NHS Number: unknown at time of completion

# Service user's preferences in their own words

# My preferences for treatment and care

Community/home treatment team crisis care

I have worked with Home Treatment Team before. I can find it difficult seeing different people every time. I would like only female members of staff to do home visits.

#### When I need admission to hospital

When things are getting unmanageable at home, if I am lashing out at Jo, if he feels he can't cope.

# Mental Health Act Assessment (being sectioned)

I need Jo there, things explained to me, I need my voice to be heard

## Hospital care

Staff should know that I have an injury on my right knee. If I need hands on care they need to avoid touching this in case of causing further injury. I want hands on care from female staff only. Jo should be invited to all ward rounds.

### Mental health medical treatments

I am happy to rake Risperidone. I have been prescribed Olanzapine in the past and I would only take it after it has been discussed with myself and Jo.

## Our mental health treatment and care recommendations

If Ali is experiencing any of her relapse indicators she or Jo should contact the Crisis Line in the first instance. They could also attend their GP and request rapid referral to Home Treatment Team.

2 When under Home Treatment

- Team she should be visited by familiar faces and female staff only 3. Staff should consult closely with Jo over admission thresholds if Ali is lashing out at Jo, not taking her medication, Jo is finding it difficult to contain her hospital admission is likely to be needed
- 4. During admissions Ali's Risperidone dose should be increased as a first treatment plan of choice (suggest from 4mg to 6mg) and Benzodiazepines prescribed
- 5. Olanzapine should not be initiated unless there is careful discussion with Jo and Ali
- 6. Haloperidol should be avoided due to previous EPSE
- 7. On nursing handover list on admission it should be noted that Ali has an injury on her right knee and if necessary and possible an all female response team should be assembled to provide hands on care

Shared treatment and care recommendations formulated and agreed in meeting with health professional, service users, supporter and loved one

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