AIMS WA
ACCREDITATION FOR WORKING AGE INPATIENT MENTAL HEALTH SERVICES
CCQI
RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

Winter Edition - February 2018

Welcome!

To the latest edition of our newsletter

Welcome to the winter edition of our newsletter! Its been a busy and productive year for the AIMS WA team.

We organised or attended 37 peer reviews in WA units this year from Somerset to Northern Ireland, pushing up standards of care and helping units to learn from each other.

Its was a busy few months for the project coming up to the end of 2017, with our successful second annual forum event—we had some great speakers, fantastic artwork from our member wards and a glass of prosecco to finish the day! Turn to page 6 to find out more.

We trained 30 new reviewers; added 12 new wards from Greater Manchester, Somerset, Priory, Southern Health and CNWL; and launched our new College Accreditation and Review System (CARS).

CARS makes gathering data for accreditation easier and quicker than ever before, and we're excited about rolling it out to all services in 2018!

If you are a part of a team going through the accreditation process, remember that the AIMS WA/AT team is always here to help. If you have questions, then please do get in touch.

We have a wealth of articles in this edition of the WA newsletter, including a brand new '*me and my profession*' section and we hear from our service user rep Clive Travis on his struggles with stigma. The WA team has had a change of staff, and we have included a little '*get to know us*' on page 8-9.

You can also ask your peers questions via our WA-Chat discussion group.

Lastly, the WA team would like to thank every single one of our members for their hard work and commitment to quality improvement!

In this issue:

Dates for the diary

Peer-Review Training—14th March

Training session will take place at our London office, and are open to:

- Qualified staff from AIMS-WA and AIMS-AT member wards (we regret that we are unable to train unqualified staff).
- Service Users who have experience of working-age adult inpatient care within the last five years.
- Carers of those who have experienced working-age adult inpatient care within the last five years.

Places are limited, and will be allocated on a first-come first-served basis. Please note the following before submitting your form:

- Professionals and their line managers should read the Peer-Reviewer Agreement before completing the online Booking Form, and sign it. Forms without line manager approval cannot be accepted.
- New Service User and Carer reviewers should be "sponsored" by a professional from an AIMS member ward or a recognised organisation (e.g. Rethink). Please feel free to distribute the application form to any Service Users or Carers you think might be suitable – they should complete the attached Application Form and return it to you, for you to submit it to us. (If you are a Service User or Carer yourself, you will need to apply via a professional from a member ward or a recognised organisation.)
- Though the training is provided for free, please be aware that from 1 January 2017, the CCQI is no longer funding travel to peer-review visits for professional members of peer-review teams. This means that, once trained, professionals of all disciplines will be expected to seek reimbursement for travel and associated costs from their own Trust or organisation.

CCQI Patient and Carer Involvement Event—12th July

For patients and carers working with the CCQI, to connect and insprire by sharing ideas and experiences. More details to follow. Taking place at at the College, 21 Prescott Street, London.

AIMS WA/ AT Annual Forum—12th December

A chance for the whole AIMS community to get together and learn from each other, with interesting speakers, discussion groups and debate sessions.

Zoe Fuggle: Me and My Profession

We chat to one of our esteemed peer reviewers, Zoe, and ask her about her daily life as an Occupational Therapist.

What have you learnt from being a peer reviewer?

I have been a peer reviewer for 4 years now and really enjoy the process! I have been fortunate enough to review both NHS and private WAA wards across the country and enjoy the opportunity to network and share practice ideas; from a professional perspective Occupational Therapy is a small world so it is particularly beneficial to meet with colleagues working as both lone practitioners and as part of larger Therapy teams and to share ideas and offer peer support as it is reassuring to know that we are not alone in some of the challenges we face.
I have learnt the importance of keeping an open mind, because even if you have encountered parts of a review that might initially be concerning, often services are working within many constraints and under pressures and there is always a stroke of ingenuity in how we can make things work to deliver the best patient care in a challenging environment.

What made you want to be an OT? My first experience with occupational therapy was when I severed the tendon in my finger aged 14 (not to be recommended!) and had to undergo extensive hand therapy provided by the occupational therapist and also physiotherapy. I actually wanted be a physiotherapist following this experience, but I did not quite get the grades required for university and so applied for occupational therapy through clearing with the thought that I could change course if it wasn't for me……and here I am nearly 10 years later!

What's the best thing about your job? I currently work on a Psychiatric Intensive Care Ward in South West Yorkshire, which by the nature of the client group is always a challenge! The best things for me are always the little things; like the first time some one communicates with you when they have been otherwise mute (no matter what they say!), or the first time someone decides to try a new activity or group, right through to seeing them master a task they struggled with on admission. I love the variety of clients and situations I experience working in a mental health setting as no day is ever the same!

What are the key challenges facing your profession? As with anyone working in the NHS at present there is the ongoing struggle to provide the maximum service with the minimum resources which is a huge stressor. For occupational therapists this means continually having to think outside the box to ensure that interventions are delivered in the most client-centred way possible but also in a way that can address the needs of several individuals at any one time. Occupational therapists are often thought of as an aside to the usual nurses and doctors found on mental health wards; our unique skill set of being able to break tasks down into their component parts and look at individuals as a whole mean that we are best placed to ensure those in our

care have the skills they need to live as independently as possible on discharge. For example, a baking task may look like fun to others, but as well as this we would be looking at an individuals' concentration, attention to detail, ability to understand and follow instructions, sequencing, timing, communication, as well as gross and fine motor skills. If this skill is overlooked by other professions it creates a lack of understanding by other members of the MDT about our role; this can result in an underestimation of the gravity of our input assisting with formulating appropriate treatment and care plans and facilitating timely discharges. Sadly, this combined with our lack of staffing and equipment and resources can often mean that people are often readmitted to hospital as they were not afforded a full enough opportunity to experience the occupational therapy process and master the independent living skills and coping strategies required as in-patients or indeed receiving appropriate community follow-up.

What advice would you give to people thinking of a career as an OT? Do it! Talk with occupational therapists in a variety of settings and if you can get some work experience shadowing as there are many different areas that we work from mental health, different physical health settings to charity organisations, there is something for everyone, and it's never too late to think about a career change; whilst I came to the profession straight from school, many of my peers at university were mature students.

What developments in OT are you most excited about? The most exciting thing from the last year is the College of Occupational Therapists has changed status to become the Royal College of Occupational Therapists which will provide more opportunities to influence policies and practice at a higher level than previously. As for the coming year I think the ongoing work developing the degree level apprenticeship programme for occupational therapy is a bold and exciting move which will hopefully see more people enter the profession.

What's your favourite takeaway? Oooh tough one… I think Chinese.
What's the most recent film you saw, did you like it? Star Wars; the last Jedi……. I liked it as its' Star Wars, but I did struggle sitting still that long!

Spireites Active for Life

We have an enlightening discussion with Scott Atkinson about a lifestyle intervention course aimed at adults suffering with a serious mental health problems.

Spireites Active for Life is an innovative partnership between Derbyshire Healthcare NHS Foundation Trust and Chesterfield FC Community Trust, facilitating lifestyle change and physical activity therapy in mental health service patient recovery.

The objective of the programme is to motivate serious mental illness sufferers to improve their mental wellbeing and physical health through adopting a healthier and more active lifestyle. Throughout the course we aim to help individuals learn about the benefits and impact of positive lifestyle changes on their mental health and support them to make realistic and achievable changes according to their situations. We provide a safe, friendly and non-judgemental place for them to start participating in regular exercise.

The course is delivered at the Proact Stadium, the home of Chesterfield FC, using football as a motivator to support behavioural change. For many of the participants this is the first step to overcoming their mental health problems, restoring confidence and self-belief and re-engaging with society. The 9 weekly sessions are co-facilitated by an Occupational Therapist from Derbyshire Healthcare NHS Foundation Trust, a Sports Coach from Chesterfield FC Community Trust and a Peer Supporter.

The first hour each week is spent looking at psycho-educational health and wellbeing topics, such as food and mood, benefits and barriers to exercise, anxiety management and relaxation. Louise Herron, Occupational Therapist at Derbyshire Healthcare NHS Foundation Trust says, “Using the Model of Human Occupation as a framework we focus on the concepts of ‘Will, Drill and Skill’, making it easy to understand for the participants as well as aligning with our football theme.” All participants are given a handbook to use in the style of a football programme, featuring information about the ‘Coaches’, a ‘Squad List’ of other course participants and a space to make weekly ‘Goals’. The use of ‘Tactics’ to achieve the goals is often discussed within the group.

The second hour is devoted to accessible physical activity such as walking football (originally invented by Chesterfield FC Community Trust!), sitting volleyball, curling, dodgeball and cricket amongst many others. As Andrea Linacre, Health & Wellbeing Officer at Chesterfield FC Community trust told us, “The emphasis is firmly on ‘Play’ rather than exercise. Fitness is so often seen as a serious business and we aim to put the fun back into it.” The activities are designed to remove barriers to participation and can be adapted according to user needs, with an age range of 18-65 taking part in the course with an even gender ratio.

Peer support is a vital component of the success of the course. Making the first step to join a new course in a potentially unfamiliar place is itself anxiety inducing. The first point of contact for all new participants arriving for their initial health screening is a peer supporter rather than a health professional. The feedback we receive is how meeting someone who has been in their shoes before for a drink and a chat really helps to put their mind at ease.

Every participant has their height, weight and blood pressure measured, in addition to completing a patient reported outcome measure (Recovering Quality of Life), before and after the course. Across the first 4 cohorts 30 out of 34 patient’s BMI improved towards a healthy range over the 9 weeks of the course, with 33 out of 34 participant’s systolic BP decreasing

from pre to post-intervention. For every participant there was a dramatic change in their patient reported outcome measure of the course of the programme. Statistical analysis of the outcomes show that the BMI of an overweight or obese individual embarking on the course would improve towards a healthy range in over 99% of cases, a decrease in blood pressure would occur in over 99% of hypertensive course participants.

On finishing the course, participants have a number of exit routes available to them. Michael Noon, Operations Manager at Chesterfield FC Community Trust explains, “A complimentary 3 month membership to Chesterfield FC Community Trust’s gym is provided, along with free match tickets. We have a mental health football team that represents Chesterfield FC in the Good Mood League, playing fixtures against other professional clubs, as well as a walking group for those that prefer a gentler pace. Most recently a weekly multi-sports session has been established. We were starting to be inundated with participants wanting to take part in the course again as they’d enjoyed the social interaction and physical activity side so much. The new weekly session fulfils the dual role of continuing to provide a safe, friendly and non-judgemental place to exercise, as well as a support and social group.”

The final word should go to the participants themselves who provided these quotes;

“Being on the Spireites Active for Life Programme turned my life around. I now understand the benefits of a healthy lifestyle and the impact it has on my mental health. It has greatly improved my social skills, self-esteem and confidence”

“I now go to the gym, eat proper meals and cut out fizzy drinks. I also feel more confident”

“The course has helped me to eat more healthily, I am exercising more, I can now go out alone. I have also reduced by alcohol consumption, improved my sleep pattern and have a better routine. I am now starting employment in care work”

“I found the course really helpful. I’ve been on the course twice now. It was difficult at first but the staff down here really helped me a lot. All the information is presented really well and was really helpful. I especially enjoyed the physical aspect, playing a few semi-competitive games and it helped me kickstart getting myself a bit fitter and hopefully better mental health in the future”

“I’ve learned what foods are good for you and what foods are bad for you. I know what exercises are good for building my stamina now. With have mental health problems its easier for me to do exercises now, before I didn’t believe I could do them. I can!”

Scott Atkinson is a former participant and Peer Supporter on the Spireites Active for Life scheme who had no idea that this would all lead to him being invited to speak at such illustrious locations as the Houses of Parliament and the Royal College of Psychiatrists. He now works for Chesterfield FC Community Trust as Education Coordinator and as a volunteer for Derbyshire Healthcare NHS Foundation Trust.

AIMS-WA/AIMS-AT

Moments from Annual Forum - 14 December 2017

Breaking the Chain of Stigma

Thanks to everyone who came to our annual forum this year! It was a great and stimulating day with the floating theme being 'Breaking the Chain of Stigma'. Project's Advisory Group had an amazing idea to invite all services to submit a piece or two of art which would allow service users and staff to come together and produce something artistic in order to address stigma and what it means to peopel .

We were absolutely honoured to have received such a great response from services around the country. Moreover, the day could not be as great as it was without our incredible and ever so inspiring speakers who are passionate about the issue. So thank you all for coming, for contributing and for making a difference!

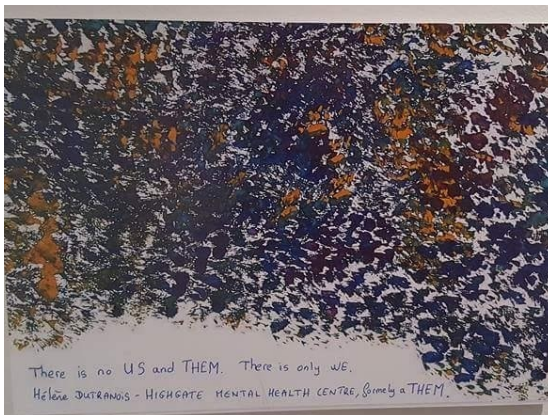
Here are few snapshots from the day!

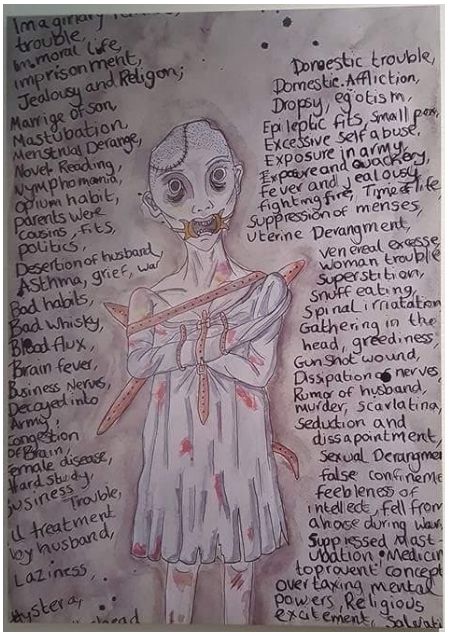
Service User experience
Adult Acute/Rehabilitation Mental Health Services, Navigo Care

Police perspective on mental health
Inspector Micheal Brown, NPCC & College of Policing

Debate: "Does clinical labelling encourage Stigma?"
Chaired by Dr Ty Glover, AIMS-WA/AIMS-AT Advisory Group Chair

Here's a selection of the fantastic artwork that we received





And here's the winner, sent in by Eugene, plus his thoughts

Stigma

No amount of reading or study can truly explain what it is like to live with the stigma of mental illness. It's like an invisible crucifixion. It cannot be seen or truly understood unless you are going through it yourself. It's a long drawn out process. It's painful, humiliating and exhausting. After many years of it you become very small and insignificant, almost invisible. It becomes a way of life. You would not wish it on your worst enemy.

Meet the new WA team!

Simona Shaygan, Programme Manager

Likes: My job and my team! But Body Combat is the second love of my life and I hit the gym several times a week. I love gardening and growing my own food. I read a lot and ideally in the company of our adopted cat Bebe.

Dislikes: Shopping, crowded places and negativity.

I joined the CCQI over a year ago and took over 5 different projects which are equally interesting, stimulating but also with a hint of challenge. My background is public health and I bring experience of service development, clinical governance and effectiveness as well as business management. For that reason, Quality Improvement is a big part of my professional and personal life as I am a very much solution focused person.

My star sign is Gemini and so my interests and hobbies double and grow all the time.

My dream is to empower and promote health and wellbeing to women and young girls who have experienced domestic violence and abuse and I hope this dream will come through in the near future.

Misha Gardner, Interim Deputy Programme Manager

Likes: Travelling, Baking and Rum (of any kind)

Dislikes: Surprises, Polystyrene, and Ignorance!

I was born and raised in East London. I graduated from Brunel University in 2013 with a First Class Honours in BSc Psychology. After graduating I've worked in Forensic Mental Health, as well as for the charity MIND. I joined the CCQI in June 2016 as a Project worker for AIMS-WA and QED, before being promoted to Acting Deputy Programme Manager in October 2017.

I like to continually challenge myself and will not only do this through physical exercise I visit the gym 3 times per week, but she has also volunteered in a number of fields. I once volunteered for over one year for the charity, The Mix, as a helpline volunteer, before doing some humanitarian work in a children's orphanage in

Oliver Wiseman Project Worker, Editor In Chief

Likes: Catching up on the latest football game, Eating Cheese, Mango Chutney

Dislikes: Liquorice All sorts, Lager, Washing up

I studied Law with Politics at university, and joined the CCQI around 2 years ago as an office administrator. I have since risen to the rank of project worker and have really enjoyed being part of a team that improves the quality of care for those with mental illness.

I'm a keen supporter of Norwich City FC and love going to their games to cheer them on. Come on you Yellows!

In my spare time I also enjoy catching up on the latest political affairs and love satire on Radio 4. I'm currently co-writing a satirical podcast and radio show.

Andrea Hart, Temporary Project Support

Likes: Charlotte Bronte, Whiskey, Satire
Dislikes: Netflix, Tomatoes, Gas lighting

My name is Andrea and I am temporarily supporting the AIMS Working Age team and have been with the CCQI team since September 2017.
I currently reside in East London, grew up in Oxford and was born in the Philippines.

I am an English graduate with a voracious appetite for books and an obsession with collecting vintage Penguin books- my most treasured find so far is a 1940s edition of Virginia Woolf's *A Room of One's Own.* Alongside having the unfortunate achievement of being an English graduate, I am creative dilettante. I have several notebooks of poetries and short stories that I hope will one day be posthumously published by my descendants. My current project or challenge is devising and creating a graphic novel, amongst other ideas currently swimming in head and laptop.

Zoe Hobro-Orluta sent in this fascinating article about CBTi—an approved method for treating insomnia without the use of sleeping pills. CBT-I aims to improve sleep habits and behaviors by identifying and changing the thoughts and the behaviors that affect the ability of a person to sleep or sleep well.

CBT-i

There has been a lot of research showing that sleep disturbance is over-represented in the psychiatric population, Ford's 1989 epidemiological study stated that 40% of those with insomnia had a psychiatric diagnosis [1]. Disturbed sleep can exacerbate psychiatric symptoms and sleep deprivation can increase the risk of depression and can manic episodes in bipolar patients [2] [3]. This makes sleep on an inpatient psychiatric ward an important area to research and improve.

A team of psychologists, sleep experts, nursing staff and occupational therapists in Newcastle led by Dr Stuart Watson are working to improve sleep management on inpatient psychiatric wards. We are working on two adult acute inpatient psychiatric wards (one male, one female) to establish how feasible it is to introduce Cognitive Behavioural Therapy for insomnia (CBTi) on the wards.

Another aim of the study is to improve the identification of sleep disorders on the ward, as they often go underdiagnosed. A universal sleep assessment is being introduced on the wards. This includes a STOP-Bang assessment to rule out Obstructive Sleep Apnoea, a validated question to identify Restless Legs Syndrome and a general question asking if sleep is a problem for them. If either of these disorders are identified, medical staff will be informed and they may be flagged up to their GP or referred to the local sleep service if the issue is not resolved.

If Restless Legs Syndrome and Obstructive Sleep Apnoea are ruled out, CBTi is then be offered to the patient. CBTi will be delivered by an undergraduate psychology student and supervised by the clinical psychologists on the ward, all of whom attended a CBTi and insomnia training day led by sleep expert Dr Kirstie Anderson. We have planned for the psychologists themselves and occupational therapists to get involved in delivering CBTi and it is this may be extended to nursing staff.

CBTi involves general sleep education, sleep hygiene, sleep restriction and cognitive distraction and muscle relaxation techniques [4]. In the community, CBTi is typically given in 6 sessions, spaced one week apart. Our aim is to find the best way that this can be implemented on an inpatient ward, particularly given the fact the average length of stay on the specific two wards is 30 days.
Parallel to improving sleep on these specific wards, a meeting was also held with a group of healthcare professionals, with Dr Kirstie Anderson advising, to discuss issues with sleep on all inpatient wards across the NTW NHS Foundation Trust. One of the most significant issues raised was that of noise and light level on the wards, in particular, how the noise and general practise of hourly night time observations lead to common complaints of sleep disturbance on the ward. The outcome of this meeting was to have 6 hours of protected sleep where no observations would be made – patients would be assessed on an individual basis as to whether this is appropriate for them (patients at higher risks would have more frequent observations).

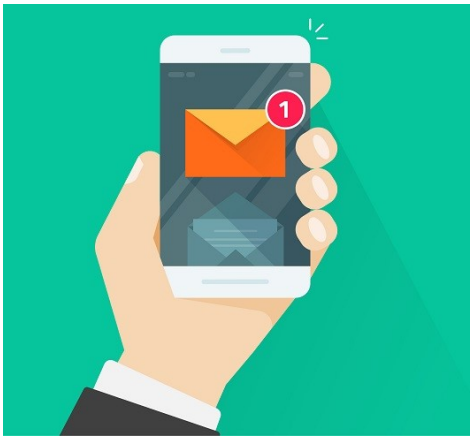
Zoe Hobro-Orluta is a Psychology Undergraduate Intern at the Wolfson Research Centre, Campus for Ageing and Vitality at Newcastle University.

[1] Ford DE, Kamerow DB. Epidemiologic study of sleep disturbances and psychiatric disorders: An opportunity for prevention? JAMA. 1989;262:1479-84.
[2] Baglioni C, Battagliese G, Feige B, Spiegelhalder K, Nissen C, Voderholzer U, et al. Insomnia as a predictor of depression: A meta-analytic evaluation of longitudinal epidemiological studies. Journal of Affective Disorders. 2011;135:10-9.
[3] Plante D, Winkelman JW. Sleep disturbance in bipolar disorder: Therapeutic implications. Am J Psychiat2008. p. 830-43.
[4] Perlis ML. Cognitive behavioral treatment of insomnia a session-by-session guide. New York, N.Y.: New York, N.Y. : Springer; 2005.

Poetry in Motion

As part of our annual forum, we encouraged service users in the WA network to get involved by sending in some poetry, here are 2 fantastic entries from Mark Hyder

Here, this is my email number.
What is yours?
Um… I don't have one.
What? How do you mean you don't have email.
So how will I contact you?
Um…. Give me a ring perhaps or I could ring you.
Ah yes, I suppose but email
Would be…. well never mind.
I was hoping we could become
Impersonally in contact
Keep a mutual distance,
Keep our boundaries,
You know.
Phoning well, it's a bit up front!
You'll be wanting my address next.



HAPPY CHRISTMAS

Of course you won't be staying with us
After today
You will want to be getting on
I'm sure.
I was just checking, making sure …..
Her eyes start at the floor, at the ceiling anywhere,
It felt but in my face.

Don't worry I think miserably
I get the message
It happens all the time
Perhaps next time she'll ask
If I'm "alright".

Not really concerned with my wellbeing
But rather with whether
I'm stable or unstable
And taking my tablets
That I will not embarrass
Or unsettle anybody.

Don't worry I think
I get the same
Questions
Even from close relatives-
And always will.

Mark Hyder, October 2017

Breaking the chain of Stigma

One of our service user reviewers, Clive Travis sent in this touching and sometimes humourous take on his experience with stigma.

Most psychiatric patients will understand the feeling of stigma. Just receiving a diagnosis feels like you're having mud, or worse, thrown at you. But how many patients know what else the word means?

Wiki says: Stigmata (singular stigma) is a term used by members of the Catholic faith to describe body marks, sores, or sensations of pain in locations corresponding to the crucifixion wounds of Jesus Christ, such as the hands, wrists, and feet. An individual bearing the wounds of Stigmata is referred to as a Stigmatist or a Stigmatic.

You don't need to be terribly religious to feel you are being crucified not just by your mental health condition, or side effects of medications prescribed for it, but also the stigma you experience not just in your family or community's eyes but also in your own eyes: self stigma.

To give you an idea of how crucified I felt by the side effects of every one of ten or so antipsychotics I had prescribed by force of the threat of force before I finally got this one in 2004 let me explain some of my learning along the way.

On one occasion I escaped from a psychiatric unit, once I absconded and once I went missing for a whole year. My family had no idea if I was alive or dead (I was nearly dead when the illness took hold of me one night and narrowly avoided throwing myself to certain death from a cliff).

To choose to escape from a psychiatric unit I had to be terrorised by the side effects of the drugs that had been forced into my body. Poor treatment like this had driven a wedge between me and my family: it became too dangerous to even let them know I was still alive as they would only side with the terrorism the psychiatric team were, albeit not by choice, subjecting me too. And why did I abscond? I had already been made suicidal with iADA (insomnia, Anxiety, Depression & Akathisia) caused solely by the medication let alone my illness itself! I simply discerned if I told the psychiatrist about this he might change me to a medication even worse! He later actually did and I was even more suicidal! The danger of side effects to some patients should not be underestimated.

On a later forcible admission to the unit I was sat in the smoking room when a new patient came in. By now I

had, as a Royalist British public school educated member of the Conservative party, Church of England to boot, realised the common aspect of my experience with those on the opposing side in the war which was the troubles in Ulster in which 3,532 people died not including mental health casualties of that war.

I had noticed the opposing side, much like psychiatric patients often not liking being called eg ill, or patients even service users, did not like being called terrorists and pointing out that our military killed more men women and children in one night's bombing of Dresden than in the whole of the war called the troubles, a war which though complex in its causes had a lot to do with discrimination in jobs, housing and access to justice. This is familiar ground for psychiatric patients!

So noting this new patient had an Ulster accent but not knowing which side she was on I chanced my arm by telling her the side effects I had made me feel like a PIRA hungerstriker wanting to commit suicide in protest. To my amazement she replied by telling me she was a childhood friend of Thomas McElwee the 9th of

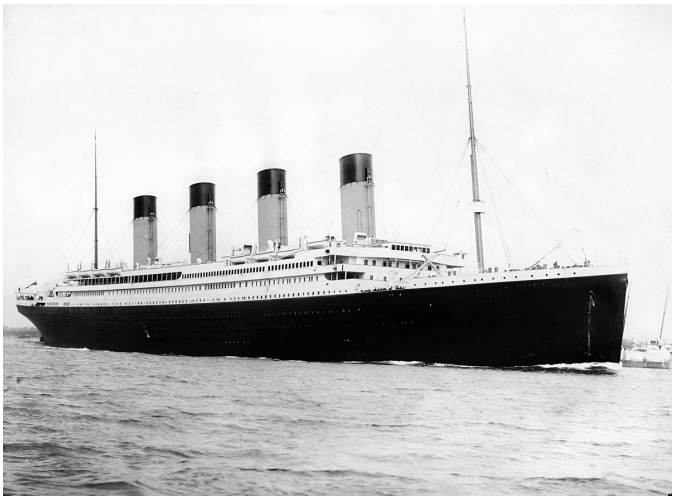
the 10 who died on hungerstrike. He died on August 8th 1981 aged 23 after not eating for 62 days. She spoke of normal stuff they got up to as kids like any other kids. It made sense we were talking and gave me strength to carry on. I realised the peace process was now my hobby and though I was badly 'beaten' was unbowed.

Years later I finally became a success of the medical model by getting a drug for my condition (paranoid schizophrenia) which I could tolerate taking and was never hospitalised again. I got a 2nd career as an expert patient. I also got work as an AIMS reviewer for the Royal College of Psychiatrists and travelled all around advertising my miraculous recovery.

When Belfast came up I pretty pleased the college to put me on the team and they did. I told my brother who now retired was then the head of the local police intelligence unit well used to having his own brother in the cells beneath his office! He had been over to see my local rugby club in which we are both shareholders play Ulster in the Anglo Irish Cup and he gave me the number of a taxi driver I had to call to get a tour of the city, a city torn apart by, well, stigma and discrimination.

After my AIMS peer review I spent a day at my own expense in the city and the driver Paddy Campbell of the eponymous Famous Black Cab Tours arrived at my hotel. He sat me in the back of his cab and told me he'd first take me to the Loyalist part of town and tell me the story from their point of view, then take a picture of me at the peace wall then take me to the Republican part and tell me their side of the story.

This he did and before dropping me at the Titanic exhibition he invited me into the Sinn Féin shop. There was just the lady serving and so, since I happened to know from my home town the brother of Kevin Lynch (25) 1st August 1981 71 days the 7th hunger striker I told her but she did not reply. I did not see anything I wanted to buy in the shop and was just leaving to get back in my taxi when she asked me if I meant the hunger striker so confirmed I did explaining that her brother and I were still shall I say 'getting to know each other'. She gave me two rather nice Kevin Lynch badges. It was any easy decision for me, a victim of NHS torture albeit recovered and victorious, to take them safely back to Bedford and ask Kevin's brother if he minded me wearing one! He confirmed I could. The barman quickly snapped up the other badge though of course I declined a payment.



Not so long later I found myself at Admiralty House to be awarded the Deputy Prime Minister Mental Health Hero Award for the East of England. The winner for the North West was Rob Paxman ex B Squadron 22 Special Air Service who had got PTSD and started a charity Talking 2 Minds to give others the benefit of his journey to recovery, a charity he made me a Patron of. After the ceremony meeting the Rt Hon Nick Clegg Rob took me aside and said "It's time I gave you these". I asked what they were and he replied "Those are your Special Air Service wings". I said I'd sew them on under my lapel as they were too dangerous to wear but he expressed a desire for me to wear them so they could be seen so I wear the pin badge in respect under my Kevin Lynch badge on my flat cap or jacket and sewed the cloth one on my school blazer I wear on the odd summer night and at Henley Royal Regatta when I transfer my Kevin Lynch badge to the blazer. Some might say wearing the badges together rather schizophrenic. Not wearing either, I feel, would be unwise in the extreme. But anyway I WANT to wear both badges and I WANT to wear them together as they symbolise well the extreme toughness and resilience I had to summon to survive the brutal oppression I suffered over 10 years of only eventually successful drug trials which not only left me comfortable wearing Kevin's badge with my SAS wings but also led me to campaign harder for the release of laboratory test animals.

Dr Clive H Travis author of Looking for Prince Charles's Dog with all my royalties going to charity.
#blanketchimp
#lookingforthedog
www.paranoidschizophrenia.co.uk
Sent from my iPhone

Congratulations to accredited services in 2017

Chebsey	SSSFT	**Esk**	TEWV
Moorland View	Devon	**Jade**	CandI
Ocean View	Devon	**Opal**	CandI
Snowdrop	Berkshire	**Emerald**	CandI
Ward J	Belfast	**Priory 2**	SWYT
Orchard House	States of Jersey	**Ruby Triage**	East London
Joshua East	London	**Stockdale**	TEWV
Snowdrop	Berkshire	**Ward 3**	North Staffs
Ward J	Belfast	**Bluebell**	Berkshire
Clywedog	Betsi C	**Dova Unit**	Cumbria
Dyfrdwy	Betsi C	**Overdale Unit**	TEWV
Sapphire	CandI	**Rowan**	Sussex
Grangewaters	SEPT	**Maple**	Sussex
Ward K	Belfast	**Ward 1**	North Staffs
Trinity 2	SWYT	**Rydon 2**	Somerset
Danby	TEWV	**Roman**	East London
Bilsdale	TEWV		

Contact us/ how to contribute

One of the benefits of membership is the opportunity to share good practice with other AIMS-WA/ AIMS-AT members. We would like to include examples 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 AIMS-WA@rcpsych.ac.uk

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www.rcpsych.ac.uk/aims-wa

QNWA
QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES
CCQI

QNAT
QUALITY NETWORK FOR ASSESSMENT AND TRIAGE MENTAL HEALTH SERVICES
CCQI

AIMS-WA/AT IS CHANGING IS REBRANDING! ↑↑↑↑↑↑↑

Dear network members, these are the times of change and it is vital that we face those changes with open hearts and minds because we believe embracing the change is the sign of strength.

Quality Networks have been a part of the CCQI for several years now with majority of projects being transformed from Accreditation into quality networks to help services to better perform up to accreditation standards over the 1 to 2 years preparatory stage.

We are absolutely thrilled to announce that this year AIMS-WA will be introducing a developmental membership option to our current and new members by transforming AIMS-WA to Quality Network for Inpatient Mental Health Services for Working Age/Assessment and Triage Services (**QNWA/QNAT).**

So what does this mean? It means that all **QNWA/QNAT** members will have an opportunity to sign up for a two-year membership which incorporates two annual cycles of review (QNWA Year I and QNWA Year II). Members who joined the accreditation scheme initially but aren't performing up to the accreditation standards are encouraged to join as developmental member to familiarise themselves with the standards and review process before attempting accreditation.

Units who feel confident that they can meet the data collection and standard requirements can skip the quality network process and join accreditation directly. Members are encouraged to speak to the Project Team in the first instance.

We would like to assure you that Quality Network will continue to offer what current accreditation project offers just with even more support, more activities and engagement. More opportunities to attend the peer-review visit as part of the rebranding!

During the course of 2018, you will see our logos (see above) changing which is part of rebranding exercise and more communications and updates will be coming from our team to keep you informed. If you have any questions please contact the team!