POL38 – Depression and Anxiety Policy and Procedure
Serendipity Healthcare Ltd
Unit 4 Millennium Way, Dunston, Chesterfield, Derbyshire
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1. Purpose

1.1 To provide individualised safe and supportive care for Service Users with a diagnosis of depression or Anxiety or Service Users who may live with Depression and Anxiety.

1.2 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

CARING	C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
WELL-LED	W3: How are the people who use the service, the public and staff engaged and involved?

1.3 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- The Care Act 2014
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 1983

2. Scope

2.1 The following roles may be affected by this policy:
All staff

2.2 The following Service Users may be affected by this policy:
Service Users

2.3 The following stakeholders may be affected by this policy:
Family
Advocates
External health professionals

3. Objectives

3.1 To ensure that the needs of Service Users who have been given a diagnosis of depression or anxiety are met in a safe, effective and supportive manner that reflects current policy and thinking in mental health.

4. Policy

Depression

4.1 There are a number of good practice principles that Care Workers must be aware of whilst providing Care for people with depression:

- Being aware that a diagnosis of depression can be stigmatising, and that Service Users may not want to admit to this
- Being able to identify other sources of support including self-help groups, support groups and other local and national resources
- Following the principles of the Mental Capacity Act 2005. Serendipity Healthcare Ltd policies on the MCA will provide further information when working with Service Users who lack mental capacity to make decisions about their Care
- Being aware that there are different types of depression and that recovery from depression is possible

4.2 All treatments and interventions will be offered as part of a Care Planning process based on the individual's preferences, wishes and needs.

4.3 Good communication is critical in offering Care to a Service User with depression. As with all communication, this will be based on principles of effective communication, providing any information in a clear and helpful way.

4.4 Working with Service Users with depression is most effective when undertaken using a team approach, involving the Service User, their family and friends, primary care services, mental health professionals and Care Workers. There are a number of principles in effective team working that will be recognised:

- Case recording, particularly of important decisions
- Staff support and supervision
- Communication and information sharing
- Learning opportunities with members of the wider care team
- Awareness of other relevant policies and procedures

Anxiety

4.5 Staff will be aware of current good practice principles, whilst providing care and support for people with anxiety disorder.

4.6 Staff will be aware that a mental health diagnosis can be stigmatising, and that people may not want to admit to this.

4.7 Staff will be able to identify other sources of support, including self-help groups, support groups and other local and national resources.

4.8 Staff must be aware of the principles of the Mental Capacity Act 2005 (MCA). Staff will make reference to Serendipity Healthcare Ltd policies on the MCA which provide further information on working with people who lack mental capacity to make decisions about their

care.

4.9 Staff will be aware that there are different types of anxiety, and recovery is possible.

5. Procedure

5.1 Diagnosis of anxiety is undertaken by medical practitioners. It is regarded as a common health problem, in that the symptoms of anxiety disorders may be a common experience amongst the general population.

Care Workers must be aware of signs and symptoms that might indicate a Service User is at risk of or presenting with depression. These can include:

Social Factors

- Withdrawing from friends and family
- Losing interest in things they used to enjoy
- Not looking after themselves properly
- Taking extreme actions to avoid situations (like never going outside)
- Being fearful of meeting people

Physical Impact

- Losing appetite, or eating more than usual
- Disturbed sleeping pattern or lack of sleep
- Feeling anxious
- Dry mouth or stomach cramps

Psychological

- Losing confidence in themselves
- Lacking concentration
- Expressing thoughts of worthlessness, or even suicide
- Panic attacks, unpredictable and sudden attacks of anxiety
- Irritability
- Feeling worried all the time

5.2 The National Institute for Health and Care Excellence (NICE) has produced guidelines for treating and managing depression. It covers psychological treatments, medication and services that must be made available in hospital and in the community. These guidelines are downloadable from the NICE website.

Specifically, there are NICE guidelines published on the following types of anxiety disorder:

- Generalised Anxiety Disorder (CG113)
- Social Anxiety (CG159)
- Obsessive Compulsive Disorder (CG31)
- Post-Traumatic Stress Disorder (CG26)

For the majority of Service Users who are diagnosed with depression, those interventions will be delivered by their GP and primary care team. For Service Users with the severest of depressions, those interventions are likely to be carried out by specialist mental health services. However, there is still a crucial role for Care Workers in supporting these interventions.

Some of these ways are described in NICE guidelines, and the ways that care staff can support people with anxiety disorders can include the following:

- Build a relationship and work in an open, engaging and non-judgemental manner

- Explore the person's worries in order to jointly understand the impact of their anxiety
- Explore treatment options collaboratively with the person
- Ensure that discussion takes place in settings in which confidentiality, privacy and dignity are respected
- Provide information appropriate to the person's level of understanding about the nature of their disorder, or sources of further information including self-help groups and support groups, in particular where they can talk to others with similar experiences
- When families and carers are involved in supporting a person with anxiety, provide information on opportunities to seek a carer's assessment of their caring, physical and mental health needs and information about carer support groups

The interventions that are likely to be offered will fall under one or more of these categories:

- Self-Help - Self-help groups have provided a lot of support for people with depression, and self-help group users report that shared experiences have helped them develop coping strategies. GP surgeries are a usual source for further information on local groups
- Talking Treatments - These might include counselling and Cognitive Behavioural Therapy (CBT) for depression. These would be arranged via the Service Users GP, and may be provided by the NHS Improving Access to Psychological Therapies programme
- Anti-Depressant Tablets - There are different types of anti-depressant medication. Some of these have side effects and may take some time before they help with symptoms. The Service User’s GP would advise on the nature of anti-depressant medication
- Crisis intervention, where there is need for urgent intervention, particularly where someone is expressing suicidal intentions, may require the involvement of Crisis Resolution and Home Treatment (CRHT) teams and access to crisis intervention can be made through referral by the person’s GP
- Medication prescribed for anxiety can include tranquillisers and anti-depressant medication. Some of these may be addictive, and some may have side effects and may take some time before they help with symptoms. The person’s GP would advise on the prescription of these medications

5.3 An assessment of mental health needs must be undertaken with Service Users and a Care Plan drawn up based on those needs that must be reviewed on a regular basis. The majority of Service Users receiving treatment for depression will receive this from their GP.

5.4 For those with the severest depression who receive care and treatment from mental health services, this will be delivered as part of the Care Programme Approach framework for delivering mental health care. As part of any Care Programme Approach Care Plan, crisis and contingency planning will be conducted by the Service User’s care co-ordinator, but Care staff must be aware of these plans.

- A crisis plan will identify responses to crisis situations that might arise for the Service User, such as a worsening of their depression that cannot be managed with usual coping strategies
- A contingency plan will outline a planned course of action that must be followed if

there is some breakdown or failure in the Service User's Care Plan. Contact names and numbers of key professionals will form part of these plans, but a list of names and numbers on their own would not be regarded as sufficient
- For crisis and contingency plans to be effective and workable, the Service User will be involved in drawing up their own plan when they are experiencing a period of wellness

5.5 Service Users with the severest depression may need urgent intervention, particularly where someone is expressing suicidal intentions and, in such situations, the involvement of Crisis Resolution and Home Treatment (CRHT) teams may be required. Access to crisis intervention can be made through referral by the Service User's GP.

5.6 At certain times, particularly at times of crisis, Service Users with depression may experience risk factors that might expose them to:
- Risk of harm to themselves, including self-neglect during periods of depression, actual self-harm, or suicide
- Risk of harm and abuse by others, particularly financial or sexual exploitation as a result of feelings of worthlessness

If Care Workers believe someone, they are working with is at risk of these they must share that information with their line manager, and where appropriate, the Service User's GP. Assessment and management of Service Users at risk is a specialist area of work that must be undertaken by health professionals, but Care Workers and the Service User themselves must be able to contribute to that. Risk management will not be seen as the elimination of risk. There are risks for everyone in all walks of life, and to try and eliminate them would result in a loss of independence and choice. So, risk management must be seen in the context of positive risk-taking. Current policy thinking in relation to people with mental health problems can be found in the Department of Health's Best Practice in Managing Risk (2009). The Best Practice document also describes the importance of a collaborative approach to managing risk, involving the Service User and the whole of the Care team, so that trusting relationships are developed that aid communication.

5.7 Discussions with the Service User will be conducted in a way that respects confidentiality, privacy and respect and it will be made clear when staff might need to share information. Staff must respect the Service User's confidentiality whilst being aware of the principles of risk management which may call on staff to share information with other members of the Care team.

5.8 Staff will be aware that symptoms of depression may result in barriers to effective communication. Here are some examples:
- During periods of low mood, the Service User may not respond or be very slow to respond
- The Service User's concentration may be very limited

Staff must consider specialist support where there are additional barriers to communication.

5.9 There are other ways of working that Care staff can employ in offering support to Service Users with depression:

- Encouraging the Service User to talk about how they feel
- Where possible, offer opportunities for physical exercise or activity
- Offering a healthy diet of food and drink. Be aware that alcohol makes depression worse
- Encouraging the Service User to write down what is troubling them and whether they can tackle it
- Maintain hope. There are many people who have had depression and emerged from it strongly
- Being alert to changes in patterns of behaviour and thinking, such as the Service User becoming more withdrawn, and discussing these changes with them
- Encouraging the Service User to be alert to their own mood, by writing down things they think and experience and note any changes

5.10 Staff will seek to develop trusting relationships with the people they work with whilst keeping in mind the above principles

6. Definitions

6.1 **Depression**

- Depression is a term in very common usage. It is a very common experience, for some lasting a short time but for others much longer. Because it is such an everyday term, we need to be aware that 'something getting you down' can be a long way from the experience of living with depression
- The diagnostic definition of depression includes lowness of mood and lack of pleasure, and there is a wide range of severity of symptoms of depression
- The psychiatric classification system, Diagnostic and Statistical Manual of Mental Disorder Volume Four (DSM-IV) is widely used in mental health services in the United Kingdom, and defines depression as follows:
- Persistent sadness or low mood and/or; marked loss of interests or pleasure; at least one of these, most days, most of the time for at least 2 weeks
- Then categorises severity as ranging through the following states depending on the number of symptoms and their impact:
- Mild depression
- Moderate depression, or
- Severe depression

6.2 **Anxiety**

- Anxiety is a term in very common usage. It is usually described as a feeling of fear that is not rational. The symptoms may be physical, such as sweating, becoming dry mouthed, butterflies in the stomach, and others. There may be symptoms in the person's thinking, poor concentration, or feeling that something awful will happen. These symptoms may, for some, just last a short time, but for others much longer
- The psychiatric classification system, Diagnostic and Statistical Manual of Mental Disorder volume four (DSM-IV) is widely used in mental health services in the United

Kingdom, and identifies different types of anxiety disorder

6.3 **Care Programme Approach**

- This is the agreed framework in England for the assessment and co-ordination of Care Planning for people in receipt of mental health services

Reviewed 28th January 2022
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