

Issue 6

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Quality Network for Forensic Mental Health Services

Introduction

**Dr John O'Grady, Consultant Forensic Psychiatrist,
Chair of the Quality Network Advisory Group**

Welcome to the sixth edition of the Quality Network for Forensic Mental Health Services newsletter. The network has now reached the end of what has been a successful second cycle, and is now embarking on the third. The Annual Members' Forum was held on 29th April 2008 and received some very positive feedback from attendees. Topics of the day included: the key findings from Cycle 2 and the launch of the Standards and Criteria for Women in Medium Secure Care.

Recruitment for the third cycle is already underway and we look forward to working with you over the coming year. We hope that participating in the quality network is a useful and interesting process for all involved.

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Quality Network for Forensic Mental Health Services: The 2nd Annual Members Forum

Kerry Painter

Quality Improvement Worker

The quality network was delighted to hold its second Annual Members' Forum on 29th April 2008. The event was attended by a diverse range of unit staff who came from across the U.K. and Ireland, together with regional commissioners and representation from the Department of Health.

Dr John O'Grady (Chair of the Forensic Faculty, Royal College of Psychiatrists and the quality network advisory group) chaired the event. Dr O'Grady spoke about the expectation that over the next years the scope of the network will expand so as to include the spectrum of security as well as prison in-reach services. In this way it is hoped the quality network will develop further to meet the needs of the diverse range of forensic mental health services.

We were pleased to present the preliminary findings from the second annual cycle of self- and peer-reviews. This provided the opportunity for members to benchmark their unit against the other sixteen member units in relation to the Standards for Medium Secure Units. It also provided the opportunity to identify trends across the participating units.

Dr. Chris Ince (Consultant Forensic Psychia-

trist and Honorary Researcher for the Quality Network) also presented his recent work on the development of standards and criteria for women in medium secure care. This was followed by a well received presentation from our Service User Expert, Anthony Roach, detailing plans for future service user involvement in the network. There was a high level of interest in the work of the Service User Experts and delegates were eager to be updated on any new developments in this area.

The Annual Forum also incorporated the second Annual General Meeting of the Quality Network for Forensic Mental Health Services. Adrian Worrall (Head of the College Centre for Quality Improvement) presented the project accounts for open scrutiny. There followed an open forum for exploration and discussion of key areas of policy and future development of the quality network. There was indeed lively debate of a number of issues including: the implementation of a development fund, the composition of peer-review teams, issues of conflict of interest and what the quality network can do to support member units in service

Feedback From Our Members

development. The open discussion, in which member views were actively sought, very importantly reflected the fundamental principle of the quality network, namely that members take ownership of it and have a central voice in the development of it.

In the afternoon, we divided into smaller groups to provide the opportunity for member units to give a 20 minute presentation on their experience of the self- and peer-review process as well as the key areas of achievement and for improvement arising from their reviews. We were really pleased that these sessions fulfilled their purpose: namely for members to share good practice.

"The self-review provided a useful focus."

"The quality network in my opinion helps to ensure that best practice is shared and that services learn from similar organisations across the country."

"There are benefits both to the service being reviewed, but also from being involved in the review team."

"The process has been extremely beneficial in facilitating change.....These processes have made it easier to bring about a process of quality improvement, addressing those aspects of the hospital identified in the first peer review. The benefits are pleasing, while more remains to be done."

These findings are discussed in full in the Cycle 2 Annual Report: 2007 – 2008. If you would like a copy please contact Kerry Painter on kpainter@cru.rcpsych.ac.uk for an order form.

Quality Network for Forensic Mental Health Services

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Beyond Therapy: Real Vocational Opportunities in a Secure Setting

Sarah Hill (Vocational Services Manager) &
Dawn King (Clinical Work Experience Coordinator) -
North London Forensic Service

Value of work

Work, training and employment are central components in maintaining and enhancing the health and social functioning of people with mental health problems and key to promoting their social inclusion (Bond et, al 2001a, Cook & Razzano 2000). In addition to the stigma attached to mental illness, one of the significant barriers to employment and training for people with mental health problems can be the low expectations from employers and health professionals and the lack of joined up working between them. While work and training have financial benefits, they also provide latent benefits such as social identity and status, social contacts, sense of personal achievement and meaningful activity (Social Exclusion report 2004). The barriers are even greater for people with mental health problems and an offending history (Garner, 1995), but the benefits associated with work and vocational opportunities could be a core part of the foundation to a successful future.

Inclusive work opportunities in a medium secure service

Following the Social Exclusion report *Social Exclusion and Mental Health* (2004) the North London Forensic Service (NLFS) explored the evidence base for supported employment models within mental health. Three central components of the evidence are that people should be offered work opportunities as early as possible; work should reflect individual's preferences and they should be given individual support in the work

place (Crowther et, al 2001). NLFS used these core features as the basis for their work experience project alongside a multidisciplinary risk assessment that had an emphasis on therapeutic risk taking.

The project was launched in October 2004 and it provides work experience opportunities that range from within the secure unit, to the general hospital site and into the community. The project reflects normal employment procedures and processes where possible and aims to integrate them into its philosophy and practice. These include:

- Vacancies are advertised on rehabilitation wards or accessed via individuals occupational therapists
- Service users complete an application form – support is provided for those with literacy or language needs
- A multidisciplinary risk assessment is completed – this includes suitability for job such as use of tools and machinery, leave status, forensic history
- Informal interviews are conducted by the job supervisor
- Training & ongoing support is provided by job supervisor

- 3 monthly appraisals are conducted. These are based on an adapted standardised assessment (Sheltered Employment Rehabilitation and Training Service) and are completed in partnership with the service user and provide the basis for future personal development and any increase in payment (Oxley 1992).

Payment – service users are reimbursed through a voucher system for the work they do.

Achievements and successes'

Some 96 service users (over 50% of in-patient service users) have undertaken a range of different jobs including shop assistant, painting and decorating, administration, car valeting, librarian, ground maintenance/gardening and furniture making and restoration. Many of these jobs have included pieces of work that have improved the quality of the environment and facilities for staff and service users, as well as providing cost savings to the service. These cost savings have been reinvested back into the project and have provided the basis for its expansion.

"I feel better inside knowing that I am doing something worthwhile"

Barry, Service User

Any comments?

If you would like to respond to this, or any of the articles in this newsletter, please email msu@cru.rcpsych.ac.uk and we will post your comments on our email discussion group.

One of the key successes has been developing a culture that supports therapeutic risk taking. This has led to service users having the opportunity to take responsible positions, perform to set standards and become effective and valued members of the 'staff' team. This has positively challenged the perceptions held by health professionals about what service users are capable of doing. Another key success is the development of partnerships both within the health setting and beyond the secure boundaries into the community. For example, a partnership with the volunteering service within the NHS Trust based at Chase Farm Hospital led to the creation of voluntary jobs for service users in the wider hospital. These posts include gardening, working in the post room, hospital shop and restaurant. Work placements within the hospital and the community has been very successful. Not only do service users and placement providers benefit, but integration into these areas have challenged the stigma of mental health and raised the profile of the NLFS.

The project is continuing to develop partnerships with volunteer placements in the community with the aim of ultimately obtaining paid employment. However, the benefits trap can present an additional challenge for those who want to return to paid employment. One way that the project is striving to address this is by working with the local Job Centre Plus and their specialist advisers to ensure that all potential avenues and opportunities are available to individuals.

In order to develop an approach that meets the needs of forensic service users, programmes need to accommodate the challenges that this client group and the environment present. To achieve this, research suggests that programmes need to integrate external agencies that specialise in education and employment into vocational programmes, which is then supported by the multidisciplinary team (Drake et al 1996).

Concluding thoughts

The barriers to, and the value of work for forensic service users is a challenge that providers should take on if they are to offer people the best opportunity for recovery and social inclusion. Setting up a service like this does not require a lot of money. Service providers can utilise the available evidence to provide inclusive services using a recovery-based model by providing real vocational opportunities for people. This project has been running for more than 3 years but its ongoing success is due to the commitment and support it receives from the senior management team as well as challenging the expectations of staff and the wider community. (cont...)

Providing people with mental health problems with the opportunity to invest in their own recovery and become valued members of their community should be at the heart of any service. By developing progressive and graded opportunities for service users, the risk issues associated with forensic services are readily managed and the opportunity for health professionals and service users alike can provide an exciting and productive prospect.

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Interested in joining the Quality Network for Forensic Mental Health Services?

Benefits of joining The Quality Network for Forensic Mental Health Services

- ✦ Provides service standards
- ✦ Provides a detailed service evaluation and report
- ✦ Allows achievements of clinic staff to be recognised
- ✦ Provides detailed advice and support about areas in need of improvement
- ✦ Organises a visit to another Forensic Mental Health Services
- ✦ Provides annual report of aggregated findings which serves as a benchmarking tool
- ✦ Maintains a national network to improve communication between staff and units
- ✦ Email discussion group
- ✦ Newsletter
- ✦ Annual Forum

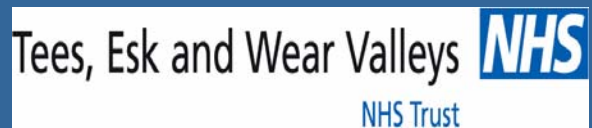
How to join

If you are interested in joining The Quality Network for Forensic Mental Health Services, please return a joining form or contact Sarah Tucker stucker@cru.rcpsych.ac.uk or Kerry Painter kpainter@cru.rcpsych.ac.uk

Download The Quality Network for Forensic Mental Health Services Joining Form from our website

www.rcpsych.ac.uk/QNFMHS

Research and Development at the Hutton Centre



The Implementation of a New Approach to Clinical Risk Assessment and Management in a Medium Secure Unit using the Short Term Assessment of Risk and Treatability (START)

Background

The Medium Secure Unit (MSU) in question is the Hutton Unit, within the Tees, Esk and Wear Valleys NHS Trust, based in Middlesbrough. This unit was the first purpose built MSU in England and was opened in 1980.

Our decision to introduce a new approach to clinical risk assessment and management came about in 2006, in response to an identified gap in a consistent approach within the Multidisciplinary teams to dealing with risk. Through our governance framework and consultation with service managers, a decision was made to have the Short Term Assessment of Risk and Treatability (START) as our new risk assessment tool. At this time it was agreed all clinical staff would need to be trained on how to use START. This decision was further supported by the publication of the '*Best Practice in Managing Risk*' (Department of Health, 2007) document, which recognised START as a tool for best practice.

What is START

The START allows for the dynamic assessment of risks, strengths and treatability. It was developed by forensic nurses in Canada and has been designed for use with psychiatric and forensic in patients and out patients.

START adopts the Structured Professional Judgement approach to risk management and considers static and dynamic factors. START unlike other risk assessments focuses primarily on:

- Short term risk.
- Multiple risks.
- Patient strengths.
- User involvement.
- The assessment being completed by the MDT.
- Decisions being evidenced based and consistent over time.
- Developing risk management plan(s).

The Implementation of START

In order to devise a robust training package for all unit staff, a pilot START training event took place in October 2006. The feedback from the pilot suggested START was a suitable tool for us to use. A 'training to train others' package was written and the Acting Clinical Team Leaders (ACTLs) for each ward were trained as START trainers, to aid the training of all disciplines. Unit wide training took place in October 2007 and January 2008. As a result, all disciplines (psychiatrists, forensic community mental health team, occupational therapy and psychology) were successfully trained and approximately 90% of nursing staff (registered and non-registered) were trained.

Feedback on the training was on the whole, positive. Key learning points included; the realisation that START was an MDT tool, the importance of risk formulation and that START considers strengths as well as risks. In terms of how it

would impact upon our way of working, it was felt the tool would help increase consistency and communication amongst colleagues as well as improve the CPA process.

Alongside the START training process, it was agreed that we would also take measures to standardise our approach to historical risk assessment. This involved all wards updating patient's historical information by completing a structured proforma. Also, START training introduced the principles of risk formulation. A recommendation was made for staff with limited understanding of risk formulation to complete the Trust's Statutory and Mandatory training, which focuses on risk formulation in greater detail.

Update and Future Developments

The future for us at the Hutton Unit will include all new staff being trained in the use of START. Staff's understanding of the tool will be revised by completing a routine questionnaire on a six month, 1 year and 2 yearly basis. A deadline was set for the 31st March 2008, for all patients

to have had their initial START review completed. Currently, an evaluation on the implementation process is taking place and an Audit on staff's use of the tool is planned for April 2008. START assessments are currently being completed in Ward Round and CPA meetings, as well as times of significance (e.g. ward transfer or discharge etc).

The use of START has become more widespread recently with more professionals using the tool. At the Hutton Unit, we will continue to liaise with our colleagues in the UK and Canada to further develop our use of START within our Forensic Mental Health Service.

For a more comprehensive overview of our training process and our experience of START, please feel free to contact us.

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Is CBT for Depression and Anxiety relevant in Medium Secure Units? A study into the prevalence and recognition of depression and anxiety in detained patients

Introduction

One in six people are currently diagnosed as suffering from depression or anxiety (Layard, 2006). This has led to a proposed increase in the availability of CBT for this client group. This issue is even more pronounced among detained individuals, with suicide rates in British prisons currently six times higher than that of the general population (Nurse, Woodcock and Ormsby, 2003). Furthermore, a study of young offenders in America revealed 47% of those involved reported being moderately or severely depressed on the BDI-II (Domalanta, Risser, Roberts and Risser, 2003).

It was proposed that the heightened levels of depression and anxiety in prisons may be reflected in individuals in a secure unit, particularly considering the theories of hopelessness depression (Abramson, Alloy and Metalsky, 1989), and that of learned helplessness (Maier and Seligman, 1976; Peterson and Seligman, 1984). It was further suggested that these levels would be significantly higher than are currently recognised.

Methodology

The 33 male participants (Mean age =41.76, range =20-67, SD=13.17) were offenders with mental health problems detained under medium security. They were approached from acute admission, long stay chronic and discharge wards.

To assess the prevalence and level of depression and anxiety, each participant completed the BDI-II (Depression), BAI (Anxiety), BHS (Hopelessness) and BSS (Suicidal Ideation). A brief file review was completed for all 84 patients within the MSU to ascertain age, sex, and whether they were currently prescribed medication for depression, anxiety, or as a mood stabiliser.

Results and Discussion

The results indicated 1 in 5 participants reported as moderate or severe on the depression, anxiety and/or hopelessness scales. Furthermore, 1 in 3 reported as moderately or severely depressed or anxious, or were prescribed anti-depressant medication. When viewed alongside the Layard report (2006), it was suggested that there is therefore a significant prevalence of these disorders in this setting. Parallels were drawn with Nurse et al. (2003), who suggested depression in prisons was due to limited family contact, isolation, difficult relationships with staff and limited mental stimulation - or motivation for such. The theories of learned helplessness and hopelessness depression were also discussed as possible explanations for these findings.

Under half of those who reported as moderately or severely depressed were prescribed anti-depressant medication, whilst none of the moderate or severely anxious patients were treated for anxiety. Several reasons were suggested as to why this may be the case, including unclear presentation on the wards, or more significantly, potential areas for development in staff recognition of these disorders. As the focus in this environment is predominantly on controlling risk, it is perhaps not surprising that patients demonstrating low mood - and therefore apparent low risk - would be less likely to come to staff attention than a more volatile individual.

Interestingly, 1 in 8 of those on anti-depressants did not report as depressed. This could be due to inappropriate medicating, or alternatively, be in-

dicative of medication effectiveness in these patients.

It was concluded that due to the relatively high prevalence of depression and anxiety in the MSU - and the evidence that CBT is effective in reducing the effects of these disorders (as highlighted in the Layard report, 2006) -, that this treatment should be considered as appropriate for use with depression and anxiety in a secure setting. Further research in this area is recommended.

Joanna Plant

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If you would like to submit a research summary article to the Quality Network for Forensic Mental Health Services newsletter please contact Kerry Painter kpainter@cru.rcpsych.ac.uk

The Editor's Interview

Allison Armstrong, Service Manager

Northumberland Tyne and Wear NHS Trust

Allison Armstrong works for the Forensic Services Directorate in Northumberland Tyne and Wear NHS Trust. She has completed the lead reviewer training and lead a peer-review as part of Cycle 2. Allison was also involved in organising the peer-review visit to The Kenneth Day Unit and Northgate Hospital at the end of 2007.

What was your career path prior to your current role?

I qualified as a Registered Nurse RNLD in the 1980s. My base has been within the North East throughout this time. I am currently working within Northumberland Tyne and Wear NHS Trust, based at Northgate Hospital, Northumberland.

I have taken several different posts with differing levels of responsibility, all within nursing and nurse management. I have worked within different clinical specialities including Forensic services, Community LD services and Autism services, before returning to Forensic services.

What is your current role?

My current role is within the Forensic Directorate, Service Manager, with responsibility for The Kenneth Day Unit – Medium secure services and Tweed Unit – an enhanced low secure environment, both based on the Northgate site.

What is the current context of the service?

Northgate has a well established Forensic LD service which has been operational for over twenty years and encompasses 140 forensic beds across a range of levels of security. Forensic LD services and Forensic Mental Health services came together as one Directorate with the formation of the Northumberland Tyne and Wear NHS Trust approximately two years ago.

As such, opportunities for service development are currently being explored.

How has being a member of the quality network been beneficial to your work/service?

NTW Forensic Directorate joined with the Quality Network in June 2007, in the second phase of the program. A decision was taken to register wards across medium security services both in a mental health and learning disability setting, we were aware that the standards were primarily aimed at MH settings, however, believed that they could be transferable across the specialities. Fortunately, our experience has reflected this belief. We have had the opportunity to access Lead Reviewer's training and subsequently conduct a peer review and be reviewed ourselves in November 2007. The review process was a challenging opportunity on many levels: completing the self-review offered the opportunity to reflect on our own service and consider where we would like to develop. The peer-review facilitated some useful observation, comment and suggestions with regards to our development plan from our peers and the system acted as a conduit for cross service working within our newly formed Directorate. We have an ongoing action plan, in anticipation of our next peer-review in 2008.

Update from the Quality Network's Service User Experts: Service User Experts Set to Work

We (Service User Experts) have been working with the Quality Network for 6 months now. So it is still early days. Our roles and responsibilities have been more clearly defined in agreement with the Advisory Group. For example, based on geographical location a list has been produced defining which service user is looking after which Medium Secure Unit.

Internally, email links are now established between the team and we are now looking to expand this to incorporate appropriate contacts at individual units. Hopefully, links will soon be set up with ward reps and Service User Forums in member units. We are also in the early stages of considering setting up email links and telephone conferences with service users.

The team are also looking to produce information leaflets that could be supplied to

Quality Network subscribers when they join to help them understand the work of the service user experts on the Advisory Group.

It has also been discussed that we visit individual MSUs to speak to other service users and ward reps prior to peer-review visits. In fact, a small training course/presentation has been considered, helping to prep patients so that the visiting review teams receive maximum feedback upon their visit.

And of course the service users will be looking to contribute to this newsletter on a regular basis!

The Service User Expert presentation from the Annual Forum on 29th April 2008 is available on the website www.rcpsych.ac.uk/QNFMHS

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 year of the group is available at

www.rcpsych.ac.uk/QNFMHS

Events

- Patient Involvement and Empowerment 2008**—The conference provides an important update on recent changes in patient involvement and empowerment. The conference includes a series of workshops to encourage interactive learning, covering patient involvement in measuring outcomes and improving diversity in involvement. **22 May 2008** Naomi@healthcare-events.co.uk
- Risk Management in Mental Health**—The conference provides an update on proactively improving safety through using risk management tools including Failure Mode Effects Analysis (FMEA), Clinical Incident Reporting, Root Cause Analysis and Incident Investigation. **5 June 2008** matt@healthcare-events.co.uk
- World Class Mental Health Commissioning**—Put simply, world class mental health commissioning is that which achieves better health and wellbeing for all, better care for all and better value for all. This conference marks the start of a journey from vision to practice. **12 June 2008** charlotte@healthcare-events.co.uk
- Process Mapping, Analysis and Redesign**—The conference provides a practical guide to improving the patient experience through process mapping, analysis and redesign. It focuses on smarter ways of working to improve the patient journey. **18 June 2008** matt@healthcare-events.co.uk
- Meeting Diversity in Patient Information**—This practically focused conference will look at how a range of organisations are tackling these issues on a daily basis. The conference will provide you with a range of innovative ideas and tips that you can learn from and replicate. **18 June 2008** matt@healthcare-events.co.uk
- Quality Improvement Tools and Techniques Series: Lean and Six Sigma**—This conference provides a practical guide for clinicians and managers at directorate and ward clinical service delivery level. **24 June 2008** Naomi@healthcare-events.co.uk
- Care Pathways**—This year's conference focuses on new and innovative techniques that can help make care pathways more effective including: Lean thinking, FMEA and measuring and monitoring clinical outcomes. **25 and 26 June 2008** jayne@healthcare-events.co.uk
- HSJ Transforming Forensic Mental Health Services**—A major transformation of the forensic mental health landscape is underway - Are you on track to improving services and outcomes, maximising resources and implementing DH guidance? This essential conference will give you the strategies and practical tools you need to drive transformational change in this crucial service area. <http://www.hsj-forensicmentalhealth.co.uk>



Useful links

- ⇒ **Department of Health** <http://www.doh.gov.uk/>
- ⇒ **The Forensic Directory** - Provided by the St Andrews group of hospitals, this is an up to date resource detailing Forensic and other Secure Mental Health Services in the UK, provided by both the NHS and Independent Sectors. <http://www.theforensicdirectory.info/>
- ⇒ **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.freereserve.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** - 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/>



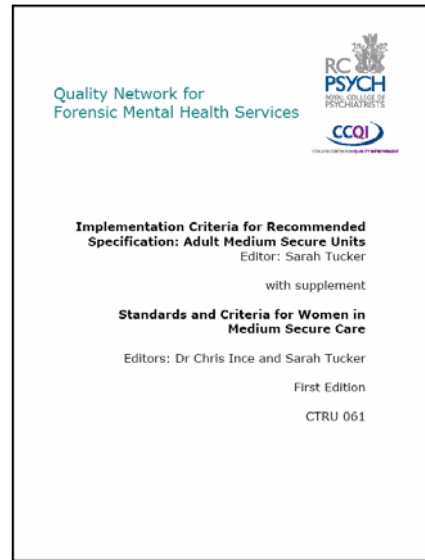
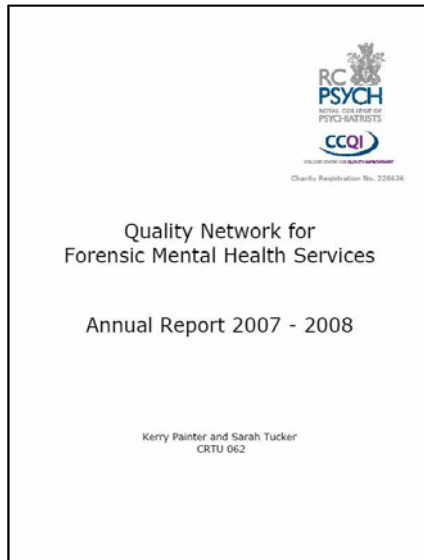
Useful links

- ⇒ **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>
- ⇒ **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/>



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

www.rcpsych.ac.uk/QNFMHS



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