



PSYCHIATRIC LIAISON ACCREDITATION NETWORK SUMMER NEWSLETTER

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PLAN
PSYCHIATRIC LIAISON
ACCREDITATION NETWORK



Editors: Konami Groves and
Karishma Talwar

WELCOME

Welcome to the 15th edition of the PLAN newsletter! The PLAN team would like to celebrate Pride by showcasing perspectives surrounding LGBTQ+ issues, and highlighting the fantastic work by psychiatric liaison services in developing inclusive and co-produced spaces for LGBTQ+ individuals.

In this edition we also have an insightful feature article by one of our PLAN accredited services outlining their approach to the accreditation process.

PLAN will also be holding a Lunch and Learn session on Thursday 13th October on 'Celebrating Pride'. Keep an eye on our communications for the registration link and further details!

Thank you to all who have contributed to this edition of the PLAN newsletter, and to our patient and carer representatives and members for your continued support of the network and commitment to quality improvement.

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Pride Article

James Downs

Pride represents an embrace of LGBTQ+ identities and a protest against those things which prevent LGBTQ+ groups and individuals from living full, healthy and happy lives as equal participants in society. Mental health has to be a part of this conversation.

When it comes to mental health, it's clear to see that there are particular pressures experienced by LGBTQ+ people - from body image concerns and higher rates of eating disorders to higher risks of serious mental illness and suicide. Alongside this increased need for support, LGBTQ+ individuals often report that mental healthcare can feel excluding and not geared up to cater for their needs by misunderstanding ideas around gender and sexuality.

On the other hand, research evidence shows that sexual and gender minority communities offer mutual support, positive role models, and a sense of belonging that can improve emotional resilience and wellbeing. Services can also do a lot to improve patient's experiences such as undertaking training in cultural and clinical competency in transgender health, facilitating access to gender-affirming interventions and using correct pronouns - all of which have been shown to help some of the most vulnerable groups feel included in treatment.

In my own experience as a gay man with an eating disorder, I have often had my sexuality used by professionals to explain away my condition, and been met with judgemental attitudes based on stereotyped ideas about my lifestyle.

I've found these stigmas too harmed my mental health in their own right, which was the last thing I wanted when trying to access support, especially when I had experienced bullying and harassment in wider society.

These interactions left me feeling ashamed - the opposite of pride, and we should be doing all we can to offer people support that celebrates rather than rejects diversity.



For psychiatry, training needs to better encompass this diversity, and psychiatrists need to feel confident and equipped to work with gender and sexuality as an important part of identity, but not the whole picture. Being more inclusive is not about being blinded by one thing and forgetting to see the rest, whether that is the component parts of a unique individual, or the groups of people who access care in any given mental health service.

It is always worth asking, "what are we not seeing?", and, "who are we not seeing?" When we recognise some groups are missing, or some parts of identities not seen, we must then try and actively reach out to and welcome those groups, and those parts of people which they may be unable to bring forth without a helping hand.

Clinicians must also ask themselves, “what am I *uncomfortable seeing?*”, and examine their own attitudes towards people from minority groups who may have very different experiences from themselves. A lack of confidence to talk about sex, sexuality and gender will only uphold a patient’s silence if they too are not sure they have permission to speak about it. But some patients might really need to.

If Pride is a protest, we need to protest the causes of worse mental health amongst LGBTQ+ groups, and the central role of stigmatising and discriminatory attitudes wherever they exist in society.

If Pride is a protest, we must shout about the increased need for mental health support in the LGBTQ+ community that isn’t being adequately met.

If Pride is a protest, we need to call out where care is not inclusive and doesn’t respond to people as unique individuals, irrespective of their sex or gender identity.

Doing this will enable LGBTQ+ people like me to live lives of celebration, proud of who we are, where we are included in a society where we can flourish and get the support we need, too.



PLAN 2022 EVENTS

Peer-Reviewer Training - *Thursday 1st September, 2-4pm*

Lunch & Learn: 'Celebrating Pride' - *Thursday 13th October, 12-1pm*

Peer-Reviewer Training - *Friday 11th November, 10am-12pm*

Lunch & Learn (topic TBC) - *Friday 9th December, 12-1pm*

Lunch & Learn (topic TBC) - *Thursday 19th January, 12-1pm*

PLAN Special Interest Day - *Wednesday 15th February, 10am-4pm*

Would you like to feature in one of our upcoming newsletters?

Articles may be:

- Area of good practice
- An achievement/award
- A quality improvement plan
- An area of research
- Response and learning during COVID
- Experience working with PLAN



If you would like to contribute to the newsletter please email us at: PLAN@rcpsych.ac.uk.

Acute Liaison Mental Health Service: LGBTQ+ Coproduction at Northampton Healthcare Foundation Trust

Jenny and Jude Allen-Lynn

Mental health difficulties are often more prevalent in the LGBTQ+ community not because of who we are but because of the barriers and discrimination we face both in services and in the wider community. As queer people, we have often experienced stigma from those who should be caring for us. Our otherness makes us stand out, and although many professionals are supportive, we still face a lot of casual, careless and even unintentional stigma in mental health settings. There is a real need to consider unconscious bias and heteronormative assumptions, or you might not treat queer groups as equitably as you mean to.

Within Northampton Healthcare Foundation Trust mental health services, we have been given an important voice to make real and lasting difference by training general and mental health nurses in LGBTQ+ awareness. Co-production is a way of working that relies on collaboration between professionals and those who use the services – experts by experience. To be true co-production it should be the golden strand that weaves itself all the way through any project you are involved in. Northampton Healthcare Foundation Trust has started to recognise that including the LGBTQ+ community is crucial at every stage from conception through to involvement. ALMHS, the Acute Liaison Mental Health Service has embraced this by giving the LGBTQ+ community a real voice and providing us with lots of innovative opportunities to be heard.



There is still a very long way to go but by actively bringing together our opinions as members of this community we can work towards services that are more inclusive and we are able to capture more accurately what happens on our wards and in our communities. Our inclusion promotes more understanding as well as engendering cultural and personal change that makes mental health services the safe places they should be.

As queer users of mental health services we just want good people who care about us and care for us in a way that tries to understand us and our otherness, appreciate the unique challenges we face and treat us how we want to be treated. We want to be cared for by people who will advocate for us and be good straight allies. We feel strongly that we need to continue to work in this way to help others have a different experience of mental health services.

We are proud to be members of the LGBTQ+ community and proud to be valued members of ALMHS and NHFT.

Co-Production and Co-Existing

Wilson Tatnell

As LGBTQ+ people, we are often marginalised and oppressed. Part of that means that our voices are not heard in many circumstances. However, Northamptonshire Healthcare Foundation Trust and their co-production group for crisis pathway services aim to change that. Co-production encompasses the roles held by experts by training within the Acute Liaison Mental Health Service for Northampton and Kettering General Hospitals, alongside other trained professionals who give their time to work on improving services. However, unlike traditional models, current and former service users and carers have a vital role in the team. Our voices, thoughts, opinions and experiences create a broader structure through which genuine reform and change occur.

Although being transgender is not the sole reason for my mental illness, I faced discrimination and adversity throughout my recovery due to my transness. I spent many years under mental health services in Northamptonshire. My experiences while accessing treatment for my mental health were often misaligned with the care I needed as a trans man. I was placed in the female wards in the general hospital and psychiatric unit after self-harming, which caused me even greater distress. Medical reports called me she, and I was often misgendered to my face. I was reduced to suffering silently and felt unsafe in these hospital environments. It was not until I moved away from Northampton that I received the care I needed and reached the top of the five-year-long waiting list to access gender-affirming treatment.

Years later, I am active in the co-production efforts of the trust to improve services for those in mental health crises. Evidence finds that 66% of trans people access mental health services for reasons other than gender reassignment, many of these before transitioning medically (1). I knew I had a unique perspective of these services and finally felt I had a platform and a voice.

Despite having no means to transition medically, professionals often dismissed my mental health due to my gender dysphoria. I realised now I could speak up and develop training to improve the experiences of those in the same position. The fear of being stereotyped and misunderstood is a crucial barrier to trans adults accessing mental health support.

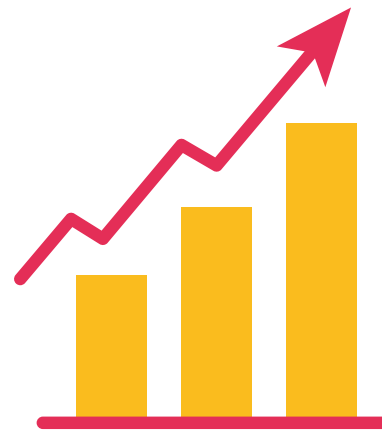
Multiple studies suggest this barrier stems from uneducated mental health practitioners showing ignorance about transgender issues or, worse, transphobic attitudes and practices (2). Educating these groups is essential in making changes. Those without training on the topic cannot realise that their beliefs and treatment of trans service users can cause more distress and hurt. The co-production group has allowed my wonderful colleagues and me a platform to provide this education as LGBTQ+ people with lived experience.

I feel like talking about my own suffering will protect some vulnerable people from some of the unkindness in the world, too - the people taking care of them can provide a fundamental basis of understanding and protection from the discrimination we have faced. Although I cannot change the adversity and transphobia I experienced in my own care, I firmly believe that our team of experts, by experience and training, can prevent history from repeating itself.

Intersectionality is paramount in people receiving equality in the opportunities they can access. LGBTQ+ people face biases in housing, employment, and education and fear discrimination daily, which profoundly impacts mental health. How we are treated when unwell is essential to our recovery, especially in a mental health crisis when we may feel we have nowhere else to turn. With the prevalence of mental health issues within our community, the teams in charge of our care must become a safe space. I hope the work we are doing with co-production inspires other groups nationwide to open up to the lived experiences of more LGBTQ+ people to understand our needs better. I spent many years feeling unwanted and alienated, and I cannot wait for this project to help others like me feel proud of who they are.

PLAN Accreditation Feature

How to prepare to achieve success with the accreditation process



Sonia Sansom

Operational Service Manager – Musgrove Park Hospital and Yeovil District Hospital

Over the last six years I have been lucky enough to be part of the accreditation process for six liaison psychiatry services. Key components of achieving accreditation are engagement of others, preparation and planning, asking for help and seeing gaps in service provision as opportunities to embrace rather than challenges that cannot be overcome.

Engagement

Achieving accreditation is reliant on working together with your team, acute colleagues and those that use your service and their carers and family members. Creating enthusiasm, excitement and determination to succeed amongst your team and stakeholders is crucial. A fundamental part of this is understanding what we are doing, why we are doing it and how we will do it.

WHAT

We are going to be an accredited service.

WHY

We are going to have the best service we can possibly have, that is connected through membership to a network of liaison teams, to share ideas and learning for ongoing improvement, resulting in high standards of service provision.

HOW

Benchmarking against what excellent looks like and where there are gaps, create opportunities for improvement, innovation, and change.

I found it useful to create a presentation about the PLAN process to be delivered across the acute hospital forums and mental health directorates, engaging key people at all levels. Having senior acute buy in is crucial from the beginning. Invariably one of the sticking points is around the assessment room, by having that senior engagement at the start opens doors for changes and building works that may be necessary which are often costly and out of your control. However, if this is accepted as a team effort, and our acute colleagues are truly on board these are mere steppingstones to hop over as opposed huge boulders that will not budge. Over the last eighteen months I have been part of leading two teams through this process at the same time, both assessment rooms needed work from new ceilings, heavy weighted furniture, new doors, and walls totally needed rebuilding. This was all done without any quibbles because this was a joint endeavour from the beginning.

'PLAN' was and continues to be a standing item on the team business meeting, operational management group meetings, our acute hospital steering groups, recovery partner (those with lived experience) and ED interface meetings.

Preparation and planning

Understanding your services, what works well, and what could be improved is a good starting point. Ask the team, ask acute colleagues and most of all get feedback from those who have been supported by the team. The PLAN process is very clear and allows opportunity and time to achieve accreditation. I found it useful to sit down as a mixed group of stakeholders and review our service against the standards, for areas of strength and weakness. It is at this point that you focus on the areas that require improvement. As a manager it is not your role to have all the answers or to fill the gaps, remember this is a collaboration. For the areas of change and improvement, create workstreams with key leads and small working groups who can focus on separate areas and then feedback.

This creates the ownership, motivation, and engagement for the process. This is not a one of tick box process, you are working towards a high-quality sustainable service. We found it helpful to organise these work streams into an action plan that was monitored via the monthly business meeting.

Ask for help

The PLAN team are an excellent source of knowledge, its crucial to understand the standards what they are aiming to achieve and how the process works, so ask, ask ask!



My experience as an Operational Service Manager going through the PLAN process

I reflect on the various processes of PLAN I have been through and the first thing that everyone comments on when they see the book of standards to achieve “wow that’s a lot of work” and then the following comment is usually something like “are you sure” “why bother, are you not busy enough”? My response has always been the same “why would we not do this”? we are in the business of providing the best quality of care we can for those that need us, PLAN accreditation is the way of achieving this.



Virtual and in person peer reviews

I have been part of both virtual and face to face peer reviews and there are benefits and drawbacks to both. With virtual meetings it is a slightly different experience meeting over the screen, working within mental health often means that we like that human interaction and connection, however having said that the virtual platform does mean that there are not long journeys across the country. Being on the other end as a reviewer, it also means that as a member of the review team you are able to connect with teams in far reaching parts of the country. Regardless of the platform your review takes, the process, standards and outcomes are the same..... a fantastic liaison psychiatry service to be proud of.



Contact the team



College Address:
21 Prescott Street
Whitechapel
London
E1 8BB

Find all updates related to the network, including upcoming events, published reports and webinars on the [College website](#).

We love hearing from our members and helping to facilitate communication amongst our teams — after all, it's what being part of a network is all about!

PLAN shared mailbox:
PLAN@rcpsych.ac.uk

You can reach us on:
0208 618 4210

KnowledgeHub

The Psychiatric Liaison Accreditation Network discussion forum has now moved to Knowledge Hub! On this platform members can share ideas, post threads, and learn from colleagues by directly posting queries and information.

To join KHub simply email 'Join' to PLAN@rcpsych.ac.uk

Useful links

Department of Health
www.doh.gov.uk

Institute of Psychiatry
www.iop.kcl.ac.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk

Centre for Mental Health
<https://www.centreformentalhealth.org.uk/>

College Training
<https://www.rcpsych.ac.uk/training>
Offers courses for professional development in mental health care.

CARS
www.cars.rcpsych.ac.uk