

Empowering users of health and social care services



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Introduction

Empowerment in health and social care reflects the balancing of rights among the various stakeholders in this sector such as the users, the governments and the service providers. The rights of the user are mostly focused on with an aim of maximizing it, while government and the service providers set policies and procedures to do so.

Case Study 1

Desired Outcomes and Care Plan for Bob Small

Goals of Need	Desire Outcome	Ways of Achieving It	Who is Responsible	Time Scale
Reduced	More	Have	Domestic	Permanen

Stress	Relax	calm	Carer	tly
Reduce	d	work that	Self but	Permanen
Boredo	Enjoyin	he enjoys	Carer can	tly
m	g Life	such as	help	Periodicall
Reduce	Stop	art with	Friends	y
Frustrati	Self	no hard	and	
on	Harm	deadlines	Relatives	

Find
 people of
 similar
 tastes
 and
 socialize

Give
 recognitio
 n for his
 creative
 work and
 try to
 manufact
 ure some
 success
 at what

he does.

Case Study 2: Question 1

Factors Affecting Decisions to Self Medicate

The main driving factor for individuals to self medicate in most of the world today is mostly due to budgetary constraints leading to the inability of these people to seek proper medical care. In the case however this is not the situation. However Jean Barlow, may self medicate here due to due to wholly different reasons. The reasons would probably be due to mental reasons rather than financial. As stated in the case she did develop anxiety after getting discharged from the hospital. Since the reason for getting admitted to the hospital were not really conventional physical problems that make people go to the hospital in the first place such anxiety and dip in confidence is very much expected. This is because being forgetful and lack of sleep is usually considered human traits and general minor life problems rather than something that requires medical attention. This social status about these disorders may have caused her to be embarrassed about seeking medical attention in the first place. Therefore in situations such as these one may easily be subject to self doubt and therefore lose self confidence. This factors will in turn cause her to self medicate instead of seeking further medical attention.

Possible Risks of Self Medication

The risk likely occur from self medication are widely spread. The most common form is addiction. This is because people who self medicate generally tend to do so by unconventional and sometimes illegal drugs such

as cannabis and alcohol. Due to its availability alcohol is most commonly used by most self medicating patients especially when trying to alleviate anxiety. Not only alcohol is an abusive substance, what it does is worsen anxiety and cause depression among alcoholics in the long term. Although in the short term they tend to alleviate these symptoms. Such benefits encourages the person the consume alcohol over and over again causing addiction and worsening their base situation in general. Addiction in turn makes the person suffer from more symptoms and worsens the current situation. If such problems keep on persisting the person may eventually become a suicide risk. These above risks do very well apply to the case in question here. Other ways of self medication include over the counter medicines and sometimes, if the law is not stringent where she lives, antibiotics and anti depressants. These medications also if not taken in correct doses does possess the risk of addiction along with dangerous side effects. Moreover the risk of misdiagnosis and over dosage are very common amongst self medicating individuals.

Measures to Minimize Risks

The best way to reduce this risk would to educate Jean Barlow about the risk and benefits of it. Although somebody suffering from low self confidence and high levels of anxiety is very much likely to make judgmental errors but proper knowledge of what she is dealing with will obviously help her regardless of her impaired judgmental abilities. There would be less risk of misdiagnosis. However excessive dosages and the risk of long term usage would tend to persist. To avoid such a situation continuous monitoring would be required. This risk can be reduced if individuals close to Jean Barlow are

educated on these grounds or have access to primary care. The hospital could also reduce this risk by scheduling successive checkups in regular intervals so that she could be monitored.

Advantage and Disadvantage of Self Medication

The chief advantage that Jean would benefit from self medication would be the save in costs. Moreover it would save her time which she can dedicate to her other work. If more people like Jean could successfully self medicate them it would greatly reduce the pressure on the healthcare system in the society which would be able to focus its effort elsewhere to more major healthcare problems. Day to day healthcare problems such as acnes and common flu have routine and standard medications which can easily be self medicated although the risk of misdiagnosis does persist. However in Jean's case, it is not so. Her problem is mainly due to self confidence along with forgetfulness and difficulty in sleeping. If she can successfully medicate her own problems, it is very well. The chief disadvantage in doing so however is the so many risks that have been discussed previously in detail. If gone wrong it could worsen the situation and even create new problems for Jean. Moreover the solution to the current problem without expert monitoring may cause problems such as addiction to sleeping pill for example which would be much harder to solve.

Should Jean be Encouraged to Self Medicate?

In my opinion Jean should not be encouraged to self medicate at this time cause she is suffering from low self confidence. Her initials problems may have been very standard and be self diagnosed but her low self confidence would impair her judgment and can cause her to take wrong decisions

therefore increasing the chances of the risks. She should rather seek medical attention whenever she suffers her symptoms. However going to the doctor every time something minor happens may cause a further dent in her confidence leading to fear and frustration among everything she does. She may be encouraged under certain situations to self medicate. If self medication is done successfully it would help her increase in self confidence leading to an overall development in life for Jean. This can become a bit of a gamble but would bring positive for Jane if successful.

Case Study 3: Question 2

Meeting Mr H's Dietary Needs

To support Mr. H's dietary needs we need to make sure, there are enough omega-3 fats in his diet. This means there should be lots of fish in his diet. This not only deals with the attention span problem but also with his problem of mood swings by keeping it at a minimum level. A low-GL diet should also be maintained. This means that there should be very low glucose in the diet as well as a minimum of any types of stimulants such as tea, coffee and alcohol. Magnesium and potassium also has displayed abilities to calm the brain and reduce mood swings as well as increase concentration. So to support Mr. H's dietary needs, we have to give him lots of fish, sources of magnesium and potassium such as pumpkin seeds and bananas while at the same time try to avoid stimulants such as alcohol and caffeine.

Managing the Tension to Help Mr H Cook Safely

Mr. H is not independent. His mood swings and short attention span can cause a variety of accidents while cooking such a meal. Therefore to enable Mr. H to cook safely without any disruptions I first need to make sure that he

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is continuously monitored throughout the process. He should not be left alone or ignored at any point in time during the whole event. I also need to study and remember his entire recipe for cooking such a meal. Care has to be taken that the room temperature is comfortable and not too hot as an uncomfortable temperature may unsettle him. Moreover I need to make sure that there is a fire extinguisher somewhere very nearby preferably in the room in case of any kind of cooking emergency. I would also need to keep him engaged in the cooking process and help him if he tends to forget any steps in a manner which does not offend him or unsettle him in any other way. In case of emergency I would also need somebody nearby in case there is an apparent need for any relating reason to force him to retire his task. Continuous monitoring would probably stop any unprecedented event from taking place and therefore there would not be much tension if done right and Mr. H would be able to cook his favourite meal.

Question 3

Effectiveness of Organizational Risk Assessment Policies and Procedures

The organizational risk assessment policies is essential to finding out all the risk the organization possesses. These include risks to the staff, users and anyone else that is involved with the organization. The organization tries to promote a dynamic method in identification of risk management by working closely with users and other agencies in order to find the triggers of these risk and find risk histories. The objective is to preempt these ricks before they occur. This assessment procedure considers every stakeholder of the organization in question and tries to avoid all manners of risks. After risks

are identified the organization decides on the management technique of these risks in order to avoid them from happening in the near future. They also tend to try to consider if any of their risk management plans give rise to any further risks or harassment for the users. When all of this is done, the organization trains its entire staff, usually annually on the various risk management procedures within the organization. They also take steps within the infrastructural work of the organization in order to avoid any risk. For example, setting up a grill in the room of a user who maybe prone to jumping out of the window. These benefit the organization in many ways. The users mostly get their rights as they are free from any sort of harm. Moreover the organization is saved from a lot of accidents which might have affected both financially and operationally. Being saved from these costs are therefore highly beneficial to the organization.

Question 4

Current Legislation, Codes of Practice and Policies of Medical Administration

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) is responsible for covering the administration and management in care homes of medicines. The act is passed by an act of parliament and it states that:

“ The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. ”

While in accordance to the above “ *the registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body in relation to the safe handling and use of medicines* ”

The objective of the regulation is that the users of the service:

- will get their medicines at the correct times and in a manner which is safe
- will have information about the medicines which have been prescribed to them and are available to them or the people acting on their behalf

The Care Quality Commission is responsible for monitoring compliance with the regulations for all registered services. The Misuse of Drugs Acts Regulations also under various circumstances regulates controlled drugs handling.

Other code of practices and procedures relating to this matter is provided by the Nurse and Midwifery Council and the Royal Pharmaceutical Society of Britain. The Royal Pharmaceutical Society of Great Britain in its Guidance called *The Handling of Medicine in Social Care* , calls upon 8 principles that should be in place for safely administering drugs in residential homes.

Organization Medication Policy

The organizations medicine administration policy is basically in line with the 8 principles of Royal Pharmaceutical Society. The first principle gives the user the choice and independence to choose the pharmaceutical provider for his/her medicines including dispensed medicines. These give individuals a lot of independence and makes sure everything is done with their consent and not against their will. However under certain circumstances this principle can

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be bent, when there is no choice. For example, the person is having extreme breathing difficulty and not in a position to communicate but needs emergency medication. By complying to the second principle, the organization's staff keeps a detailed record what medicines are currently available within the organizations stores and all the records of each user's medicine intake and therefore be able to refill stocks whenever required to make sure that there is never a shortage at key moments. The third principle also applies to the organization as the care workers when joining take part in a short training period where they learn to administer each type of medicine for people who are unable to do it by themselves. They learn how to feed tablets, capsules, eye drops, nasal drops etc. Compliance with the fourth principle ensures that the organization gives users exactly the medication prescribed for them and at the right time in the right way. The 5th principle states that unnecessary or unwanted medication is disposed of safely and the correct medicines are available whenever required. The organization stores all the medicines safely and out of reach of people who are not supposed to take the medicine. There is also a pharmacist who regularly advises the residential home on medication related issues. Lastly medications are only used to prevent diseases or relieve symptoms, not to punish people or encourage certain behaviors.

Question 5

Promoting & Maximizing Rights of Service through Effective Communication

Effective communication is when the sender of a communication message sends a message that is completely understood by the receiver exactly as

intended by the sender. When there is effective communication efficiency tends to rise regardless of the task at hand. This is no different for the health and social care service. The whole service depends on the user getting his rights maximized. When there is effective communication the user would know exactly what his rights are, what he will be getting out of the service and what he will be not. This will help him manage his expectations from the service and plan accordingly. Moreover the service provider's work would also increase in efficiency if there is highly effective communications. The service would be able to provide for the user to his requirements, therefore maximizing his rights. If there is effective communication the service will unlikely to be unable to provide for the user anything that his rights cover. This is two-way communication is therefore extremely vital in health and social care aspects. Effective communication will always help the user to maximize his rights in this way.

Question 6

Factors Contributing to Loss of Independence, Non Participation & Social Exclusion

Stigma is one of the most important factors that cause these problems for service users. Social stigma is especially for people with mental health problems affect people of all ages, at all levels of job and education levels. Society tends to have a negative impression about this problem unlike cancer or any other physical diseases. Therefore how other people judge them becomes a great barrier to the users.

Not Just Sticks & Stones'(Jim Read & Sue Baker November 1996), a survey of the people with mental health problems in the matters of discrimination, taboo and stigma found out that:

- For the fear of unfair treatment, a large majority was put off for applying for jobs.
- Being treated unfairly by general health care services was something half the respondent felt.
- Harassment and abuse in public and sometimes even physical abuse was face by many
- Most people believed that discrimination has increased in the last 5 years but some thought it decreased as well.

Due to these various problems the fear of stigma and discrimination sometimes makes the users stop talking about their mental distress with others therefore there is a communication gap and they fail to avail their full rights of the service. These factors therefore directly contribute to their social exclusion and non participation in service. Most people tend to stay at home and take small local jobs depending on their level of independence in fear of abuse from the uneducated society. The social stigma and the media terming most of them as ' lunatics' and ' psychos,' create a very bad impression in a lot of people's minds therefore making lots of luxuries of life unable to these people causing a huge loss of independence for them.

Conclusion

Finally we can say that the various laws and legislations that the UK Government has put into place in order to maximize the rights of users are very well enforced and maintained. The way service in current times is <https://assignbuster.com/empowering-users-of-health-social-care-services/>

designed is based on the objective of maximizing the rights of the users.

Participation is on the rise leading to greater independence for users.

Excellent management of risks and commendable practices of drug administration has led to much fewer service accidents and has ensured the rights of the users.

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