



Mental Health Review Tribunal Experienced Member

2015

Assessment Centre – Situational Judgement Exercise

Applicant Booklet

Instructions to Applicants

You have 30 minutes to read and prepare your responses to the attached Situational Judgement Exercise (SJE).

Please read the information attached and prepare your answers to the set questions that follow. After your 30 minutes preparation time is up, the Selection Committee will allow you up to 20 minutes to respond to the set questions. They will also use this time to ask you further unseen questions on the SJE.

When your 20 minutes question and answer time is up, the Selection Committee will then move on to your interview questions. The interview questions will last for a further 20 minutes.

The questions asked in the SJE will assess the following areas of the personal profile:

Intellectual Capacity, Knowledge and Expertise

- i) An ability to quickly absorb and analyse information and extract relevant facts in accordance with applicable rules and procedure
- ii) An ability to understand the underlying principles of and operate within unfamiliar areas (e.g., the law)

Personal Qualities

- i) Integrity and Independence of mind
- ii) Sound judgement and decisiveness
- iii) Objectivity

Communication

- i) An ability to engage constructively and effectively with colleagues and others, as part of a team
- ii) An ability to contribute to timely, clear and reasoned decisions

You may write notes during the 30 minute preparation time and bring them into the interview to aid you in responding to the questions.

Copies of the following documents are also provided (which you have been previously directed to when invited to attend interview):

The Mental Health (Northern Ireland) Order 1986

The Mental Health Review Tribunal (Northern Ireland) Rules 1986

The SJE is provided overleaf.

Your Role

You sit as an Experienced Member of the Mental Health Review Tribunal for Northern Ireland. You have just attended the Hearing, alongside your Legal (Chair) and Medical colleague. Below is a summary of the notes of the case, the patient's relevant history to date and her behaviour during the Tribunal Hearing.

Once you have familiarised yourself with the documentation provided, prepare your answers to the set questions which follow.

Summary

The patient is a sixty year old lady who suffered an extensive haemorrhagic stroke in 2006 with residual cognitive impairment and progressive deterioration of cognition, functional ability and behaviour resulting in a subsequent diagnosis of vascular dementia. She has also had significant prior involvement with psychiatric services due to an ongoing severe depressive illness.

The duration of her current admission is in excess of four years, and was preceded by the break-down of a community placement in an Elderly Mentally Infirm (EMI) Nursing Home where she had been living for approximately eighteen months following a previous lengthy admission to hospital between 2007- 2009. She has received extensive therapeutic efforts, including both psychotropic medications and psychological approaches, with input from a variety of experts and a range of services. Although in the past she has presented with complex and challenging behaviours which have necessitated ongoing management within the hospital environment, in the past 12 months this has significantly improved.

Background / Personal History:

This lady was born and raised in Northern Ireland. Her father passed away following a heart attack at the age of forty-six years. Her mother died following a stroke at the age of eighty years – the patient alluded to a somewhat poor relationship with her mother, describing her as 'emotionally distant' and having problems with her 'nerves'. She is the youngest of seven – several of her siblings are deceased including two sisters whose deaths have led to significant grief issues over the years.

The patient attended local primary school and subsequently secondary school until the age of sixteen. She went on to work in a variety of employments including shop work, childminding and as a care assistant at a local day centre which she enjoyed for a number of years.

She married her husband in 1978. She previously described her husband as a very patient man and he has continued to support her throughout her illness. Her first-born son died in infancy at only six days old.

She has two further sons, one continues to maintain a relationship with her, visiting her in hospital and attempting to help her establish a relationship with her grandchild. This son has been particularly keen to pursue the discharge of his mother and has actively encouraged her to apply to the Tribunal for this. He feels he can provide the necessary support to her, which includes accommodation with his family.

The patient would have been an outgoing person who enjoyed the company of other people, although it has been previously noted also that she would have been prone to low spirits on a reactive basis. She had a number of pet dogs which she loved, and various hobbies including writing poetry. She is a non-smoker and would not usually have consumed alcohol except for a brief period of excessive alcohol consumption following the death of her sister. She also has a forensic record following a conviction for assault in 2002 for which she received a suspended sentence.

Reasons for Detention:

Prior to this current admission to Hospital the patient had been resident in a community placement in an Elderly Mentally Infirm (EMI) Nursing Home where her behaviour had become challenging, to the extent that staff felt unable to continue to provide care due to the significant risks to herself as well as to staff and other residents. She had presented with behavioural disturbance throughout her stay although staff had made strenuous efforts to manage this, and with support from the Behavioural Sciences Team in the community, had been able to sustain her placement for some time. In the weeks / months leading up to her current detention to hospital she was reported to have been urinating inappropriately, stripping off clothing and walking around corridors naked, placing herself on the floor and grabbing staff and visitors and on one occasion had managed to abscond from the unit. In the fortnight preceding readmission to hospital there had been an escalation in the level of aggressive behaviour including an incident where she had reportedly attempted to strangle a member of staff. In addition she was refusing food and medication and not communicating verbally with staff. In light of the degree of risk posed to both herself and to others, it was felt that her needs could no longer be met in her current environment and she was detained in hospital for further assessment. She was subsequently detained for treatment.

Progress and Management since admission to hospital

- **Challenging behaviours**

Throughout the duration of this current admission the patient's mental state and behaviour have remained variable, with short term but regular periods of significant improvement. Her challenging behaviours present as volatility and unpredictability, with episodes of physical aggression towards others, at times necessitating physical restraint and intramuscular medication. However, these challenging behaviours have lessened in the last year. Her mood state can be low, with prolonged periods of poor

reactivity, interaction and apparent mutism. This is interspersed with periods of improved engagement, during which she can appear bright, will attempt to engage in activities on the ward and is able to converse at a reasonable level with staff. When upset she tends to refuse food and medication, sometimes for several days at a time. She has displayed socially inappropriate behaviour in the past, such as stripping off clothes in a communal area, placing herself on the floor, inappropriate urination and defecation in public. Periods of agitation have also been observed, where she will pace or even run back and forward between her bed area and day room, sometimes throwing herself onto the sofa with no regard for others who may be sitting there. Her judgement and insight are severely impaired during these periods.

- **Psychotropic medications**

To date there does not appear to be a clear link between the multiple trials of medication from a variety of classes of drug which she has received and her periods of improvement. These have included trials of antipsychotic agents, antidepressants, antiepileptic drugs, mood stabilisers including lithium, antedementia medication including memantine and other agents such as pregabalin. It is felt, however, that her current regime has been of some benefit in reducing the frequency and intensity of challenging behaviour, particularly aggressive outbursts. Her poor compliance with medication creates difficulty in ensuring regular dosing and maintenance of therapeutic levels.

- **Physical health**

Patient has a number of significant physical comorbidities which invariably impact negatively on her mental state and behaviour. She has a marked hearing impairment and refuses to wear her hearing aid, which presumably impacts on her communication abilities. She also suffers from repeated urinary tract infections and ear infections which are identified promptly by the vigilance of nursing staff and treated appropriately with antibiotics where required. Chronic constipation is another issue which requires close monitoring by nursing staff, with use of regular oral laxatives and occasional enemas to maintain bowel habits. She has had long-standing dental issues with recurrent abscesses, multiple extractions and poor oral hygiene due to lack of attention and a tendency to hold food in her mouth without swallowing. She remains under regular review by the community dental service. Routine blood monitoring is carried out in relation to other medical issues including thyroid function tests, liver function tests and iron studies, all of which remain at a satisfactory level at the present time.

Current Mental State

In the last six months there has been some material change in this lady's mental state and behaviour. The patient has made strong friendships within the setting and has become more engaged with those around her, sitting in the communal areas and partaking in group games, therapies and conversations. She regularly tries to help staff with general duties and has taken an active interest in the other patients and their families. She is especially friendly with one particular patient whose daughter regularly visits with her dog. They all go for a supervised walk in the grounds at least once a week.

However, during the past week the patient has been very uncooperative and uncommunicative, spending long periods lying motionless and refusing to engage. Her oral intake has been very poor despite encouragement from staff and she has been consistently refusing oral medication for a number of days. Her son believes that she has become agitated and anxious about the hearing and that she is concerned as to what the outcome might be.

The patient's Responsible Medical Officer (RMO) and Social Worker have made several separate attempts to interview the patient within the last week. During this time she has been lying motionless on her bed or in the day room, with eyes open and seemingly aware of someone there but either unable or unwilling to converse. This is typical of her previous patterns of behaviour. The RMO states that her previous diagnosis of ongoing severe depressive illness has not changed but has suggested that she could receive her medication by depot injection twice a month. Her Social Worker believes that the patient has made considerable progress over the last 6 months although has concerns that she has not been able to engage with the patient during her last attempts to talk to her.

Presenting on the day

At the commencement of the Hearing the patient enters the room accompanied by a nurse. The Responsible Medical Officer, the Approved Social Worker and the legal representatives for both the Trust and the Patient arrive at the same time. The patient remains attentive to the proceedings and when addressing the Tribunal she appears to be fully coherent and her contributions are relevant. There is evidence that her son (who works from home) has assured her that the necessary support will be present should she be discharged from detention.

Please prepare your answers to the set questions overleaf:

When the patient, nurse and other representatives leave the room, the Presiding Legal Member of the Tribunal begins the discussion of what decision the Tribunal should come to.

- 1) What is the range of options open to the Tribunal in relation to this application?**
- 2) On the basis of the information that you have so far received, please tell us the initial recommendation that you would make to your colleagues on the Tribunal and explain your reasoning behind this.**

Please refer to the relevant parts of the Mental Health (Northern Ireland) Order 1986 to guide you in this recommendation.

- 3) What are the pertinent pieces of information that you have used in arriving at your recommendation?**