

KNOWLEDGE OF ACUTE MENTAL HEALTH CRISIS PRESENTATIONS

Knowledge about acute mental health presentations across the lifespan

An ability to draw on knowledge that acute mental health crises can happen to patients of any age, class, ethnicity, religion, or income, but that patients from socially deprived and ethnic minority backgrounds (particularly black African and black Caribbean backgrounds) are disproportionately represented in acute mental inpatient healthcare, which is due to factors such as:

poverty, unemployment, and housing instability

stigma, discrimination, racism, social isolation, and exclusion

a lack of support to access preventative care

An ability to draw on knowledge of the diagnostic criteria for adult mental health conditions as specified in the main classification system (i.e., the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD))

An ability to draw on knowledge that an acute mental health crisis usually occurs in the context of multiple challenging life events and trauma which may be ongoing throughout the inpatient admission

An ability to draw on knowledge of the experiences that characterise acute mental health crises, such as:

high levels of emotional distress

high levels of risk of harm to self, harm to others, and harm from others

feeling out of control

significant loss of functioning

An ability to draw on knowledge that acute mental health crises can significantly disrupt the patient's thinking (appraisals of self and the future), mood, ability to relate to others, daily functioning, and quality of life, and are associated with high rates of:

comorbid cognitive and learning difficulties

substance misuse

trauma and abuse

risk of harm to self, harm to others, and harm from others

An ability to draw on knowledge that because of the high threshold for admission, generally only patients with particularly high levels of need and risk usually receive inpatient care and that an increasing majority are treated compulsorily under the Mental Health Act (MHA);

an ability to draw on knowledge that sometimes exceptions to this for example some patients may be admitted at a lower threshold as a form of early intervention

Knowledge about inpatient admission and its impacts

An ability to draw on knowledge of the possible admission routes into inpatient care (for example, via section 135/136, crisis home treatment team, and Accident and Emergency)

An ability to draw on knowledge that an admission to an inpatient ward is a multidisciplinary decision, even when under the MHA

An ability to draw on knowledge that fear, stigma, racism, and discrimination can deter patients from gaining access to appropriate community mental health care, which can lead to the development of a mental health crisis and result in an inpatient admission

An ability to draw on knowledge that an admission can be traumatic for the patient due to:

a loss of personal freedoms and rights, particularly when compulsorily detained under the MHA

stigma associated with admission

staff behaviours causing iatrogenic harm

An ability to draw on knowledge that for most patients experiencing an acute mental health crisis (which needs hospital treatment) can be a stressful life event
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An ability to draw on knowledge that an inpatient admission can result in the patient's family and carers feeling marginalised from care by:
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being physically separated from the patient

not being able to continue routine caring roles and responsibilities
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not being actively involved in the patient's care
