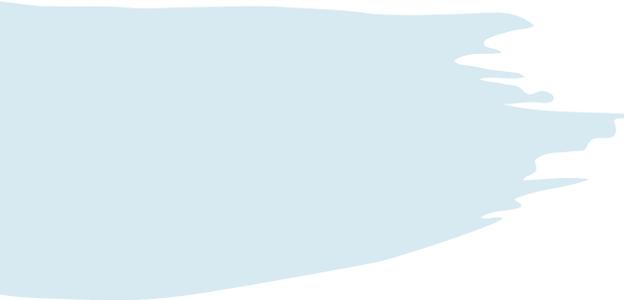


Mr Keir Harding

“I knew from that moment that occupation was an integral part of treatment and must be provided”.

Dr Elizabeth Casson



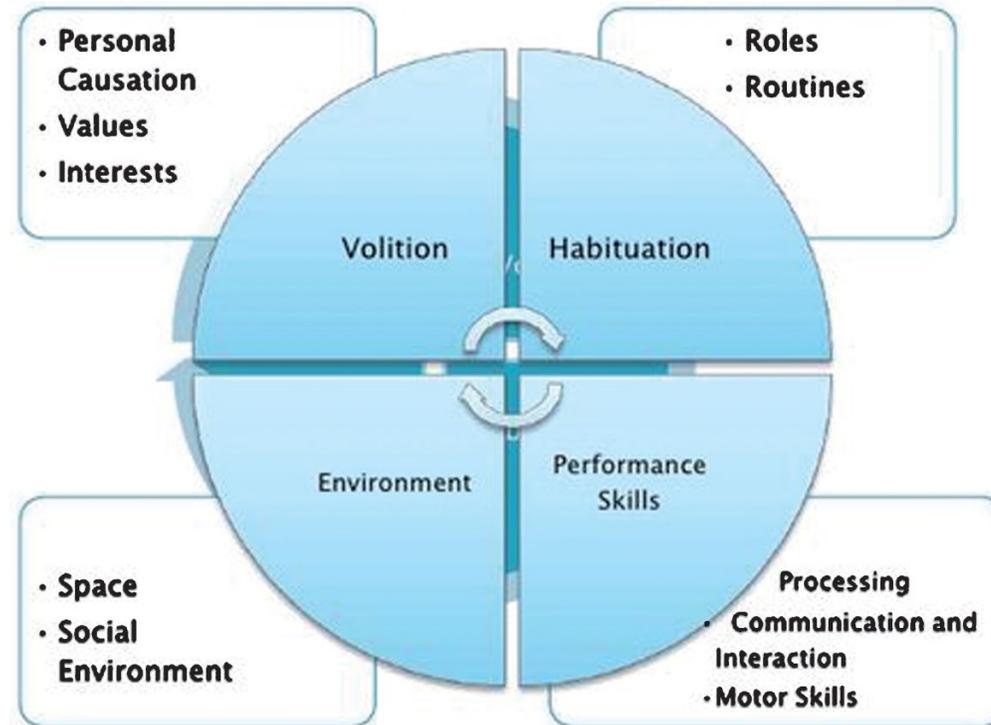


“We cannot live for ourselves alone.

Our lives are connected by a thousand invisible threads, and along these sympathetic fibres, our actions run as causes and return to us as results”.

Herman Melville

Model of Human Occupation



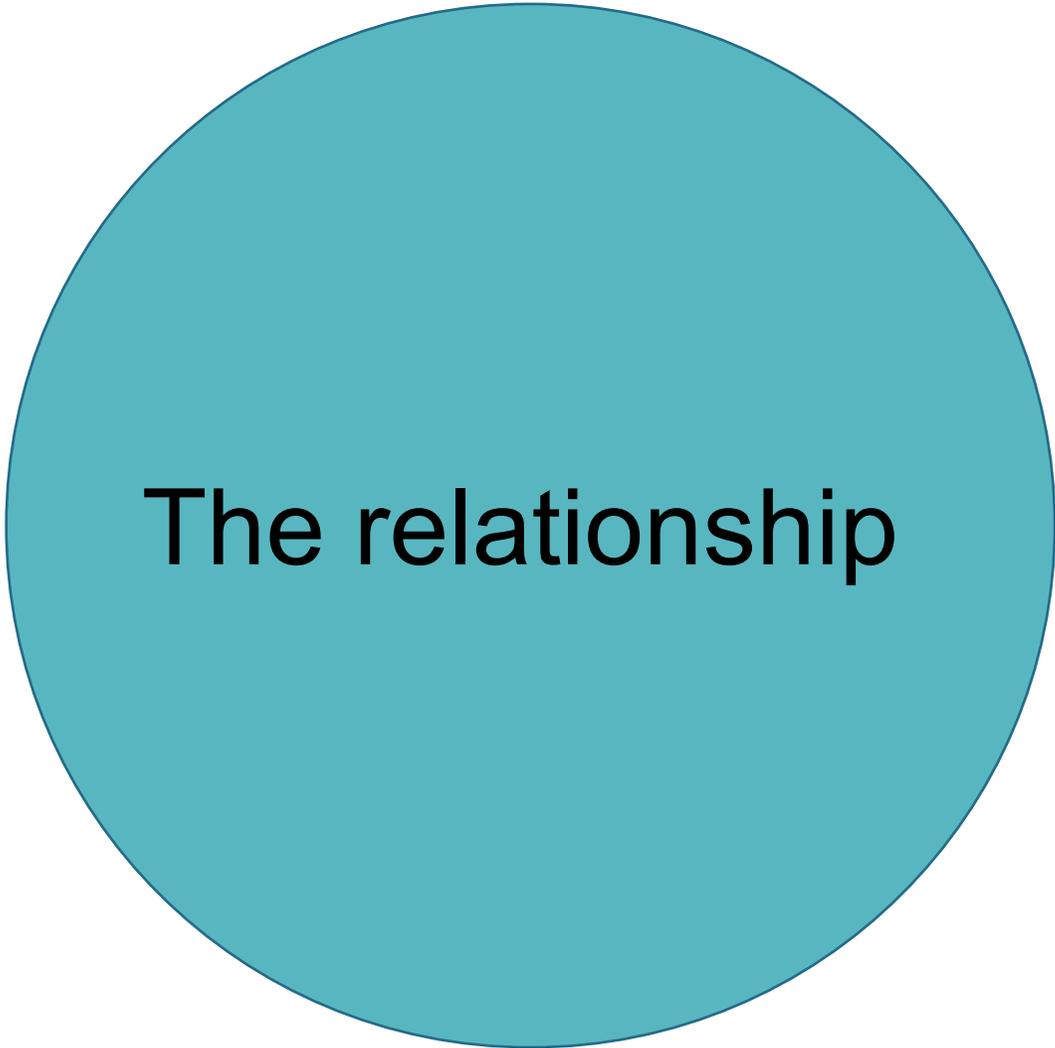
Kielhofner, G. (2008). Model of Human Occupation: Theory and Application. Fourth Edition. Philadelphia, PA: Lippincott, Williams and Wilkins

- The objects people use when doing things
- The spaces within which people do things
- The occupational forms or tasks that are available, expected and/or required by the context

- The social groups (family, friends, co-workers, neighbours) encountered
- The culture that infuses and influences both physical and social aspects of the environment

- The political and economical context that influences such things as freedoms and resources relevant to occupation

Kielhofner, G. (2008). Model of Human Occupation: Theory and Application. Fourth Edition. Philadelphia, PA: Lippincott, Williams and Wilkins.



The relationship

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Borderline personality disorder diagnostic criteria

- Frantic efforts to avoid real or imagined abandonment
- Unstable and chaotic interpersonal relationships, often characterized by alternating between extremes of idealization and devaluation, also known as "splitting"
- Markedly disturbed sense of identity and distorted self-image
- Impulsive or reckless behaviours (e.g., impulsive or uncontrollable spending, unsafe sex, substance use disorders, reckless driving, binge eating)
- **Recurrent suicidal ideation or self-harm**
- Rapidly shifting intense emotional dysregulation
- Chronic feelings of emptiness
- **Inappropriate, intense anger that can be difficult to control**
- Transient, stress-related paranoid or severe dissociative symptoms



The relationship

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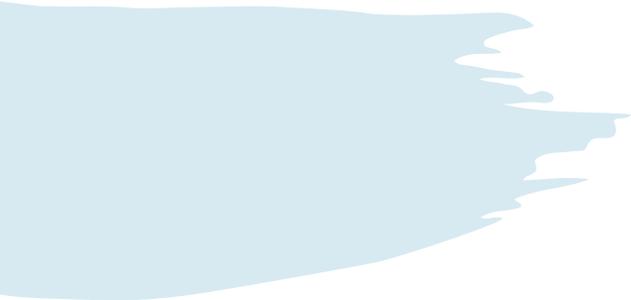


The World Health Report 2001: Mental Disorders affect one in four people

Improving health systems and services for mental health. (Mental health policy and service guidance package)

1.Mental health services. 2.Mental disorders–prevention and control. 3.Delivery of health care. 4.National health programs. 5.Health policy. I.World Health Organization.

ISBN 978 92 4 159877 4 (NLM classification: WM 30) © World Health Organization 2009



“My personality is not disordered”

Sue Sibbald @BPDFFS

The person

Humiliated for trying

Hurt by others

Abandoned by others

Head full of trauma

Not taught how to express feelings

Expects others to let them down

Expects others to hurt them

Living in poverty

Fearful of going out

Fearful of 'new' places

What we see

Turns up late

Doesn't turn up

The "wrong" problems

Interaction feels difficult

Doesn't come back

Under the influence of something

Hurts themselves

Wants to die

Neglects themselves

Easy explanations

Not engaging

Doesn't want to get better

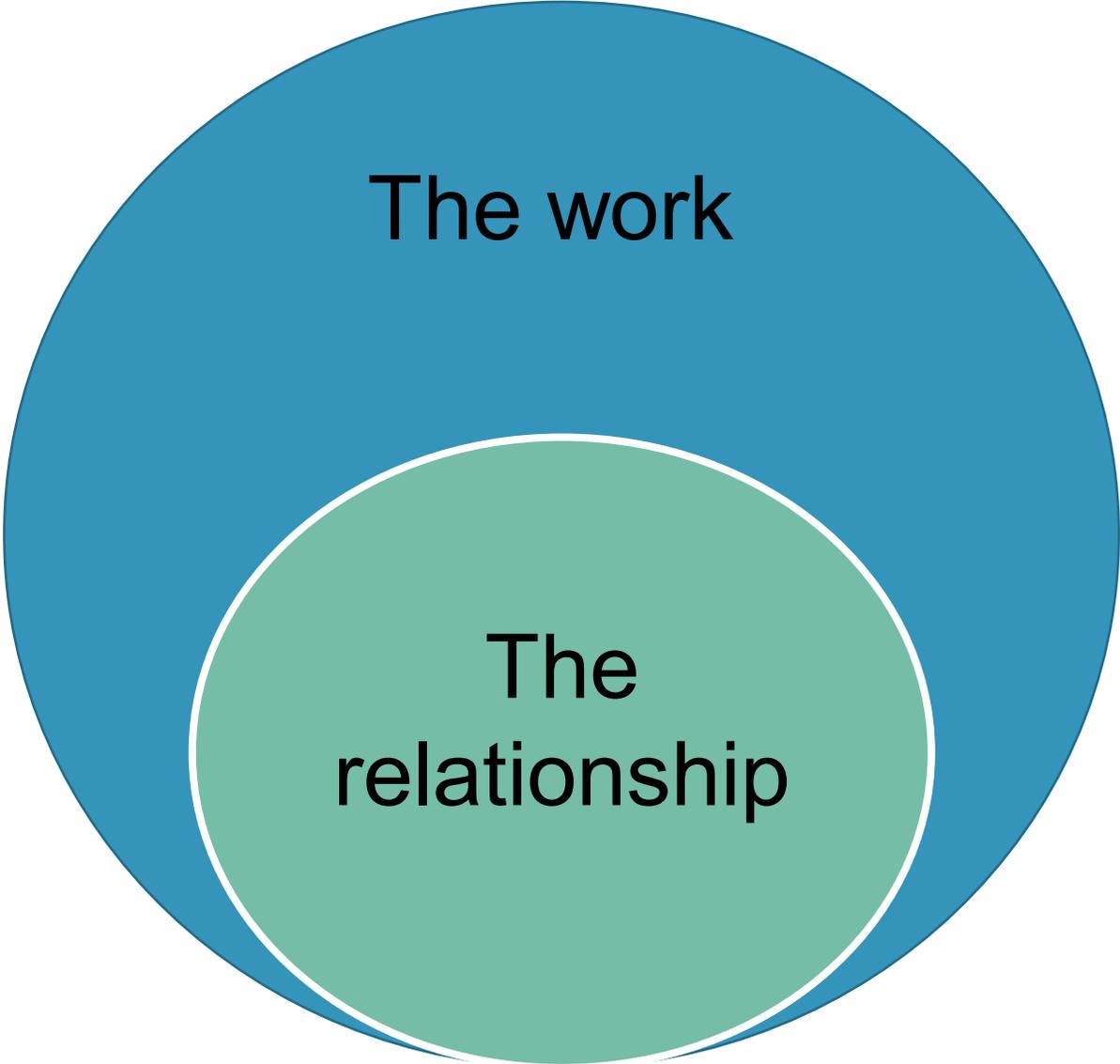
Not motivated to change

Attitude problem

Inappropriate

Can't be bothered

Wasting the space of someone who needs it



The work

The
relationship

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Management shapes occupational therapy outcomes by:

- Defining the meaning of occupational therapy within the organisation
- Controlling what materials are made available
- Determining where occupational therapists are allowed to work, such as hospitals and/or clients homes and workplaces
- Specifying the duration of face-to-face sessions and of each clients' total intervention
- Naming the competences occupational therapists are allowed to use

Theorising Occupational Therapy Practice in Diverse Settings, Edited by Jennifer Creek, Nick Pollard, Michael Allen
Chapter 2- Managerialism and health services, Jennifer Creek

The Community Mental Health Team

Serious risk to self and others

Increased input if experiencing psychosis

Long term intervention

Management of things that can imminently kill you

Lack of motivation to change when challenged

Focus on serious mental illness

The Occupational Therapy Service

Stable enough for occupational therapy

Wait until well enough

Time limited pieces of work

Health eating

A reason for discharge

A primary care team within the Community Mental Health Team

OCAIRS Mental Health Interview (Form 2)

Questions, rating scale and notes form

Readiness for change

Tell me about a time when you experienced a big change in your life (moving, going away to school, death of a partner/spouse/child)

Was it difficult to adjust?

How do you handle it when your daily routine changes? (If needed, use an example from response given in Habits section)

When someone gives you feedback (ask to change your behaviour), how do you react?

The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) Version 4.0, 2005

Authors: Kirsty Forsyth, Shilpa Deshpande, Gary Kielhofner, Chris Henriksson, Lena Haglund, Linda Olson, Sarah Skinner, and Supriya Kulkarni

OCAIRS Mental Health Interview (Form 2)

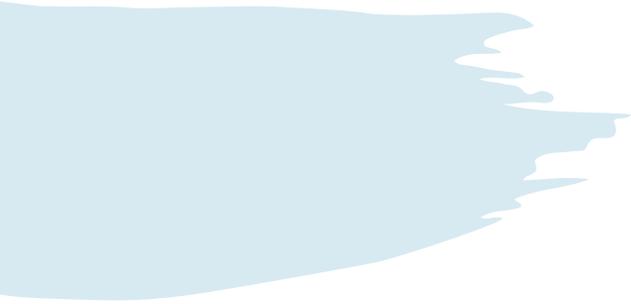
Questions, rating scale and notes form

Readiness for change

- I) **S**ignificant difficulty in adjusting to feedback/changes in personal/environmental circumstance
- I) **H**as very few opportunities for social participation
- R) **R**ejects feedback/changes in personal/environmental circumstances
- R) **M**akes inadequate changes of modifications: does not identify areas client want to work on

The Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS) Version 4.0, 2005

Authors: Kirsty Forsyth, Shilpa Deshpande, Gary Kielhofner, Chris Henriksson, Lena Haglund, Linda Olson, Sarah Skinner, and Supriya Kulkarni



**A service with the wrong patients
probably needs to rethink itself**

“Perhaps we have already grown used to excluding exclusion and senseless divisions in order to avoid the reality that services have been systemically cut and we cannot give patients what they need.

The mental health profession has had its compassion eroded by moral injury for longer than we can remember, rationing care for so long that we have come to believe that exclusion is clinically indicated.

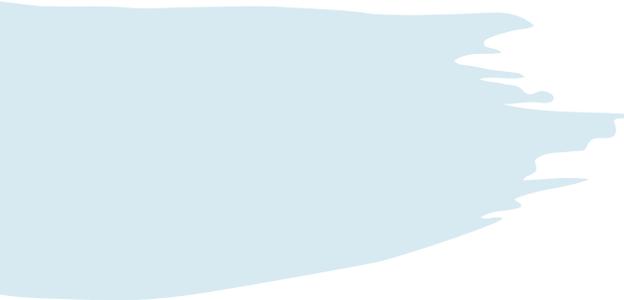
We claim to be encouraging personal responsibility and autonomy, preventing dependence, avoiding institutionalisation, reducing unnecessary referrals, all of which allows systemic failings to continue.

Some of our processes seem almost designed to harm...”

Dr Chloe Beale, Consultant Liaison Psychiatrist,
Honorary Senior Clinical Lecturer and Suicide Prevention Lead,
East London NHS Foundation Trust

“
Medicine adds
days to lives,
occupational therapy
adds life to days.
”





“Do occupational therapists break down the meaning of self-harm when people are in hospital?”

“I think other professionals do”

“No, I don’t think anyone does”

Brigid Bowen, Compassionate Mental Health

“A pressure developed affecting all levels of staff, managerial through to clinical, to ‘manage risk’, which was the intended consequence of this shift in policy. But this soon slipped into ‘managing risk to themselves’.”

Professor George Szmukler
Psychiatrist, Associate Director of the NIHR Clinical Research
Network Mental Health Division

“This is understandable, since the consequences of a faulty risk assessment were and continue to be quite horrendous... protracted investigations and scrutiny of the case, blame, negative publicity, formal inquiries, and scores of recommendations requiring implementation.”

Modernising the Mental Health Act Increasing choice, reducing compulsion
the Independent Review of the Mental Health Act 1983, December 2018



“The management of threat is not just of threat to the patient, but also of threat to the staff and the organisation itself. Staff are well aware that acts of self-harm or harm to other patients, or suicide, result in serious, stressful investigations with potential suspensions.

The patient's behaviour can thus become an indirect threat to staff themselves. Hence, some forms of physical risk prevention are partly to protect the organisation and staff”

No safety without emotional safety, Lancet Psychiatry
Professor David Veale, MD , Eleanor Robins, Alex B Thomson, MRCPsych , Professor Paul Gilbert, PhD. Published November 25 2022

Climate of fear putting patients at risk, say doctors

1 December 2022

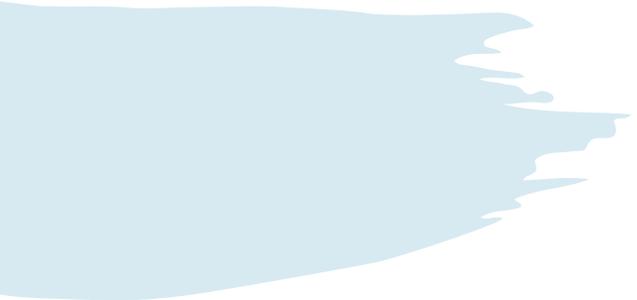


"They were trying, as they did with other colleagues, to completely sort of ruin your career," he said.

"If you criticise senior management, they'll have you."

In the past decade, the trust has referred 26 of its doctors to the General Medical Council, which can investigate a doctor's fitness to practise, a Freedom of Information Act request by an NHS safety campaigner found. In all cases the GMC took no further action.

BBC Newsnight

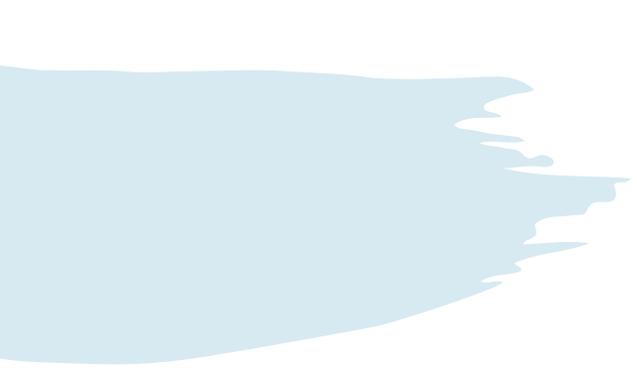


The most common response to the individual was formal action short of dismissal such as demotion, suspension or disciplinary. 33% of those who experienced an actual response experienced formal reprisal at the first attempt, increasing to 39% at the second attempt and 50% at the third attempt.

Dismissal is the second most common response with 24% of individuals being dismissed after raising a concern once, 29% after raising a concern twice and 32% after raising a concern a third time.

However, the response individuals most commonly say they fear is dismissal, which increases as the journey continues. 66% of those who feared a specific type of response told us they feared a dismissal at first.

Vandekerckhove, Wim, James, Cathy and West, Francesca (2013) Whistleblowing: the inside story - a study of the experiences of 1,000 whistleblowers. Project Report. Public Concern at Work, London, UK.



There is the problem and the person raising the problem,
and the latter is more easily "fixed"

Arriving at the hospital, Dr Bicknell said his colleague, who wishes to remain anonymous, saw roughly 40 ambulances queuing to access the emergency department, with one crew of paramedics forced to perform CPR on a patient as they transported them on a trolley.

<https://www.bma.org.uk/news-and-opinion/40-ambulance-queue-to-access-hospital>

Additionally, more than 50% of junior doctors experience high levels of stress and anxiety due to their working conditions, which can affect their ability to provide the best possible care for patients and puts their own mental health at risk.

<https://www.bmj.com/content/380/bmj.p425/rr>

"Conditions that are 'not safe' for patients of staff. The safe staffing levels are the main issue" Charlene said. "The nurse-to-patient ratio is seldomly met because one, there's so many nursing vacancies, and two, we can't retain nurses because the working conditions are so poor. We're forever taking on more responsibility and it's just such a strain."

<https://www.itv.com/news/wales/2022-12-14/dangerous-and-dire-tearful-nhs-nurse-explains-why-she-is-striking>

"The ambulance service, like much of the NHS is facing as ongoing crisis over staffing levels. With hospitals reaching full capacity, ambulances are having to wait in hours-long queues before they can drop off their patients. Waiting times for an ambulance have increased, with the average wait in rural areas highest – in Cornwall you can expect to wait an hour 41 minutes for an ambulance".

<https://www.bigissue.com/news/employment/ambulance-strike-what-happens-when-paramedics-and-999-handlers-walk-out/>

Why did 21,800 nurses leave the Nursing and Midwifery Council?

I have retired	2,907	51.6%
My personal circumstances changed	1,606	28.5%
Too much pressure (stressful, poor mental health)	1,278	22.7%
The workplace culture was having a negative effect on me	1,022	18.1%
I am leaving or have left the UK	1,003	17.8%
Concerned about not being able to meet the revalidation requirements	780	13.8%
Other	724	12.8%
I was disillusioned by the quality of the care provided to patients	624	11.1%
Staffing levels	609	10.8%
I was concerned about my workload	488	8.7%

NMC Leavers Survey 2020

<https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/leavers-survey-2021.pdf>

Retaining staff is also becoming an increasing challenge. During 2021-2022, 17,000 staff (13%) left the NHS mental health workforce.

National Audit Office: Progress in improving mental health services in England (9 February 2023)

NHS staff shortages in England could exceed 570,000 by 2036, leaked document warns

The Guardian

● This article is more than 2 months old

Four in 10 junior doctors plan to quit NHS as soon as they can, survey finds

Poor pay and working conditions are main reasons for wanting to find other work, says BMA

The Guardian

● This article is more than 1 month old

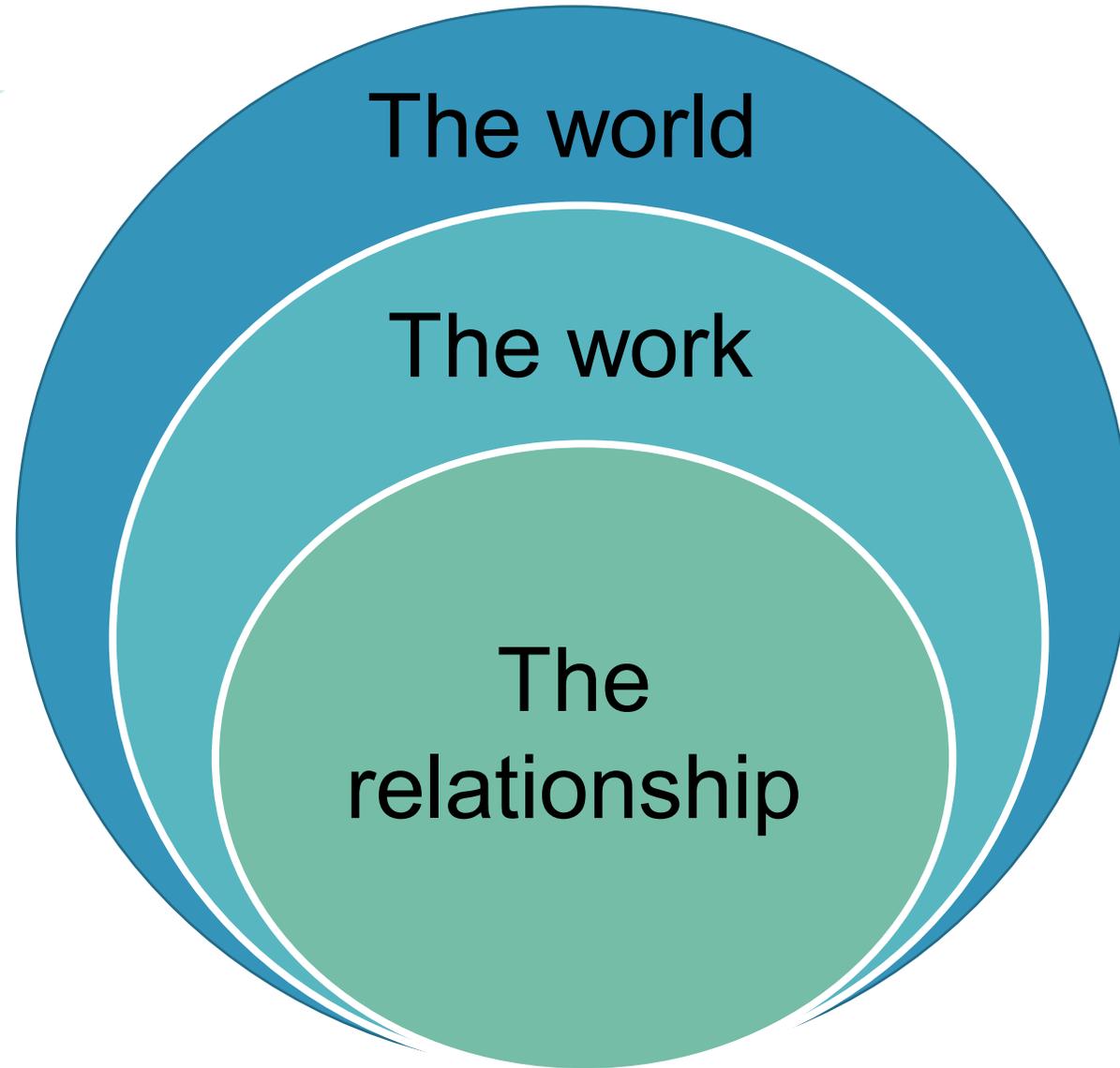
Third of England's teachers who qualified in last decade 'have left profession'

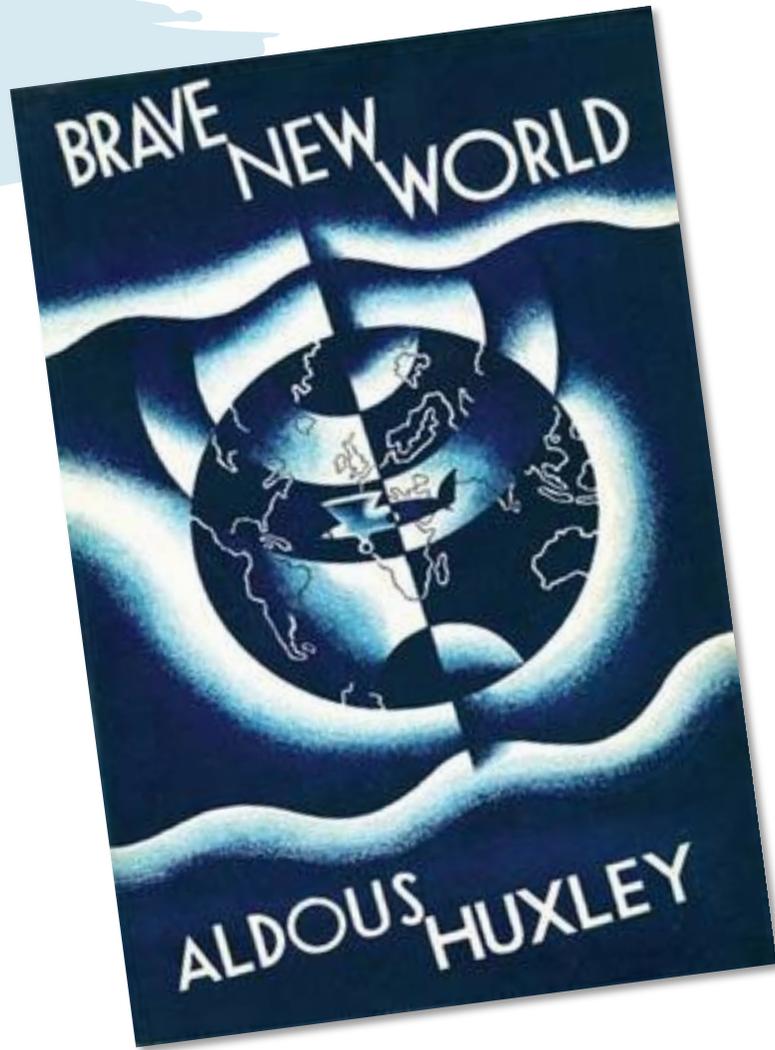
The Guardian

If staff are working with agency colleagues getting three times their pay, should they go agency themselves or strike?

"I would hope and trust that such a respected person would see this position as the vocation that it is."

The Lord Markham CBE, Health Minister





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News / Campaigners warn of 'alarming' rise in teenage suicides



CAMPAIGNERS WARN OF 'ALARMING' RISE IN TEENAGE SUICIDES



Nicole Weinstein



Wednesday, September 14, 2022

Campaigners are calling for dedicated mental health support in schools after figures revealed that suicide rates among 15- to 19-year-olds in England have reached their highest point in 30 years.

Self-harm among young children in UK doubles in six years

Finding comes as experts highlight huge impact of Covid-19 pandemic on young people's mental health

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)

Sarah Marsh

[@sloumarsh](#)

Tue 16 Feb 2021 06.01 GMT



Articles

Suicide Following Deliberate Self-Harm

Mark Olfson M.D., M.P.H., Melanie Wall, Ph.D., Shuai Wang, Ph.D., Stephen Crystal, Ph.D., Tobias Gerhard, Ph.D., Carlos Blanco, M.D., Ph.D.

Published Online: 21 Mar 2017 | <https://doi.org/10.1176/appi.ajp.2017.16111288>

Risk of dying by suicide is 37 times higher in the year after seeking help for self harm

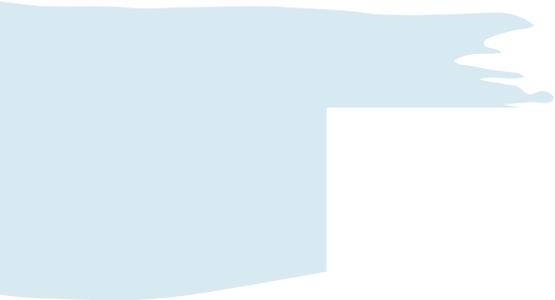


More than 50% of people who die by suicide have self-harmed,
15% within the previous year.
(Gairin, House and Owens, 2003)

People who self-harm also have a higher all-cause mortality, i.e. not
just from suicide.
(Bergen et al. 2021)



One in 50 patients who attend hospital after self-harm will die by suicide within one year and one in 15 within nine years.
(Owens, Horrocks and House, 2002)



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Health

Quarter of 17-19-year-olds have probable mental disorder - study

🕒 29 November 2022

The number of under 18s in contact with NHS mental health services in England rose by nearly 30% in the last year - from 768,083 in 2020-21 to 992,647 in 2021-22

Young people with a probable mental health disorder were more likely to live in a household where paying bills and putting food on the table was a challenge

Nearly two thirds of 17 to 24 year olds and more girls than boys have a possible eating problem

The government was committed to increasing the number of mental health teams in school to nearly 400 by April 2023 in order to support three million children and young people

A multi millionaire says...



Piers Morgan  @piersmorgan · Dec 30, 2019

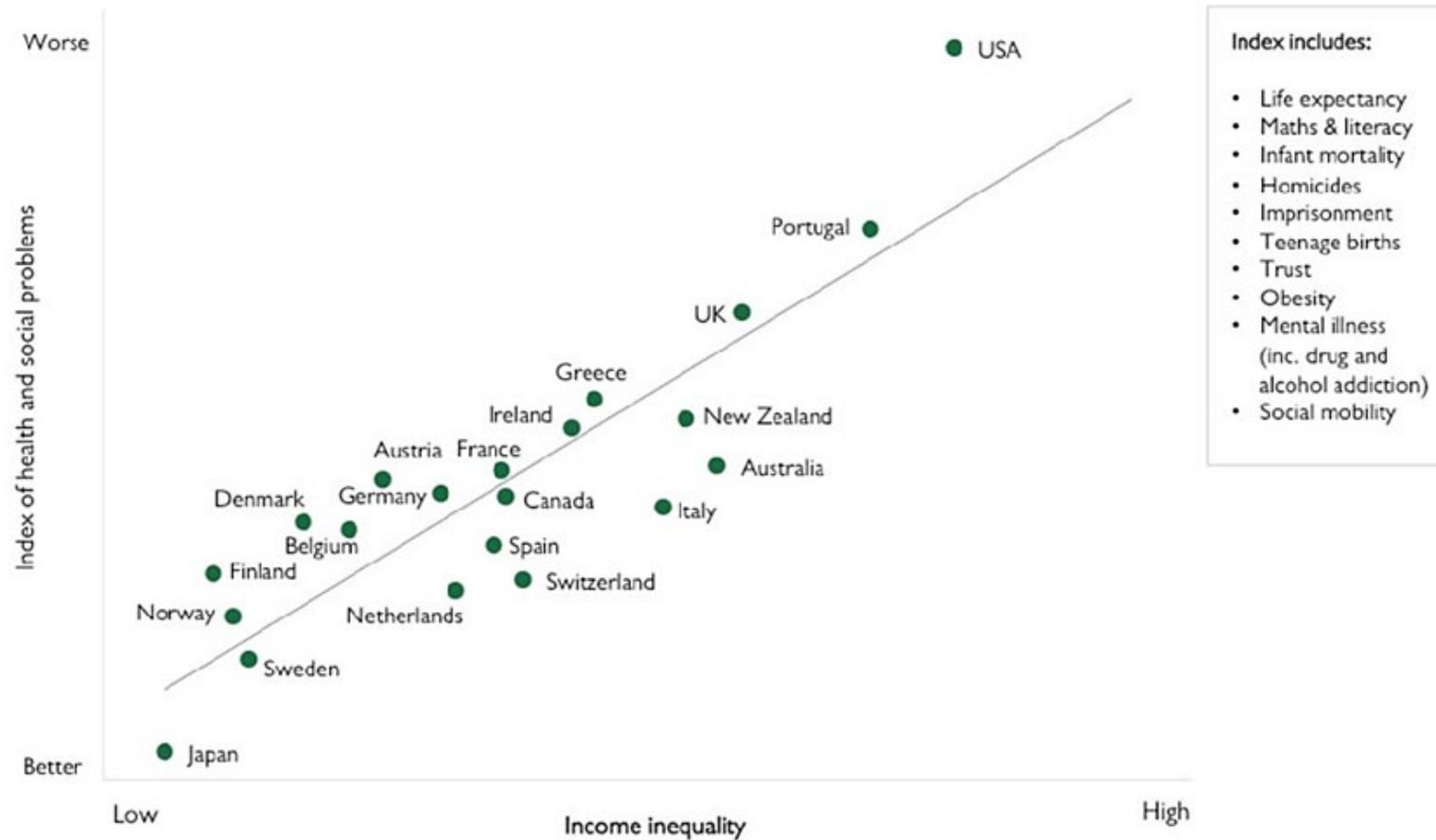
...

Great column. As I keep telling **anxiety**-ridden snowflakes, we've never **had it so good**... so I hope 2020 is the year we start dwelling on the many positives of modern life rather than the negatives. **It's OK** to say things are more than OK!

Why?

- Greater inequality?
- No chance of owning their own home?
- Less chance of being more successful than their parents?
- Hyper sexualisation of children?
- Children carry the school bully home with them in their pocket?
- The most graphic material is easily available?
- Suffering is seen as their moral failure?

Health and social problems are worse in more unequal countries



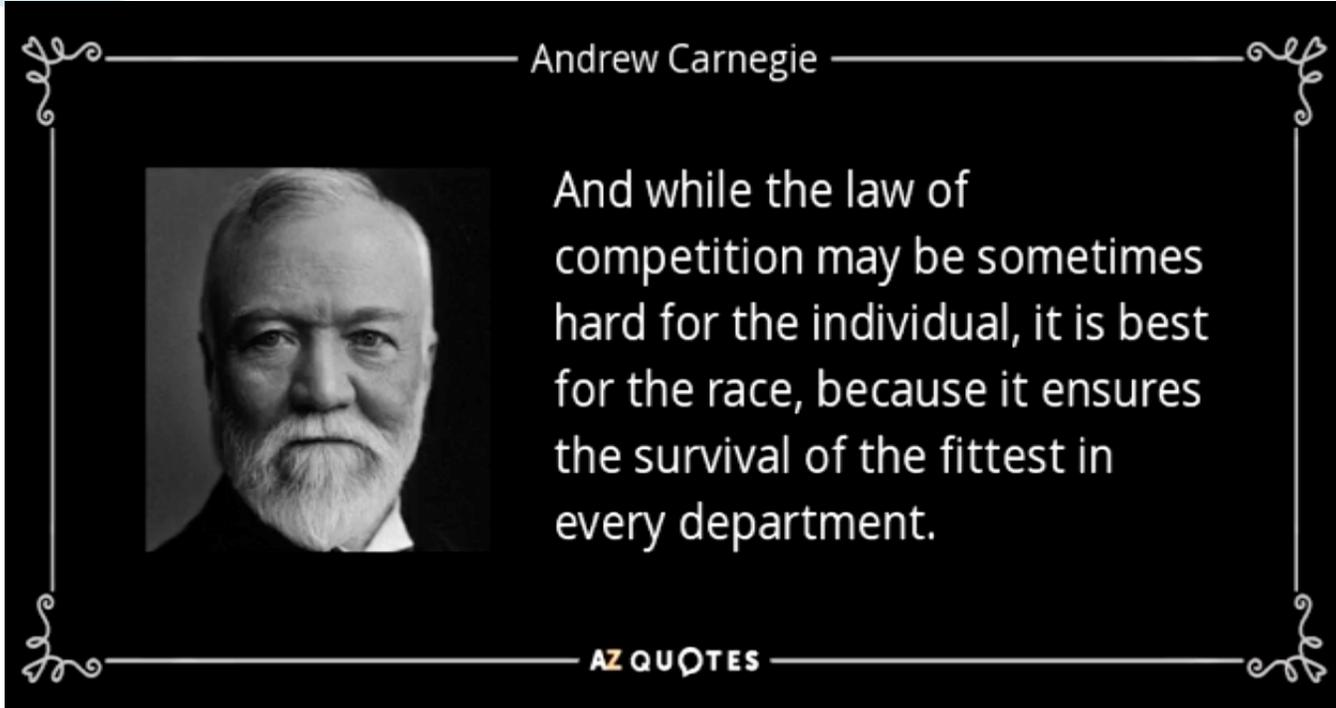
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

THE EQUALITY TRUST



- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
- People living in poorer areas not only die sooner, but spend more of their lives with disability – an average total difference of 17 years
- The Review highlights the social gradient of health inequalities – put simply, the lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors – housing, income, education, social isolation, disability – all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

Neoliberalism



In particular, neoliberalism is often characterized in terms of its belief in sustained economic growth as the means to achieve human progress, its confidence in free markets as the most efficient allocation of resources, its emphasis on minimal state intervention in economic and social affairs, and its commitment to the freedom of trade and capital

Definition of Neoliberalism, Britannica

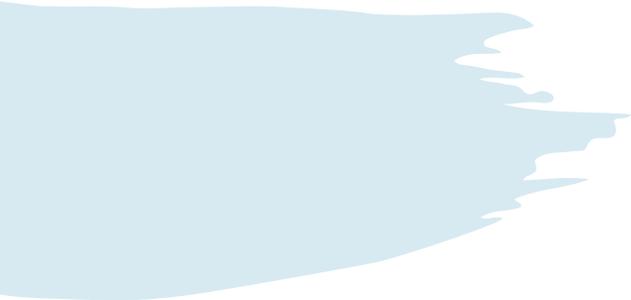
"For the first time in a quarter of a century, extreme wealth and extreme poverty have increased simultaneously. This has been driven by a seismic wave of inequality, exacerbated by recurrent crises and an economic system that concentrates resources at the top rather than allocating them where they are most needed."

Max Lawson

Head of inequality policy, Oxfam International
Co-chair People's Vaccine Alliance

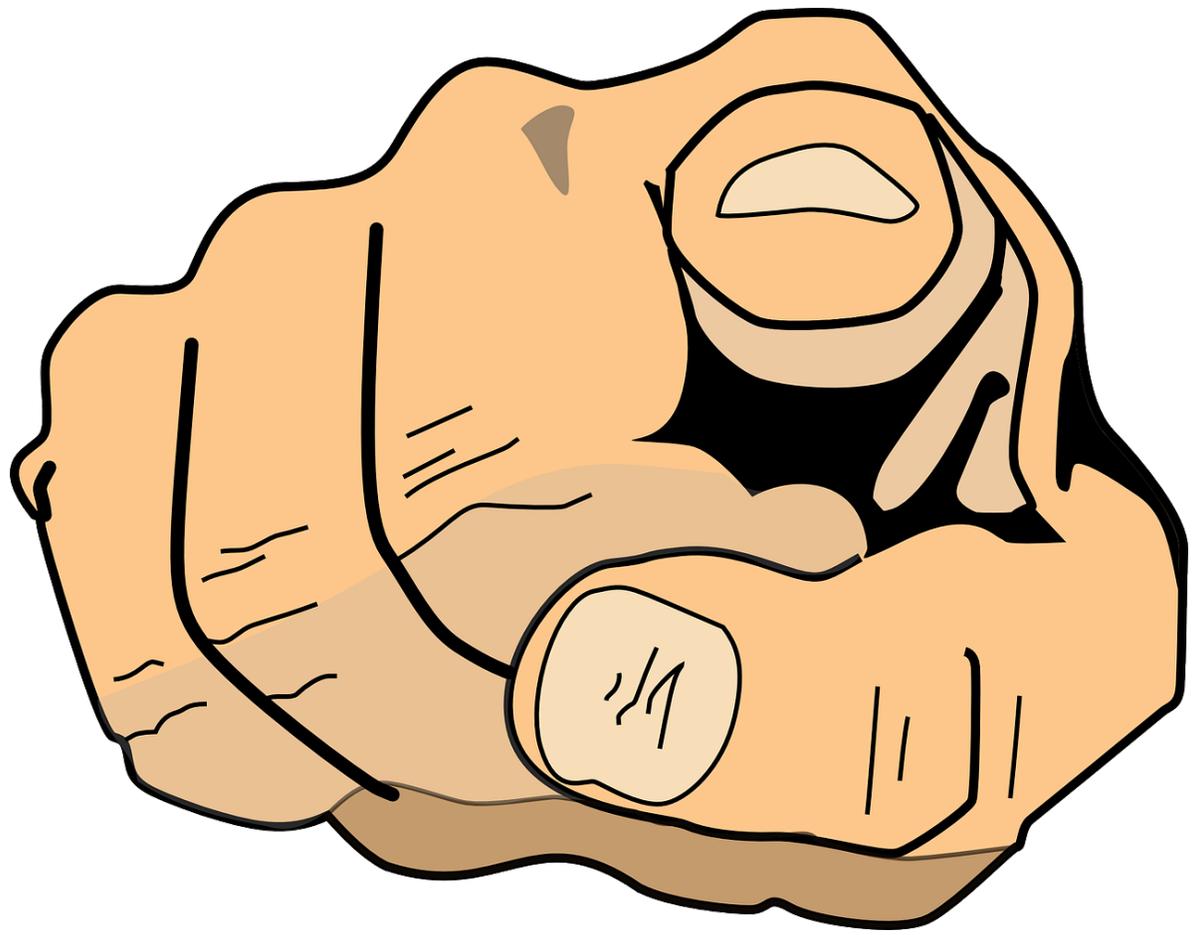
BMJ 2023;380:p482 <http://dx.doi.org/10.1136/bmj.p482> Published: 28 February 2023

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Indar	Cherith	Carol Morton	Kwaku Agyemang	Chris Young	would break
Alpana Rajkumar	Lucy Chambers	Fiona Moss	Deb Murphy	Mark Stowell Smith	confidentiality
Stephanie Salmoiraghi	Gail Grant	Antony Froggett	Rebecca Twinley	Carmen Lewis	to name
Daljeet	Jenna	Terry Jackson	Jorge Zimbron	Robert Berry	
Sarah	Phil Ball	Mark Jones	Jay Watts	Patch	
Martin Cleverly	Lara Quinn	Ken Skates	Jackie Bland	Rex Haigh	



ENVIRONMENT

What will you do?



You have been talked at by...

 Keir Harding @keirwales 

Keir Harding OT LinkedIn

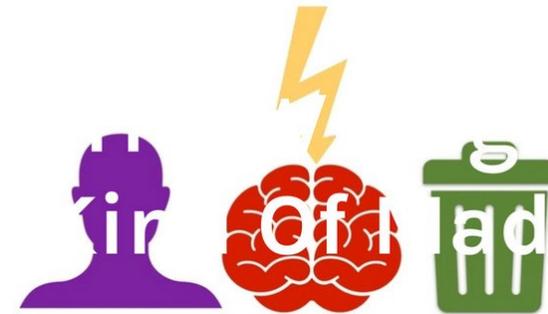
keir@beamconsultancy.co.uk

www.beamconsultancy.co.uk/the-blog

Thank you Glesni Roberts for help
with the welsh/cymraeg

The Wrong Kind of Mad Podcast

THE **WRONG** KIND OF MAD



Exploring the world of 'Personality Disorder'
with
Hollie Berrigan & Keir Harding