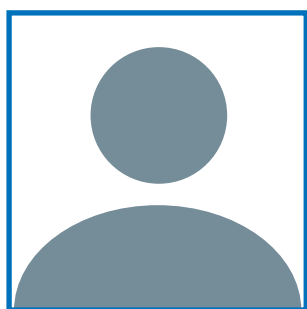


Patient experiences



“ As my confidence has increased and my social life has resumed, depression has become less and less of a problem. ”

Patient D from Yorkshire

I was admitted to the NICPM for two months suffering from anxiety, depression and acute pain in my mouth which had been diagnosed as Burning Mouth Syndrome.

Following my redundancy in April 2009 at the age of 58, and ensuing financial and health problems, I had become increasingly withdrawn and had avoided contact with my friends and most of my family. I had not been shopping in a town centre or eaten out for over two years. At the time of my admission I had been housebound for two months and had stopped driving. I no longer read and had lost all interest in the outside world.

On my admission I had meetings with members of my key team, and multi-disciplinary team (MDT) care plans addressing my physical, psychological and social needs were drawn up.

Through meetings with the physiotherapist I learned about how pain works and that knowledge, together with the relaxation sessions offered, have helped me manage symptoms of pain and anxiety. I was also advised by my key team to maintain a healthy balanced diet as, in the past due to my pain, I had reduced food intake. This had resulted in unintentional weight loss to a dangerous level and my admission into an acute medical ward.

Low self-esteem and a lack of confidence were identified by members of my key team. These were addressed through one-to-one sessions with my associate worker and a graded exposure plan agreed with my occupational therapist. By means of a hierarchy of anxiety-provoking social situations I gradually overcame my difficulties.

“ ...one of the main benefits of the ward was the opportunity to talk to people in a similar position to myself... ”

For example I progressed from eating meals in the dining room with other patients to attending a wedding ceremony and reception with 120 guests with no anxiety whatsoever. Where previously I had been too anxious to go to the cinema or into town centre shops, I am now happy to go alone. I have also started reading and driving again. As my confidence in these situations has increased and my social life has resumed, depression has become less and less of a problem.

Group activities provided on the ward were an important starting point for me in my social care plan. Anxiety-recording charts and weekly plans worked on with my occupational therapist showed my progress and gave me the confidence to face other, more difficult, situations. These structured weekly plans set goals for me to achieve in the ward and on weekend leave which, towards the end of my admission, was increased from two to three days to allow time for extra targeted activity.

I found the weekly MDT meetings, where I met with the consultant and members of my key team, very useful because they allowed me the exchange of information between members of my key team and subsequently with me.

Finally one of the main benefits of the ward was the opportunity to talk to people in a similar position to myself and the support we gave each other.