

Reducing Relapse



Maintenance
ECT



Relapse
indicators



Medication



Lifestyle



Therapies



Illness
management

Organisation, organisation, organisation...

- Good regular contact
- Appointment cards for patient and families
- Reminder phone calls
- Use technology to engage: emails, texts, apps
- Reviewing and attending to physical health requirements like INR checks, follow up on concerns, chasing referrals
- Offering alternative times and dates if plans change for the patient



A positive experience

- Friendly and welcoming
- Individual attention and time outside of assessment
- Activity and distraction
- Great toast, biscuits, cakes and cereal
- Make things easy
- Find out and deal with things with honesty and transparency, including when there is a concern or things go wrong
- Follow up non-engagement, explore the reasons and help jointly to find solutions
- Leave the door open for return
- Acute course patients may be our future maintenance patients



Communication

- Reflect on our personal communication
- Listen and attend
- Remember life events, follow up and be interested
- Find small things to talk about to build relationships (Safewards 'getting to know you' board)
- Consider barriers to communication: language, sensory difficulties, learning issues
- Try to adjust for differences, and find ways to understand each other better
- Attend ward rounds, MDT meetings, community reviews
- Emotional intelligence
- Smile!!

(Hannigan, 2019)



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Challenges

- Lack of staff
- Lack of training/confidence of staff
- A team with a limited range of skills and experience
- Patients disengaging
- Challenging personalities
- Emotional dysregulation and difficult risk management
- Lack of access to other mental health services
- Lack of facilities
- Make the best of what you have even small things make a difference



Benefits

- Patient engagement in continuing with ECT
- Reduction in relapse
- Quality of life improvements
- Improved patient satisfaction
- Improved staff wellbeing
- Improved outcomes
- Reduction in admissions to hospital
- Prudent healthcare



What can nurses and ECT clinics do?

- Implement QoL monitoring
- Anxiety management
- Relapse trigger recognition work
- Link with GPs and physical health and monitoring teams more
- Support groups for patients and carers
- Lived experience volunteers or peer support workers
- ECT café and support to join social groups
- Increasing social support: walking groups, Men's Sheds Cymru, South Wales Anxiety and Depression Peer-Support Group, Adferiad Recovery
- Link with psychological therapy services to offer CBT and MCBT, or train ECT nurses to provide as part of treatment package



Summary

- Be flexible and share responsibility with patient
- Communicate well with everyone involved
- Be organised
- Consider implementing other interventions to reduce relapse
- Research these areas in relation to ECT
- But most of all keep everyone happy with cake!!!!



References

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