Continuous Intervention

Information for patients

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| **Dear:** |  |

You have been given this leaflet because your team feel you may benefit from increased support from staff at this time. The information below outlines the purpose and process of Continuous Intervention and what you should expect of your clinical team while you are on Continuous Intervention.

# Before you are cared for on Continuous Intervention

If staff feel concerned about your levels of stress or distress they may call a meeting of your clinical team; you may hear this being called a ‘Clinical Pause’. This is when all staff involved with your care meet to discuss how best to support you. You can be involved with this meeting and staff should explain to you why the meeting has been called and what support options are available to you. One of these options may be to have a member of staff with you for parts of the day, or continuously throughout the day and night. This is called ‘Continuous Intervention’. You should be asked whether you think that having a member of staff with you continuously would be helpful. You can suggest alternatives if you have other ideas about what staff can do to help you.

# While you are cared for on Continuous Intervention

You should expect staff to engage with you when you are on Continuous Intervention. Examples of this might be: listening to you, talking to you, supporting you to develop a daily routine, identifying activities that you might enjoy or find useful, engaging you in soothing and distraction techniques and safety planning, or referring you to other people with specialist expertise who may be able to support you in other ways.

Staff will support you to make a care plan. This should be flexible and directed towards your individual strengths, preferences and needs. You may have an increase in support from other professional groups, such as Arts Therapy, Occupational Therapy or Psychology, and you should continue to attend groups or individual sessions if appropriate. In some circumstances, you may still have a pass to leave the ward.

Your care plan while on Continuous Intervention will be reviewed every day. You should be supported to be involved in this daily discussion about your care, and your care plan should be amended according to your goals and preferences.

If you are on Continuous Intervention for more than 14 days, a meeting will be arranged that includes you, your clinical team and, if you wish, your family, friend, or named person. A hospital manager will also attend this meeting. The purpose of this meeting is to discuss your strengths and needs, and to identify different options available to support you in your recovery journey.

# Stopping Continuous Intervention

We hope that Continuous Intervention will be supportive and therapeutic. Sometimes patients have reported problems with Continuous Intervention related to loss of privacy, or through staff removing risks in a way which is not strengths-based and prevents self-management. For this reason, Continuous Intervention will only be used as a short term method for keeping you and others safe. You should be involved in the decision to stop Continuous Intervention. Following this, you may still see an increase in the intensity of care compared with general care levels. Please discuss with your keyworker or clinical team if you are having any difficulties with Continuous Intervention.

Remember: You are the expert in your own care. You should be supported to be involved in making decisions with your clinical team. You may not always agree with every decision but we believe that no decision should be made about you without you.