

# Welcome

Issue 03 September 2017

In this issue's feature article, we will be asking what services can do to be accessible and responsive to LGBT+ service users. What sort of environment can services create? What can individual staff do?

This issue also includes first-hand member perspectives from two sides of the fence: one from a Peer reviewer's experience of visiting a service, and one Member's experience of going through review.

Finally, we are proud to announce a few APPTS updates, including a new website design and the release of the APPTS Quality Standards 3<sup>rd</sup> Edition.

Don't forget to share your thoughts and ideas with other members via APPTS-Chat!

## The APPTS Team

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## How do we make our services LGBT+ friendly?

*Peter Smith reflects on practical steps for improving LGBT+ inclusion.*

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*PRIDE@CNWL, Central and North-West London NHS Trust's LGBT+ Staff Network ready for the start of the Pride in London Parade, 2017*

Annual Lesbian Gay Bisexual Transgender Plus (LGBT+) Pride parades and marches take place every summer in major cities across the UK and indeed across the World. From its roots as a reaction to homophobic attacks in the community, 'PRIDE' has become a global movement that facilitates a very public celebration of equality and the diversity of the LGBT+ community.

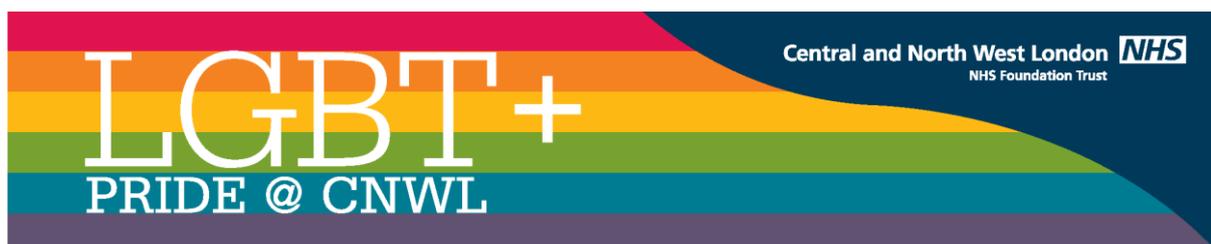
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# How do we make our services LGBT+ friendly?

What can we do to try to make sure that the services we offer, the clinical interventions we give and our own individual interactions with LGBT+ people, are as conducive to a beneficial therapeutic relationship as possible? What can we do to break down barriers to access our care? This article will look at some personal steps and consider the service environment.

## 1) Personal:

- Use the right language confidently! Yes, it can be a minefield to get right with so many identities (see further resources section); but better to talk than be tongue-tied and limit communication. Don't be afraid to ask what language, terms, and pronouns service users would like you to use, and to apologise when making mistakes.
- Listen to how someone talks about themselves. People tell you how they refer to themselves as they talk; often all you have to do is listen to the words they use about themselves. For example, a transgender person who is within their transition may wish to be known by a name that is of their trans gender rather than their gender at birth, even though medical records may have their name at birth recorded. It would be important to record this in the medical records and use the appropriate name and pronouns for that person.
- Be able to ask the right questions to inform clinical assessment, care pathway planning and risk management. We may often be seeking to understand a patient's 'recovery capital' and this may include the supportive people around them, so understanding how people who identify as LGBT+ interact with family and friends is vital. Always remember that LGBT+ people may have non-traditional support that may not be obvious from the start and often rejection from parents, siblings and friends can contribute to the complexity of the psychological issues. Some LGBT+ may lead 'double lives' with behaviour modified in family and non-family settings.
- Positively affirm your responsibilities to maintain confidentiality. It may seem a really obvious thing to do, but reminding LGBT+ people of this may allow them to trust you more. And this of course leads to the phenomenon of 'outing' someone. Outing is a phrase to describe the process of revealing someone's sexual orientation or transgender status and we are usually referring to a situation where this is being done against the wishes of that person. So, in the same way that one may ask about sharing other sensitive and personal information, asking the patient "so who knows that you are a lesbian?" or "does your friend know that you are bisexual?" may be your best way of checking that you do not accidentally 'out' someone against their wishes.
- Challenge homophobic and transphobic behaviours and attitudes. Not just a moral responsibility, most professional bodies will have a code of conduct with a statement to the effect that it is our duty as professionals to challenge such behaviour; call it out and say that it is not acceptable.



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## How do we make our services LGBT+ friendly? (Cont...)

### 2) Environment:

- Images paint a thousand words. Seeing recognisably 'LGBT+ friendly' posters and images around a clinical space can be very reassuring for LGBT+ people. At CNWL our inpatients have certainly said that seeing Stonewall posters on the walls can immediately decrease anxiety levels; it is the same as shops that put a rainbow flag on the front door. You may have to buy a supply of the same posters; even now they get torn down and need to be replaced.
- Rainbow lanyards: CNWL were the first NHS Trust to introduce the voluntary wearing of an NHS branded rainbow coloured lanyard as a signal that the wearer is a 'safe listening ear for LGBT+ issues for patients and fellow staff'. The positive feedback we have had on this has been amazing and the scheme has been adopted by several other NHS Trusts.
- Explicit statements in service literature and online content. This does not have to be over the top, but introducing the phrase 'including LGBT+' into literature in a consistent manner reinforces the message that we have as a service thought about the needs of LGBT+ people.
- LGBT+ events are an ideal reason to put up a poster display, hold a lunchtime discussion group or include something in staff/patient newsletters. On 11<sup>th</sup> October is National Coming Out Day; so how about putting up some coming out stories? Last year I came out as a potter... And also on a national scale, there are multiple Pride parades and LGBT+ History Month every February.



**I wear the rainbow lanyard as a voluntary sign that I am a safe listening ear for lesbian, gay, bisexual, transgender and related communities (LGBT+) patients and staff. It does not necessarily mean that I identify as LGBT+ but I am informed about, and support, LGBT+ equality.**

*David Van De Velde*  
CNWL Trust



### **Peter Smith**

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### **Further resources**

- Stonewall charity <http://www.stonewall.org.uk/>
- LGBT+ History Month <http://lgbthistorymonth.org.uk/>
- Pride in London <https://prideinlondon.org/>
- Gendered intelligence <http://genderedintelligence.co.uk/>
- Stop Hate UK (National Hate Crime Awareness Week) <https://www.stophateuk.org/hate-crime-awareness-week/>
- Metrosexual Genderbread person <http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/#sthash.oasYJB8U.dpbs>

## In the Peer Reviewer's shoes

Nikki Kiyimba

For the peer review I had a long journey, so it was an early start, but at least this gave me time to review the service's report on the train. I visited a part of the UK I was unfamiliar with, and so I was glad that the host team gave an overview of the demographic diversity of the area that the service covered. The whole day was very well organised, and the host team showed a commitment to making as many staff and service users available on the day as possible. This made everything run very smoothly and also indicated the value that they placed on the accreditation. As the visiting peer review team, we started our day by discussing our respective roles and who would ask what to who and when. We were very well catered for with drinks and lunch provided, so were able to focus on getting a really good picture of how the service works.

I enjoyed the opportunity to visit an IAPT service outside my local area, to look in detail at the challenges faced, and the creative ways in which the host team had addressed their particular local issues. I especially found the service user discussion interesting, which was ably chaired by one of the APPTS service user board members. Some interesting points were raised about the delivery of 'entry level' groups in different regions in an accessible non-stigmatising way, which seemed to be a real strength of the service. It was good to hear that for some, these psycho-education groups were sufficient, and further individual work was not needed. A by-product also being that participants felt their experiences had been normalised and some had formed supportive informal relationships with other attendees.

Being part of the peer review team required time and effort, an early start, a long journey, and a late evening return home, but I'm definitely glad that I made the time to go. I came away with a valuable broader perspective on the delivery of mental health services nationwide, and also a renewed appreciation for the commitment of staff, who like everywhere, are finding ways to 'spin straw into gold' in our shared Rumpelstiltskin economy.

## APPTS Team changes

Since the last edition of the APPTS newsletter, we have said farewell to Alice Ryley, who was the APPTS Project Worker. She has been promoted internally to a different team in the College Centre for Quality Improvement, and we wish her well. We are pleased to introduce John Hildreth, who is now the Project Worker for APPTS. You can contact John by emailing [John.hildreth@rcpsych.ac.uk](mailto:John.hildreth@rcpsych.ac.uk) or calling 0203 701 2533.

We've also welcomed a new member to the APPTS Project Board representing the Royal College of Psychiatrists, and we are currently recruiting a therapist to sit on the Accreditation Committee. It is a time of exciting change and new faces in APPTS, which will no doubt result in some fresh new ideas!

## APPTS Forum 2017: Staff and Service user wellbeing

Booking is now open for the APPTS forum 2017, at the British Psychological Society, 30 Tabernacle St, London, on the 13 November.

Member services all have two free places, which can be booked from the [APPTS events](#) page, accessible through the homepage below.

The wellbeing of staff and service users is a vital area for service planning, reflection, and continual development. We will be encouraging dialogue around wellbeing: What has worked well? What are the difficulties? What are the success stories?

## New website design

The APPTS website has undergone a redesign! Visit the updated website at [www.appts.org.uk](http://www.appts.org.uk). We would be interested in any feedback at [appts@rcpsych.ac.uk](mailto:appts@rcpsych.ac.uk)



# The APPTs process – Member's Journey

**Sunderland and South Tyneside Psychological Service** is a secondary care service that is integrated into 4 local community treatment teams (CMHTs). Our team of 19 clinicians is made up of psychologists and psychological therapists. We are scattered across the four different team bases, and provide psychological services (direct treatment, supervision, scaffolding, training, and research) into both our psychosis and non-psychosis pathways.

We had the brainwave of applying for APPTS after seeing an inspiring presentation by Dr Lorna Farquharson and Dr Esther Cohen-Tovee a few years back. At the time, we were two services that had recently merged, and it seemed a good way to improve our service in a robust way, and also to integrate the teams into a cohesive psychological service.

Without question, the best decision we made with regards to APPTS was to ask for members of the team to lead on service development areas, rather than take it on ourselves as service leads. A few key senior clinicians volunteered and formed small working parties and took on the heavy lifting of narrowing the gap between where we were, and where we needed to be. This had numerous advantages: the changes were owned by the whole team, it gave some clinicians the developmental opportunity to expand their service development expertise, and quite frankly, they were able to more thorough job as they were each dedicated to single domain.

Our other bright idea was to cheat. OK, not cheat exactly, but we sought support and information from a local service (Sunderland Psychological Wellbeing Service) who had already been through the process.

Like naughty school children completing homework on the bus, we tried to copy all their good work and ideas!

The process was not always an easy one though. We nearly lost the funding halfway through the process, as our trust finances tightened. And it was harder to agree on key developments than we first imagined. It has been said that getting psychologists to agree is like herding cats, and we were never short of strong debate! Agreeing which outcome measures we should use was certainly a bunfight! However, eventually we were ready for our 3-month period of self-review, which went smoothly.

Next was the peer review visit by the APPTS team. One of our biggest anxieties was ensuring that we had enough service users to attend the day. We were forewarned to expect half to drop out on the day, and so 'over-booked', which turned out to be a prudent strategy. The day itself went really well. So many positive comments from staff and service users on the day backed up our positive self-review. The accreditation committee remarked that they were particularly impressed with the comments from the service users, saying that the "content and quantity of the positive comments were worth recognition".

We were officially accredited on 30th May 2017! It's all credit to the team who have worked so hard and with such enthusiasm for this over the past 18 months, in particular the clinicians who volunteered to lead on areas of service development. We still have areas of improvement of course, particularly in the arena of service user co-production, but APPTS has given us a brilliant jump start on our continual service development journey.

## **Thomas Christodoulides**

Consultant Clinical Psychologist, Professional Head Psychological Services, Sunderland and South Tyneside Psychosis Pathway

## **Catriona Gray**

Consultant Clinical Psychologist, Professional Head Psychological Services, Sunderland and South Tyneside Non-Psychosis Pathway

*"Without question, the best decision we made with regards to APPTS was to ask for members of the team to lead on service development areas"*

# APPTS Standards: Edition 3 Released

We are pleased to announce the release of the 3<sup>rd</sup> edition of the 'Quality Standards for Psychological Therapies Services', available on the [APPTS website](#). For existing services, these will not come into effect until your next accreditation cycle (every three years). New services joining the programme will be measured against the third edition from this month (September 2017).

The Quality Standards are central to the APPTS programme, defining the expectations for services and setting the bar for accreditation to be awarded. They have been created and developed in consultation with a range of membership organisations, professionals, service users and national bodies.

**Special thanks** to the APPTS members and service users who took part in the consultation earlier this year.



The **key changes** that have been included as a result of this consultation are outlined below:

- There is now a greater focus on staff wellbeing, with two new standards being introduced to consider workloads, targets, and understanding the manager's role in therapist wellbeing **(L6.1, L6.2)**
- Services are expected to routinely collect outcome data, and be able to demonstrate the effectiveness of interventions provided. As part of this standard, APPTS will request services to share recent outcomes data. This will be reflected on by the service and peer review team. **(E6)**
- The consideration of employment in assessments has been broadened, to include a wide range of activities that "promote social inclusion, such as education, employment, volunteering, and other occupations such as leisure activities and caring for dependants" **(E3)**
- The importance of services regularly collecting service user feedback has been highlighted, with this becoming a type one standard, and therefore considered a fundamental of care **(C3)**

If you have any questions on the Quality Standards 3<sup>rd</sup> edition, please don't hesitate to contact the APPTS team.

## Contact the APPTS Team

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