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Quality Network For Forensic Mental Health Services

Introduction

**Dr Paul Gilluley, Consultant Forensic Psychiatrist,
Chair of the Quality Network Advisory Group**

Welcome to the 11th issue of the newsletter for the Quality Network for Forensic Mental Health Services. The 4th annual cycle of self-reviews and peer-review visits is now well under way and there has been an enthusiastic level of engagement in the peer-review process, both from peer-reviewers and units hosting their peer-reviews.

The meetings of the network Advisory Group have been very productive and we are particularly pleased to welcome Dr. Quazi Haque, Medical Director, Priory Secure Services; Dr. Jeremy Kenney-Herbert, Clinical Director, Reaside Clinic, Birmingham and Solihull Mental Health NHS Trust; and Dr. Pete Snowden, Medical Director, Partnerships in Care to the group.

In addition, the Quality Network recently held a Standards Consultation event commissioned by the Department of Health on 7th December. This event was attended by staff from a number of different medium secure units and comprised a number of workshops to discuss the specifications for adult medium secure service. A summary of the outcome of the workshop will be disseminated in the next issue of this newsletter. Upcoming events include a number of Lead Reviewer training sessions in 2010 as well as the Annual Forum planned to take place on 12th April 2010.



Editor's Interview

Dr. Paul Gilluley
Consultant Forensic Psychiatrist
Chair of the Quality Network Advisory Group



What is your background and current job role?

I graduated from Glasgow University Medical School in 1991 and after completing my house jobs in Glasgow I came to London to join the Charing Cross Hospital Psychiatric training scheme. Before starting the scheme I worked for three months as a locum SHO for Dr Bob Dolan at Three Bridges RSU (where I am based now) and got my first taste of forensic psychiatry. From that early stage I was leaning towards forensic psychiatry and after gaining my MRCPsych I gained a position on the Forensic SpR Training Scheme at the Maudsley Hospital/Institute of Psychiatry.

I was appointed Consultant Forensic Psychiatrist at West London Forensic Service in 2000 and initially covered the medium secure provision for Westminster. I was Clinical Director at the service from 2004 until 2008 and moved to work on a ward providing high dependency care for men in medium security. I continue to provide clinical input on this ward whilst also working at the London specialist commissioning group to help develop their strategic development plan in forensic psychiatry.

What prior experience have you had with the Quality Network?

I remember being involved in the initial discussion regarding the Quality Network and standards for medium security back in 2005 at

a meeting which was chaired by Dr John O'Grady and Adrian Worrall. If I remember rightly it was at the Institute of Psychiatry in London and we broke into small groups to discuss medium secure standards. I had always found it interesting how forensic services had developed and even within London the services were different depending on the area you were in. When the initial request came for Units to join up I was eager for West London to join up and although managers were reluctant due to the financial expense they agreed for the service to join the first cycle.

I have been involved in peer reviews in Units since the first cycle. As a result I have travelled the length and the breadth of the country. I remember the initial peer reviews as much longer and more in depth (I think I spent at least two days at the service in Hull). From the reviews I have learnt a great deal from fellow clinicians and managers in how to provide good psychiatric care. Most of all I have gained a great deal from the insight and ideas of service users. Every time I visit somewhere I learn something new.

What inspired you to apply for the role of Chair of the Advisory Group?

In my opinion the Quality Network has a major role in making sure there is a high standard of care for clients within forensic services. We can learn a great deal from each other and what is already going on within services rather

than reinventing the wheel. When the vacancy for the Chair came up I was eager to apply as I felt it was important for the Network to continue to develop and grow.

What has your role as Chair involved so far?

When I took over the Chair of the advisory group the forensic commissioners had just announced that they were putting into the contacts with medium secure providers that they had to be part of the Quality Network. On discussing this with commissioner they were clear that fellow clinicians (or peers)

are much better at reviewing services to ensure there is quality of care. The explosion of growth (from 23 in cycle 3 to 64 in cycle 4) has required careful management and negotiation. I have seen it as my role as Chair to support the manager and staff of the Network at managing this change.

It has also been important as Chair to keep an eye at what is going on in the bigger political field and how the Quality Network fits in with this. So the recent publication of the Bradley report and thinking of the Additional Low Secure Guidance have led to interesting discussions on the Board.

We have recently had a number of members of the advisory board stand down after serving three years on the board. These were the founder members who brought with them a great deal of experience and skill and filling there positions has been a major challenge. Now the new Board members are in place we are moving forward.

What do you expect the role to involve in the future?

When the Quality Network was set up there was some time spent thinking about the name. Whilst we started thinking about medium secure standards it was the overall view that the quality should be ensured throughout forensic services rather than only in medium security. Hence the Quality Network for Forensic Services.

I think we now have a relatively stable and well established peer review cycle in medium secure services. The Department of Health have commissioned the Network to host a consultation exercise looking at the medium secure standards. I think this is an exciting development and allows members to feedback to the Department the good points and bad points currently within the standards.

There has also been a sub group set up within the Network to look at Outcomes for medium secure services and setting up some standards around these. I know there has been interest expressed in this from the faculty at the Royal College of Psychiatrists and also from national commissioners.

The next step is to consider developing further standards within forensic services and further peer review groups. The three main areas for the future in my view are prison inreach services, low secure services and community forensic services. Some work has already been started in these themes and I am excited about how they will develop and flourish in the future.

I see my main role in the future to support the work of the Advisory Group and to support the work of the Network manager and her team. I think the Network has come a long way so far but I see the future as bright with lots of opportunity for further development.



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St Andrew's Healthcare Northampton

The Men's Service Social Events

Introduction

The Men's Service, part of St. Andrew's Healthcare, currently has three care pathways, for adults with a Mental Illness, Mental Illness with additional Learning Disability and Autistic Spectrum Disorder. It currently has 154 beds and has accommodation ranging from Medium Security, Low Security, with an open ward leading to a staffed hostel.

The Men's Service hosts three social events a year as well as participating in the hospital wide Summer Party. The initial event was launched in December 2006 with a 'James Bond' theme Christmas party. This was the start of many and due its huge success and the enthusiasm from all involved the social events have continued to evolve in their creativity and imagination.

The events

Sports week

In April we hold a sports week when the service users are invited to participate in a range of sporting competitions and activities. A presentation ceremony is held the following week to award medals and certificates.



Diversity Festival

In October we host a Diversity Festival, themes for these have been varied including an 'Arts Celebration', 'Street Life' and a 'World Cruise'.



Christmas party

As a finale to the year we host our Christmas party, having a 'Super Heroes' theme in 2007, a 'Sci-fi – Out of this World' theme in 2008 and 2009 will be 'Christmas in Hollywood'.



Service User Involvement

All the events are service user led from the outset with representatives from each ward attending

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weekly planning meetings. For each event we have T-shirts printed for each service user to advertise the parties, we also buy goody bags for everyone for the Sports week and Christmas party. Service users decide upon the design of the T-shirts, the contents of the goody bags, the type of food and refreshments and what activities will be available on the day.

All events are very interactive with a range of activities, competitions and games. The blue room (entrance to Great Hall) is converted in to the grand entrance, the Great Hall hosts the activities and the Conference Room is the restaurant and cocktail bar with a film showing, a place to relax and soak up the atmosphere.

'The Indies' a resident band comprising of service users and staff always perform at the events, the talent is outstanding.

People are encouraged to dress up for the themed parties and we have had some inspiring costumes over the years.

Service Wide Involvement

All professions are involved in the events including Occupational Therapy, Nursing staff, Education, the Music studio team, the Workshop team, the Activity Centre, Psychology, Social work, Physiotherapy, Gym staff and Speech and Language therapists. The Multi-disciplinary teams all help out with escorting service users to the events and participating in the activities.

The support from the Senior Management Team has been outstanding and team members always attend the events.

The Men's Service chefs have provided fantastic buffets of food from around the world to suit the theme of each party. The hospitality and catering staff all help at the events to serve the food and drinks.

We have had special guest stars including James Bond, Del Boy, the Saints Mascot and The Stig.

Most importantly, it is the involvement of the service users that makes these events and without them they would not be possible.

Opportunities for Service Users

These events create many opportunities and skill development for the service users.

The initial planning meetings provide forums to participate in formal meetings, work with a range of people and



resources, to manage a budget, make choices and to work as part of a team. They promote opportunities to develop skills in decision making, assertion, negotiation, problem solving, prioritisation and goal setting.

Designing and creating the activities provide opportunities to develop skills in imagination and creativity, computer technology

and graphic design. Service users use all the therapeutic areas within the hospital to assist in making props and ward based sessions are held to develop art work and costumes.

The events themselves enable service users to try new activities, to meet new people and develop confidence in social arenas.

Summary

The Men's Service has developed a sense of community spirit and belonging for the service users through hosting these events. The mention of a social event sparks enthusiasm and excitement throughout all wards and all disciplines. It is because of

the ability of all staff and all service users to work as a team and to treat everyone as equal which has really made these events such a success. The Men's Service has created a very positive reputation throughout the hospital for these events and positive feedback has been received from many sources. There is no doubt that the Men's Service knows how to host a good party!

**Louise Jeffries, Senior Occupational Therapist
Robinson Ward, Men's Service, St. Andrews
Healthcare**



Tees, Esk and Wear Valleys 
NHS Trust

The Hutton Centre's Seven Day Activity Programme



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Glaisdale Ward is a 9 bedded female ward based at the Hutton Centre Medium Secure Unit, St Luke's Hospital in Middlesbrough within Tees, Esk and Wear Valleys NHS Foundation Trust. The ward was first opened in April 2001 following government legislation "Mainstreaming Gender and Women's Mental Health" (DOH 2003) to address the need for women's mental health services in the Northeast.

Rosedale Ward is a 5 bedded female ward first opened in June 2008 following Tees, Esk and Wear Valleys NHS Foundation Trust's new development plan for the forensic mental health unit to expand and provide care for some of the most vulnerable patients in our society. Rosedale Ward is also based within the Hutton Centre, St Luke's Hospital, Middlesbrough. This ward is purpose built especially to provide forensic mental health services to females who have been diagnosed with Borderline Personality Disorder (BPD) and display complex patterns of behaviour.

We provide dedicated care to women residing in the North East of England. At Glaisdale/Rosedale Ward we care for patients who suffer from acute mental health problems and have co-morbidity problems linked with their mental illness. We accept referrals from prisons, special hospitals, community, acute mental health hospitals and independent sector. Our structured treatment plans are designed to meet the needs of patients and particular attention is given to issues of abuse and attachment. Our specific treatment programmes include:- ongoing mental health assessment, DBT, PSI, family therapy, living with psychosis, interpersonal skills, social skills, motivational therapy, domestic violence, self esteem programme, CBT, vocational and divisional activities, physical activities,

offence related work (dealing with patterns and cycles of offending behaviour), modular treatment for anger management of aggressive and violent behaviours, problem solving skills training, addressing substance related offending and most importantly relapse prevention.

Prior to the commissioning of Rosedale Ward, Glaisdale Ward was the only female service within the Hutton Centre caring for patients with a range of diagnosis's including personality disorder, schizophrenia and bipolar disorder. A patient's pathway varied, some patients had recently been admitted and were very challenging, some engaging in treatment while others were ready for low secure services/discharge. Due to this it was very difficult to implement and develop a structured activity/therapy programme. The activity/therapy programme that Glaisdale had run from Monday – Friday 9 – 5 and mainly focused on diversional activities such as board games, arts and crafts, gardening etc, rather than therapy, this programme was also facilitated by nursing staff. At this point the patients also had the opportunity to attend the occupational therapy programme but this was co-ordinated out with the wards programme. A lot of the day also on the ward was spent facilitating patients escorted leaves. Not only was it difficult to get all patients on the ward to engage in some level of activity which met their differing and complex needs but staff also did not have the sufficient skills and training in all areas mainly Borderline Personality Disorder. When the forensic services made the decision to expand female services we agreed that the new ward (Rosedale) would be for patients who suffered with BPD. We transferred some of the patients who required more intense assessment and

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therapy from Glaisdale to Rosedale to allow us to have one ward for complex needs and challenging behaviours and primarily a diagnosis of BPD (Rosedale) and one ward for ongoing treatment and rehabilitation (Glaisdale). It was at this point that we started to develop the 7 day programme. Rosedale ward was going to be a new ward, fresh start and we wanted to implement new ways of working. We identified that we did not want Rosedale Ward to work having the MDT team work separately instead we managed to introduce a whole new concept to MDT working, nursing staff, social work, psychology and occupational therapy all now work from the ward and spend dedicated quality time on the ward each day. Utilising this new way of working we now have a vast range of skills in both activity and therapy and this enhanced the functioning of the 7 day programme. The 7 day programme now runs across both women's services so the needs of all our patients are being met. The



programme runs from Monday to Sunday instead of Monday to Friday and starts at 9 am and finishes at 9 pm. A typical day on the programme will include:

- 9.00 Morning motivational meeting with all disciplines and patients present
- 9.15 – 10.15 Psycho-education
- 10.45 – 11.45 Self esteem programme
- 1 – 2 DBT
- 2.30 – 3.30 DBT
- 4 – 5 Patients own time and structured 1:1s
- 6 – 7 Group leaves
- 7.30 – 9 Hair and Beauty

Each session will be facilitated by different members of the MDT depending on skills, subject etc, for example 1 member of nursing staff and a social worker run Pscho-education. Psychology and trained nursing DBT therapists run DBT. All disciplines now work over a 7 day period as we believe patients needs don't stop on a Friday at 5pm. Our 7 day programme has a more therapy focus Monday to Friday 9 – 5 and a more recreational/diversional focus evenings and weekends. We now also facilitate patient's escorted leave under "community rehabilitation" so that patients are not just being escorted to the local shops without a purpose instead of engaging in treatment on the ward. Instead all patients now have an assessment and a care plan for all leave including budgeting, public transport, social interaction etc with clear aims and objectives. Throughout this whole process staff received appropriate training both in house and externally including DBT, personality disorder training, domestic violence freedom programme, ASRO-S and all staff did a 2 week induction before we commenced our 7 day programme and opened the ward. All patients assessments, contracts, need analysis, treatment needs analysis etc were also carried out prior to admission and the outcomes of these determining the 7 day programme. Patients have been fully involved In the development and the implementation of the 7 day programme, not only did we use the results from the needs analysis and treatment needs analysis to formulate the 7 day programme but we had regular meetings with our patients and worked together as a group. It would have been a pointless exercise devising a programme without patients agreeing and wanting to participate, during assessments and the contact we had with our patients prior to admission we discussed our plans with the 7 day programme with the patients and took their suggestions on board. Patients who we admitted on to the new ward were not aware that the 7 day programme was anything new and adapted very quickly. Some of the patients on Glaisdale who were aware of the changes and increase in structure took some motivating and persuading however all now fully engage and are grateful of the benefits and structure. Our 7 day programme runs for 10 weeks each cycle and an evaluation is completed at the end of each ten weeks, all patients are involved in the evaluation and the planning for the next 10 week programme. We recently carried out an audit on the amount of violent and aggressive incidents, self harming behaviours etc on the ward and all areas covered had reduced dramatically in the last year and all patients put this down to the increase in therapy and structure on the ward. Also not one patient has dropped out of DBT in the first year and the number of patients involved in the DBT programme has increased.

When we started work on the development of the 7 day programme it seemed like a mountain that was going to be impossible to climb, some members of the MDT were resistant, nursing staff didn't have the necessary skills to run an impressive therapy focused programme alone, some patients initially refused to engage. However by sticking with it and communicating to everyone about everything really helped. Some people may take longer to come on board than others but slowly everyone will see the benefits and long will they continue. Focus on one area at a time, training, patient involvement, needs analysis, development of programme etc. Don't let mixed wards where patients suffer from different illnesses put you off, meet these needs by facilitating more than one group each session for e.g. on Glaisdale 9.15 – 10.15 we might also have ASRO facilitated by OT and nurse and at the same time a social skills group run by a social worker and nursing assistant . If anyone would like any advice, support or guidance don't hesitate to contact me Carlie Johnston on 01642 283300.



R&R with Mentally Disordered Offenders

Preliminary findings from a randomised controlled trial of the Reasoning and Rehabilitation programme with mentally disordered offenders.

Alexis Cullen, Department of Forensic Mental Health Science, Institute of Psychiatry, King's College London.

Dr Amory Clarke, Lambeth Hospital, South London and Maudsley NHS Trust.

Professor Tom Fahy, Department of Forensic Mental Health Science, Institute of Psychiatry, King's College London.

Despite the fact that skills-focused cognitive-behavioural programmes have been identified as the most effective treatments for offenders (McGuire, 2000), forensic psychiatric services have been slow to adopt these approaches in the treatment of mentally disordered offenders (MDOs). The most successful of these cognitive-skill interventions is the Reasoning and Rehabilitation (R&R) programme developed by Ross & Fabiano (1985) which aims to help offenders to develop social problem solving skills and adaptive thinking patterns. Two small studies have been published examining the implementation of R&R in MDO populations. In a study conducted in Scotland's State Hospital, Donnelly & Scott (1999) reported improvements on

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measures assessing problem solving ability and responses to frustrating situations in patients who completed the programme. Similar results were obtained in an earlier pilot study by our group (Clarke et al., in press) in which we demonstrated that R&R could be feasibly implemented a medium secure unit (MSU) and that participation in the programme was associated with increased problem solving ability and coping responses. Both studies suggested that MDOs can benefit from R&R.

In 2005 we established a randomised controlled trial (R&R) to determine the effects of R&R in MDO populations using a more scientifically robust approach. The aim of the study was to replicate the improvements on questionnaire measures observed in our earlier pilot study and also to extend these findings by examining whether R&R participation was associated with reduced antisocial/violent behaviour in MDOs. The study involves longitudinal assessments completed with patients at 6-months and 12-months post-treatment. Complete longitudinal data for the cohort is not yet available, however, we report here the findings from preliminary analyses that we have conducted on our measures of problem solving ability.

The study has been ongoing in six MSUs in London and the South East (see acknowledgements for details of sites). In total eighty-four male patients from the six MSUs were recruited to the trial and randomly allocated to receive either their usual treatment (40 patients) or R&R (44 patients). In order to be eligible for the trial patients were required to have a major psychotic illness (i.e., schizophrenia or schizoaffective disorder) and a history of violence. R&R was delivered at each site to groups of 6-8 patients by unit staff (psychologists or occupational therapists) who had received training in R&R delivery. The programme was delivered over a minimum of 36, two-hour sessions and included nine components: (1) problem solving, (2) assertive skills, (3) social skills, (4) negotiation skills, (5) creative thinking, (6) emotion management, (7) values reasoning,

(8) critical reasoning, and (9) review and integration of skills. Group therapists were encouraged to adhere as closely as possible to the structure and content of the sessions laid out in the programme manual.

Patients were interviewed at baseline prior to

randomisation, at the end of treatment and at 6-months and 12-months post-treatment (at present not all patients have completed the 12-month follow-up assessment). At each assessment patients completed a wide range of questionnaires including the Social Problem-Solving Inventory – Revised (SPSI-R:S: D’Zurilla, Nezu, & Maydeu-Olivares, 2002). This questionnaire is a well-established measure used to assess five different styles of social problem solving and also provides an overall measure of problem solving ability. We conducted repeated measures analyses to assess whether there was a difference in scores on the SPSI-R:S scales between the two groups over time to determine whether patients allocated to R&R showed improvements on the measure of problem solving ability compared to patients who received their usual treatment.

Attendance at the R&R sessions was poor where out of 44 patients allocated to receive R&R just over 50% (24 patients) did not complete the programme. This is in contrast to our previous pilot study in which only 3 of the 18 patients allocated to receive R&R terminated treatment prematurely. However, participation across the six sites varied greatly with the percentage of patients completing the programme ranging from 20% to 100%. Statistical analyses were conducted on an intention-to-treat basis, more specifically we compared patients who allocated to receive treatment-as-usual to those allocated to receive R&R, regardless of whether the patient completed the R&R programme.

Whilst all patients completed the SPSI-R:S at baseline, not all patients were avail-



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able to complete this measure at either the end of treatment or six month follow-up assessment. Complete data (baseline, end-of-treatment, six months post-treatment) was available for only 32 patients in the treatment as usual group (80%), and 30 of the R&R group (68%). Analyses showed that there were no differences on any of the 5 scales or total problem solving scores at baseline between patients for whom we did and did not have full data.

Our statistical tests showed that on two of the scales assessing maladaptive approaches to problem solving (Impulsive/Careless Style [ICS]

and Avoidant Style [AS]), patients in the R&R group showed significantly more improvement over time than the treatment-as-usual (i.e., compared to baseline they showed lower scores at the end of treatment and six months post-treatment indicating less reliance on maladaptive styles). Similarly, on the overall measure of problem solving ability (Total SPSI), patients in the R&R group showed significantly greater improvement in scores compared to the control group indicating better problem solving skills following participation in the R&R programme.

Our preliminary results from the trial concerning the effectiveness of R&R on problem solving are therefore encouraging. By using a more rigorous study design (RCT) we have found significant decreases in maladaptive approaches to problem solving and improvements in overall problem solving ability in patients allocated to receive R&R. Interestingly, our pilot study also observed significant differences in these three scales of the SPSI-R:S thus these results replicate our previous findings. In contrast to our early reports we have found disappointingly high drop-out rates from the R&R programme, whilst in the pilot study only 17% failed to complete treatment, in the current study the comparable rate was 54%. This is likely to reflect the absence of random allocation to groups in our pilot study and the fact that in the previous report R&R was conducted at a single MSU which has an established R&R programme. Despite the high drop-out rates the results from the RCT continue to support the notion that MDOs can benefit from participation in the R&R programme. Further analyses with longitudinal data will aim to determine the extent to which R&R leads to reduced antisocial/violent behaviour in this population.

Acknowledgments

We would like to thank staff and patients from the following MSUs who have participated in the current trial; The Bracton Centre, Oxleas NHS Trust Foundation; Bridge House, Lambeth Hospital, South London and Maudsley NHS Trust; Cane Hill, South London and Maudsley NHS Trust (now River House); Camlet Lodge, Chase Farm Hospital, Barnet and Chase Farm Hospitals NHS Trust, The Dennis Hill Unit, South London and Maudsley NHS Trust (now River House) and the Trevor Gibbens Unit, Kent and Medway NHS Trust.

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COLLEGE CENTRE FOR QUALITY IMPROVEMENT

Articles by the Quality Network's Service User Experts



The Wellness Recovery Action Plan (WRAP)

Alain Aldridge - Service User Expert

The Wellness Recovery Action Plan (WRAP) was written by Mary Ellen Copeland and other service users in the USA. Certain Trusts may know this work previously as Persons Individual Plans (PIP). Hampshire Partnership NHS Trust have adapted WRAP to meet the needs of their service users, with the permission of Mary Ellen Copeland. WRAP is based on the recovery approach and is part of developments with the Trust to create a more recovery based service.

WRAP is a plan that you develop over time. There are sections about how you stay well, what not being well means for you and the things that you and others can do which can help. A suggested way of developing a WRAP is to use an A4 binder folder, dividers for each section, paper and pen. These days, work can be done and saved on a password protected ward computer.

Typically WRAP will have certain sections. These could be:

- Daily Maintenance Plan
- Wellness Toolbox (including symptoms when unwell)
- Wellness Wheel (including things to

avoid)

- Triggers
- Early Warning Signs
- Crisis Plan
- Post Crisis Plan

Sections can easily be added on – issues such as stress for example.

The purpose of a WRAP is to allow the service user to explore their wellness in a positive way and end up with a solid piece of work to which they can refer to and that is individual to them. WRAP enables service users to have more control over their illness and proactively manage their whole life. WRAP is not just for people who experience mental distress, it is a plan aiming to help general well being in life.

Having completed a WRAP myself, I feel better equipped to manage my own mental illness. Sometimes people ask how you are and when you're not prepared for the question or not in the mood to answer it, I can always sit down later and review the work that I have done in my WRAP as a confidence reminder. Safe in the knowledge, that I have actually sat down and spent time considering the issues that affect me. And as my life circumstances change, so does my plan!

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Evening Groups at the Bracton Centre

Emma Sigmund - Service User Expert



BAD stands for Bracton Against Drugs and the BAD group is for those patients who renounce illicit drugs. It meets weekly in the site cafe known as Henri's after Henri de Bracton who pioneered the treatment of those offenders who commit offences due to mental illness. At the BAD group take away food is provided and sometimes films are watched. The group meets for five minutes at the start of the two hours and discusses who is going to be nominated to join the group. New members have to be nominated by an existing member before they can join the group. After that the group functions as a social club where people can play pool, watch films and eat. The BAD group is quite popular, with patients from all five wards attending. It is an opportunity for patients from single sex wards (all wards but one are single sex) to mix with patients of the opposite sex. Only people who abstain from taking illicit drugs can attend. Personally I think that the idea behind the BAD group is sound but that it could be improved by more discussions about drugs.

The other mixed sex social club held at Henri's is the Six to Eight Club where bingo is played for free. Prizes consist of tokens that can be spent in the cafe. This is held on Wednesday evenings and BAD group is held on Thursday evenings. The women from Joyden's Clinic look forward to both of these two social events as an opportunity to get away from the ward twice a week in the evenings. The other off ward mixed evening groups are the Book Club which is held on Monday evenings for one hour from 5pm to 6pm but it is not nearly as popular as the two afore men-

tioned clubs held at Henri's, and the Alcoholics Anonymous/Narcotics Anonymous group which is held on Tuesday evenings from 7pm to 8pm and is usually fairly well attended. Speakers from external AA/NA groups come and talk about their experiences in an effort to air and share substance abuse problems, the idea being to maintain abstinence in those who attend. The Bracton User Forum meets twice a month on alternate Tuesdays at Henri's. At this meeting we discuss issues that affect all wards at the Bracton Centre such as seating and lighting in the grounds and varying individual ward policy on things like how much money can be withdrawn from the hospital bank and the purchasing of take-away food once a week. Some wards have tried to regulate and limit such acquisitions to the healthier options available because of widespread weight problems among patients (and staff!) Most wards allow take-away to be delivered once a week only. The Bracton User Forum is attended by a Social Worker and the Modern Matron as well as patients.

At Joyden's Clinic on Friday night we have the Film Group where the ward Doctor provides DVDs to watch with the aim of provoking thought as well as offering entertainment. Friday night is also take-away night on Joyden's Clinic for those who want to get it and the women generally watch the film while they are eating their food. This group has been running for about three years and is fairly popular. Each week night there is something to do if one wishes and these groups are important in maintaining morale which can become low when a person is detained in hospital.

Quality Network for Forensic Mental Health Services

Annual Forum 2010

Monday 12th April 2010
10.30am - 4.30pm



A forum for Medium Secure Unit staff members and service users participating in the Quality Network for Forensic Mental Health Services and for others interested in the Quality Network.

About the day:

- Presentation of key findings from the third annual cycle of self- and peer- review
- Annual General Meeting of the Quality Network for Forensic Mental Health Services
- Parallel workshops to explore findings from review process, share achievements, exchange with peers and make action plans.
- Plenary session for all member medium secure units to exchange and reflect.

Who Should Attend:

- All Medium Secure Unit staff and service users involved or interested in being involved in the quality network review process
- All commissioners, managers, staff members, service users interested in the Quality Network for Forensic Mental Health Services

Place:

- Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE

Cost:

- £80 per person for members of the Quality Network (staff and service users)
- £100 per person for non-members (staff and service users)

**Please contact Maddy Reeve - Hoyland for a booking form
mrhoyland@cru.rcpsych.ac.uk or 0207 977 6662**

Visit us online at www.rcpsych.ac.uk/QNFMHS

Lead Reviewer Training

Tuesday 18th May 2010,
Tuesday 20th July 2010, or Tuesday 7th September 2010
From 09.30 To 13.40



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

WHO IS IT FOR?

Forensic mental health professionals from all disciplines with an interest in leading external peer-reviews for the Quality Network for Forensic Mental Health Services

THE WORKSHOP:

AIM:

To enable staff from forensic services that are members of the Quality Network to lead peer-review visits of other forensic services.

LEARNING OUTCOMES:

participants will gain practical and theoretical knowledge of all aspects of leading a peer-review visit.

TEACHING METHODS:

The day will involve presentations, seminar discussions and role-play scenarios.

CERTIFICATION:

Those who complete the workshop and then lead a peer-review visit will be awarded a certificate in peer-review leadership by college Centre for Quality Improvement.

The training will be held at:

College Research and Training Unit, Standon House, 21 Mansell Street,
London, E1 8AA

For an application form, please visit our website

www.rcpsych.ac.uk/QNFMHS

Visit us online at www.rcpsych.ac.uk/QNFMHS

Events



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

- **Structured Risk Assessment Trainers' Annual Forum King's College London** - 11th March 2010. This one day event provides peer support and important updates for professionals working in mental health and criminal justice settings who hold responsibility for teaching and implementing structured risk assessment tools (e.g. HCR-20; START; RSVP; SAVRY) within local services. <http://www.iop.kcl.ac.uk/events/?id=875>
- **The 7th National Conference, Research in Forensic Secure Units** - 28th January 2010. This year's meeting will focus on personality disorders and criminal offending: aetiology, brain mechanisms, and rehabilitation. <http://www.iop.kcl.ac.uk/events/?id=875>
- **Faculty of Forensic Psychiatry Annual Meeting**, Radisson Blu Royal Hotel, Dublin, 10th – 12th February 2010. dgoka@rcpsych.ac.uk
- **Cruel Families and Violent Gangs**, Tavistock Centre, London – 12th February 2010. This conference will examine the activities of gangs in the internal and external worlds. It will attempt to bring psychoanalytic and sociological perspectives to bear on some very troubled and frightening aspects of our society that have been much in the news, and at the forefront of professionals', policy makers' and the general public's thinking in recent times. <http://www.tavi-port.org/node/1462>
- **Care Pathways in Mental Health**, 76 Portland Place, London – 3rd March 2010. This conference focuses on Improving Outcomes through Care Pathways in Mental Health. This one day conference opens with a keynote session presented by Jim Symington Head of External Commissioning and Improved Care Pathways Programmes National Mental Health Development Unit who will introduce the subject of Integrated Care Pathways for Mental Health and where to start: process mapping and assessing the current service. hanisha@healthcare-events.co.uk
- **International Congress of the Royal College of Psychiatrists: Advancing Science** - EICC, Edinburgh, 21-24 June 2010. conference@rcpsych.ac.uk

Useful Links



COLLEGE CENTRE FOR QUALITY IMPROVEMENT

- ⇒ **Department of Health** <http://www.doh.gov.uk/>
- ⇒ **Forensic Psychiatric Nurses' Association (FPNA)** Aims to promote the art and science of forensic psychiatric nursing, thereby improving the quality of care to patients
<http://www.fnrh.freeserve.co.uk/fpna/>
- ⇒ **Health and Social Care Advisory Service** An evidence based service development organisation working in all aspects of mental health and older people's services across the health and social care continuum <http://www.hascas.org.uk/>
- ⇒ **Healthcare Commission** Promotes improvement in the quality of the NHS and independent healthcare
<http://www.healthcarecommission.org.uk/homepage.cfm>
- ⇒ **Institute of Psychiatry** The largest academic community in Europe devoted to the study and prevention of mental health problems
<http://www.iop.kcl.ac.uk/>
- ⇒ **National Forensic Mental Health R&D Programme** Recently completed programme of research funding to support the provision of mental health services for people with mental health disorders who are offenders/risk of offending <http://www.nfmhp.org.uk/>
- ⇒ **National Institute for Health and Clinical Excellence** An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Includes the National Collaborating Centre for Mental Health (NCCMH), a partnership between the RCP and BPS <http://www.nice.org.uk/>
- ⇒ **National Offender Management Service (NOMS)**- brings together the work of the correctional services <http://www.noms.homeoffice.gov.uk/>

Visit us online at www.rcpsych.ac.uk/QNFMHS

Useful Links

- ⇒ **Prison Health** -a partnership between the Prison Service and the Department of Health working to improve the standard of health care in prisons <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/PrisonHealth/fs/en>
- ⇒ **Prison Health Research Network**— DH funded initiative, led jointly by the Universities of Manchester, Southampton and Sheffield, and the Institute of Psychiatry <http://www.phrn.nhs.uk/>
- ⇒ **College Centre for Quality Improvement homepage** <http://www.rcpsych.ac.uk/crtu/centreforqualityimprovement.aspx>
- ⇒ **College Education and Training Centre** Offers courses for professional development in mental health care <http://www.rcpsych.ac.uk/crtu/cetchomepage.aspx>
- ⇒ **Sainsbury's Centre for Mental Health** - an independent charity that seeks to influence mental health policy and practice and enable the development of excellent mental health services through a programme of research, training and development. <http://www.scmh.org.uk/>



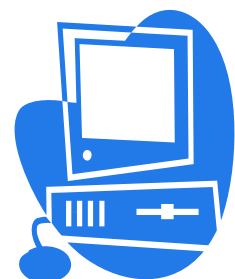
The Policy Library

Visit the newly developed Policy Library on our website:
www.rcpsych.ac.uk/QNFMHS

Members access only.

Please email the following address if your unit is a member of the Quality Network and you would like access to the Policy Library:

msu@cru.rcpsych.ac.uk



Visit us online at www.rcpsych.ac.uk/QNFMHS

If you would like to submit an article of interest
to the Quality Network for Forensic Mental Health Services
newsletter please
contact Kerry Painter:

kpainter@cru.rcpsych.ac.uk



The MSU Email Discussion Group: Join the discussion

If you would like to join the network's email discussion group, please email msu@cru.rcpsych.ac.uk with 'JOIN' in the subject line, and your email address will be added to the group.

A summary of the topics raised over the first three years of the group is available at www.rcpsych.ac.uk/QNFMHS



And finally....



Merry Christmas

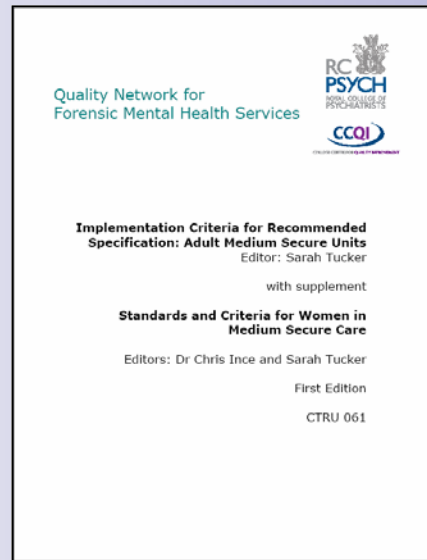
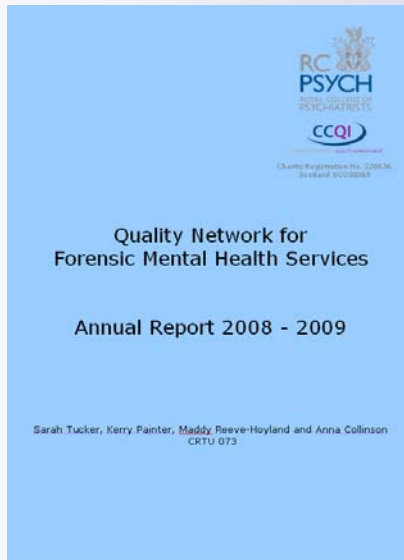
and a Happy New Year from the

Quality Network Team!

Visit us online at www.rcpsych.ac.uk/QNFMHS

View the Cycle 3 Annual Report and Implementation Criteria
with Standards for Women at:

www.rcpsych.ac.uk/QNFMHS



QUALITY NETWORK FOR
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