**Wrexham Flying Start**

**Primary Care Mental Health Practitioner (PCMHP) Case Study 2024-25**

**Family composition (Anonymised)**

Father – aged 49 Kel

Mother – aged 43 Kelly

Daughter – aged 26

Son ‘C’– aged 1

**Original referral from Antenatal Health Visitor**

The Flying Start Health Visitor referred Kel to the Flying Start Mental Health Practitioner due to long standing mental health issues that he has suffered with since being a child, but had not sought any help for this. It was identified that Kel did not like crowds and was avoidant of going out to any events. As a result Kel had become mostly house bound. Kel also reported that he suffered from significant physical health needs due to being in constant pain.

Kell was offered an appointment with the Flying Start Mental Health Practitioner within 1 week of an initial telephone contact, within the time frames recommended by the Welsh Government for a routine appointment. The 1st appointment was arranged over the phone and an assessment was carried out, following which weekly follow up appointments were arranged for 10 weeks.

**Background**

Kel has lived in Wrexham all his life. Up until the age of 8, he lived with his mother and his father along with one older brother.

When Kel was 8 years old, his mother died suddenly and this had a significant impact upon the family and also Kel’s behaviour. Kel spoke about the good relationship he had with his father prior to his mother’s death. However, after his mother died his father was distant for a period of time and it wasn’t long before his father remarried and this led to Kel feeling angry. Kel reported that he would hit other children in school. This resulted in him being excluded from school and eventually leaving school at the age of 14 with no qualifications. At age 15, the Wrexham Local Authority helped Kel into a mechanical training school and he became qualified as a mechanic. Kel stated “this saved my life”. Kel spent time fixing cars in the Middle East and indicated that his life was good, however, in 2007 war broke out in Lebanon where he was working and he got a message that his grandma had passed away. He was unable to return home for many months after this and he indicated this had a negative impact upon his mental health.

On his return to Wrexham in 2008, he met his current partner and they had a child together. Kel explained that “this time was awful as we were homeless and were sofa surfing a lot of the time”. They eventually got a council home the same year. The home had several issues including subsidence leading to damp. Kel stated that they spent 3 years in the accommodation before the issues were fixed but even now there are problems with their home 12 years on. Kel spoke about how he believes this stress has led to him becoming anxious.

From 2009 to 2015, Kel had his own business fixing cars. During this time his business partner accused him of fraud. It was later discovered that this was a false accusation due to an error. His mental health declined further and he subsequently lost his business. In 2020, Kel’s close friend, who had supported him and his family accommodating them while they were homeless, took his own life. This was traumatic and caused Kel to feel he let him down.

Kel states that he is unable to work due to pain in his lower back and legs and is currently under the orthopaedic team to help him with this.

**Medication**

At the point of assessment Kel was taking:

Fluoxetine 20mg (Anti Depressant)

Mirtazapine 4mg (Anti Anxiety)

Zapain 500mg 3x daily (Pain management)

Naproxen 250mg 3 x daily (Anti inflammatory)

Omeprazole 20mg (Manage acid reflux due to medications)

Propranolol 10mg 4 x daily (Reduces heart rate to help with physical symptoms of Anxiety)

**What would happen with normal mental health services?**

The Primary care mental health team would have offered Kel an appointment at either the local hospital or GP surgery, within the 28 days recommended by the Welsh Government. If Kel failed to attend the appointment then he would have been discharged back to the GP. If he called to rearrange then one further appointment would have been offered. He would then be seen on a monthly basis by the practitioner and possibly offered an anxiety management group or individual 1-1 work to address the anxiety. Medication and education surrounding medication should be discussed with the GP.

During the Flying Start PCMHP intervention with Kel, he had 3 no access appointments for his initial assessment prior to being seen, at which point under universal service he would have been discharged back to the GP, however we are able to offer further appointments in the home to help initially engage vulnerable clients. Kel then accessed 12 follow up appointments, of which 2 were re-arranged at the door due to illness.

**Assessment**

Kel was assessed by the Flying Start PCMHP and presented as someone who was extremely low in mood and had long term anxiety. He also suffered with chronic pain in his lower back and legs.

Kel scored 20 on the PHQ9 (Patient Health Questionnaire) which would indicate severe depression symptoms and 19 on the GAD7 (Generalised Anxiety Disorder Questionnaire) which indicated severe anxiety. During the assessment Kel explained feeling “rubbish” every day he woke up. He indicated that his feeling of anxiety throughout the day often led to fear associated with not being able to leave the home and engage in normal day activities. Kel explained “I only leave the house with my partner Kelly and she has to be driving”. Kel also spoke about experiencing daily nightmares in relation to the loss of his mother at age 8 years. Kel expressed feeling deep sadness and that he felt trapped in his own mind.

**Risk to Self and Others**

*Mild risk identified to self* - Kel isn’t leaving the home this may increase Kel’s anxieties. Also some concerns around being a heavy smoker and the impact both physically and finically this is having. Kel also has some issues surrounding self-care and has indicated this is due to low mood.

*Mild risk identified to others* – Kel puts a lot of responsibility for the running of the home and day to day home activates on his partner Kelly. This has had a noticeable impact upon her and stress on their relationship. Kel struggles to engage in lots of activities with their son, however it was apparent how much he love his son.

*Moderate risks identified to children* –

Concern that parental mental health was impacting upon their son, his opportunity to access stimulating activities, impacting upon his development and opportunities due to the restrictions of Kel being unable to engage in activities/social groups or ability to meet his developing needs. (NICE clinical guidance 45) acknowledges how the parental mental health impacts on the development and emotional wellbeing of a child. This is part of the Flying Start ethos of looking at the family and their needs as a whole, to further improve the environment and emotional availability of the parents which benefits the child.

Kel engaged well with the Flying Start PCMHP after the initial assessment and was keen to make positive changes to what he recognised was having a detrimental effect upon his family. It was evident from the assessment, that Kel was suffering from severe anxiety, but that there were many complexities attached to this diagnosis. It was identified that Kel was struggling with sleep deprivation and this was having a huge impact on his home and family life. Furthermore, Kel had never engaged in bereavement support and expressed anger as a coping mechanism. Kel had a few times spoken about his mood, but struggled to verbalise what a low mood looked like and his feelings associated with that low mood.

Plan

1. Management of sleep.
2. Management of anxiety (Social anxiety).
3. Understand the workings of anger and how to recognise and control it.
4. Talk about bereavement and its effects on his life now.

**Summary of intervention**

**Session 1** – Sleep hygiene. We spoke at length about the dreams Kel was having and how this was tied into guilt surrounding both his mother and grandma. We recognised unhealthy activities he was doing before he went to bed such as drinking coffee and using his phone whilst in bed. Kel also reported that he will often just stay on the sofa with the TV on so he isn’t disturbing Kelly.

Plan

1. Set a bedtime and try and stick to it. Sleep education plan provided.
2. Turn TV of 30 minutes before bedtime and have a chat about your day with Kelly.
3. If you wake up during night if after 20 minutes you can’t sleep do a directed activity such as a word search or reading. Do not use phone or watch TV.
4. Do not drink coffee or any other stimulant in the evening.

**Session 2** – Anxiety management. Kel explained his feelings surrounding not being able to go out and we explored what fight and flight was and how this has both a mental and physical effect on us. We looked at ways we can catch our thought process in the moment and challenge it. This then enables us to change the outcomes to a more positive one.

Plan

1. Keep a diary of anxious moments and attach thoughts and feelings of those thoughts.
2. Look at recurring issues that cause stress and then identify solutions to move forward.

**Session 3** – Appointment cancelled by Kelly, as Kel was unwell. Kelly also asked if there was any way they could both stop smoking and I stated I could help them with that.

Plan

1. I have made an appointment for Kel and Kelly with Help me quit.

**Session 4** – Continuation of Anxiety Management. We looked at ways of managing his anxiety and how this may look in a social setting and explored the feelings and thoughts he had recorded in his dairy. It was identified that Kelly makes most of the choices and decisions for Kel, but that this is a role Kelly didn’t want, and that when they do go out Kel will ultimately either stay in the car or not go at all. He noted that the using the Catch, challenge and change technique had been hard at first but felt he was now feeling more in control of his thought process. I have taught Kel the box breathing technique to manage physical symptoms of anxiety.

Plan

1. First 2 weeks every 3rd day go to local shops and back alone, 3rd week do this daily.
2. Once a week take son out to park alone.
3. Use box breathing when needed and if you can’t manage to do all the above don’t see it as a failure.

**Session 5** - Management of worry. We looked at the previous week and Kel explained that he had gone to the shop only once but found that the box breathing helped. I explained what a huge positive step this was and how well he had done. We examined becoming comfortable with uncertainty and how we challenge the beliefs and thoughts that uncertainty creates. We spoke about avoidance being a by-product of worry and ways that the more we deal with worry the less avoidance plays a role. He also spoke about his pain issues with his back and legs and the effect on his mood.

Plan

1. Kel to keep a record of his thoughts and attach his feeling to those thoughts.
2. Kel to spend 20 minutes daily to engage in a mindfulness activity. He suggested doing jigsaws.
3. Kel to visit an old friend he hasn’t seen in over a year.
4. I will contact pain management team for update and also draft a letter for PIP to support his application.

**Session 6** – Reflection and self-awareness. We examined Kel’s thoughts and the feelings associated with them. We discussed if those feelings were valid and discovered that on most occasions Kel’s original thoughts would escalate causing his anxiety to build. We looked more at catching his thoughts and challenging them as they manifest and then changing those thoughts to create either a solution or conclusion with the hope that they don’t escalate. Kel also explained that his sleep was much improved and he continues to utilise the techniques provided to him. I gave him the letter for his PIP claim and he also indicated he had now heard back from the orthopaedic team in regards to his ongoing pain issues and had an appointment to see them in 2 weeks’ time. Kel also stated he and Kelly had not smoked for 3 weeks with the support of the ‘help me quit’ team.

Plan

1. Continue using the 3 Cs to help manage thoughts and de-escalate thought disorder.
2. Continue with daily walks and increase from 3 times a week to 5 times a week.
3. Look at worksheet pertaining to Anger and how we recognise its triggers.

**Session 7** – Anger management what makes me angry? We discussed the previous weeks plan and Kel stated that as the week had gone on he found that using the catch it, challenge it and change it method a lot easier to manage. He indicated that although it hadn’t worked all the time, when it had worked he felt like he would stop worrying. Kel indicated that he hadn’t managed 5 walks as his back was hurting him but did do 3 and went out in the car with Kelly. We discussed Kel’s issues surrounding his anger and he indicated that he had completed the work sheet surrounding anger. We discussed this and also how his circle of anger works and possible ways to break this circle. Kel recognised one way was to be honest about how he feels and not bottle it up. Another way was for Kel to understand his triggers such as feeling trapped, and the frustration surrounding his pain from his back and leg. Kel also recognised that his anger had reduced since he was using the methods to understand how he thinks and feels this has also helped. We looked at a method of:

1. Writing down your problem and other issues this causes
2. Why this happened
3. Possible solutions. Trying this will enable a solution based way of dealing with thoughts leading to Kel feeling angry.

**Session 8** – Kelly text to cancel appointment as Kel had not slept much due to pain.

Plan

1. PCMHP to email the GP to inform him of ongoing issues with Kel’s pain and effects on his mental health.

**Session 9** - Update and Progression. We explored how Kel had been managing his anxiety and Kel reported that it had been the best it has been for years and had in fact booked a family holiday. He stated that the system of breaking journeys down into small bits had helped and utilising the 3 Cs with box breathing calmed him down enough that he did not develop the physical symptoms of anxiety. Kel also indicated that he has started to engage with his friends and family much more. Kel stated that his sleep has improved, however pain still wakes him throughout the night. He stated he has been to see the consultant who has confirmed he has a damaged disc issues and that he will need an operation to correct this. They have now started him on a stronger pain relief programme. Kel has also confirmed his GP has been in contact and he now has an appointment for a medication review. Kel continues to understand his own anger triggers and has completed several ‘problem, why and solution’ worksheets to understand his own reactional processes.

Plan

1. Continue with anxiety and anger management techniques.
2. Look at worksheet surrounding grief and its effects on us. Next week we will explore this in more detail.

What Is Grief? – We examined how last week’s anxiety’s had been and Kel felt that it was now controllable, although he still feels nervous he stated that this is okay and isn’t stopping him from daily activates. He also stated that new medication is helping him with his pain so sleep is improving. We looked at the 5 stages of grief and explored those stages in detail and there relevance to Kelvin. We looked at associated feelings attached to grief and why and how these can affect how we live daily.

Plan

1. Kel to fill in were, who, and situations linked to his grief for us to explore next week together.
2. Kel to continue anxiety and anger management techniques.

**Session 10** – My grief journey. We examined the list Kel had made about his personal grief and how the events had led to his feelings surrounding this. The overriding sense was the loss of his mother and a need to feel he has said goodbye. We spent this session looking at how this had impacted upon his life and how he could change this going forward. This session ran for 1 hour 30 minutes as it was needed for Kel to feel he could speak at length about this topic.

Plan

1. Kel to write a letter to his mother outlining all the things he wanted to say and to say goodbye to her.
2. Contact PCMHP during the process if Kel struggles at any time with this.

**Session 11** – Grief and moving forward. Kel continues to thrive with his anxiety and anger management and his wife Kelly commented that he was “like a new man “. Kel read out his letter to his mother and stated that writing this made him feel like a weight was lifted. We spoke about Kel keeping a dairy for future thoughts surrounding this as this could help him make sense of his own grief going forward as this is a long term journey. We discussed discharge and agreed we would do this next week.

Plan

1. PCMHP to gather any resources that will be helpful for Kel going forward.

**Session 12** – Discharge – We have looked back at the last 12 weeks and how Kel can continue to utilise these techniques going forward. Kel also stated that he had now had a reply from PIP and was getting a new car and was now on the correct amount for his needs and this had stopped him worrying about money. We spoke about self-help groups he could use going forward and the importance of maintaining relationships with different professionals. Kel expressed his gratitude for the intervention and I pointed out that it was his work that had led to him feeling more positive and on the mend.

Plan

1. Discharged.

Changes using a therapeutic approach

Using a Cognitive Behavioural Therapeutic (CBT) approach has enabled the PCMHP to have collaborative approach utilising different medias of mental health whilst involving other agencies. The Royal Collage of Psychiatrists explains that this therapy is a talking therapy that enables you to look at current problems and understand the links between thoughts, actions and feelings. It is also important that links from previous sessions are discussed and a plan for moving forward is developed. Within the sessions, the PCMHP also utilised the Bio, psycho, social model and this begins with the assessment process which details all aspects of a patient’s life. Using this approach enables exploration of all life events such as home environment, money worries, physical issues such as pain management, life connections such as relationships with family and friends. This provides an overall picture of the effects that life may be having on an individual’s mental health. The Nursing and Midwifery Council (NMC) state that “seeing the whole person is core to care in nursing”. These talking therapies combined have helped to develop a therapeutic intervention for Kel. The National Institute for Clinical Excellence (NICE) explains that it important that professionals work with patients to develop their care and treatment. It also explains that this should be implemented using evidence based therapeutic interventions. Using these evidence based techniques, had enabled the PCMHP to adapt an approach that worked well for Kel, addressing the areas which were negative and harmful to him and then look at behaviours and strategies that are advised within the CBT theorem and holistic approaches.

Working within the Flying Start multi-disciplinary team, it is important that communication between practitioners is maintained. Weekly updates were maintained with the Flying Start Health Visitor. These updates included Kel’s progress and relevant interventions that may be needed, but did not disclose the content of PCMHP discussions. The exception to this would be if he was considered a danger to himself or others. The PCMHP also liaised with the GP, Help Me Quit and the Pain Management Team, in addition to writing a supporting letter to PIP. All of these have been with the consent of Kel and have helped produced an effective intervention plan for his mental health.

**Outcomes:**

As a result of anxiety management Kel now leaves the family home more regularly and is building new relationships. Kel understands the nature of his anger and it’s triggers and this will hold him in good stead in the future, in his ability to manage his anger. In addition, now that his pain management is more effective and with ongoing treatments, this will also help improve his mental health on a daily basis. Kel explored his own grief and its effects on his life, and although this is an ongoing process he now has a solid foundation to explore his thoughts and feelings about the death of his mother and grandma.

PHQ – 9

 Previously 20 (severe depression symptoms)

 Currently 9 (moderate depression symptoms)

GAD – 7

 Previously 19 (Severe anxiety symptoms)

 Currently 13 (Moderate symptoms)

The Warwick-Edinburgh Mental Well-being Scale

WEMWBS scale completed at the beginning of the intervention – Score 23

WEMWBS scale completed at end of intervention – Score 50

These scores show an overall improvement of Kel’s emotional and mental wellbeing and how he has used techniques that he has been taught to make positive changes that have helped with his mental health. On discharge, Kel was thankful for the support and stated that he “felt like he had his life back”. I did explain that mental health was a journey and it was important to maintain his medication and to make contact with his support network if he felt things were not goings as well for him as they could. Kel overall showed a positive result and engaged well with the process.

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| --- | --- | --- | --- | --- | --- |
| **STATEMENTS** | **None of the time** | **Rarely** | **Some of the time** | **Often** | **All of the time** |
| I’ve been feeling optimistic about the future  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling useful  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling relaxed  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling interested in other people  | **1** | **2** | **3** | **4** | **5** |
| I’ve had energy to spare  | **1** | **2 2** | **3** | **4** | **5** |
| I’ve been dealing with problems well  | **1** | **2**  | **3** | **4** | **5** |
| I’ve been thinking clearly  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling good about myself  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling close to other people  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling confident  | **1** | **2** | **3** | **4** | **5** |
| I’ve been able to make up my own mind about things  | **1** | **2** | **3** | **4** | **5** |
| I’ve been feeling loved  | **1** | **2** | **3** | **4** | **5 5** |
| I’ve been interested in new things  | **1** | **2** | **3** | **4** | **5** |
| *I’ve been feeling cheerful*  | ***1*** | ***2*** | **3** | **4** | ***5*** |