

# Community Mental Health Framework Training Guidance Document

## Background

Within prison settings, the Care Programme Approach (CPA) has been poorly implemented and the principles underpinning the approach have been lost. This means that when individuals leave prison, they are likely to have been dropped by their care coordinator, are no longer on the patient list for community services and so have to 'start again from scratch'.

There are intentions to gradually replace CPA as part of the wider implementation of the Community Mental Health Framework for Adults and Older Adults (CMHF). QNPMHS collaborated with Tees, Esk and Wear Valleys NHS Trust to develop a [guidance document](#) and standardise the CPA processes, and to ensure consistency within and between prisons and through transfers from and to community services. The guidance will also be useful for immigration removal centres.

To improve knowledge and awareness of CPA/CMHF within your prison, you can use the training slides that have been developed by the Network in collaboration with QNPMHS member services.

## Recommendations for the training

To ensure this training is as effective as possible, the Network recommends the following:

The training session should last between 3 and 3.5 hours. This is to allow for exercises and discussions to be as helpful as possible.

The training should be carried out within the team annually. This will serve as training for new starters and as a refresher for longer-serving team members.

The training should be delivered by a clinical team lead or team manager.

This training can be delivered both face-to-face, or via online platforms. To help generate more conversations, we recommend doing the training in-person.

## Top Training Tips

Start the training with an ice breaker/introduction session. You could then talk about Shared Principles for the training. See below for an example:

- **We are all equal.** We embrace inclusivity, equality of opportunity and fairness. Everyone's input is equally valued.
- **Listen with respect and openness.** We value learning from different people and stay open to new ways of doing things.
- **Confidentiality.** We require everyone's agreement not to share anyone's information without their permission.
- **Collaborate.** We seek to make decisions by consensus.
- **Contribute.** We seek to share ideas, ask questions and contribute to discussions. We can also choose not to participate at any stage.
- **Disagree with the point – not the person.** We seek to resolve conflicts and tensions.
- **Use plain language** and explain acronyms if they must be used.

There is more information for most slides in the notes section. This is to help the trainer add more detail when training.

Consider the training as an opportunity to reflect on currently practices and see how they could be improved. Create a space that helps foster ideas and innovations, drawing on the team's experience, and newer members 'fresh perspectives'.

## Exercises

There are three exercises throughout the training. We advise that you split into smaller groups for this.

### Exercise one: Care Planning

Using your service's own care plan template, the group should read and review the case study. Bearing in mind the slides presented on care planning within the training, you can ask everyone (or working in pairs) to create a care plan.

Please take into consideration the following:

- How accessible is the writing of the care plan?
- Is it goal orientated? It is important to have patient-led goals with clear, achievable and measurable actions
- Does it include management plans such as 'triggers', warning signs and a plan of what will help?
- Is there a clear summary included?

Give teams around 30 minutes to complete the care plan, with some time at the end to reflect as a group. Ask whether the team found that a useful exercise, and what they will 'take home' in terms of style of writing for the care plan/CMHF reports.

### **Exercise two: Engagement and Discharge**

This is the first reflective discussion exercise for the training. It would be good to split people into smaller groups here (depending on the amount of people doing the training), with a mixture of new and experienced staff in each group.

The purpose of this exercise is to help the team reflect on current processes for appropriate engagement and discharges. The small groups should discuss what their responses would be for the two scenarios on the slide. We advise giving between 15-20 minutes for this (timings will vary depending on the size of the groups).

*Please note: If you have a scenario that is related that you would rather discuss, you can replace with the examples on the slide.*

### **Exercise three: Coordinating Care Across Different Services**

The second reflective discussion exercise is about coordinating care across different services. The purpose of this exercise is to troubleshoot difficult scenarios, particularly for patients who are out of area, or who require multiple health and social care agencies to be involved.

Please keep timing in mind for this exercise. If conversations have gone over time, it might be best to skip this exercise. If it does take place, please offer around 15-20 minutes for this discussion session and feedback as a group.

*Please note: If you have a scenario that is related that you would rather discuss, you can replace with the example on the slide.*