

Sexual Safety Collaborative Learning Set

10th November 2020

Welcome!

Thank you for joining the Sexual Safety event

The event will start at 1pm



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CENTRE FOR
MENTAL HEALTH



#MHSIP
#SexualSafetyInMH

Housekeeping

- Please mute your speakers/audio unless you are speaking.
- Please turn your camera off when others are presenting.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk.

Additional support

- ▶ We recognise that this topic can be difficult and challenging to think about and discuss.
- ▶ You can also contact any of the NCCMH team if you need any extra support during today's event.
- ▶ Should you wish to speak to a QI coach or require additional support, please email safetyimprovement@rcpsych.ac.uk and QI coaches Kate and Matt will be in touch.

Twitter



- ▶ We encourage use of twitter and social media to share the work that you are doing throughout the collaborative. Starting today!
- ▶ However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission
- ▶ Thank you!



@NCCMentalHealth

Project hashtag **#SexualSafetyInMH**

Programme hashtag **#MHSIP**



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Kate L @QI_KateL · Aug 12

Really looking forward to getting out #mhsip sexual safety QI collaborative restarted in September. Thanks so much to @RachelDios & @Nutcase10 for joining me to talk about our work on MHTV tomorrow night @DrAmarShah @HSmithSafety @NCCMentalHealth @EmilyCanQI @saiqanccmh @rcpsych

Unite: MHNA @Unite_MHNA · Aug 12

On tomorrow's #mhTV presenters @VanessaRNMH & @niadla will be joined by @RachelDios, @Nutcase10 & @QI_KateL to discuss sexual safety in inpatient settings.

📅 Book your reminder: mhna.eventbrite.com.

📺 Watch live (Thurs 7pm): [facebook.com/UniteMHNA/live](https://www.facebook.com/UniteMHNA/live).

Show this thread



Cara Oates
@CaraOates1

#TakeALookAtMeadowbrook

Great discussions this morning about the Sexual Safety Collaborative on Chaucer. Such positive change ideas that have already really benefited our service users and staff.

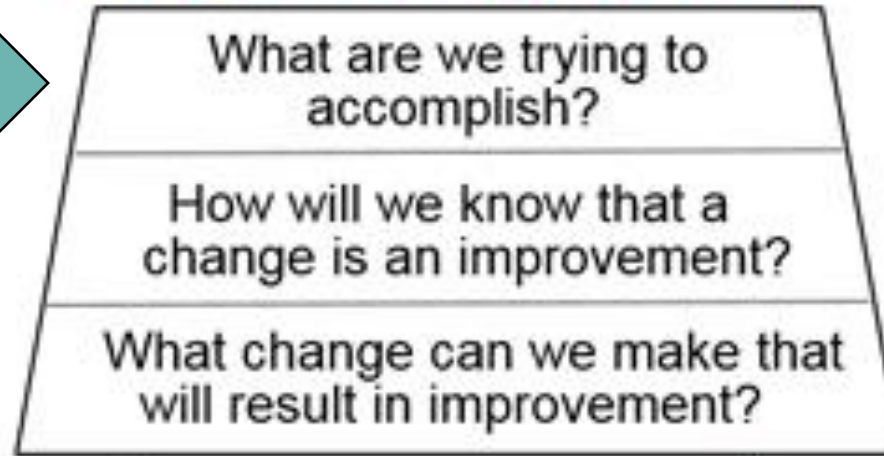
@GMMH_NHS @Chelsey85325056 @saiqanccmh

#checkinginonchaucer

To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services

Aim

Model for Improvement



Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by service users or staff. Your answers to these questions are anonymous.



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Please tick: Service user Staff

In the past two weeks, have you felt safe from sexual harm on the ward?

Yes / No

Please circle your answer

If you did not feel safe from sexual harm at any point, would you feel able to speak to someone about it?

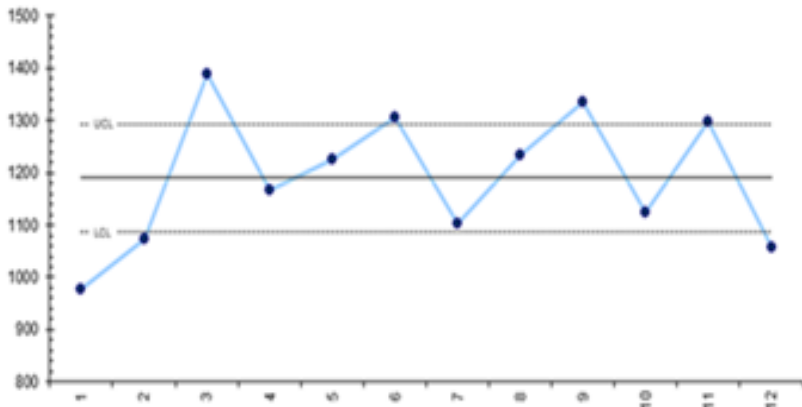
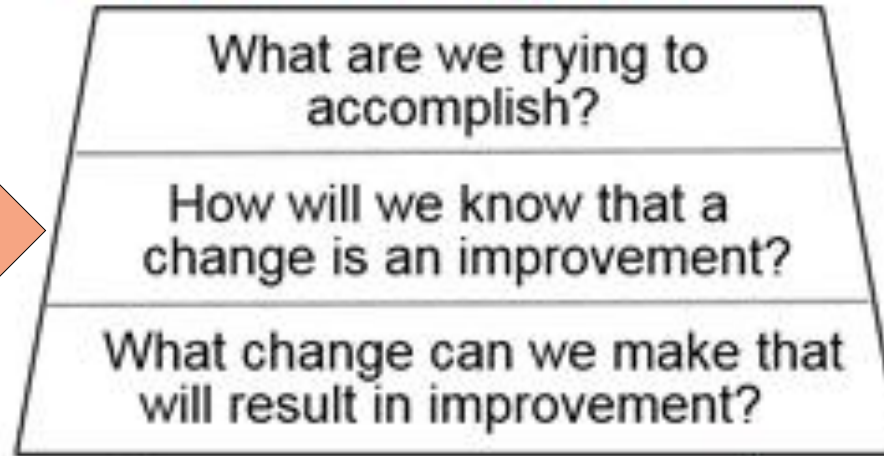
Yes / No

Please circle your answer

If you would like to speak with someone independent about your sexual safety on the ward, please see the contact details on the ward sexual safety charter.

Measure

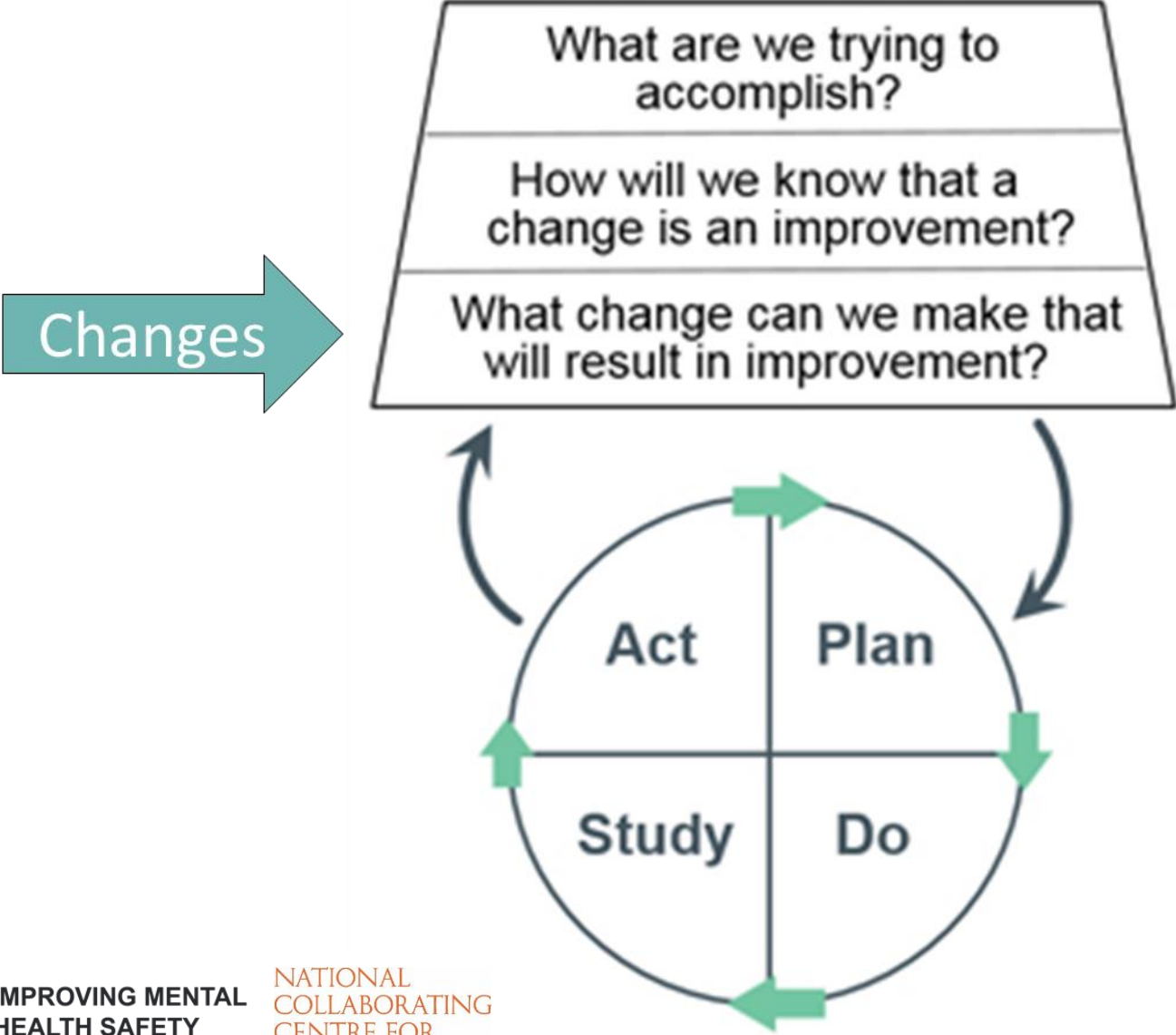
Model for Improvement



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Model for Improvement



| Multi-vote | Ideas | Rank Order | Total |
|------------|--|------------|-------|
| ••• | SS admission leaflet | 1 2 2 | 5 |
| • | Asking patients preference for gender of viewing staff | | |
| • | Feedback box for staff + patients | | |
| •• | Offering chaperone for physical examinations | 6 4 6 | 16 |
| •• | Clinical interventions w/ 2 staff | 5 5 3 | 13 |
| • | Staff survey: how are we looking after each other | | |
| • | Trauma-informed training for staff | | |
| • | Journey to + from work | | |
| •• | Email change ideas to staff | 3 3 4 | 10 |
| • | Allocating budget of ideas to staff | | |
| • | Add SS to staff induction | | |
| • | Add SS to community meeting agenda | | |
| • | Add SS to exit interview | | |
| • | Add SS to admission checklist | | |
| ••• | Include wider MDT in project team | 2 6 5 | 13 |
| •• | Set up regular project team meetings | 1 1 1 | 6 |

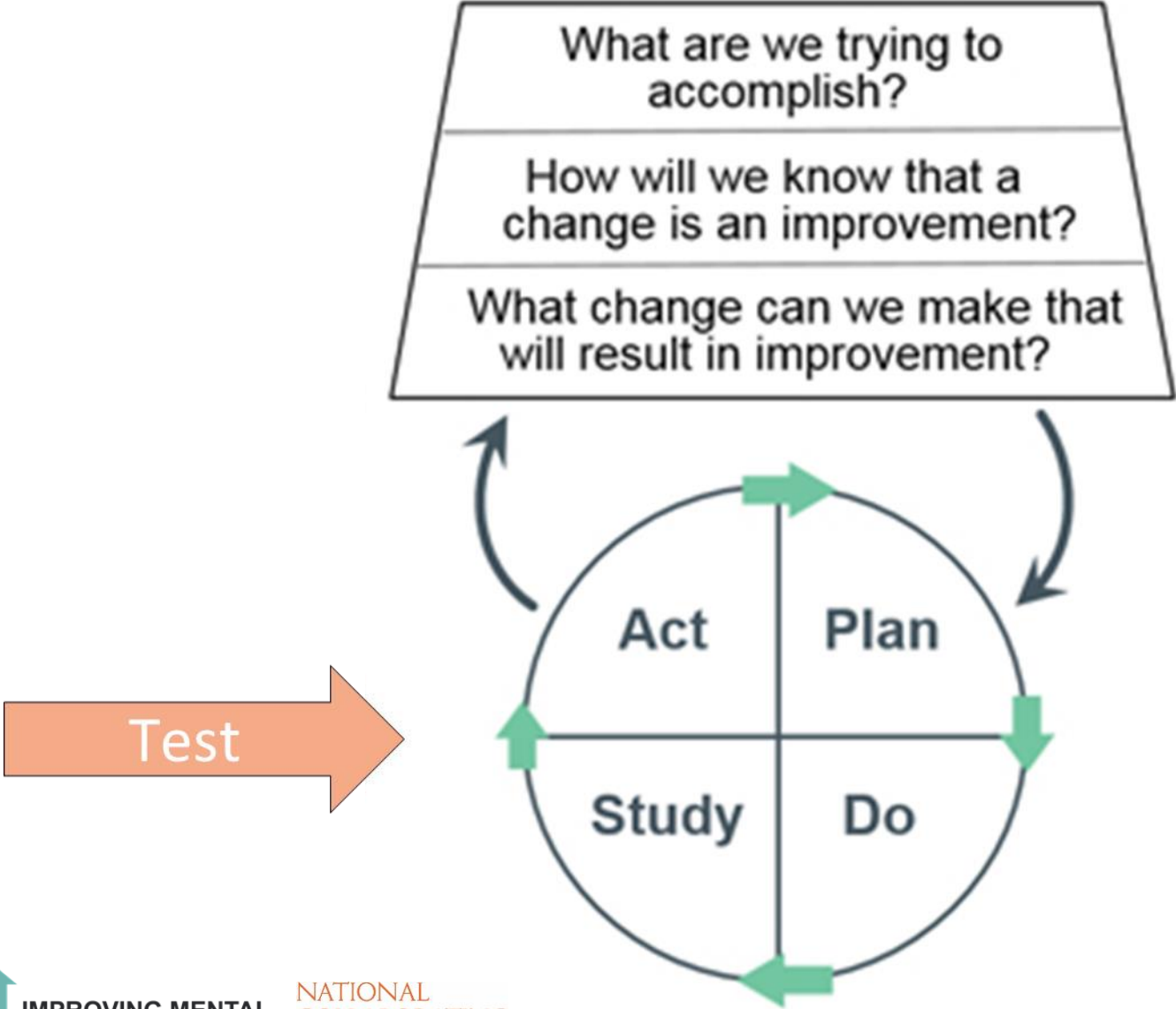
| Multi-vote | Ideas | Rank Order | Total |
|------------|--|------------|-------|
| • | Removal of Dooms | | |
| • | Education of staff re: not feeling safe | 1 1 1 1 1 | 5 |
| • | Review handover to me - sexual safety | | |
| • | Sexual safety day | | |
| • | UNISX tactics on ward | | |
| • | Trauma informed care training | 2 2 3 3 3 | 14 |
| • | Patient led meetings - greeting new patients | | |
| • | Staff to develop training (education) for patients | | |
| • | Staff self awareness - improve language used | | |
| • | ensure service user / carer / carer's informed / involved | | |
| • | UK sexual safety in manual specifications + select ideas on ward | | |
| • | ensure all staff are aware of sexual safety culture | 2 3 2 2 2 | 11 |
| • | Support for anyone who is concerned re: sexual safety | | |

| Multi-vote | Ideas | Rank Order | Total |
|------------|--|-------------|-------|
| ••• | SS badges | 4 7 2 2 1 | 13 |
| •• | SSC all session at next away day | | |
| •• | SS information pack for patients | 1 3 3 3 2 | 12 |
| • | Rotating SS champion (patient) | | |
| • | Add SS to reflective practice | | |
| • | Add SS to staff support | | |
| • | Create safe space room | | |
| • | Complete a SS heatmap | | |
| •• | Add stickers to Postcards | 2 2 1 4 4 | 16 |
| • | Ask Patients for change ideas | | |
| •• | SS clinic / supernumerary QI role weekly | | |
| • | QI bulletin | | |
| • | Display date of last incident | | |
| • | Safety huddle | | |
| • | Daily diary prompt for safety cross | | |
| • | Add safety cross to hourly chat board | | |
| • | Add SS to admission checklist | | |
| • | Add SS to admission criteria | | |
| • | Mapping nature of incidents | | |
| • | Speak to Andy w/ re trauma informed care | | |
| • | Monthly invite for Police to speak to Patients | | |
| • | Give ownership of change ideas to students | | |
| • | QI noticeboard | | |
| • | Making posters w/ Patients | 3 1 1 1 3 5 | 9 |

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| Multi-vote | Ideas | Rank Order | Total |
|------------|---|-------------|-------|
| •• | Focus on staff awareness of project | 1 1 1 1 1 1 | 9 |
| • | Psychology input | | |
| • | time to have supervision with pre staff | | |
| • | Reviewing incident / discuss staff meetings | | |
| • | Identified time for train students | | |
| • | assessment of opeds specific priority of pm | | |
| • | asking service users regarding S.S | | |
| • | change inform service use of type of field | | |
| • | no mobile phones during review | | |
| • | 3M new steps (cross on ward a spot) | 3 3 3 3 3 2 | 21 |
| • | 1:1 SU express concerns | | |
| • | ask staff to contribute to change email and ideas | | |
| • | change gatekeeping + health check | | |
| • | Regular community meeting re SS | | |
| • | save clothing | 2 2 2 2 2 3 | 18 |

Model for Improvement



PDSA: Safe ~~space~~ ^{space} for staff
and patients

Objective: For people to feel safe when
reporting sexual safety i.e. incident

Prediction: Improve support, increase in
reporting. People feeling safe to
talk. Identify other areas
i.e. improving or issues

Measure:
Questionnaire
Tracker (patient experience)
measures life & l
Safety cross (identifying other areas)

Plan: Chris / Jason design questionnaire
(Quarterly)
Tracker - monthly - Speak to patient
(amber)

PDSA: Hand out postcards
in handover

Objective: Improve regular & consistent data collection.

Prediction: Receive more post card data from YP staff.
More discussion & engagement wa among staff.
Receive more post card data from YP.
Engagement & discussions with YP.
Keyworker.

Measure: ① NO. of post cards collected. YP & staff.
②. survey / rating scale.

Plan:

- 1st week of every month.
- For 2 days.
- Staff give 2 post cards → staff
→ YP.

Breakout Sessions

Connecting to the WHY



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GROUP 1 (Emily)

Aquarius Ward
Beach Ward
Becklin Centre (wards 3&5)
Cofton Ward
Dragonfly Unit
Keith Winter House
Lishman Unit
Moorland View Ward
Nottingham Acute Services
Osborne Acute Adult Ward
Phoenix Ward
Rosewood and Maple Rehab Unit
Sowenna CAMHS Unit
Swift Ward

GROUP 2 (Kate)

Forest Close
Hawkesbury Lodge
Hazel Ward
Heather Ward (Airedale Centre)
Kahlo Ward
Larch Ward
Marlborough House
Moore Ward
Ruby and Ivory Wards
Stewart House
Upnor Ward
Watermead Ward (Bradgate MHU)

GROUP 3 (Matt)

Adriatic and Pacific Wards (Ardenleigh)
Avondale Unit
Basildon MHAU
Bedale PICU
Crofton Clinic
Dennis Scott Unit
Gerry Simon Clinic
Hammersmith and Fulham MHU
Harbour Ward
Millbrook Ward
Miranda PICU
Peter Bruff Unit
Rowan Ward
Yorkshire Centre for Eating Disorders

GROUP 4 (Saiqa)

Alt Ward
Arnold Ward
Bronte Ward
Chaucer Ward
Clearbrook Ward
Darwin Centre
Elmleigh
Harplands Hospital
John Howard Centre
Langworth Ward
Irwell unit
Northwick Park Hospital
Ward 18



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Video



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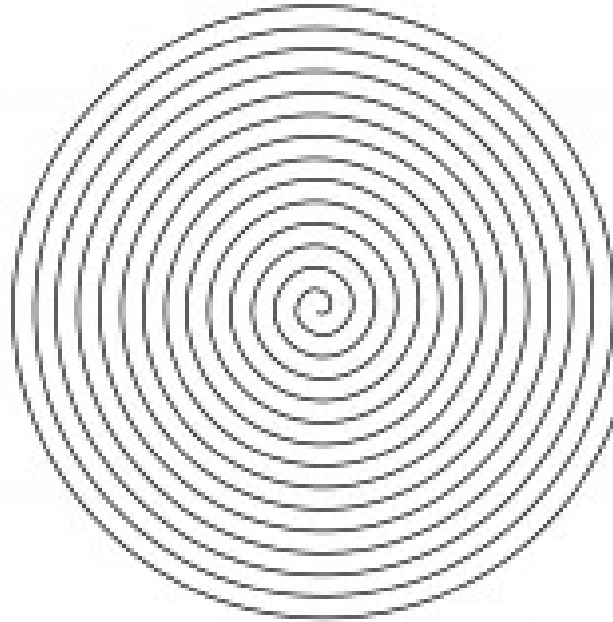
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Spiral journal

- You will need a piece of paper (A4) and a pen
- Divide the piece of paper into 4 (either by folding it twice or with a pen)
- Draw a spiral from the centre of the paper, as tightly as possible, and in silence
- Answer each of the four questions, one by one (see next slide)
- Group discussion

What are your reflections from the video?

Why is this work important to you?



What can you commit to doing now?

Where do you have discretion and freedom to act?

Northwick Park

Central and North West London NHS Foundation Trust



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TRAUMA INFORMED APPROACHES (TIA) TO MENTAL HEALTH CARE

Introduction to Trauma Informed Approaches

This training has been developed by the CNWL Harrow TIA Team



A few statistics

- Psychiatric inpatients – childhood sexual abuse **85%**
- Psychiatric inpatients – DV in year prior to admission **63%**
- Hearing voices – trauma **98%**
- BPD – sexual abuse in childhood **75%**
- Male psychiatric inpatients – abuse in childhood **85%**

(Read et al., 2005; Mueser, 1998; Merza et al., 2018)

ACEs study

- ‘The most important studies you’ve never heard of!!’
- 15 year follow-up
- 17,421 participants
- Hundreds of studies
- 10 types of childhood adversity
- **ALL** = strong graded relationship between ACEs and;
 - mental health
 - physical health
 - behavioural problems
 - social problems

Copyright to Lucy Johnstone (shared with permission)

What are the ACEs?

- physical abuse
- sexual abuse
- emotional abuse
- physical neglect
- emotional neglect
- exposure to DV
- household substance abuse
- household mental illness
- parental separation
- member of household in prison

ACEs study

Higher ACE scores **predict** greater incidence of;

- depression
- suicide
- psychosis
- PTSD
- drug use
- foetal death
- injury & death as a child
- criminal behaviour
- heart disease
- cancer
- STDs
- liver disease
- smoking
- obesity
- diabetes
- drug and alcohol abuse
- fibromyalgia
- migraines
- gastrointestinal problems
- arthritis
- COPD
- domestic violence
- homelessness
- sex work
- unemployment
- early death
- lung disease
- poor education attainment
- poor work performance
- **PLUS MORE...**

ACEs study & psychosis

- People abused as children
 - **9.3x** more likely to develop psychosis
 - 3 kinds of abuse – **18x** more likely to be psychotic
 - 5 types of abuse – **193x** more likely

(Shevlin et al., 2007)

What is a trauma informed approach?

*“What has happened to you?” rather than
“What is wrong with you?”*

- It’s about approaching distress from the OUTSIDE → IN
- Trauma – broadest context (adversity)
- Mental health – trauma response
- COVID

Trauma in the broadest context

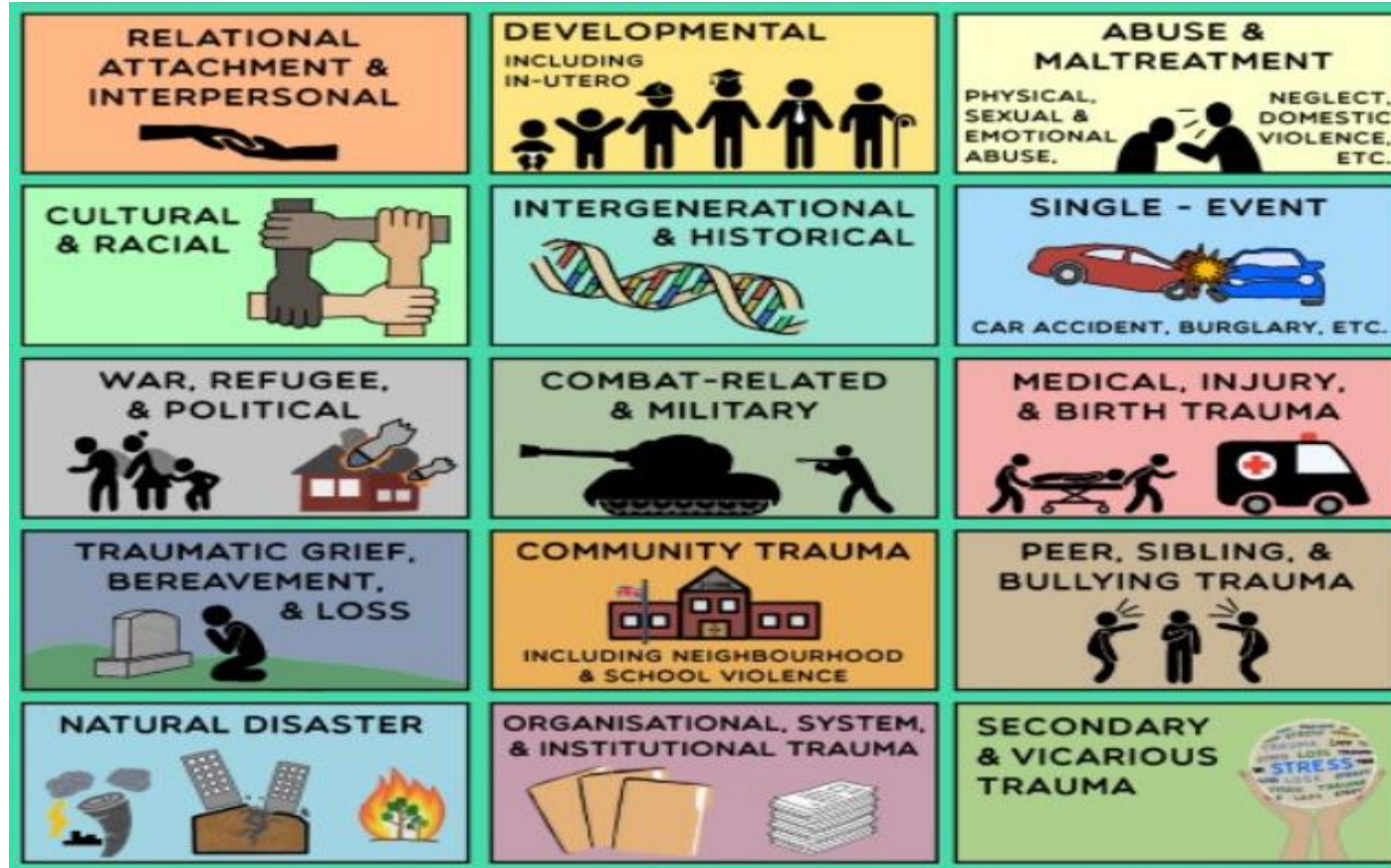


Image copyright to Dr Karen Triesman

TIA three phase model

Phase One: Stabilisation – education, coping, **safety**

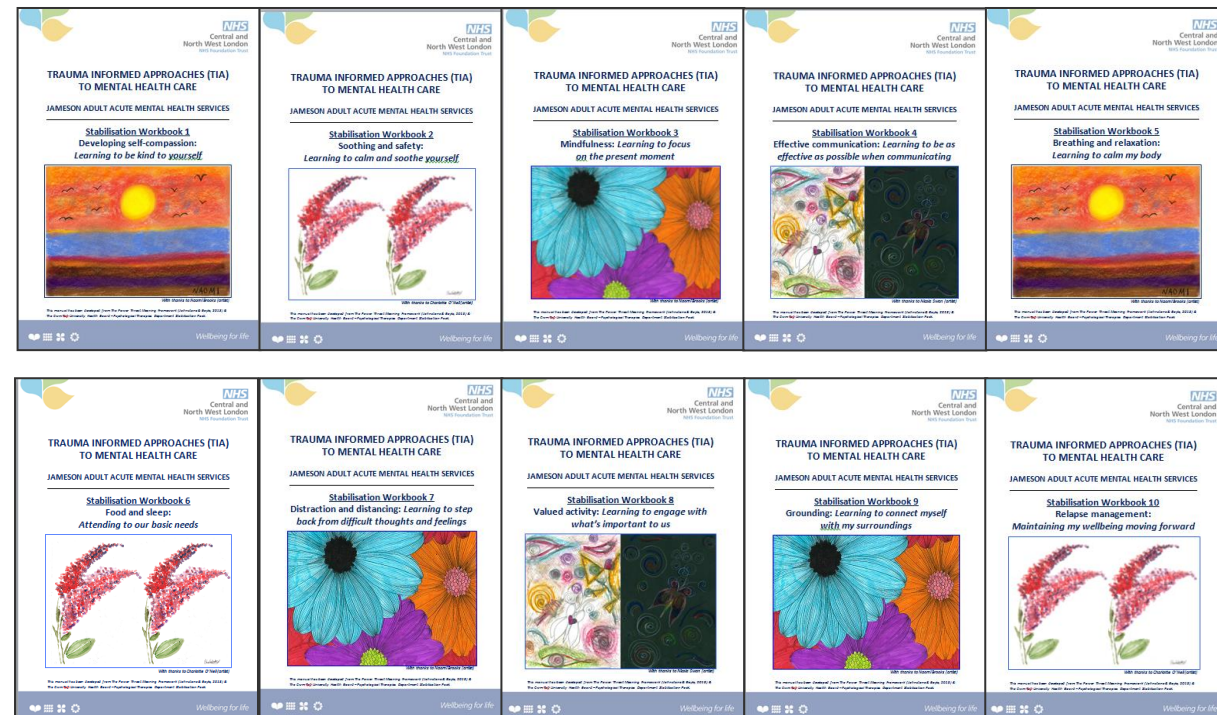
Phase Two: Talking about, processing and coming to terms with past

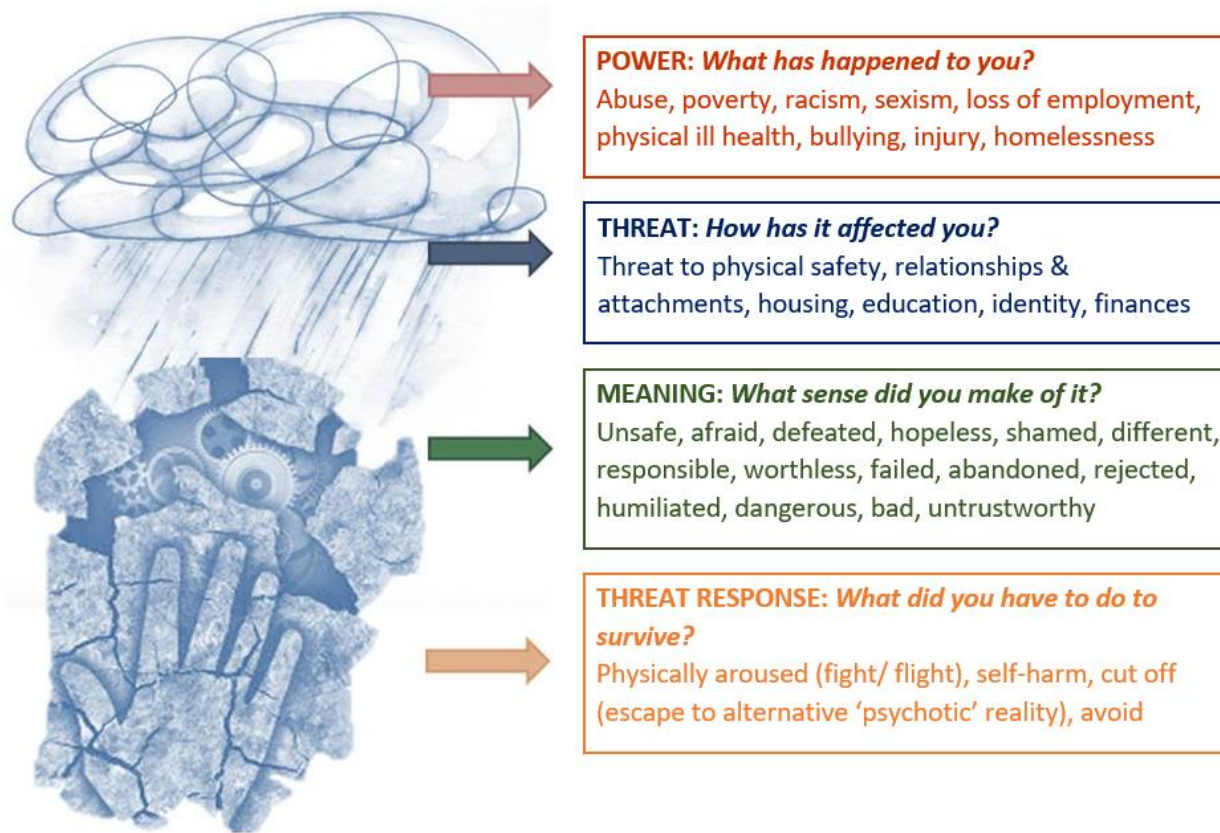
Phase Three: Taking up life again, moving forwards

The stabilisation manual: Supporting internal safety

Introductory information pack **plus** 10 stabilisation skills workbooks

- Self-Compassion
- Soothing & Safety
- Mindfulness
- Effective Communication
- Breathing & Relaxation
- Food & Sleep
- Valued Activity
- Distraction & Distancing
- Grounding
- Maintaining Wellbeing





The Power Threat Meaning Framework (PTMF)

Johnstone & Boyle
(2018)

Break



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Panel and reflections

QI coaches and Tom Ayers



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Breakout Sessions

SSC change cards



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Northwick Park Hospital
Nottingham Acute Services
Osborne Acute Adult Ward
Peter Bruff Unit
Phoenix Ward
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Rowan Ward
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Joao Botas, Psychologist on Phoenix Ward, **South West London and St George's Mental Health NHS Trust**, shares how the ward has started increasing staff confidence in discussing sexual safety.

#SexualSafetyinMH

1. What problem were you trying to solve?

Getting our staff team comfortable enough to discuss sexual safety issues.

2. What did you do?

We started bringing the subject up during our staff support groups which provides a safe space for staff to discuss and reflect on their feelings around talking about sexual safety, including why they may find it difficult to discuss the topic. We also shared a booklet 'you, your body and sex' to be given to service users.

3. How did it go?

Some members of staff found it difficult because of their religious beliefs. Other members of staff and service users found the leaflet helpful.

4. What was the main learning from your intervention?

This is an ongoing discussion because some members of staff still find it difficult to discuss issues of sexual safety with the service users. The staff support group is a safe place where these issues are regularly discussed and addressed. I am also planning to do a short training session on sexual safety to staff.



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SSC change cards

- Use the link in the chat to access the online form
- Choose one of the change ideas you have tested on your ward/unit and answer each of the 4 questions (10-15mins)
- Share as a group your change ideas and responses (10-15min)
- You will be sharing with the rest of the group so don't submit your form until the end of the session

Close



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