

Recovery – Service provision

Teaching carers to administer intramuscular
injections

John Crowley

R. McCook

University of Greenwich.

j.j.crowley@gre.ac.uk

Policy and Paradigms

- **The practice-based evidence paradigm, choice agenda, Risk, Collaboration and Empowerment** (Department of Health policies; Independence, choice and risk (2007), Building on the best (2003), New Horizons (2009)).
- **Personalisation agenda** – personal focused care.
- ‘arrange care around the individual patients life in Mental Health services’. (Health Minister Radio 4 29/6/10).
- **Employment.**
- **Values based evidence (review of NIHC 2010)**

Recovery

- For the client who is in employment, this necessitates taking time off work, letting his employer know of the need to take time off (stigma).
- Additionally, having the injection on a working day, may impede the clients employment effectiveness through the absorption of the medication making the client sleepy and drowsy.(researchers knowledge from research subjects).
- 18 days annual leave a year – 12 taken from employment – 6 left to take with his children.

Recovery

- If the client does not attend for his or her injection, he or she becomes known as a 'non attendee' and will have a focus put on their care. (Trust Policy)
- For example home visits from the community nurse or a letter (several) from the local health centre. This brings attention to the client and those whom he or she lives with. This attention may not be welcome. (Psychology 6 letters)

Service response

- Mental Health Service- changed client from enhanced to standard. Loss of care coordinator.
- Professional response- allow nurses/others lower down the rank to administer injections.
- Service flexibility v individual flexibility

References.

- Crowley J., Riseborough S., Lewins P. (2002) Teaching carers and relatives to give depot injections. *Mental Health Practice*. Vol. 5, no 9, 12-16
-
- Crowley J., Davis A. (2008) A researcher's journey for clarity: clarifying the legal framework for carer's to take a role in medication management. *Journal of psychiatric and mental health nursing* vol 15, 9, 717-722
- D/H (2007) Our choices in Mental Health. a framework for improving choice for people who use mental health services and their carers (CSIP 2005)
- Nyatanga L and Dann K (2002) Empowerment in nursing; the role of philosophical and psychological factors. *Nursing philosophy*, 3, p 234-239
- Samele C et al (2007) Patient choice in mental health *Br. J. of psychiatry* 191, 1-2
- Taking mental health choice forward (www.mhchoice.org.uk)

Liability

- Liability issues - a 2 yrs journey working with the Dept of Health and Oxleas NHS Trust legal team –
- Went to the ‘Good and Learned’ group at Dept of Health.

Service response

- Mental Health Service- changed client from enhanced to standard. Loss of care coordinator.
- Client – ‘I am severe’ – I need care coordinator.
- Is Recovery/Empowerment an economic argument?

Recovery

- If the client does not attend for his or her injection, he or she becomes known as a 'non attendee' and will have a focus put on their care. (Trust Policy)
- For example home visits from the community nurse or a letter (several) from the local health centre. This brings attention to the client and those whom he or she lives with. This attention may not be welcome. (Psychology 6 letters)

Context of study

- **Origins;** ‘Why can’t my husband administer my injection’. A mental health service user request.
- **Response** – We do not do that here – is she relapsing? Ignored for 12 months.
- **Driver:** employment/holidays.
- Have you had questions where you made similar assumptions?

Home context - field notes

- Having a depot injection with a Sunday lunch, kids playing in the street, a nosey dog and a researcher (me) keen to get home for my lunch, a supportive partner turning down the oven whilst she organises the depot in the dining room (talk about multi-tasking)