



Prifysgol Cymru
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Mental Health & Vulnerability



The Mental Health Act 1983

- Provides a legal framework
- Protects patients and staff
- Some patients are detained and temporarily lose their freedom but have rights & Safeguards
- The Code of Practice for Wales provides guidance when undertaking functions and duties under the Act
- The Sec 135/6 Good Practice Guidance has been designed to promote good practice



Objectives of the Guidance

- Promote the dignity and safety of individuals who may be subject to the powers of sections 135 or 136 of the 1983 Act
- Support safe and appropriate use of those powers
- Encourage effective joint working between health, social care and police forces
- Encourage effective monitoring and on-going development



Mental Disorder

Mental disorder means

‘ mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind and 'mentally disordered' shall be construed accordingly’.



What is a Learning Disability?

Learning disabilities/difficulties are not a mental disorder. They are a permanent condition, however people can present with the same behaviours and can co-exist with mental health conditions.



Diagnosed before the age of 18 years.

Any disability after 18 years is classed as a “brain injury”.

People with learning disabilities may suffer from mental health problems just as anyone else in the community

PACE requires us to use special measures when dealing with people with learning difficulties – ‘vulnerable persons’

Facts

People with Learning Disabilities are some of our most vulnerable and disadvantaged members of society.

- 50% experience some form of abuse
- 40% will experience some form of mental health problems
- 20-30% of people have ASD
- More than 30% of offenders have learning disabilities
- 25% have motor impairment
- 33% have a form of sensory impairment
- More than 30% have epilepsy
- 4 times more likely to develop Dementia
- More likely to experience all forms of adverse life events



Effects

- Communication problems
- Sensory problems
- Unable to engage in eye contact
- Aggressive behaviour
- Repetitive behaviour
- Problems understanding and using information
- Learning new skills
- Managing to live independently and may need help to manage day to day life
- Difficulty coping in unusual and stressful situations



Many of the above are coping mechanisms for that person.

Useful Questions to Ask / What to look out for

- Do they have difficulty providing information about themselves?
- Can they tell you what time of the day it is (e.g. morning/afternoon/evening)?
- Can they tell you their address?
- Are they able to read and write? At least a few sentences
- Do they live independently with no support?
- Can they manage their personal care? Or would they need reminding?
- Can they get around their local area, catch buses / trains and get to appointments on time?
- Do they need help with recognising and understanding money, working out change?

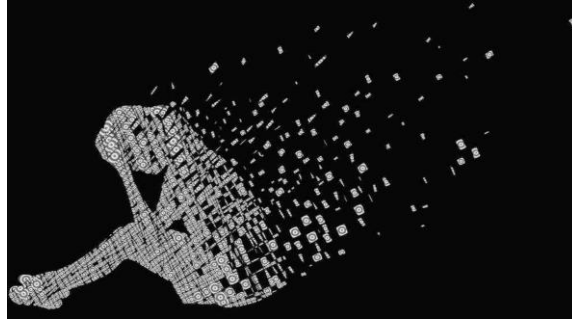


What Communication & De-escalation Skills Can You Use?

- Patience and calmness
- Active listening
- Listen non-judgementally
- Speak clearly and slowly
- Be sympathetic or show empathy
- Try not to make any sudden movements
- Try not to invade their personal space or touch them
- Provide reassurance and explain what is happening



Self Harm



What is Self Harm?

- Deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.
- The above phenomenon has previously been described as self-mutilation, self-harm, cutting and para-suicide
- The large majority of people who indulge in deliberate self-harm do not have suicidal intentions and also they are not at risk for suicide, at this stage
- Self-harm is not a mental illness



Different Methods

- Cutting
- Burning
- Ingesting poisons
- Pulling hair out
- Not eating/overeating
- Over exercising
- Risk taking behaviour
- Taking an overdose
- Hitting oneself
- Self-strangulation

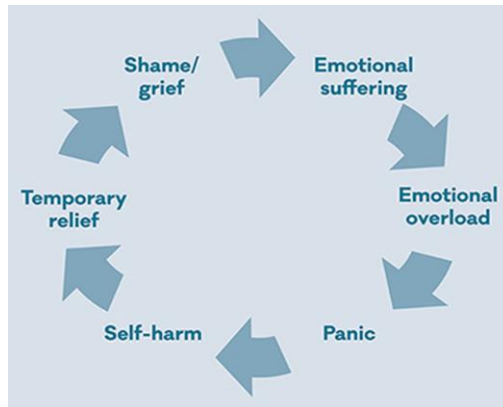


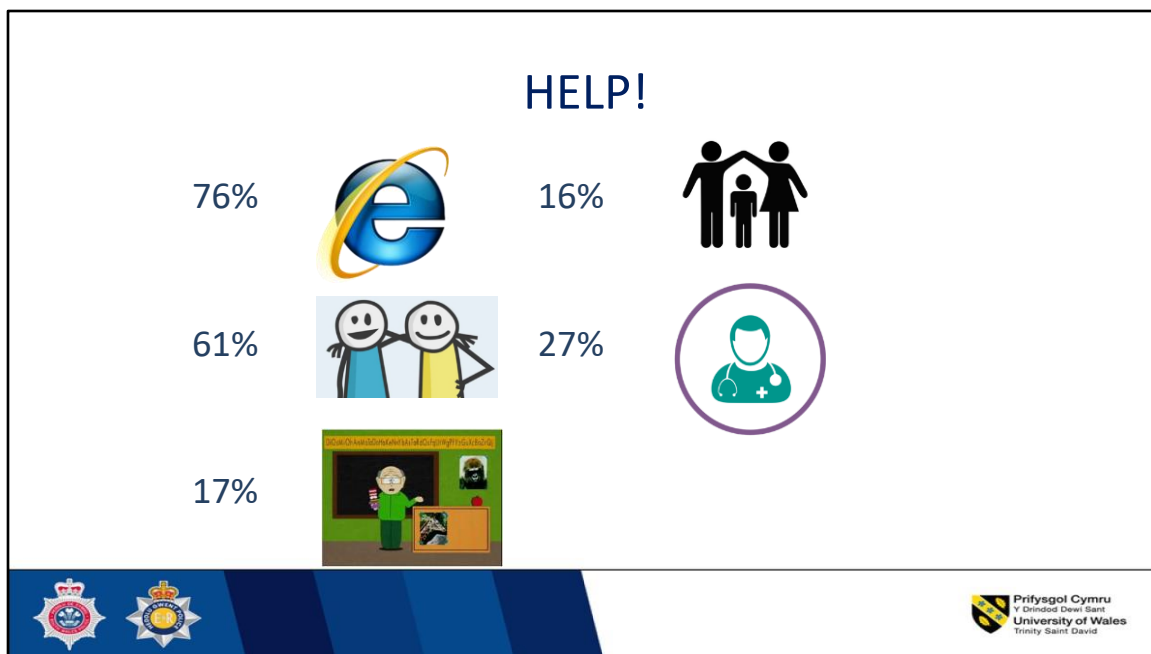
Reasons for Self Harming

- The need to feel in control
- The need to find release from feelings or emotional distress
- It makes the person temporarily 'feel better' or able to cope
- Self-punishment and atonement
- A form of communication



Self Harm Cycle





Where do people seek help?

- 76% from the internet
- 61% from friends
- 17% from a teacher
- 16% from family
- 27% from a doctor

Suicide Risk - Escalation

Those who had self-harmed are :

- 17 x likely to die by suicide
- 34 x to die by drug overdose or alcohol poisoning at a young age
- Self-harm is the leading risk factor in suicide



Self Harm v Suicide

- **Self-Harm** is a way of telling the person change the brain chemistry which gives the effect of a rush
- **Suicidal people** see no way out and wants to end their life. It is an attempt to escape the pain and suffering they are going through



Mental Health Problems - Psychoses

- Schizophrenia
- Mania
- Depression
- Manic depression
- Paranoia/ paranoid state
- Delusions, voices, thought dysfunction
- Hyperactive, mood changes, rapid speech, delusions
- No motivation, sleep problems, low activity levels
- Mood swings
- Delusions



Delusions, hallucinations, hearing voices, thought dysfunction, destruction of personality

Hyperactive mood changes, wild look, rapid speech, delusions

Depression may have no apparent external causes or be reactive to a known cause – low level of activity, lack of motivation, sleep problems, delusion, suicidal thoughts.

Mood swings

Delusions

Mental Health Problems - Neuroses

- Depression
- Anxiety
- Phobias
- Obsessions / compulsions
- Life event, as previous
- Irritability, panic attacks, loss of concentration, sleep problems
- Fear of things, panic attacks, avoidance
- Irrational behaviour, repeated behaviour



Depression associated with a life event

Irritability, panic attacks, loss of concentration, sleep problems

Irrational fear of things, panic attacks, avoidance

Irrational displays of behaviour, behaviour repeated

Vulnerable Victims

- People with mental health issues & learning disabilities, may be at greater risk of becoming victims of crime, especially those with severe mental illnesses
- A victim or witness with mental ill health/ learning disabilities should have equal access to justice and be treated with dignity and respect
- It should not be assumed that a victim is unreliable because they are subject to mental ill health/learning disabilities, so please take them seriously



Vulnerable Suspects

- Mental ill health is not a barrier to investigation, and taking action can lead to individual receiving more appropriate and safer levels of treatment and care.
- It should not be assumed a detained suspect did not understand their actions or what they were doing was wrong
- If applicable, crime in accordance with Home Office Counting Rules even if a complaint is not supported
- Secure evidence and seek as much background information as possible on the patient and their history utilising the [Mentally Vulnerable Question Set form](#)



A mental disorder may directly cause someone to offend, or play no significant part in their offending behaviour.

In cases of serious illness, patients experiencing delusions or hallucinations may perceive people as posing a serious threat to them, when in fact none exists. This can account for why a vulnerable or distressed person might attack others, believing it to be a form of self-defence

Who to Contact for Advice & Guidance

- Family or friends
- GP/Out of hours GP
- A & E
- Duty Psychiatrist
- Approved Mental Health Practitioner
- Crisis Resolution Home Treatment Team
- Community Mental Health Team
- Children and Adolescent Mental Health Services (under 18's)
- Older Adult Services
- Learning Disability Services
- Third Sector Organisations
- Substance Misuse Services



- MIND & MIND Blue Light Infoline
- Samaritans
- C.A.L.L. Helpline (24 hours)
- DAN24/7 (Drug and Alcohol Service)
- Time to Change Wales
- Occupational Health Department/Webpage
- Federation
- Unison