

Case vignette Short Term Community Support AS

AS is a 25yr old man from Bridgend, who was referred to ARC following an assessment with the Local Primary Mental Health Support Service. He reported long term social anxiety, with significant anxiety related to losing control of his bowels. This had created issues with his daily functioning and notably his ability to leave his house due to overwhelming nature of his anxiety. The anxiety related to his bowel movements manifested itself in AS not eating or drinking if he was required to leave the house, due to the fear of having an 'accident'. At the time of the referral AS was only leaving the house to go to the corner shop for essential items; he was unable to eat in front of anyone for fear of incontinence and was unable to use public transport for the same reasons.

AS was seen by an ARC Assessment worker and was allocated a support worker at an early stage, with the initial aim of graded support to leave the house for short walks to build confidence. His longer-term goal was to be able to get the bus without fear or panic and to undertake visits to the town centre to do his shopping, with the ultimate aim of living a more fulfilling life.

In the initial stages of support, AS would not eat for 24 hrs before meeting his support worker, due to his fear of incontinence. Discussions took place with the therapy team in LPMHSS about some input to focus on overcoming his anxiety and panic. A graded exposure plan was instigated with the input of a therapist practitioner. Over the period of 8 sessions AS received a CBT based approach from the therapist to challenge his thoughts in relation to his agreed goals with his support worker. Over a relatively short space of time, AS began to eat before meeting his support worker and gradually reduced his anxiety to the point where he was able to get the bus and meet the support worker in the town centre and was then able to go for something to eat whilst out.

He was discharged from ARC after making significant progress in a relatively short space of time and reported back to the team to say that he proposed to his girlfriend whilst out and in front of friends and family. He now regularly goes out with both his partner and his family and feels his life has taken a positive turn.

Quote from AS

"My whole life has changed. I've done stuff I didn't think I'd be able to do, like propose to my partner. I just want to say how grateful I am. Thank you so much."

Therapist Practitioner - Reflection on working with client AS and ARC Team (Sue and Rhys)

"AS presented with panic disorder, with or without a trigger. AS would report feeling that his stomach would churn and set of involuntary catastrophic misinterpretations of this, meaning that he felt he would have an accident and embarrass himself.

The ARC Assessment and Implementation team recognized that AS was struggling to make progress with their planned goal of being able to have more freedom without fear of an accident occurring. I feel this highlighted the intent of the team's efforts to progress with clients, understand limitations and to ask for further input.

Working alongside Rhys, we arranged behavioural experiments, designing them to be completed with or without support, and the support to be given as a bridge to the next stage. AS was asked

to eat before going for a walk with Rhys, as this was not previously possible due to AS's belief that eating before leaving the house was dangerous.

AS at the start of treatment set out the goal that he would like to eat in public, where this was achieved a lot earlier than planned in sessions and showed exactly how working with support for AS aided greater results. AS ate in public for the first time in years following being in an environment where he was supported by Rhys and allowing AS to feel comfortable in making autonomous choices.

I feel that there were many benefits to working alongside both Sue and Rhys, and that styles of working across teams can have a big impact for clients and aiding recovery to the point of where the client makes greater gains than expected.."

OT Case Vignette AH

AH was referred for OT support following an LPMHSS assessment in May 2022. At the time, AH had a diagnosis of Emotionally Unstable Personality Disorder, but felt she had undiagnosed ADHD. AH reported chronic pain issues and Fibromyalgia. She related a history of personal trauma. She displayed emotional dysregulation and rejection sensitivity dysphoria (an exaggerated emotional reaction related to ADHD) and poor executive functioning (planning, organisation, prioritisation). AH completed a Sensory Profile, scoring highly in the quadrants for sensory sensitivity and sensation avoiding. As is typical with some people with ADHD, she paradoxically scored highly for sensory seeking, and this meant she struggled with hyper-sensitivities, so dysregulated or became anxious in sensory environments. Seeking out sensations depended on the importance or interest to her, and often required recovery time and consideration of activity patterns etc.

AH's strengths were identified as – very insightful and motivated. She displayed hyper-focus on research into ADHD and as such was able to engage well with self-directed learning.

AH completed a Re-Qol with a score of 6 out 40, showing a marked impact on quality of life.

Intervention:

- AH was encouraged with goal setting, and this was mainly through telephone contacts, but with periodic home visits in relation to the specific goal setting around home management.
- AH completed a Wellness Recovery Action Plan (WRAP) to help her deal with distressing symptoms and unhelpful behaviour patterns.
- A coaching approach was used, and AH was encouraged in self-compassion due to critical/negative automatic thoughts.
- Due to organisational difficulties AH struggled at times with engagement and therefore required persistence and reminders at times. AH was encouraged in self-management – self-soothe/strategy toolbox developed.
- AH was referred to LPMHSS psychological therapy team for Emotional Regulation Skills, but struggled with the on-line format, particularly the written content and the processing of information, due to her difficulties in focusing and concentrating. She was consequently helped through the concepts of the group with the OT on a 1:1 basis.
- AH attended ADHD workshops with New Horizons, commissioned through the ARC small grant programme for people awaiting diagnosis. She found this useful, but again struggled with attendance due to organisational difficulties.

AH was eventually diagnosed with ADHD during intervention, and this helped validate her and she became less critical of herself and found that she was being kinder to herself more frequently. AH made significant progress but continued to struggle to commit to and engage with regular activities. Different approaches were tried - having a basis of a routine in place (sleep, regular waking times, morning exercise) helped her and she was able to maintain this. When adding additional tasks/activities she needed a variety of prompts, various tasks to choose from to give variety so she wouldn't get bored. Pacing of activities, and recovery time were also introduced, particularly if she was in situations which were very stimulating or overwhelming in terms of social stressors. She found she had made improvement particularly with home management and her relationship with her daughter, who she now suspects also has ADHD.

Through a range of interventions, she became empowered, as she recognised her strength and resilience; ability to recover from the impact of stressors and fewer episodes of emotional distress. The Re-Qol measure was repeated at the point of discharge in June 2023 and AH scored 31 out of 40, an increase of 25 points (an increase in 5 points or more denotes reliable improvement). This indicated a marked improvement in her quality of life and sharing this improvement helped to greatly reinforce the positive progress that she had made, boosting confidence and self-esteem, and helping to support discharge and move-on. In response to this change in the Re-Qol scores AH said.

“OMG wow that’s a crazy change! It’s because I had the best OT who literally did save my life!!!!!! “

“Mental health can be so scary when it goes dark, and you helped me see a pin prick of light.”

“I just hope with all my heart you and the rest of the OTs get the right support to continue to help those of us struggling, the mind is so powerful, and I truly believe the right support is the difference between life and death.”