ACOMHS
ACCREDITATION FOR COMMUNITY MENTAL HEALTH SERVICES

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Welcome!

Welcome to the 2nd edition of the ACOMHS newsletter!

It's been a busy second half of 2016 for the ACOMHS team, with the first edition of the standards being published following the pilot phase of the programme. Recruitment for the full programme is now open! Congratulations to all our members who have been involved in the pilot and who have worked so hard towards accreditation.

We have a wealth of articles in this edition of the ACOMHS newsletter including: A Day in the Life of an Occupational Therapist in a Recovery Team, we hear from some of our member services on innovative ways of working, as well as some advice from the ACOMHS team on commonly unmet standards.

If you are part of a team going through the self and peer review process, remember that the ACOMHS team is here to help. If you have questions, then please do get in touch. You can also ask your peers questions- see page 9 for more information on the ACOMHS discussion forum.

Merry Christmas and Happy New Year!

Congratulations!

Congratulations to the following teams who are the first services to be accredited by ACOMHS:

North Belfast Recovery Team

South Hackney Recovery Team

Bradford South & West Adult Community Mental Health Team

In this issue...

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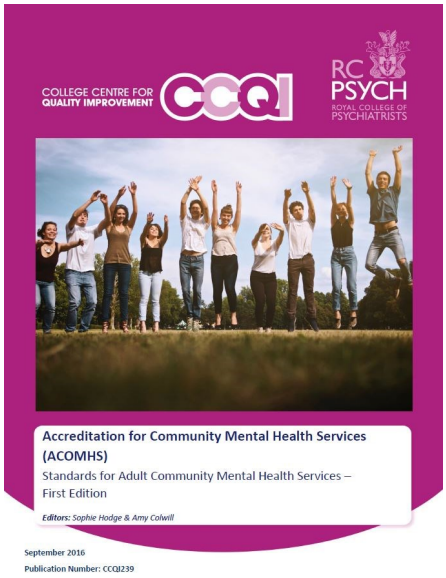
News from ACOMHS

Standards

The first edition of the ACOMHS standards were published in September following the pilot and have incorporated the CCQI standards for community-based mental health services. These standards cover the core principles of high quality care which are relevant to all services. The standards can be found here.



New Programme Manager

We also welcome a new Programme Manager to the ACOMHS team, Simona Shaygan.

Dates for the Diary

To register or find out more about any of the below events, please email amy.colwill@rcpsych.ac.uk

ACOMHS First Annual Forum
Thursday 13th April 2017, London

Our first annual Forum is looking to be a day full of interesting and engaging presentations about community mental health services around the country. Each member service gets 2 free spaces. If you would like to present at the day please fill out the proposal form here. Registrations will be open in the new year!

Suicide and Self Harm Special Interest Day
17th January 2017, London

The College is holding a special interest day on suicide and self-harm for a number of our quality improvement programmes. We have put together an exciting programme of presentations from member services, service user representatives and external speakers. ACOMHS members get 2 free spaces.

Peer reviewer training
Tuesday 6th June 2017, London

These training days are for staff working in ACOMHS member services, service users and carers. To register for this training day, or to find out more about what becoming a reviewer involves, please contact the ACOMHS team.

Day in the Life of an Occupational Therapist

Marianne Bolton
South Hackney Recovery Team

1) How did you become an occupational therapist?

I left university unsure of how I was going to spend my adult working life. I initially fell into work supporting the long-time unemployed back into the workplace. As part of that, I encountered many people struggling to maintain regular routines and find their purpose following quite long periods of not working. I found that I really enjoyed working with people to identify goals, future hopes and working through barriers that were stopping them getting there. My interest in mental health developed in my teenage years when several friends were struggling with aspects of mental health and people weren't sure how to understand or manage them. I developed a growing interest in what was going on for them within their minds and a concern around how little knowledge there was available to support and help. Becoming an occupational therapist involved a return to university to complete a second degree and then a period working in mainly physical rehabilitation roles before eventually finding my path into one of the Hackney mental health teams.

2) What is the role of occupational therapy within a recovery team?

Within my current team, I have been fortunate to enjoy a mainly profession specific role, working with people for occupational therapy input – rather than more generic case management work (although I am involved with a small element of that). To further explain the role of occupational therapy – this is a focus on engagement with routines/activities/roles/occupations and how it can either help enhance wellbeing/quality of life or detract from it and also look at the blocks for people in preventing them from doing things they value and potential ways of changing this.

Within a mental health recovery team, this is working with people living with chronic mental health difficulties who come with dissatisfaction around their routines, often feeling isolated, stigmatised and wanting to find a way back into living a varied and satisfying life – but not knowing where to start. I try and explore the lives of these people focusing on their strengths, capabilities and interests as a starting point. Within this, I also explore how activity can be used as a way of managing distressing and difficult symptoms as part of building a holistic treatment plan that offers something else alongside medication management.

I've always been a creative thinker and the role offers great opportunities to think about what's available for people to utilise within their routines e.g. creative smartphone apps that help someone track their mood or linking people in with local social enterprise projects. Within Hackney, the occupational therapy team makes use of group work and runs several community based groups that offer the chance for people to explore sports, creative and social activities, develop new skills and enhance social confidence. I run a weekly reading group based within a local library in which we meet to read short stories and then discuss – with a format similar to that of a book club. This has provided opportunity for people to spend time

with others and find their voice by reading parts of the story aloud, increasing their verbal skills and ability to express opinions. I also run cooking sessions (focusing on quick, cheap and healthy meal options), group sessions on improving social interaction and relationships and link people with input for vocational rehabilitation.

3) What is involved in a typical day?

One of the joys of this work is that there is never a typical day. My referrals come from other members in the team, most often for service users who do not meet the criteria for care coordination but require some input around aspects of their life. Part of my week will be spent contacting new referrals for initial appointments and then I usually see people via pre-booked clinic sessions or within groups. The majority of my work with people is held within rooms at our offices. However, I am flexible in where to see people and often prefer to find places in the community, away from the healthcare setting. I have a very small caseload of care coordination clients in which I've been more involved with managing crisis situations and relapse. However, a lot of my work is with people who have found some level of stability. As every person comes with their own perspective on life, their illness and what recovery means, clinic sessions can differ greatly from person to person and from one week to another.

4) What is the most rewarding part of your job?

It is a privilege to be allowed into the details of someone else's life and I greatly value hearing people's stories and talking through what matters to them. It is always good when someone attends a group activity or has worked on a plan with you and then discovers a way to move forward. A client recently fed back to me that she was able to start a college course, engage in group discussions and give presentations based on confidence gained from attending my reading group where we read things aloud in front of other people. I also really enjoy it when people realise something could be a possibility for them such as trying out a recipe within a cooking session and realising how easy it is and that it tastes good and they created that.

5) What is the least rewarding part of your job?

The huge levels of paperwork, documenting and reporting can become frustrating when it takes up more time than you are able to spend face to face with service users - particularly when trying to input weekly statistics on computer systems having a slow day. However, I've had the benefit of several years working within non-healthcare, private companies in which admin and paperwork were also the main office bugbear – and so this has given me the perspective that the grass is not always greener elsewhere.

6) If you could correct one misconception about being an occupational therapist, what would it be?

That our focus is not mainly on getting people jobs and that the profession is way more diverse than people imagine, working not only with equipment and adaptations for older people and those with physical disabilities but with children, ex-servicemen and women, clients with mental health conditions and many other things.

Thank you to Marianne for her interesting insight into what it's like to an occupational therapist!

Making Work, Work
IPS Employment Service

Nosheen Zabir
Bradford CMHT

Making Work Work, is Bradford District Care NHS Foundation Trust's IPS (Individual Placement and Support) Employment Service. The service supports people with severe and enduring mental health needs to find paid work using the evidenced based IPS model and has been successfully integrated within the Community Mental Health Teams at BDCFT. It is a unique service in offering a joint employment and health approach.

Since the launch in April 2015, the IPS Employment Service has supported service users in secondary mental health care into 100 paid jobs. Service users who have gained employment have credited the service with improving their health and wellbeing, building their confidence, giving them a sense of identity and increasing their social network. The team provide a bespoke and personalised service tailored to an individual's preferences and choices to identify employment goals.

Feedback received from a service user outlines the positive impact for people with mental health needs: **"My Employment Specialist helped me so much, I could not have achieved what I did without his support, helping me find full time employment. Most importantly he listened to me with attention to detail, then saw in me things, that because of my illness, I am unable to see. Everything moved along speedily and efficiently and that was good. Being accepted in society is a very important issue. Very often having a mental health condition makes this difficult to achieve. Being able to work makes me feel I can be accepted positively by some sections of society and this is so important to my overall functioning and wellbeing".**

The IPS Employment Service has worked closely with health & social care professionals within the CMHTs to support clients in their recovery pathway using an integrated approach to offer a joint package of care for service users to achieve their employment goals. Stephen Fry, CPN provided some thoughts about the service: **"I have found the Employment Service a valuable extension to community mental health services. The Employment Service has helped instil hope in a client group that have often lost hope that their future can change and that they can reintegrate into mainstream society. The service also compliments care co-ordination by offering a dedicated and measurable recovery focused intervention. It adds a tangible and practical element to recovery".**

In April 2016, BDCFT was recognised as a National Centre of Excellence for its work to support people with severe and enduring mental health needs to find paid employment. Including BDCFT, there are currently 17 Centre of Excellence sites nationally. The IPS Centres of Excellence are exemplary in their use of the IPS model and the job outcomes they achieve for people with severe and enduring mental health needs.

Advice on commonly unmet standards
The ACOMHS team

8.1.1 Service users are offered evidence based pharmalogical and psychological interventions and any exceptions are documented in the case notes

The 'psychological' part of this standard causes confusion and is often marked as 'Not Met' in the self-review. It's important to remember:

- Services should offer psychological interventions to all service users but they do not necessarily have to provide them in-house, i.e they can refer to interventions in the community and still meet this standard
- If interventions are done in-house they do not need to be done by a psychologist, as other members of staff can be trained in interventions such as CBT
- The recommended interventions can be found in NICE Guidelines
- On the peer review day ensure there is member of staff available to describe what interventions are available to the peer review team

24.2 All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.

- This is not uncommon for this standard to be marked 'met' in the self review and for some staff to say they do not receive monthly supervision on the peer review day
- It is important to remember how clinical supervision differs from other types of supervision, the definition is 'professionals formally meeting to reflect and review **clinical** situations with the aim of supporting the clinician in their professional environment'
- If there are discrepancies in the self review data it is handy for teams to have a supervision matrix showing the dates of supervision for each staff member as evidence

If you would like any of the ACOMHS standards to feature in this section of the newsletter, please let the ACOMHS team know!

Recovery Recovery Recovery

Claire Holman, North Hackney Recovery Service

When the North Hackney Community Mental Health Team became the North Hackney Recovery Service in 2015 we were keen that this 'rebranding' would be more meaningful than just a name change. One of the many strengths of the local population and staff composition in Hackney is the coexistence of people from a multitude of cultures, countries, ethnicities, religions, and socio-economic backgrounds. This diversity brings with it a wide range of belief systems and interpretations of experiences that Western nosology labels 'mental illness'. This comes hand-in-hand with varied interpretations of appropriate treatments and routes to recovery. Professionals in the North Hackney Recovery Service are experienced at working together to ensure our service users have opportunities to build on their strengths and reach self-determined goals, respecting individuals' belief systems and (when appropriate) helping people construct explanatory models of mental illness that include more than one cultural perspective or construct. We also recognise that 'recovery' is a very personal journey and not one that should be defined or dictated by professionals. We have developed a meaningful shift towards recovery practice that utilises our ability to bring together multiple perspectives and celebrates individual beliefs, interests and community strengths.

As the social care lead for the service and a social worker highly influenced by a 'strengths perspective' in mental health, I paired up with a psychologist colleague to form the backbone for this 'Recovery shift'. We invited all staff from the service to join four core planning meetings that were held over the course of a few months and each was attended by six to eight people from different professions. In these core planning meetings we shared ideas on how to make changes to our practice, how to overcome resistance and motivate change, and how to enhance the strengths of the service in a time of cuts to budgets, services and service users' benefits. We then invited the whole team to meet to reflect on the summaries of the core group discussions and to develop our ideas further. From this whole team session we came up with four main areas in which the service would work together on recovery:

1) Defining Recovery

We unanimously agreed that 'recovery' could not be defined easily or succinctly; that it would be best described by our service users. We formulated a simple questionnaire that asks: *'A) What does the idea of 'recovery' mean to you? B) Why do you come to the North Hackney Recovery Service? C) In an ideal world, what more could the North Hackney Recovery Service provide to support your recovery?'*. These questionnaires constitute a rolling project as they are placed in our waiting room for service users and carers to fill in and submit. Their answers are then collected monthly and fed back to the team as a means of helping us understand what is important to our service users, leading to the formulation of new ideas, and directly influencing changes to our practice as I will outline below.

2) Recovery Projects

In order to draw strength from the varied interests and skills held by professionals in the team 'Recovery Projects' have been devised. In response to several service user feedback questionnaires outlining a need for increased social contact to improve individual recovery, I set up a Social Group Recovery Project whereby service users come together once a month in the informal surrounding of a local café to provide company and support to one another. A psychologist and two nurses started an Evidenced Based Practice Recovery Project in which they read and discuss local and national research, reports and audit outcomes and provide summaries of these for the whole service. One social worker has set up a Service User Rights Recovery Project in which service users develop skills to advocate for one another and understand their legal rights in relation to mental health care. A nurse has started a Recovery Induction Project in order for new staff to be informed about the range of local and national services available to support individuals' recovery. There are more projects being developed and ideas are continually brought to the team directly from the service users and professionals.

3) Recovery Meetings

Our 'Recovery Meetings' take place every month and all staff in the service are asked to attend. The first half of the meeting is used for people to feedback on the development of their Recovery Projects, share ideas and provide constructive advice. The Evidenced Based Recovery Project members summarise research they have reviewed for us. New ideas for projects are suggested and developed. I encourage people to share examples of positive recovery focused practice they have observed or undertaken and people bring information on new community resources or websites they feel would benefit service users on their recovery journeys. The second half of the session involves a guest speaker coming to share information about their service and formulating ideas on how services can work together to promote recovery. This increases the team's knowledge and access to community resources so that recovery focused, strengths based practice can be developed. In this austere period of service and budget cuts it is essential for statutory and non-statutory services to work together to increase individuals' access to culturally appropriate and community based services; these sessions ensure professionals from either side are familiar with each other's practices and referral processes. Speakers so far have included Victim Support Services, The Better Health Bakery, a representative from a Therapeutic Community, and Drug & Alcohol services amongst many others.

4) Recovery Board

The Recovery Board is a visual representation of the work summarised above. It represents the communal nature of the service's shift towards a recovery focus. It is a large white board in the office which all staff are encouraged to write on to update the service on progress of the Recovery Projects. The Recovery Board also shows the dates of the Recovery Meetings and staff are asked to contribute to these by booking and adding guest speakers they have invited for the monthly Recovery Meetings; we have thus far had guest speakers at each of our nine Recovery Meetings. Making the booking of speakers and the contents of the board a shared responsibility means professionals from all disciplines feel included and take ownership of the service shift to a recovery focus. The Recovery Board also contains copies of responses to the Recovery Questionnaire. I will end with three quotes from service users defining recovery in the questionnaires: *'Find a way of living better with illness, even if it doesn't mean being cured from it', 'I overcome hurdles to better health and have ways to maintain this good health'* and '*Helping yourself move on'.*

ACOMHS Chat discussion forum

ACOMHS chat is an email discussion forum for anyone who works in a member service. It is a group designed for you to ask your peers questions, troubleshoot and problem solve, share ideas and good practice and keep informed about events and publications.

It can also be useful if you wish to discuss the ACOMHS process with your peers—do you want to know how other teams are managing the self review process? Do you have any good ideas to share or questions to ask? Do you need advice on how to meet a standard?

Email 'JOIN' to ACOMHS-chat@rcpsych.ac.uk

Contribute to the next newsletter

One of the benefits of membership is the opportunity to share good practice with other ACOMHS members. We wish to continue to include examples of good practice from members within future newsletters. If you have ideas for future articles you would like to see included in our newsletter please do not hesitate to contact us at acomhs@rcpsych.ac.uk

Contributions could include a written piece or even sending us a photo!

Many thanks to everyone who has contributed to the first ACOMHS newsletter!

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