

Welcome

Issue 14 **December 2010**

Welcome to the 14th edition of the Quality Network for Forensic Mental Health Services' Newsletter. This edition of the newsletter is themed around the '25 hours of structured activity' for patients. This was highlighted as a challenge for services in the Network's Cycle 4 Annual Report. To this end, the network has contacted member units to ask for information regarding what activities they believe can contribute to the 25 hours. This information has been collated and was considered by the advisory group. This will now be disseminated to members. In addition, we hope that this edition of the newsletter will enable services to share ideas and information regarding best practice in this area.

The Fifth Annual Cycle of peer-reviews is well underway; of the 70 peer-reviews scheduled between September and March 36 have taken place. In addition, service user telephone conferences have taken place at 40 units. The project team would like to thank all the service users who have taken the time to be involved in these conferences. The network's newly recruited Service User Experts have all attended their induction training and have put this training to use in the running of the telephone conferences. Many of the reviews for this cycle have had representation from the Service User Expert team, which reviewers have reported to be beneficial to the process.

Dr. Paul Gilluley
Chair of The Quality Network Advisory Group

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25 Hours of Structured Activity - What Does It Mean at Cheswold Park Hospital?

Long has this question been asked in secure services? What constitutes structured activity? In the true sense of the word it should mean any activity or occupation that provides the patients with meaning and purpose to their days. This could be activities of daily living or a leisure activity such as playing pool. At Cheswold Park Hospital we recognise the importance of structure and meaningful activity in a patient's pathway of care. We emphasise the importance of engagement and promote active

cover article continued...

engagement throughout the hospital.

Cheswold Park Hospital is a medium secure hospital in South Yorkshire. We provide services for males aged between 18 and 68 years of age who have a diagnosis of one or more of the following mental disorders: Personality disorder- we have a medium and low secure service that is guided by a clear pathway through the different levels of security; Learning Disability service- these are all medium secure beds; Mental Illness wards- this includes an acute admission ward, medium secure rehabilitation ward and a low secure rehabilitation ward.

Facilities available at CPH.



Cheswold Park Hospital has a full sized sports hall and outdoor all weather pitch. These facilities are used extensively by patients who choose to compete in sporting activities. These areas are also used to host hospital wide events such as charity and social events.

Cheswold Park Hospital has two therapy kitchens that can accommodate up to 5 patients at any one time. We encourage patients to cook together and try different ranges of cuisine. We invest in our patients' long term futures and assist them in completing a basic food hygiene course.

We have a range of different animals at the hospital that enable the patients to have an active involvement in caring for them. The animals (chickens, rabbits and a hamster) also provide the patients with a therapeutic and calming atmosphere.

These recent additions to Cheswold Park Hospital have had a huge impact on patients who get great reward from cooking the eggs that the chickens have laid. In having such things these activities give the patient new roles (responsibility) develop skills and encourage patients to interact with others.



New monitoring system.

The hospital has recently developed a bespoke activity monitoring system (see additional article by Julian Wenman) that is currently on trial on the medium secure personality disorder ward. This system has been specifically designed for the hospital so that all patient structured activity can be recorded accurately. This system is simple to use and assists staff and patients in recognising the kinds of activities and structure a patient has. This system identifies each patient and identifies the specific activity that has been engaged in, the duration, the frequency and who has facilitated it. This system is proving to be very useful and is a huge step forward from paper checklists. The online system is available to all staff (on and off wards) and all staff have the ability to input into the activity record.

Innovative ideas.

Fishing groups initially started at Cheswold Park Hospital in the local area. Where we took a group of patients to local fishing areas to learn the skills required to fish, from an experienced member of staff. With the new development of the pond area at the hospital (in which staff

News & Events

- Tuesday 1st March 2011: - Good Food in Medium Secure Care: How Do We Provide It?
- Cycle 5 Annual Forum: - 13th April 2011
- Please see the back page for external events that may be of interest



**Merry Christmas
and
A Happy New Year
from the Project
Team**



and patients worked together to create a therapeutic area for relaxation and fishing). There is also a small rowing dingy that allows patients to experience going in a boat.

Community based football teams. We currently play in the Yorkshire and Humber START league and in the Sheffield and Hallamshire Ability counts league. These leagues have been developed for socially excluded people and aim to promote engagement through participation. The hospital now has two football teams that play regular matches both within the hospital and the local club football ground. In the recent tournament, held at Barnsley FC Cheswold Park rangers came runners up, winning both team and individual awards.



Here at Cheswold Park we understand the importance of promoting pro social activities and relationships. We encourage our patients to mix in positive circles. In aspiring to achieve this we have organised a number of sporting activities that have involved external people playing against our patients. This has developed the sporting drive in our patients and has developed some positive relationships.

We run a number of volunteer groups in the local community. These are predominately environmentally based. We have joint working incentives with local forestry commission and local 'Friends' groups. These groups encourage social interactions and integration back into community living. Many of these groups are run by volunteers and have a number of volunteers from the local community. These groups focus on regenerating and maintaining local areas so that the local people can enjoy their surroundings. Many of these groups look at a range of skills such as survival, DIY, building and preservation.

A number of patients are involved in voluntary work placements. These are in the local area volunteering for charity shops, local kennels and animal sanctuaries. These placements provide our patients with the opportunity to experience the worker role and develop the life skills necessary to commit to a job. Patients have described the importance of their placements as 'doing something normal' and 'been given a chance to prove myself in society'.

Patients have begun to run the hospital shop as part of a vocational rehabilitation programme. Patients also run the hospital library and gym. These positions are highly regarded by the patients and mimic a real working day, providing structure and reward as appropriate.



Patients are currently undertaking a nationally recognised qualification to become Sports Leaders. This course encourages people to become leaders and team players. This course has had a positive impact on the patients that are participating through developing communication and empathy skills. This qualification can be used later in life in a variety of settings. This group is run on an evening to allow patients to have an understanding about studying part time and the commitment that is required.

Motivating and engaging

The activities that are provided by the hospital are patient led. Patients are consulted around all aspects of their structured occupational therapy timetable and in other activities that are provided put of key therapy times. Hospital events are held regularly and patients are involved in the planning and implementation of these. We hold events such as dance troops, musicians, DJ events, sporting tournaments, BBQ's, fireworks. These kind of socially inclusive events encourage our patients to work with us and introduce them to pro social activities that provide them with positive experiences.

Here at the hospital the staff work with patients in their experiences and try new activities. We encourage engagement through positive role modelling and enthusiastic staff. We are willing to try new ideas and encourage staff and patients to bring these forward. We recognise the skills that patients have and that they can benefit from sharing these with others.

Jodie Harwood
Head of OT and Social Inclusion
Cheswold Park Hospital

Providing 25 hours of Activities to Patients Within an Adult Forensic Mental Health Service

Introduction

The Adult Forensic Mental Health Services Directorate (AFMHSD) is responsible for delivering care and treatment in conditions of forensic medium and low security. The service currently provides 149 medium secure beds based at the Edenfield Centre and 30 Low Secure beds on the Prestwich hospital site. The AFMHSD offers a high level of ward-based activities as well as off ward activities to the patients that we care for and all are patient centred. Many of these activities are provided by the multi disciplinary team and are an important aspect of the care delivery within the medium secure environment.

The evidence in relation to record keeping highlights the challenges all services face in ensuring ongoing detailed recording of all care delivered to patients, including documented uptake of all activities designed to enable patients to move through the care pathway. The Guidance is very specific in terms of the benefits of structured therapeutic programmes to all patients in inpatient settings, DOH (2002), Sainsbury Centre (2002).

Other ongoing imperatives in relation to the provision of activities include concordance and compliance with treatment programmes, including therapeutic activity. This is an area that all mental health services require great focus on. There is much creativity needed to ensure patients in a secure setting engage in and value the activities offered to them.

A recent service audit which included scoping the provision of activities at AFMHSD concluded that although there is a range of various types of activities on offer for patients to utilise, it was not always apparent why activity was not taken up. The audit findings were that two main areas of action were required: A. the range of activities offered and uptake of activities could be further developed across the multi disciplinary team; B. Work to be undertaken focusing on the quality of clinical recording was required to take place. AFMHSD has focused in significant support to prioritise improvements in the areas highlighted with a variety of work streams aimed at generating overall service improvements and improvements in the patient experience.

The range of activity provision at AFMHSD falls into two broad categories:

	Activities
1	Therapeutic treatment based activities delivered by all members of the multidisciplinary team (this can be on ward or off ward activities)
2	Leisure and social skills activities that are designed to improve functioning and quality of life experiences

A. The range of activities offered and uptake of activities could be further developed across the multi disciplinary team,

The directorate sponsored a paper written by a member of the psychology team further exploring the activities currently on offer in the service. What also was looked at, was the skill mix and capacity of the MDT members in terms of the provision of the range of groups. All departments were asked to look towards the current levels of activity in relation to the delivery of patient's activity with a focus on improving the contacts and overall activity provision. Further scoping through the directorate's existing patients group also ascertained what needs patients had related to the variety of offered activity and how this could be met.

AFMHSD is also currently embedding the development of each patient having their own recovery file and the Recovery STARR into practice. This encourages patients to be actively involved in the development of their care plans and activity planners.

There is also a pilot of each patient having their own patient diary which is populated by the MDT and then reflects the amount of activity offered, the uptake of it and the reasons why offered activity is not taken up.

The ward based teams are further developing the activity structure through a process of focusing on Quality outcomes and the patient experience. As part of this work there are many structured therapeutic activities on all the ward areas that take place through the week. The ward managers have worked hard through staff meetings and community meetings with patient to promote the benefit is

engaging in the activities on offer. A particular example of events requested from patients would be themed events taking place on ward areas. The service has recently held a black history event and a physical health awareness event.

From an organisational perspective the service has promoted ward-based activities/engagement at senior management meetings and Advanced Practitioner/senior nurse meetings to gain collaboration from operational and clinical staff at all senior levels.

B. Work Undertaken Focusing on the Quality of Clinical Recording

A small working group consisting of senior nurses and ward staff within the directorate has been examining how the teams delivering care to patients can better articulate the care delivered in the care record.

For these to occur patient documentation needs to include information such as agenda, aim of the session, time allocated and the outcome, at the moment this information is not captured. The ward staff are supported through quality forums, reflective practice groups, appraisals and monthly managerial supervision. It was decided that engagement and activities would be agenda items for discussion to re-visit core skills and to ascertain how we can improve the patients engagement in ward based activities.

There are already generic activity planners on the wards for the patients to refer to for activities planned and available and many patients have individual planners these planners do provide us with the opportunity to document what has been offered to the patients but also whether the patients engaged in the sessions.

When reviewing the process of clinical recording the way in which clinical recording is factored in the clinical day was reviewed and processes were put in place to ensure capture of the range of activities taking place for patients

Conclusion

The provision of ward-based activities in itself increases the positive engagement with the multidisciplinary team and all patients, focus is more therapeutic and collaborative. The evidence to date demonstrates this amount of structured therapeutic activity has the effect of an overall reduction of clinical incidents, improvements in overall functioning and a reduction in disengaging from therapy and self-harm. Wards with more active patients seem to be associated with better therapeutic outcomes . (DOH 2002).

There are already areas of good practice on several of the wards that already actively encourage patient involvement in activities and have identified staff who lead on the formulation, organisation and delivery of activities in collaboration with individual patients. An example of this is from Coniston (treatment and recovery male ward) where each patient has an individualised activity planner, which runs parallel with the OT sessions provided on the ward and with the non pharmacological interventions programme that takes place in the service.

To date there is evidence that staff and patients on the wards are working together in an increasingly collaborative way to ensure that engagement in activities on the ward occurs. The introduction of the Milestones to Recovery strategy across the directorate which clearly articulates the benchmarks to progress in each part of the care pathway from acute assessment to pre-discharge wards will further fortify the work that has been undertaken. Clinical teams being more involved in support of ward staff has also supported this and engagement now is being viewed in a more optimistic therapeutic light.

AFMHSD is also about to participate in the Closing the Gap work. *Improving the quality of care delivered to patient's work* that is taking place sponsored by the Royal College of psychiatry to further share the learning across medium secure settings

Stephen Clarke, Senior Nurse
(Advanced Practice interventions for mental health)

Jane Arands, Assistant Director
Maureen Burke, Nurse Consultant

AFMHSD

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Activity: A Service User's Perspective

I am Deputy Chairman/Secretary, of the User Forum. My general duties include, handling requests /complaints and queries regarding user life at Camlet Lodge.

In regards to activities that take place at Camlet 1,2 and 3, there are a number of activities that are available to users, including:

- Art sessions/art therapy
- Gym sessions
- Gardening
- Tai Chi
- Pottery
- Coffee Pot Group
- Therapeutic writing therapy
- Self-catering
- Work experience
- Carpentry - to name but a few.

These numerous activities provide a fun,



healthy, interesting and educational basis for users during treatment, as well as fueling structure and encouraging organisation. Not only do they appeal to a wide range of

groups, i.e. sex, gender, race or age, they are available upon referral, which speeds up the process of them being started.

NLFS also ensure that these activities are beneficial to the user via certificates, appraisals and reports which all help during the discharge process and also help once the user enters the community full time. Plus with inter-ward pool, table tennis/football there is always an activity for users to compete in.

There is also the matter of patients' organisational skills to arrange times and venues for specific activities. These are mostly

accurate and in tune with what the average user wants. This is a good thing because users enjoy a friendly healthy environment where they can feel relaxed and have fun, especially in a place where some often consider stressful and depressing.

As the Trust looks forward to a healthier way of life, such activities provide the basis for user pleasure and progression during periods of treatment.

With all this being said, the only thing users would like is more day trips, whereby users with community leave would take trips off the grounds, visiting places like theme parks, seaside resorts, sight seeing, bowling, ice skating etc.

A Service User
North London Forensic Service

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MSU@cru.rcpsych.ac.uk

The Dene: 25 Hours of Structured Activity For Patients

The Dene Hospital, part of the Partnerships in Care Group (PIC), is a medium secure unit in Sussex. It has taken positive steps towards addressing the MSU guidelines requiring evidence that every patient is offered 25 hours of activity per week. This involves the multi-disciplinary team in documenting all patient contact and interventions. Evidencing individual's activity time over 25 hours is an evolving process and has so far required various charts designed to collect the relevant data; this will become easier with the introduction of electronic records. It has been a challenging process to implement and manage on the wards. Taking a lead on this has allowed the whole O.T, education and sports teams to acknowledge the variety of activities available for the patients.

We promote patient involvement groups as part of service development, the two main groups being patients' council and the patients' social committee group. The patients' council committee allows the patients to actively participate in bringing issues raised from their ward communities and the patient representative to feedback issues addressed in the meeting. The promotion of patient involvement has developed a more cohesive communication link between staff and patients. The bullying behaviours group is another good example of collaborative working.

In 2008 patients had voiced concerns about bullying issues on the wards. This was taken up by senior management and four members of staff were identified to organise a forum around bullying behaviours and deliver a series of workshops across all wards addressing this subject. The group work continues today and has evolved into a Bullying Awareness training programme, which is presented to a mixed staff / patients group.

These patient involvement groups provide an opportunity for staff to recognise how important patients' views are in the planning and delivering of the hospital therapeutic programme and empower individuals to take a more active role in making decisions, which could have an impact on their care.

Patients are actively involved in the development of their care plan. They are encouraged to participate in planning a timetable appropriate to their individual learning needs and interests; this is regularly reviewed with the OT team members. We offer individual work, small group work, ward projects, hospital wide groups and projects, and a selection of vocational work roles. In all our intervention work, the emphasis is

on supporting individuals to build on their self-esteem and on developing confidence to take a more active role in managing their mental health issues and working towards rehabilitation. The challenge is always to find ways of motivating and engaging these patients who present with very low self-esteem.

One of the ways we have encouraged patients to engage successfully has been in creative projects, including art, writing and music. Creativity is also used as a focus in groups in which patients can begin to explore their personal development and recovery. Another motivating event in the activity calendar is The Koestler Awards, run by the Koestler Trust¹. The competition can allow individuals to take their creative work to a wider audience. This prestigious national competition and exhibition is recognised by PIC, who, in 2010, is one of the major sponsors of the event. Koestler is promoted across the hospital and all staff disciplines are encouraged to support individuals to recognise their creative skills and consider entering work for the competition. For an individual to submit work can be anxiety-provoking as there is often a fear failure or rejection. Those who have experienced entering work have found it an empowering process, which requires perseverance, self discipline and commitment.

The patients at the Dene have experienced great success over the years with their art forms and poems; several individual and group projects have won awards and cash prizes in the visual and non-visual categories again this year. All participants are presented with a Koestler Awards certificate. As usual, the patients' efforts were acknowledged at the hospital's bi-annual patients' award ceremony. We were fortunate to have Fred Sinclair Brown, Group Chief Executive of PIC, visiting the hospital on our recent event in October 2010. This hospital-wide ceremony, which is organised by the O.T, Education and Sports department, provides an opportunity to acknowledge and celebrate the achievements, progress towards recovery and participation of the patients in all activities and areas of their recovery. It is an event which empowers, inspires and encourages both the patients and staff as it highlights the good work which is delivered within this service.

Jo Watters-Pawlowski & Linda Malone
Education Coordinators
The Dene Hospital

¹ The Koestler Trust is an organisation which promotes art forms created by prisoners, patients in secure psychiatric hospitals and immigration detainees. It holds exhibitions at London's South Bank Centre as well as in Scotland and the North of England.

The Challenges Of The 25 Hours Activity Model – Perspectives From Cheswold Park Hospital



Like many Hospitals, CPH has thought long and hard about how best to define and capture data in relation to offering 25 hours meaningful activity to its patients. Initially there are 2 key problems which were identified:

- Defining '*meaningful*' activity
- And
- Developing a robust and reliable data capture system

Point 1 raised the principal problem of who can and does make the definition and I personally think has still to be defined properly. This is covered in a separate article, within this newsletter by Jodie Harwood (Head OT, CPH) . However, if for the sake of this article, we accept that its open to discussion and interpretation, we can then simply agree to record all activity (whether meaningful or not) and worry about what is meaningful at a later stage.

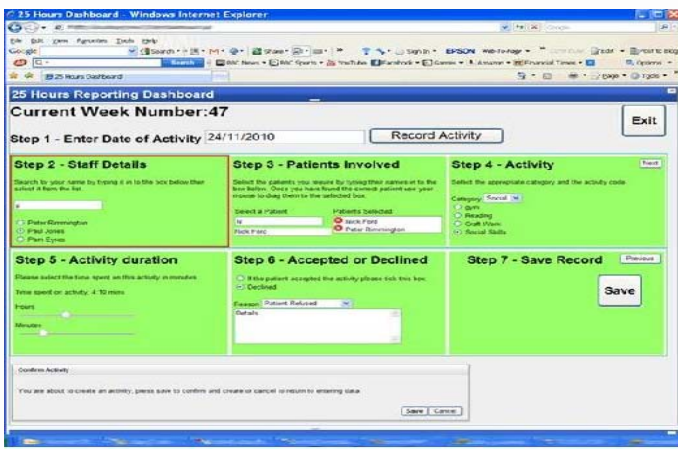
This approach makes point 2 is much more simple.

In practice, an interim paper based system was introduced which, while proving itself to be laborious, was simplicity itself. With the paper based system in place (and with the hindsight of developing a similar electronic system for another large group of hospitals late last year) we commissioned input and assistance from our local IT developer – Nick Ford at Censia Group. (www.censia.co.uk).

The software brief was to design a tool specifically to meet the needs for accurate activity monitoring and reporting, which was simple and quick to use, reliable, and secure. Some of the features are as follows:

- Completely web based which means that it can run from one server machine and be accessible via a simple web browser anywhere in the hospital.
- No need for any software to be installed on PC's
- Completely secure with user requiring logins and password to access data for reporting etc.
- Designed to work on touch screens for ease of data capture, however It can also be run on a simple PC screen

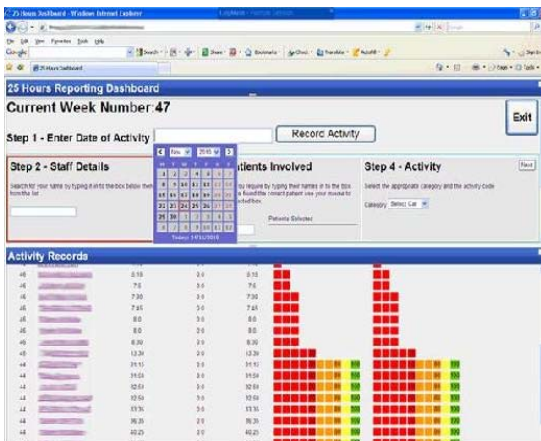
Essential to its success was the ability to create our own activity codes, to populate the activity lists. The simply input screen allows the inputting of an activity for either an individual or for those attending a group session, and takes approximately 8 seconds to complete.



With 7 simple steps the process is as follows:

1. Add today's date or pick alternative for anything retrospective.
2. Add your name (or alternatively this could be your discipline of ID number) (from a dropdown list)
3. Add one or more patients (from a dropdown list)
4. Chose an activity (from a dropdown list)
5. Slide the duration bars for the right combination of hours and minutes
6. Code the activity as undertaken or refused 9and explain why refused if appropriate)
7. Save the record

Depending on your log-in to the system, it is then possible to look at the data which the system holds, in a live progress display page



This allows staff to monitor the levels of activity offered and uptake over time and increase or change inputs as required. It shows in a simple way, what has been offered to a patient and what has been accepted (undertaken), in blocks of 10% (of the total of 25 hours). As full achievement of 25 hours is reached, the blocks

change colour from red, through amber, to green.

In addition, a number of more individualised reports and graphs can be generated such as:

- Patient activity accepted against offered
- Ward activity stats
- Falling behind 25 hours
- On Schedule to meet 25 hours
- Borderline 25 hours
- Activity over a period of weeks or months etc

Activity Record for Patient: [REDACTED] - Peter Rimmington - Weekno (46)

Accepted	Declined	Code	Declined Details	Week Number	Employee Code	Date	Accepted	Declined
Yes	NA	NA		46	33	Social Skills 11/18/2010	3.0	0.0
Yes	NA	NA		46	33	Reading 11/18/2010	4.10	0.0
Yes	NA	NA		46	32	Craft Work 11/18/2010	4.20	0.0
Yes	NA	NA		46	32	Reading 11/19/2010	4.10	0.0
Yes	NA	NA		46	1	Craft Work 11/19/2010	4.10	0.0
Yes	NA	NA		46	1	Reading 11/19/2010	3.20	0.0
Yes	NA	NA		46	32	Craft Work 11/19/2010	3.0	0.0
Yes	NA	NA		46	34	Craft Work 11/19/2010	2.0	0.0
Yes	NA	NA		46	32	Reading 11/19/2010	4.5	0.0
No	FR		Details	47	33	Social Skills 11/24/2010	0.0	4.10
Total Time Accepted							32.15	
Total Time Declined								4.10
Total Time Offered								26.25
Passed								Yes

Clearly in the future it would be possible for patients could record their own information and by the same action define whether or not they found it 'meaningful to them' or not.

So, we might not have a definition, although anything which is meaningful to our patients is a good place to start, but we do have a very simple, effective and affordable tool which allows staff to worry less about the recording, and more about the activity or intervention.

Julian Wenman
Director of Service Delivery
Cheswold Park Hospital

CPH (Cheswold Park Hospital) provides medium and low secure care for men with MI, PD or LD diagnoses and is situated on the outskirts of Doncaster, South Yorkshire. We would welcome visits from anyone interested in seeing the system first hand and interested parties should contact:
Julian Wenman
Director of Service Delivery
01302 762 862
or
jwenman@cheswoldparkhospital.co.uk

Censia Group provides a range of specialist services including web based incident reporting and 25 hour activity tools. In addition they have attached Marketing, Telecoms and a Publishing division.
Nick Ford, Director can be contacted on
01909 512169 or
nick.ford@censia.co.uk

Introduction of A Person-Centred, Recovery Orientated Nursing Model Of Care To Increase Patient-Nurse Therapeutic Contact Time Within A Secure Service

Introduction by Angela Owen, Practice Development Nurse, Llanarth Court Hospital followed by a narrative of how the approach works in practice by Claire Cawley, Deputy Charge Nurse, Llanarth Court.

In early 2001, we undertook a Patient Needs Analysis, which looked at how the patient group at Llanarth Court perceived their current care, whether we were identifying what they felt was important to them and if the care offered was addressing their needs.

One of the outcomes of this Needs Analysis was that the patient group interviewed were readily able to identify the sessions that disciplines such as Psychology and Occupational Therapy did with them, but found it more difficult to state what work they did with their Primary Nurses. This may be because disciplines such as Psychology and OT work on a regular sessional basis whereas ward-based nursing staff generally do not. Individual work tends to occur more on a 'window of opportunity' basis rather than scheduled. Interestingly however, the patient group interviewed did not appear to expect formal interventions from nursing staff, perhaps as it is traditionally offered by other disciplines. They viewed nursing intervention as '*general support*', in terms of being there to listen and helping them to deal with personal crisis situations, and this support as being the most valuable help offered by nursing staff.

Although this general support was viewed as being helpful and needed, the patient group also felt that the nurses were 'too busy' to have time to spend with individuals, citing shift work and office based paperwork as a barrier.

In response to this observation, nursing staff agreed that there appeared to be an increase in paperwork, which may well be patient-related, but did not require patient contact to complete. They also felt that their role is multi-faceted, for example, answering the phones, acting as ward clerks, maintaining security, liaising with fellow disciplines, acting as escorts for other professionals' sessions and so on. Again, these activities may be patient-related, but they also decrease actual patient-nurse contact time. As Phil Barker pointed out in the Mental Health Practice Journal (July 2007):

"A good mental health nurse still seems to be someone who is always there, always helpful and always keeping things under control – usually to satisfy someone else. He or she has no professional needs of their own and, in many places, this results in nurses being 'really busy' but not busy doing 'nursing'".

Spending time with the patients to listen to and offer support is one of the basic and fundamental elements of mental health nursing, and as indicated by the patients themselves, one of the most valued elements. The Needs Analysis reminded us of this fact and prompted a reflection on what mental health nursing is, what it means to the patients and us and what we aim to achieve.

We felt that we needed to re-define the purpose and work within an agreed framework to achieve that purpose and more importantly, we needed to ensure that the 'patient' is at the centre of what we do, not the paperwork.

Following this review and many subsequent meetings with nursing staff, we decided to look at implementing a person-centred, recovery orientated nursing model of care – The Tidal Model (Barker & Buchanan-Barker, 2007) as it appeared to address the areas highlighted in the Needs Analysis. The underlying philosophy of the model is that people can recover their lives, and therefore it has the potential to foster hope and self-respect for the individual. The person's narrative is of central importance in identifying the issues which they themselves regard as important, together with their self identified strengths. It is important that this information is acknowledged and forms the basis of a collaborative working relationship. This aspect of the model recognises 'personal recovery' and the need (as a profes-

sion) to adopt the key principles and values of the recovery approach, as recommended within the Chief of Nursing Officers review of Mental Health Services (From Values to Action, Department of Health, 2006b) and Sainsbury Centre for Mental Health's 'Making Recovery a Reality' (Sheppard, Boardman & Slade, 2008).

The Tidal Model recognises the central importance of the nurse-patient relationship. Although the model involves a certain amount of paperwork it is completed in collaboration with the patient. The holistic assessment is a narrative; the person identifies in his or her own words, how this particular journey began for them, the things that are meaningful to them, and the people who are important to them. This assessment therefore, cannot be completed without contact with the individual. The nature of the assessment, exploring the person's perspective, means that it can take time to complete. The person may initially find the approach bewildering or even threatening and decline to engage. It is therefore important to develop and build on a trusting relationship by spending meaningful time with them. We need to accept, as practitioners, that the way we expect a person to progress and in what time span, is not necessarily going to be compatible with the individual's own idea of their recovery.

The remainder of this article is a narrative by Claire Cawley who is a deputy-charge nurse on one of our Medium-secure wards. Claire discusses the approach in practice and highlights the importance of the nurse-patient relationships and how this impacts on engagement levels.

The relationship between the person and worker is the main component within the journey of the recovery process. The definition of nursing is about caring, helping people improve, maintain or re-

cover health, cope with the health problems and achieve the best quality of life. The nurse within secure services has a bigger challenge with regards to developing trust and hope, as we are not always perceived within that role. We are often the person who hands out rules and boundaries, administers medication that causes fatigue and listlessness and limits their access to a normal life in the 'outside'. We constantly talk about risks, problem behaviours and manage destructive behaviours by reinforcing restrictions and limiting choice. Why would you trust anyone who appears to be promoting this control on this or her life?

When discussing this issue with colleagues I talk about the metal door, which stands between the person and us. How we have to work within rules and boundaries, but we also have to work closely, using structured engagement, which the Tidal Model provides. Through co-working, collaboration and increasing choice we can turn the metal door into a swinging door. I describe a swinging door, as we have to be real and accept that certain situations may cause the relationship to close down. This can be easily swung back open with commitment to the communication of respect, hope and collaboration. The Tidal Model talks about the ebb and flow of waters. It describes mental illness as the under currents that can pull you off course. If we were drowning in turbulent waters we would not reach out for something unstable to carry us to a place of safety. The relationship requires a secure base for the person to really communicate their journey.

The holistic assessment is a tool for the person to record his

or her own narrative. The process can be very individual. Through regular engagement you learn and understand what approach works and what feels most comfortable to them.

All too often the works and experiences of the person are ignored. To really be of assistance in the recovery process we must carefully heed and trust the point of view of the person. This can be very challenging when working with individuals who have very fixed delusional beliefs, or expressing resistance to the idea of even having a diagnosis of mental illness. The first step is to accept their frame of reference, i.e. get their story, write down their experiences in their own words and just listen and accept. We must not challenge these, as this is their perspective. To continually challenge their thoughts would prevent them from wanting to engage in weekly sessions.

Accepting is very difficult for us to do, as we are programmed to identify their problem and remove it – write a care plan for it and expect all the staff to implement it. Let's say we meet a person who believes he is the King of England and becomes very aggressive when challenged. This aggression has led him through the services to a secure environment. So 'we' naturally identify the problem as the fact he thinks he is the King of England. "WAIT", "ACCEPT", he likes being the King. It makes him feel safe and strong. What he doesn't like is the fact he thinks he

has three children in a castle growing up without him. Attend to what is real and meaningful to him at the present time. Some of the emotions linked to delusional thinking can have a historical origin, and to work with that can open doors and develop a sense of self.

The personal security plan and monitoring assessments are tools available that allow us to be more responsive to a person's mental turmoil rather than reactive. It allows a person to communicate what works for him/her when risks or distress are increased. It allows him or her to work out their own personal management plan, which empowers them to implement it. The person themselves can lead us in understanding their self-destructive behaviours and how best to manage them.

The recovery care plan instils the sense of hope. When compiling the care plan with the gentleman who I referred to earlier as the King of England, he identified quality and meaningful life as his goals. Through this statement he looked at things he enjoyed and would like to do more of, such as reading and music, but his concentration is poor. He looked at buying story tapes and talking about music festivals. This isn't mind-blowing psychiatry leading to a cure and "normality" but it is important to him. We have to accept that small steps can have a huge effect.

Finally, my journey using the Tidal Model and recovery approach has not been like sailing through smooth waters. There have been times when I have gone under and come up splashing. I have had difficulty in changing my approach with regards to listening to their voice, when I want them to listen to mine. I have spent hours trying to develop a relationship and been constantly rejected. I have pushed away the frustrations of wanting to see massive results and have learnt to enjoy and identify with the small differences.

I believe that this model and its structure can empower whoever is involved to engage with resistance and more enduring mental illness, where previously avoidant techniques would be used. Not only can we instil hope, we can feel it.

References

Barker, P. & Buchanan-Barker, P. (2007). *The Tidal Model: Mental Health, Reclamation and Recovery*. Brunner-Routledge: London

Department of Health (2006). *From Values to Action: The Chief Nursing Officer's Review of Mental Health*. DH: London.

Shepherd, G., Boardman, J., & Slade, M (2008). *Making Recovery a Reality*. Sainsbury Centre for Mental Health: London.

25 Hours of Activity: A Key Recommendation

An update on the work undertaken by the Quality Network for Forensic Mental Health Services

During the process of aggregating and analysing the data from the 64 Medium Secure Units who participated in the Cycle 4 peer-reviews the project team identified four Key Themes which pose a challenge for many units. Providing 25 hours of structured activity per patient per week was one of these themes as it was found that only 55% of services fully meet this criterion.

These 'Key Themes' form the introductory section of the Network's Annual Report, which details the aggregated data from the cycle and enables services to benchmark themselves against other medium secure services in England, Wales, Northern and Southern Ireland. To further support units in improving their services the network produces 'Recommendations' to accompany these 'Key Themes' of challenge. These recommendations include suggestions that units themselves could implement as well as work that the Network will undertake to support services in improving in this particular area. The boxes below are the recommendations developed for the Cycle 4 Annual Report.

Figure 1.

Recommendation 2: 25 hours activity

Provide a minimum of 25 hours of structured activity per patient per week.

For example:

- *increase educational and vocational opportunities*
- *promote groups to increase motivation for difficult to engage patients*
- *review systems for recording the activities offered.*

Figure 2.

Recommendation 2: 25 hours activity

What will the Quality Network for Forensic Mental Health Services do?

The Quality Network will use the email discussion group to ascertain what activities units consider contribute to the 25 hours of structured activity per week. Once compiled, this list will be discussed by the Advisory Group with the aim of developing a list of meaningful and structured activities which can then be circulated to members.

The second recommendation, *What will the Quality Network for Forensic Mental Health Services do?* (Figure 2), has now been carried out. A request was sent out to all main contacts and circulated on the MSU discussion group asking units to submit lists of activities that they consider appropriate in contributing to the 25 hours of structured activity for patients. The list of suggested activities provided by the members of the network was comprehensive. To this end the project team developed the following list, which provides the broad themes under which the activities fall, with a supporting guidance sheet, which provides examples of activities within each category (NB the reference number refers to guidance sheets and the supporting examples for this particular activity). This list was then discussed by the Network's Advisory Group meeting.

Activity	Reference Number
Daily Living Skills	1
Physical Healthcare	2
OT Groups/Sessions	3
Psychological Therapies	4
Nurse Led Therapies	5
Education	6
Leave	7
Other Groups/Sessions	8
Work	9
Ward Based Activities/Leisure	10
Residential Services	11
Sports and Leisure	12
One to one sessions with clinicians	13
Substance Misuse Therapies	14
Activity not attached to a Programme	15
Service Wide Events	16

This list, and the examples within, is obviously not exhaustive. However, the aim is that this will provide a basis for units to work from in terms of what is considered appropriate and meaningful activity, given that one of the key findings from the Cycle 4 reviews was that opinion in this area differed widely across services.

In addition to providing lists of activities, members also provided the network with their opinions regarding the nature of the activities provided. It was noted by a number of respondents that meaningful activity must be needs led, and relate to the care plan and goals of individual service users as, is evidenced by the following quote:

"Within our service we view structured activity as anything which is meaningful to the client"

Consequently, it would seem that 'meaningful activity' should not be defined in general terms, but in terms of each patient. Further to this, it was noted by one respondent that motivation to engage in activity for patients comes from linking activity with recovery plans, and ensuring that activity is rehab focused and it's benefits are clearly defined.

The project team would like to thank all those services who have contributed to this work and hope that the outcomes prove to be useful for members. This list, with the supporting guidance notes, will be circulated to members via the main contacts at each unit, on the MSU discussion group and will also be uploaded to our website (www.rcpsych.ac.uk/QNFMHS).

Maddy Reeve – Hoyland
Deputy Programme Manager
Quality Network for Forensic Mental Health Services



The Theme For The Next Quality Network Newsletter is:

Food in Medium Secure Services

The project team would be pleased to include articles relating to challenges in providing good food within units, solutions to such challenges, service user's perspectives regarding food provision and any initiatives services have developed.

If you would like to submit an article of interest for the next newsletter please email:

Maddy Reeve - Hoyland
mrhoyland@cru.rcpsych.ac.uk

Articles From The Quality Network's Service Users

'Good Progress'

Abdirisak Hussein

Today is a very great day for me as I have been offered the job of Service User Expert. Actually it's a new beginning for me and for my future where I will, for the first time, pass on in a practical way the help I have received onto other service users as an employed service user. This is a very important step forward to carry this legacy into the future.

I am very happy to undertake such precious work in helping other who are in need of support to manage their on mental health problems. I am in favour that the service users deserve to be treated humanely and receive the best possible care that will help them recover speedily while providing the provide them as many activities as possible for them to engage in to build their self-esteem and confidence as well as enhancing their role of managing things independently at their own pace.

It takes providing them a good quality service they need, and at the heart of everything that patients are treated with respect and dignity, in order for them to respond to the medical care they are receiving. Whilst, at the same time, trying to

make every effort to persuade patients that you are there for them to get better, creating a healthy relationship with them that can convince them to seek the help and support they really need.

I don't want to let the past emotions and feelings hold me back. The world is always changing and nothing stays the same forever. Therefore to want to keep moving on and don't let anything hinder my progress to achieve my goals in life. I want to work very hard to turn the past experiences into positive outcomes that will contribute to my end goals as well as using these experiences to support others.

Today I am seeing the world with great hope and aspiration, that a brighter future is forthcoming and things will work out for me in very aspect of my life. I feel I am well prepared to face the challenges but as no one is perfect I will at times rely on the help and support that is on offer and will never miss any of the opportunities to seize chances that come around for me in the future.

Abdirisak Hussein
Service User Expert

Illustrating My Recovery From Serious Mental Illness

David Bacon

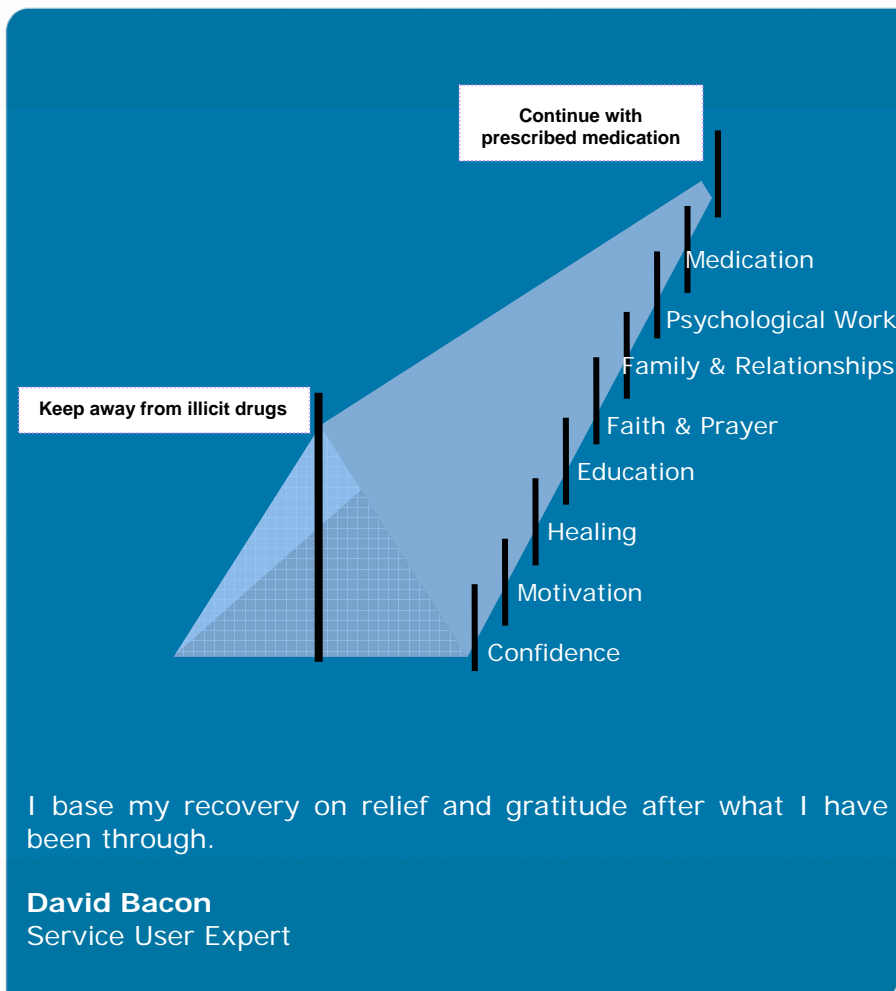
Over the years while in hospital I have spent time establishing a covering for myself, a canopy which can withstand bad weather. The two poles which keep my shelter up are the mainstays, essentials. Each pin represents:

- Medication
- Psychological work
- Family and building relationships
- Questions of faith answered in prayer
- Education
- Healing over time
- Motivation
- Confidence

Medication rendered ineffective if one use of drugs and medication need to maintain good mental health.

Were I to uproot the factors which underpin my recovery and stability, or allow someone else or something to do so, I would put myself at the mercy of exposure to the elements. I would begin to feel:

- Paranoia
- Psychosis
- Pressure
- Stress
- Symptoms
- Delusions
- Self doubt/feelings of failure
- Rage
- Confusion, amongst others.



Quality Network for Forensic Mental Health Services *Annual Forum 2011*

Wednesday 13th April 2011 10.30am - 4.30pm

A one day 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 fifth annual cycle of self- and peer- reviews
- 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:

- £70 per person for members of the Quality Network (staff and service users)
- £80 per person for non-members (staff and service users)

**If you would like to book a place please email
Anna Collinson:
acollinson@cru.rcpsych.ac.uk**

Quality Network for Forensic Mental Health Services

Good Food in Medium Secure Care: How Do We Provide It?

Tuesday 1st March 2011 11.00am - 4.00pm

About the Day:

- A troubleshooting workshop on the provision of food in MSUs
- An interactive event for professionals and service users in MSUs
- An exploration of what hinders the provision good food
- A context in which to share good practice in the provision of food

Who Should Attend?

- All Medium Secure Unit staff and service users with an interest in improving the provision of food

Place:

- College Centre for Quality Improvement 6th Floor, Standon House, 21 Mansell Street, E1 8AA, 020 7977 6665

To Attend:

- The Workshop is free and lunch provided
- Places are limited and will be allocated on a first come first served basis

**If you would like to book a place please email
Maddy Reeve - Hoyland:
Mrhoyland@cru.rcpsych.ac.uk**

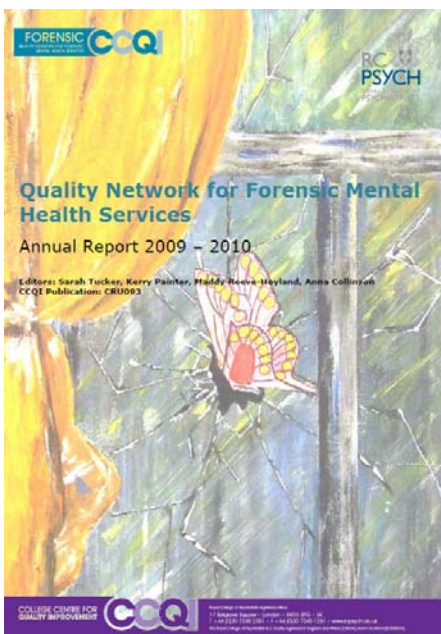
Useful Links

- ⇒ **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.freeseve.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/>
- ⇒ **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>

Useful Links

- ⇒ **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>
- ⇒ **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/>
- ⇒ **QIPP**
http://www.institute.nhs.uk/cost_and_quality/qipp/cost_and_quality_homepage.html

View the Cycle 4
Annual Report at:
www.rcpsych.ac.uk/QNFMHS



The Policy Library

Visit the 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



Events and Dates for The Diary

- **Measuring, Monitoring and Improving Outcomes in Mental Health**
Tuesday 18 January 2011
Cavendish Conference Centre, London
www.healthcare-events.co.uk/event/569
- **A Practical Guide to Developing Quality Patient Information**
Wednesday 26 January 2011
Cavendish Conference Centre, London
www.healthcare-events.co.uk/event/581
- **Clinical Audit and Improvement 2011**
Tuesday 8 and Wednesday 9 February 2011
Savoy Place, London
www.healthcare-events.co.uk/event/517
- **New Advances in Structured Professional Judgement: Beyond Assessment to Intervention, Advanced Workshop**
23 and 24 February 2011
Institute of Psychiatry, London
www.iop.kcl.ac.uk/events/?id=1178
- **Call for Abstracts for The 8th National Conference Research in Forensic Secure Units**
10 March 2011
Institute of Psychiatry, London
www.iop.kcl.ac.uk/events/?id=1149
Abstract submissions due by 7th January 2011
- **A Practical Guide to Improving Outcomes through Care Pathways in Mental Health**
Tuesday 8 March 2011
The King's Fund, London
www.healthcare-events.co.uk/event/595

If you would like to advertise an event please email
Maddy Reeve - Hoyland for inclusion in the next edition of the Newsletter
OR
email the MSU discussion group, for circulation to members
(MSU@cru.rcpsych.ac.uk)

Contact the FORENSIC Team

Sarah Tucker, Programme Manager
stucker@cru.rcpsych.ac.uk, 02079776661
Maddy Reeve – Hoyland, Deputy Programme Manager
mrhoyland@cru.rcpsych.ac.uk, 02079776662
Anna Collinson, Project Worker
acollinson@cru.rcpsych.ac.uk, 02079776660
Sheila Kerry, Project Worker
skerry@cru.rcpsych.ac.uk, 02079776665

Royal College of Psychiatrists Centre for Quality Improvement
4th Floor • Standon House • 21 Mansell Street • London • E1 8AA

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