



## Engaging Carers on ESI

Separation, sectioning and social distancing for any patient admitted to a psychiatric intensive care unit is a stressful and difficult process under normal circumstances. The knock on impact this has on their families and carers cannot be taken for granted. Add to this a global pandemic and the restrictions the NHS had to put in place to control the virus, it became a very challenging time to maintain good levels of communication with relatives. Innovative and novel ways to maintain this vital link were sought on ESI and led to the creation of the Carer's Clinic.

Every working Wednesday the carers of our patients are booked in for an update from the ward specialist registrars, via telephone or in person. This includes the patient's immediate family members but often includes an extended network of relatives that are often anxious and worried about their loved one, both from a physical and mental health point of view. Providing a set, allocated time allows good continuity of care as the relatives can be safe in the knowledge that they will be updated at regular intervals. There is no time pressure and relatives are given an open dialogue to voice any concerns or questions they might have. A high priority is given to keeping a good communication channel open between the inpatient team and relatives. The timing of it has been reported to work well as it occurs after the weekly ward round so feedback can be provided on their relative's progress over the last week and any clinical changes made to their treatment plan.

It has proved to be a vital part of the patient's treatment plan as often the relatives will be the individuals continuing to support the patient post discharge. Forming a collaborative approach has been shown to harbor better outcomes in the future with less relapses and deterioration when families are involved from the very start of a patient's journey. The clinic has many functions, such as psychoeducation which includes discussing the importance of medication compliance or avoiding illicit

psychoactive substances in the community. We have also been able to carry out short family engagement therapy during this time and direct carers to official carers support services which they can access for their own mental health. This dialogue has also been a vital diagnostic tool for the team, collateral histories can be sought from relatives to give a clearer picture of what has potentially caused the admission or the patients past medical history, as well as what treatments have worked well in the past or which methods have failed. This holistic approach, covering all aspects of the biopsychosocial model, serves the best clinical practice possible when treating often complex and chronic mental illnesses.



*Separation, sectioning and social distancing for any patient admitted to a psychiatric intensive care unit is a stressful and difficult process under normal circumstances.*



Reflecting the diverse and international makeup of the south London population, the Carer's Clinic has made calls all over the world; from America to Brazil to China, and has made use of intermediary interpreter services to allow effective communication. The clinic is always mindful of the carer's situation and difficulties with the time difference. It has again proved a vital tool as often these patients have no formal NHS records or GP, connecting with their relatives can shed light on often complex social, mental or physical circumstances.

Other novel methods of communication have been born from the pandemic; the new era of MS Teams has allowed the ward to facilitate video conferences between patients and their relatives, providing virtual visiting sessions. These allow patients to feel connected to the outside world whilst still maintaining social distancing or isolation. Normalising video

conferencing is important in our setting as patients may have to conduct important formal legal meetings such as tribunals or court cases via this modality, during their admission. Familiarising patients with how this works can be good practice for presenting themselves over video call.

Overall, the success of the Carer's Clinic throughout this time has cemented its importance as an integral part of the patient's journey whilst on the ward. It will certainly continue in the future and potential adaptations will include more face to face updates (COVID-19 permitting) and facilitating visits with patients, family and staff present.

**Dr Angus Millen, Float CT; Adenike Bolade, Ward manager; Alisha Wilson, RMN; Carla Uwejoma, RMN; Nguyet Le, RMN; Marisa Easterling, RMN; Robert Rathouse, Occupational Therapist; Joy Obasuyi, RMN and Dr Ahmed Yahya, Consultant**

**ES1 Ward, South London and Maudsley Hospital**

## QNPICU Annual Forum 2021

On 19 October of this year we held our fourth QNPICU Annual Forum.

The virtual event was an exciting day packed with presentations and workshops. It provided a great opportunity for professionals from all disciplines, patients, and family and friends to discuss key service development issues relevant to PICUs and share ideas about the future.

Highlights of the day included '*Design with People in Mind—the sounds of the ward*' by Steven Brown, Professor of Health and Organisational Psychology, Nottingham University and '*Using Quality Improvement to Promote Sustainable Mental Healthcare*' by Rosie Spooner, Education Fellow at The Centre for Sustainable Healthcare and Paediatric Trainee.

If you want to catch up on the day, just click on the image to the right where you can watch a recording of the event on KnowledgeHub.

**Quality Network for Psychiatric Intensive Care Units Annual Forum 2021**  
Tuesday 19 October 2021

**RC PSYCH**  
ROYAL COLLEGE OF PSYCHIATRISTS

**Programme**

- 10:00 Welcome and introduction**  
Chair: Susan Denison, Patient Representative, CCQI and chair of the QNPICU Accreditation Committee
- 10:15 Using Quality Improvement (QI) to Promote Sustainable Mental Healthcare**  
Rosie Spooner, Education Fellow at The Centre for Sustainable Healthcare and Paediatric Trainee
- 10:45 Developing a Trauma Informed Approach in a Mental Health Trust**  
Shirley McNicholas, Clinical Lead and Philippa Greenfield, Consultant Psychiatrist, Camden and Islington NHS Foundation Trust
- 11:15 Break**
- 11:30 Peer Support for Family and Friends of People Detained Under the Mental Health Act: The OPAL Project**  
Dr Domenico Giacco, Associate Clinical Professor, Unit for Mental Health and Wellbeing, Health Sciences Division, Warwick Medical School, University of Warwick, Honorary Consultant Psychiatrist, Coventry and Warwickshire Partnership NHS Trust
- 12:00 Understanding Compulsory Naso-Gastric Nutrition**  
Sarah Fuller, Advanced Specialist Eating Disorders and Research Dietitian, Imperial College London
- 12:30 Lunch**
- 13:30 Celebrating Equality and Diversity**  
Sarah Walsh, Clinical Team Leader; Anthony Okwuokei, Clinical Team Leader; Jessica Coplestone, RMN; Teresa Funa, RMN; Matt Waugh, RMN/Fitness Nurse; Mahomed Kaji, Activity Coordinator; Biganani Magdela, PICU Matron, Nile Ward PICU
- 14:00 Updates from the Network**  
Kate Townsend, Programme Manager and Kelly Rodriguez, Deputy Programme Manager, Quality Network for Psychiatric Intensive Care Units
- 14:15 Break**
- 14:45 Mental Health Watch – a spotlight on mental health services**  
Sam Hunt, Data Analysis and Research Manager, Royal College of Psychiatrists
- 15:15 Design with People in Mind – the sounds of the ward**  
Steven Brown, Professor of Health and Organizational Psychology, Nottingham Trent University
- 15:45 Final plenary**
- 16:00 Finish**  
Join the conversation on Twitter @rcpsychCCQI #qnpicu

**PICU**  
PSYCHIATRIC INTENSIVE CARE UNITS

**CCQI**  
COMMITTEE FOR QUALITY IMPROVEMENT IN PSYCHIATRY

## Challenges When Working Towards Carer Engagement



There is now a growing trend in the health sector to get more carer engagement so that their active participation can enable their knowledge and experiences to contribute to the design, planning, delivery and evaluation of mental health services. Unpaid carers play a key role in the recovery journey and wellbeing of their loved one, as well saving the exchequer billions. Effective engagement and participation is about sharing power, control and decision making within a partnership, where all parties are committed to that sharing such as in co-production and co-design.

As a carer representative on the College's QNPICU, I have taken part in numerous peer reviews of PICU services across the country. As a result, I have had the opportunity to read many excellent carer engagement strategies, plans, protocols and good practice guides. At the same time, I have also interviewed many carers and staff from those services to find out about their experiences of what the actual carer engagement practice looks like. Whilst the majority of services have excelled at carer engagement, for some services, however, good intentions written down does not always end up with good practice on the ground, judging by what some carers have had to say.

There are some hurdles to overcome if

genuine carer engagement is to flourish, but the main ones that keep cropping up are: leadership i.e. getting buy-in from senior management, making long-term resources available, taking time to build relationship with carers and having a clear communications strategy.

Leadership is about building the organisational culture from the outset. Embedding meaningful engagement and participation is not possible unless services create the environment in which people (staff, patients and carers) feel confident that they have the rights, responsibility and organisational support to be involved in decision making and that their views will be respected and implemented. A good example is the “Working Together” model, adopted by the Royal College of Psychiatrists, which has created an organisational culture and helped to foster the mindset needed for meaningful dialogue and collaboration with their patient and carer representatives.



*Building a trusting relationship will take time, especially with carers who have had no previous experience or negative past experiences of engagement. Otherwise, the whole process will be seen by carers as 'tokenistic'.*



Another big obstacle is lack of resources. Engagement is time consuming, especially if it is to take into account different engagement methods used to allow for a wide range of carers to participate. Recourses are also required to allow for sufficient number of staff and carers to work together to get the desired outcomes and achievements. For services to show that carers are valued and rewarded, funding is also required to support trainings and



remuneration of carers taking part. Engagement is not a one-off event but an ongoing process, as a result a dedicated annual engagement budget can ensure that adequate funding is available to carry out the activities mentioned above. Individual carers from disparate communities will get involved for a range of reasons and in a range of different ways.

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*For me, carer engagement and participation will be judged a success when it gradually moves from being a new way of working to being part of daily routine practice in the health sector.*

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Clear communication and the use of commonly understood, jargon-free and acronym-free language is essential to addressing the expectations of carers involved. It is important for services to be

honest and upfront about the level of engagement that is being offered to carers. Of course, the extent to which control and authority can be shared depends on the particular processes or activities. There should be a common understanding of what is and is not engagement or co-production. Building a trusting relationship will take time, especially with carers who have had no previous experience or negative past experiences of engagement. Otherwise, the whole process will be seen by carers as ‘tokenistic’.

For me, carer engagement and participation will be judged a success when it gradually moves from being a new way of working to being part of daily routine practice in the health sector.

**Dino Patel, Carer Representative, CCQI**

For further information  
about QNPICU please visit  
[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

## Carer Engagement on Jade Ward

There are two known truths evident to those in healthcare, specifically mental health as it pertains to our current time: 1) Psychiatric Intensive Care Units are restrictive by default, 2) the ongoing pandemic has led to restrictions that meant people are cut off even further than they were before. Both truths applied to detained service users, which meant that their access to their

relatives, friends and loved ones was made harder. Despite the advances in technology that facilitates communication between the two, which everyone has had to adapt to, the limitations of said technology, individual circumstances and the aforementioned restrictions have meant that the point of contact that can bridge the two has been the nursing team of that PICU. They, among other duties and responsibilities that they are entrusted with, keep the carer updated (albeit where allowed) on the service user in question.

Given the high acuity and workload a PICU can undergo, it can regrettably occur that the carer contact can be missed or fall short of what is expected. Here on Jade Ward PICU (Luton) we have strived to improve upon that issue by carrying out a ward based, quality improvement (QI) project regarding the quality of carer contact, with a multi-disciplinary team approach as a key driver. Drawing on the minds of different members of an inpatient ward and collaborating with service user input, with the most valuable input coming from a past carer, we were able to come up with several change ideas to enact in improving the quality of carer contact.

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*As it is a QI project, it is ever evolving and receptive to feedback, some which is already helping to go about achieving our aim better.*

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One of the changes made was circulating a welcome letter for the carer's of newly admitted or transferred service users that clearly and concisely informs the carer about the ward and how it operates. This includes the information relevant to what a carer might need to know. Much like how a new service user would be given a welcome pack that informs them about the ward, a similar resource is now available to the carers. Previously carers would have to rely on direct contact with the ward or what they could source on the official website.

Another change surrounds the initial contact with the carer, good practice would typically

dictate that a carer be informed within 24 hours of the service user's admission, however based on what was fed back to us by the service user/carers representative, it was determined that the ward should make contact with the carer within six hours. Although they might have been admitted for a mental health crisis, it can be distressing for the carer not to know what has happened to them and to have reassurance come sooner rather than later can make all the difference.

Tied in to that is also asking the carer when a good time to contact them would be, so as to maintain continuity of contact. It goes without saying that carers have their own lives and with it their demands on them, so to alleviate any inconvenience or missed opportunities for contact, staff can be ready and organised to contact the carer.

As it is a QI project, it is ever evolving and receptive to feedback, some which is already helping to go about achieving our aim better. As for the current quality of carer contact, as perceived by our current service user's carers, the results are positive; with the satisfaction ratings given never reaching the middle point regardless of whether the news has been good or not. Hopefully this good progress continues and if it suffers setbacks or problems it will be met not with a sense of futility but humility and willingness to change, so as to continue to prosper and most importantly allow the carer to be more at ease and informed.

**Sean Stone, Life Skills Recovery Coordinator, Jade Ward, East London NHS Foundation Trust**

## Winter Edition Feature Article

### Patient Article

#### Trials and Tribulations of a PICU

When I came here, I was ill, confused, I thought the world was against me. I have lost so many important souls and people in my life that I think my brain and heart and soul exploded. I lost control of my thoughts and my actions but while I was at my lowest point ever in my life because I lost my soul mate, I lost my wife.

I cared for her for two years and it was the hardest thing I have ever had to do. I lost myself in the midst of all of this and went into self-destruct. I didn't know how to breathe without her let alone live. I neglected myself due to not having the appropriate support and guidance. I know now she is my Guardian Angel and her, my mum, my Nana are also my angels.

I am now leaving the tunnels I entered and leaving the darkness behind. That's 'cos friends, family and the staff at Bayley ward

have been amazing to help me be guided throughout my dark days and begin to see the sun through the dark clouds that were before me. I have the strength to continue my journey now and see the good in everyone and everything. So may my life be filled with happiness, love, joy, respect as all the best things in life really are free.



**TJK, Bayley Ward, St Andrews Healthcare**

**30 November 2021**

## Mental Health Watch

### Shining a spotlight on mental health services

The College has just updated Mental Health Watch (<https://mentalhealthwatch.rcpsych.ac.uk>) with the latest data about how the system is performing in England.

The tool was created to enable clinicians, service users and policy makers to access mental health data on an easy-to-use platform. Updated quarterly, it collates publicly available data over several key indicators to give users a snapshot of overall performance and places it in the context of the NHS Long Term Plan and other government commitments. The site also reveals the findings from four tracker questions from College members working on the frontline, psychiatrists working in the NHS across the UK can [join our research panel to participate in future surveys](#). Every quarter, we produce a [briefing which summarises](#) the headline issues. What does it mean for a sector dealing with a burgeoning backlog and the long tail of the pandemic?

### Children and Young People's Mental Health

Mental Health Watch includes several indicators relating to children and young people's mental health, including:

- Hospital admissions for self-harm
- Bed days for children and young people in CAMHS tier 4 wards
- Children and young people with eating disorders starting treatment within one week

Across Mental Health Watch indicators, we can now clearly see how the first pandemic wave affected services and patients, and how things have evolved over the months since then. We can see this in the number of hospital admissions for self-harm, where Quarter 1 of 2020/21 (April-June) was marked by an enormous drop in admissions of 23% compared to the previous quarter, followed

by a significant rebound in Quarter 2 (July-September) and what now looks to be a slight upward trajectory. Meanwhile, while the data on the total number of bed days spent in children and young peoples' tier 4 wards also saw a significant drop during the first wave of the pandemic, this was followed by a continued downward trajectory after a slight increase in the second quarter.

The continued decrease in performance against the one-week treatment target for urgent children and young people eating disorder referrals is the subject of this quarter's ['Spotlight On' briefing](#), which provides in-depth analysis of a particular indicator. The drop in performance to just 61% is deeply alarming, but as the briefing points out, this isn't indicative of reduced productivity. Instead, the number of completed pathways in April-June 2021 was a staggering 160% higher than the corresponding period last year with similar pressure being seen in non-urgent referrals.

### Adult Acute Services

The site also showcases several indicators that may be of interest to those working in adult acute services, including:

- Referrals to NHS funded secondary mental health, learning disability and autism services are standardised for each area and using this measure the number in March 2021 was 42% higher than three years earlier (711.3 per 100,000 people compared to 501.3). Numbers had already bounced back in July 2020, however the latest data for July 2021 shows a 7.4% year-on-year rise.
- The pressure on an already stretched system is evidenced by the continued challenges on inappropriate out of area placements. New data on the site shows there were 61,260 inappropriate out of area placement days between May and July even though the Government target date to eliminate such cases has already passed. Ten providers are still responsible for most cases and we will retain focus on local variation.



Other indicators that may be of interest include:

- Bed occupancy across mental health trusts
- Proportion of patients discharged from adult acute beds followed up within 72 hours
- Number of people subject to the Mental Health Act 1983

Alongside the full reports, drop down menus on individual indicators allow you to compare performance between local areas and help you work out whether the changes you are seeing are in line with a national trend or unique to your area.

Please share the tool with colleagues and on social media, plus use what you find to hold system leaders accountable for delivering improved care.

**Sam Hunt, Data Analysis and Research Manager, Royal College of Psychiatrists**

In this context, it is especially worth making use of the new [Local Area Reports](#) feature, which allows you to download a summary of key indicators for the area you work in.

## Knowledgehub

### Join the QNPCU online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Psychiatric Intensive Care Units (QNPICU) has created their own group to facilitate discussions around psychiatric intensive care units . If you work within a service which is currently a member of the network then join us in our discussions.

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences

For more information or if you wish to join, please email [PICU@rcpsych.ac.uk](mailto:PICU@rcpsych.ac.uk).

# QNPICU Green Month 2021



It's clear that there is a real appetite for delivering more sustainable healthcare in psychiatric inpatient settings. As a quality improvement network, we are passionate about advocating for sustainable healthcare and supporting our member services in their efforts to achieve this. With this in mind, we designated October as our QNPICU Green Month. We sent out weekly tips and ideas to encourage environmentally sustainable practices in PICU settings.

We started by breaking down the sustainability principles which underlie the QNPICU standards, giving practical examples of how to meet the standards sustainability.

In later weeks, we gave tips on identifying hot spots within units, supporting patients to benefit from getting into nature, and establishing social prescribing practices.

If you want to find out how you can deliver more sustainable healthcare, click on the images on the following page to read the full post for each week.

**QNPICU Green Month 2021 - Identifying Environmental Hot Spots within your Service**

Dear colleagues,

**Identifying Environmental Hot Spots**

This week we're going to focus on identifying environmental Hot Spots. These are the areas in your service which generate the most carbon emissions and therefore areas which deserve the most attention when it comes to reducing emissions in order to deliver sustainable healthcare.

**What are the main environmental hot spots in healthcare?**

It might be surprising to know that waste actually only accounts for a very small proportion of carbon emissions in in healthcare settings. According to analysis by the NHS Sustainable Development Unit waste only represents about 0.1% carbon emissions in the NHS. So, whilst it's important to reuse and recycle, this alone will not have the necessary impact.

Some of the top environmental hot spots in healthcare are:

1. Medical instruments and equipment - 13.2%
2. Pharmaceuticals - 12.1
3. Fuels - 8.6%

With these hot spots in mind, what do you think your own mental health hot spots would be? Overprescribing medication? Staff commuting in private cars?

By thinking about hot spots in services, we can develop quality improvement (QI) projects to improve sustainability in the areas which will have the most impact. Below we have some ideas for QI projects which you could take part in to reduce carbon emissions in your own service!

**QNPICU Green Month 2021 - Sustainability in Mental Health: Getting into Nature**

Dear Colleagues,

**Sustainability in Mental Health: Getting into Nature**

The positive impact that nature has on our mental health and wellbeing is well documented. Exposure to nature makes us feel better emotionally and contributes to good physical health, reducing the likelihood of cardiovascular disease and the production of stress hormones. For many people, being forced to remain indoors for long periods during COVID-19 lockdowns has highlighted the importance of spending time in natural environments.

In this week's green month tip, we're going to discuss how PICU services, and other inpatient mental health services, can support patients to get 'into nature' by taking part in green walking.

**Green walking in mental health recovery**

Green walking in mental health recovery is a low-cost supporting patients to spend time walking in natural green spaces and to benefit from the effects of being exposed to nature in this way. In partnership with the RCPsych, the Centre for Sustainable Living has been promoting green walking and improving access to green spaces for adult psychiatric inpatients. They have produced a guide to help professionals start green walking groups, which we have used to inform this post.

**Why set up a green walk project?**

- Getting out into nature reduces feelings of anger, fear and stress and increases pleasant feelings.
- There is growing evidence that time spent in nature is associated with a positive mood, psychological wellbeing and vitality.
- Not only does exposure to nature improve emotional wellbeing, it also contributes to good physical wellbeing - reducing blood pressure, heart rate and muscle tension.
- Green walking contributes to patient recovery and potentially their resilience to future mental health problems.
- Setting up a green walking project can be done with minimal preparation and relatively low cost.

**How to set up a green walk project**

- Have a list of your local area to identify green spaces closest to your ward. Even a small local park can be a great space to start with.
- Bring your plans to start a walking group to your ward meetings and ensure staff from different disciplines are present.
- Think about how you are going to communicate why you want to set up the walk, how you will do it, whether it's been done before and who can support you.

**QNPICU Green Month 2021 - It's time for Action!**

Dear colleagues,

**Sustainability in Mental Health: Time for Action!**

With the COP26 summit starting on Sunday, we're going to take a step back to look at the bigger picture of climate action and highlight on some of the excellent initiatives being implemented across healthcare.

In the run up to what will be the most important international meeting on climate change since the signing of the Paris Agreement in 2015, there have been some stark warnings over the current rate of progress. Despite a slight decrease in emissions due to the COVID-19 pandemic last year, greenhouse gas emissions continued to rise by more than the average annual growth rate over the past 10 years.

The UN's Emissions Gap Report 2021, published earlier this week, shows that latest national climate pledges put the world on track for a temperature rise of 2.7 degrees Celsius by the end of the century. This is far higher than the 'well-below 2.0 degrees' target of the Paris Agreement.

The report highlights that more ambitious net-zero commitments are necessary to stand a chance of limiting global warming below 2.0 degrees. You can see the COP26 health programme page, which details all the targets that will be discussed to build climate resilient and sustainable health care systems.

**Climate Action within Healthcare**

Though it is easy to feel skeptical about climate change progress, it's important to remember the role healthcare has to play and the impact that individuals and services can make by working more sustainably.

We want to promote and help the NHS achieve its target of being the first net-zero national health service, so we want everyone to start taking some action. We've provided lots of top tips and ideas on how you can work more sustainably. We've given tips on identifying hot spots in your units, supporting patients to benefit from getting into nature, and establishing social prescribing practices. We've also broken down the sustainability principles which underlie the QNPICU standards.

**QNPICU Green Month 2021 - Sustainability in Mental Health: Social Prescribing**

Dear colleagues,

**Sustainability in Mental Health: Social Prescribing**

Social prescribing offers a way of supporting patients suffering with mental health problems through non-clinical means. It helps people to connect with non-medical services and activities in their local area.

Interventions include practical activities (linked to patient's interests, such as taking part in a local art group, playing football in a local club or learning new skills by attending training workshops). Patients can take part in such activities on an ongoing basis, for a set number of sessions or even as a one-off event.

Social prescribing recognises the impact of social, economic and environmental factors on our health, and provides interventions that are patient-centred, skills-based and pro-social. As such, it can play an important part in providing a sustainable healthcare system.

**Evidence for Social Prescribing**

Social prescribing has been shown to provide range of benefits to patients experiencing poor mental health, including:

- Improved emotional and psychological wellbeing, self-esteem and confidence, improvements in physical health and lifestyle, and reductions in levels of depression and anxiety (Chaitnick et al, 2020)
- Reduction in demand for primary and secondary care (Baker et al, 2021)
- Building individuals' social identities and resilience (Baker et al, 2020)

**Social Prescribing for Psychiatric Inpatients**

Though it is most often considered in relation to primary care, social prescribing can be effective within inpatient mental health settings and for patients with a spectrum of mental illness. In collaboration with the Royal College of Occupational Therapists, the RCPsych has provided the [Barnet and Chase statement on social prescribing](#) outlining its effectiveness and application to community and inpatient mental health settings.

It's worth stating that social prescribing should not be seen as a replacement for pharmacological or psychological treatments. Instead, it should be viewed as a valuable addition to medical approaches to treating mental health issues.

Within PICUs and other inpatient units, social prescribing fits neatly within the domain of occupational therapy. Many services will probably be doing similar work to that which is outlined in this post. We would encourage services to empower their occupational therapy teams to expand activity provision with green social prescribing in mind.

**QNPICU Green Month 2021 - Sustainability Principles Explained**

Dear Colleagues,

**Welcome to QNPICU Green Month 2021!**

As a network we are passionate about sustainable healthcare and supporting our member services to improve the sustainability of the care they provide. Each week in October we will be releasing different tips and ideas on how you can encourage environmentally sustainable practices in PICU settings.

To start our green month we're providing guidance around our sustainability principles and what services can do to ensure they are meeting these principles.

**Sustainability Principles Explained**

The five sustainability principles are intended to support services to think about the resources needed for different mental health interventions and to be aware of the environmental, economic and social impact of these interventions.

Each sustainability principle is linked to a number of different standards relevant to that principle. During reviews sustainability will be automatically assessed alongside these standards, no extra evidence is required for this.

Sustainability Principle	What standards do these apply to?	What you can do to sustainably meet these standards!
<b>Prevention</b> Preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants of health).	Std. Q2 Patients have a comprehensive physical health review. This is completed within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week or prior to discharge.	<ul style="list-style-type: none"> <li>• Support patients to do physical activities for example walking.</li> <li>• Educate patients to monitor and manage their own physical health.</li> <li>• Involve and educate patients on social and practical aspects of their condition for things like financial, benefits and debt management.</li> </ul>
<b>Recovery</b> The five sustainability principles are intended to support services to think about the resources needed for different mental health interventions and to be aware of the environmental, economic and social impact of these interventions.	Std. Q2 The team supports patients to access support with financial, benefits, debt management and housing.	

You can also follow us on Twitter @ccqi\_ @rcpsych

## QNPICU Festive Card Competition Winner

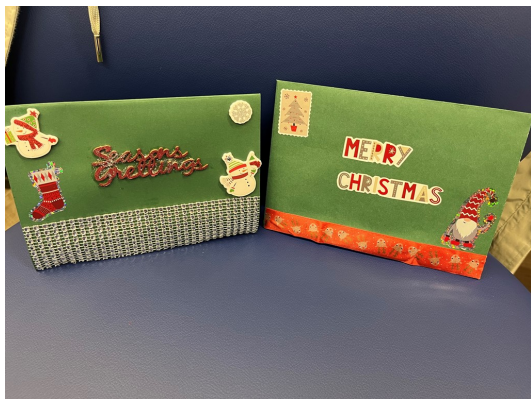
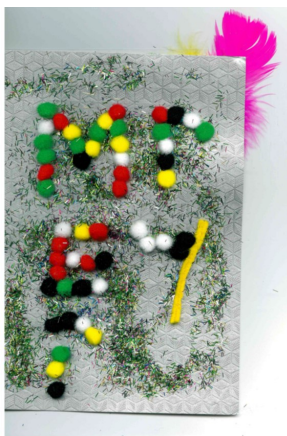
We welcomed all patients in PICU's to submit their festive artwork for a chance to be featured on our electronic Christmas card which goes out to all of our members. We received brilliant entries this year and the QNPICU and patient and carer representatives all voted. Below is the winner of the competition, and on the next two pages you can see all of the brilliant entries.



The winning artwork was created by Frank Watkins, a patient at Harplands.

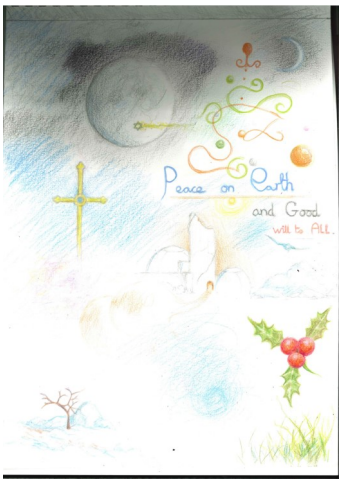
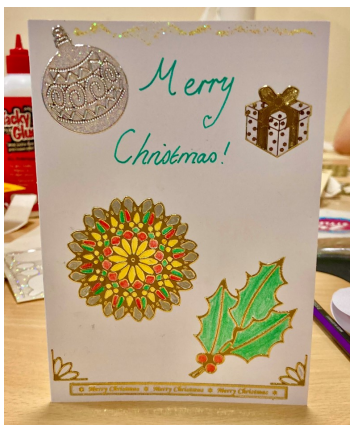


QNPICU Festive Card Competition Entries





# QNPICU Festive Card Competition Entries





## Save the Dates

**02 February 2022**

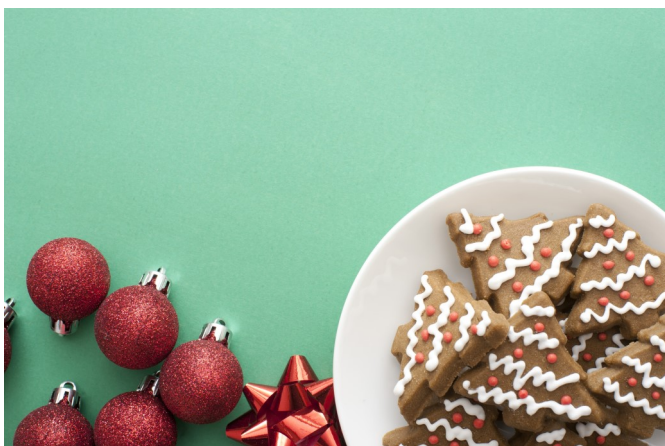
QNPICU Reviewer Training

**20 April 2022**

QNPICU/ QNWA  
Joint Workshop:  
Trauma Informed  
Care

**20 October 2022**

QNPICU 5th Annual  
Forum



### Keep an eye out for...

If you enjoyed reading our newsletter and would like to submit an article of your own, keep an eye out for our Spring/Summer and Autumn/Winter Editions in 2022.

If you enjoyed the festive artwork then keep an eye out for our Creative Writing and Artwork Competition in Spring 2022 and our 2022 Festive Card Competition.

For further information about QNPICU please visit

**[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)**

You can also follow us on Twitter **@ccqi\_ @rcpsych**  
and use **#qnpicu** for up-to-date information

**Care Quality Commission**

[www.cqc.org.uk](http://www.cqc.org.uk)

**Centre for Mental Health**

[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

**Centre for Sustainable Healthcare**

<https://sustainablehealthcare.org.uk/>

**Department of Health**

[www.doh.gov.uk](http://www.doh.gov.uk)

**Health and Social Care Advisory Service**

[www.hascas.org.uk](http://www.hascas.org.uk)

**Institute of Psychiatry**

[www.iop.kcl.ac.uk](http://www.iop.kcl.ac.uk)

**National Institute for Health and Care Excellence**

[www.nice.org.uk](http://www.nice.org.uk)

**NHS England**

[www.england.nhs.uk](http://www.england.nhs.uk)

**National Association of Psychiatric Intensive Care Units**

[www.napicu.org](http://www.napicu.org)

**Revolving Doors**

[www.revolving-doors.org.uk](http://www.revolving-doors.org.uk)

**Royal College of Psychiatrists' College Centre for Quality Improvement**

[www.rcpsych.ac.uk/quality.aspx](http://www.rcpsych.ac.uk/quality.aspx)

**Royal College of Psychiatrists' Training**

[www.rcpsych.ac.uk/traininpsychiatry.aspx](http://www.rcpsych.ac.uk/traininpsychiatry.aspx)

**See Think Act (2nd Edition)**

[www.rcpsych.ac.uk/sta](http://www.rcpsych.ac.uk/sta)

**Contact the Network****Kate Townsend, Programme Manager**

[Kate.Townsend@rcpsych.ac.uk](mailto:Kate.Townsend@rcpsych.ac.uk)

0208 618 4067

**Kelly Rodriguez, Deputy Programme****Manager for QNPICU**

[Kelly.Rodriguez@rcpsych.ac.uk](mailto:Kelly.Rodriguez@rcpsych.ac.uk)

0208 618 4063

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21 Prescott Street

London

E1 8BB