Acknowledgement:

Open Door was initiated by Eddi Paul on Mulberry 1, CPFT. The entire staff team led by Charlie Gale (Ward Manager) and Dr Asha Praseedom (Consultant Psychiatrist) have worked tirelessly to make this a success.

Feedback:

- Patient identified that admissions have significantly decreased since having the open door initiative.
- Patient identified that it is helpful when identifying potential future crisis points that an admission is possible.
- Patient reported that having a structured admission with a discharge date fixed has been helpful in maintaining a life outside of services.

Quotes:

"It helped me to see that I do not need to be in hospital for every crisis I experience."

"Knowing that there is a safety net makes me feel secure so I hardly ever need to use it, the daily crisis that I used to be in are a thing of the past."

Open Door

Theme: Proactive Space

Time:

Cost:

Training:

Staff:

Quick Win:

Objectives:

- To actively encourage service users to lead the direction of care.
- To allow service users a safe haven and to prevent a crisis.
- Reducing the likelihood of service users self harming in response to a crisis.
- Creating a collaborative working relationship between service users and the services themselves
- To promote independence in seeking help.
- Reducing the average length of stay
- Making the stay more meaningful and personalised.
- Creating a positive therapeutic relationship between inpatient services and service users.

Concept:

The open door initiative is a mutual agreement made in advance with patients who are identified as "frequent attenders" (A&E, 136 suite, Crisis Teams, Out of hours GP). Often such patients would have a diagnosis of personality disorder and their repeat presentation is associated with an extremely difficult phase that they are going through with high levels of distress. Traditionally services spent considerable energy in trying to keep such patients out of hospitals as there is concern about such admissions being unhelpful and that they only serve to escalate the risk in the long run as patients learn to seek help in distress is either through self harm or through crisis presentations. Such a stance breaks down therapeutic relationship and the patients often feels misunderstood and for them these interactions only prove that no one cares.

Open door seeks to turn this on its head and puts patients in the driving seat. It has been successfully implemented on Mulberry 1 which is a 3 day assessment unit in Cambridge. Through prior agreement patients are offered a 2 night/3 day stay on Mulberry 1. Those with the arrangement can request this stay at any time, they will not have to justify why they need this stay, the only condition being that they must not have self harmed in the previous 48 hours.

Pragmatics:

It must be a personalised approach. Plans made might factor in other conditions like the patient should engage with the PD community service. There is also a clear expectation that the patient will keep their part of the agreement. Equally the service must uphold their commitment. It is also important that boundaries regarding the length of stay are strictly adhered to. Staff team need to sign up fully to the initiative. Positive risk assessment and risk taking needs to be part of the plan. Service user has to take the lead after initiative is in place. It also requires a community care lead to be actively involved in participation and promotion. One has to be prepared for it to fail/require re evaluation with some patients.

Top Tip:

The team must be motivated and flexible in developing and implementing this process.