Workbook 15

Client suitability and clients at risk

The manual of Mental health care in general practice

- Dangerousness: with potentially dangerous or violent persons, the main goals in order of priority are:
  1) Self-protection
  2) Prevention of immediate violence
  3) Diagnosis and assessment of the risk of dangerousness
  4) Development of a treatment plan that included measures to minimise the likelihood of future violence
- Prevention of immediate violence
- Assessment of the risk of danger

- Treatment plan
  1. warn the intended victim of any violent threat. Phone the police, the person under threat, or his or her family or friends. The duty to warn takes priority over patient confidentiality
  2. Restrict the person's access to weapons. A firearm prohibition order can be arranged by writing to the police
  3. Refer them to appropriate services if necessary, in hospital, under regulation
  4. If violence is related to a specific situation or person, try to separate the two
  5. If there is no evidence of a mental disorder, ask the person to leave and if necessary contact the police.

3.3 – Mental disorders are associated with and increased risk of violence

- Substance abuse
- Withdrawal from alcohol and sedative hypnotics
- Psychotic disorders especially if the person has persecutory delusions, command hallucinations to harm others, delusions or hallucinations that cause unpleasant affects
- Mania is associated with assaultive or threatening behaviour though rarely with serious violence
- Depression, especially if associated with psychotic symptoms
- Personality disorders characterises by rage and poor impulse control
- Organic mental disorders.

Culture of mental illness

- Consider the following suggestions
  1. Set aside extra time. The interview is likely to take longer than usual
  2. Explain your role and the sort of things you are going to ask.
  3. Remember that you may be viewed as a member of a culture that has caused damage to indigenous culture – anticipate some anger, resentment or suspicion.
  4. Be careful using direct questions
  5. Avoid using technical jargon
  6. Recognise that vague and non-specific answers may reflect the discomort if the person being interviewed
  7. Indigenous people may avoid eye contact. Tis is regarded as polite within the indigenous culture
  8. Be aware of the following cultural prohibitions:
     - Referring to a dead person by name
     - Referring to certain close relatives by name
     - Criticising and elder
     - Confiding certain personal information to a member of the opposite sex
     - Criticising members of the extended family

- In assessing the mental state of an indigenous person remember the following:
  - Limited eye contact, and softly spoken and brief answers may merely indicate that the person is shy or being polite
  - Hallucinations may not necessarily be psychotic phenomena. For example, it is normal for the bereaved to see and her the voice of the deceased family member. Other family members are also likely to share this experience which is usually preserved as reassuring.
  - Anger and obscene language directed at you may reflect past experience by that person, or his or her family of exploitation and hardship inflicted by members of your own culture

4.4 - Assessing the person from a non-English background

- Ask the person his or her preferred form of address. Do your best to pronounce the name correctly.
- Where possible, involve the family in treatment, but not as interpreters….
- Do not neglect the person's experience and illness.
- The focus is often on healing rather than cure.
- Set aside at least twice the usual time. If you use an interpreter, the consultation will always take longer
- Whenever there are language difficulties, use and interpreter.
- Ask the person and his or their family about the meaning of the symptoms and signs within their culture of origin, and their understanding…
- Be careful not to ascribe psychopathology to symptoms and signs that are not abnormal with the person's culture of origin.
- On the other hand, do not dismiss complaints as just normal cultural variants.

At risk groups

- Children and young people
- Rural and regional groups
- Indigenous communities
- Pregnant women
- Guidelines for crisis workers

Crisis Intervention Strategies

- Ambivalence
- Safety first
- Vigilance
- Complexity
- Referrals

Guidelines for family, friends and associates..Some “Don’ts”

1. Don’t lecture, blame, or preach to client’s
2. Don’t criticise clients or their choices or behaviours
3. Don’t debate the pros and cons of suicided
4. Don’t be misled but the client’s telling you the crisis is past
5. Don’t deny the clients suicidal ideas
6. Don’t try to challenge the shock effects
7. Don’t leave the client isolated, unobserved and disconnected
8. Don’t diagnose and analyse behaviour or confront the client with interpretations during the acute phase
9. Don’t be passive
10. Don’t overreact. Keep calm
11. Don’t keep the client’s suicidal risk a secret
12. Don’t get sidetracked on extraneous or external issues or persons
13. Don’t glamorise, martyrise, glorify, heroize or deify suicidal behaviour in others, past and present.
14. Don’t fall to make yourself available and accessible.
15. Don’t terminate the intervention without obtaining some level of positive commitment
16. Don’t forget to follow up
17. Don’t forget to document and report