

## AIMS Rehab: a Quality Network for Mental Health Rehabilitation Services: Third Annual Forum

Thursday 17 May 2018

Royal College of Psychiatrists- 21 Prescot Street, London, E1 8BB

09:45 – 10:15	<b>Registration and Refreshments</b>				
10:15 – 10:30	<b>Chair's Welcome and Introductions</b>				Dr Sabina Burza
10:30 – 11:30	<b>Keynote Speech: Getting Our House in Order</b>				Professor Helen Killaspy
11:40 – 12:45	<b>Member Workshops – Session 1</b>				
	<b>Workshop 1:</b> Placement Efficiency Programme in CNWL	<b>Workshop 2:</b> From Institution to enablement the journey: The Sheffield story	<b>Workshop 3:</b> Role of Peer Support.	<b>Workshop 4:</b> The changing landscape of mental health rehabilitation- challenges faced adapting to recent guidance	See abstracts
12:45– 13.45	<b>Lunch</b>				
13:45 – 14:30	<b>AIMS Rehab: Update from the Project Team</b>				Ellie Parker and Conor Booker
14:40- 15:40	<b>Member Workshops- Session 2</b>				
	<b>Workshop 5:</b> A Mindfulness group intervention for patients with severe symptoms of psychosis	<b>Workshop 6:</b> A whole-team approach: through a process of self- review	<b>Workshop 7:</b> Is co- dependency in families a potential barrier to service user recovery and a good relationship with professionals?	<b>Workshop 8:</b> Creating an Enabling Environment for staff and patients on a Rehab ward	See abstracts
15:40 – 16:00	<b>Plenary Session</b>				Sarah Paget

## **Keynote speech: Getting Our House in Order**

*Professor Helen Killaspy, Consultant Psychiatrist at Camden and Islington NHS Foundation Trust and Chair of the AIMS Rehab Advisory Group*

The Care Quality Commission have recently drawn attention to the increasing use of mental health rehabilitation beds outside an individual's local area. The use of out of area placements for people who require inpatient rehabilitation has been of concern to many of us for many years. The Royal College of Psychiatrists' Rehabilitation and Social Faculty have highlighted their negative impact on individuals with complex psychosis through social dislocation and delays in moving through the rehabilitation care pathway, and the inefficient use of resources associated with their use. So, how can we, as rehabilitation practitioners, ensure that there all mental health rehabilitation services provide high quality care that prioritises recovery and social inclusion for service users? In this talk, Professor Killaspy will give an overview of the evidence for ongoing investment in local mental health rehabilitation services and how to use this evidence at a practical level to maximise their quality and efficiency.

*Helen Killaspy is Professor and Honorary Consultant in Rehabilitation Psychiatry at University College London and Camden and Islington NHS Foundation Trust in the UK. She leads national and international programmes of research that focus on the assessment of quality of care for people with complex mental health problems and the evaluation of complex interventions for this group. She is the National Professional Adviser for mental health rehabilitation services for the hospital registration authority in England and Wales, the Care Quality Commission. She is the immediate past Chair of the Faculty of Rehabilitation and Social Psychiatry of the UK Royal College of Psychiatrists, Topic Advisor for the NICE guidance group on mental health rehabilitation and Chair of the AIMS-Rehab Advisory Group.*

## **Member Workshops- Session 1 (11:40-12:45)**

### **Workshop 1: Placement Efficiency Programme**

*Sara Pountney, Central and North West London NHS Foundation Trust*

Out of Area placements often result in unnecessary cost to the system and quality of life for people who have do not receive care closer to home. The phrase 'Out of sight, Out of mind' was used to describe what people experienced being placed far away from their homes and community in order to receive inpatient rehabilitation.

The CNWL Placement Efficiency Programme (PEP) is a specialist clinically focussed service working with patients in mental health rehabilitation and Learning Disabilities placements, particularly those in out of area locations. The clinical team supports patient and their care teams to facilitate their progress through rehabilitation care pathways. The team objective is to ensure that patients remain only as long as necessary in higher levels of care. This ensures the least

restrictive option is always being considered and has resulted in significant resources being released for commissioners for reinvestment on patients and local services.

The team uses a patient centred, needs led approach with focusses on assessment, review, joint working, inter-service cooperation and promotes positive risk taking.

Over the past 8 years the programme has achieved 834 placement outcomes which has resulted in a total of £29.5m of funding being released for reinvestment in local services or towards QIPP targets. The team received two HSJ efficiency awards in 2013 where the programme was described as "a true QIPP".

*Sara Pountney is the Project Director for PEP and Deputy Director for Rehabilitation within CNWL. She has been with the programme since its inception.*

## **Workshop 2: From Institution to Enablement the Journey: The Sheffield Story**

*Julie Smalley and colleagues, Sheffield Health and Social Care NHS Foundation Trust*

In 2012 Sheffield's mental health system was creaking with the demands for long term hospital care. The length of stay on the rehab wards was lengthy, anything from 18 months to 4 years. A number of those SU had been in hospital for up to 20, seemingly unable to be discharged. There were an ever-increasing number of people who were referred to locked rehab out of Sheffield. "Out of sight out of mind". In April 2012 this amounted to 46 lives and the number was increasing at a rate of 6 per year. Something had to change and there had to be something better than increasing hospital beds.

The Trust developed a vision for rehabilitation and this included a better step-down pathway out of hospital, improving the physical environment of the rehab wards to make the more therapeutic, active discharge planning, person and recovery orientated care, partnership working and instilling hope.

The plan to change services in Sheffield included developing the existing rehabilitation service taking on the responsibility for commissioning all inpatient care, establishing a new community enhanced recovery team and partnership working with residential care providers and SYHA

This presentation concentrates on the journey of the inpatient rehabilitation in Sheffield. The service has transformed from a paternalistic model to one of partnership and recovery. The service has reduced the number of beds in Sheffield from 61 to 30. It has eliminated out of city referrals and by the end of 2018 there will be no patients placed out of city for rehabilitation.

All of this was achieved by working with service user's carers and staff to translate the vision into a realistic plan. Working with staff included the development of effective training, team development Improved systems of

supervision and Appraisal The changes to clinical practice included the development of collaborative care planning, a recovery college the implementation of SAFE wards and a positive approach to managing risk. This was achieved by leadership development which included the development of a new enhanced staffing model which benefits from a NMP, a senior practitioner and a pathway coordinator role. The changes have been developed using a whole system approach understanding that changes to one part of the system could impact both positively and negatively on other parts of the system. This has meant city wide discussions and structures to support the delivery, for example the City-Wide Care Management panel.

The Sheffield journey can be encapsulated by "Ruth's story" she was a young SU who already had a hospital admission of 12 years. When her mother knew we were planning to discharge Ruth she ended up meeting with the service director to raise her worries and concerns that her daughter would not be able to cope outside of a hospital environment. Despite this, after intensive work Ruth was discharged to a residential care setting with a very thoughtful and collaborative care plan. Recently her mother contacted the ward to say that she had been wrong to think that her daughter would not be able to cope and flourish living independently. Where there was had been no hope she now saw her daughter as being able to live independently and outside of hospital environment.

### **Workshop 3: Role of Peer Support**

#### **The Role of the Peer Support Clinical Apprentice Programme**

*Donna Bradford and colleagues, Lincolnshire Partnership NHS Foundation Trust*

Our Rehab services wanted to employ Peer Support workers however it was felt that if we truly wanted to support the role that ex patients work in rehabilitation, that we needed a scheme to truly embed the role.

With the help of the Apprenticeship scheme we employed 4 ex-patients onto the Apprenticeship scheme so that they would not only get support from the apprentice scheme but also from the existing Peer support workers in the Community.

The pilot is ongoing and in its early stages.

*Donna Bradford is the Service Manager for the Rehabilitation Services at Lincolnshire Partnership NHS Foundation Trust and is a member of the AIMS Advisory Board for Rehab. Donna has managed rehabilitation services for the last five years and has a particular interest in Carers and has run a successful Carers group for three and a half years.*

*Donna is currently seconded to Divisional Carer lead to role training to staff within the Adult Inpatient Division for family therapy and is a Meriden trainer. She continues to maintain the role of AIMS lead and manages the new Peer Support Clinical Apprentice workers currently employed on the rehab wards and the Service User café at Discovery House*

## **Voiceability**

*Asia Mohamud and Jahanara Begam, Voiceability Camden Peer Mentoring Project*

Asia will speak about her journey from frequent hospitalisation to meaningful recovery, her personal process of applying to be a peer mentor with VoiceAbility, the formal application process, the training, the 8 principles of Peer Support, putting them into practice, the practicalities of peer mentoring, the peer mentoring relationship (including boundaries) and empowering mentees

Jahanara will speak about her personal experiences which led her to want to volunteer with VoiceAbility peer mentoring service, the importance of peer mentoring, a typical peer mentoring engagement, experience providing volunteer admin support, the rewards of volunteering for the peer mentoring project.

## **Workshop 4: The changing landscape of mental health rehabilitation- challenges faced adapting to recent guidance**

Hospital Director Hilton Vera, RMN, and Ward Manager Julie Cummins, RMN from Sturt House will lead the workshop, which will be in the format of a discussion on the challenges that mental health rehabilitation units are facing following findings and guidance from recent reports such as "The state of care in mental health services 2014-2017" report by the CQC, and the "guidance for commissioners of rehabilitation services for people with complex mental health needs" by the Joint Commissioning panel for mental health. Hilton and Julie will share the experience of Sturt House in working towards implementing changes in practice, to meet the recommendations detailed in the recent guidance issued.

*Hilton Vera has been a registered Mental Health Nurse for 15 years after graduating from the University of Bradford with an Advanced Diploma in Mental Health Nursing. With a keen interest in offending behaviours and rehabilitation Hilton started his career in the private sector working Farmfield Hospital (Priority Secure Services), a medium secure hospital. During this period he developed an interest in the specialities of substance misuse, personality disorders and healthcare leadership. Hilton then moved to work in the NHS at the Tony Hillis Unit, Lambeth Hospital (South London and Maudsley) as a Senior Nurse Therapist in the Dangerous and Severe Personality Disorder Unit Pilot set up by the Ministry of Justice. With a long history of involvement in teaching and mentoring Hilton has completed General Services Association Instructor Training and PTTLs level 4 Train the Trainer training. Using his extensive experience, he moved to back into working in the private sector at Pelham Woods (Partnerships in Care), a locked rehabilitation unit for females and helped develop a recovery focussed and empowering environment for staff and patients. It is during this period that Hilton became involved with the AIMS accreditation programme taking part in several reviews and becoming a lead forensic and rehab reviewer as well as being a member of the AIMS Rehab Advisory group. Whilst working at Pelham Woods, Hilton was the project lead in the service's successful AIMS Rehab accreditation. He recently took up a post leading an established locked rehabilitation Hospital for males, Sturt House (Elysium Healthcare) and aims to develop the service so that it meets the needs of the modern mental health*

*agenda by creating an empowering and least restrictive recovery focussed approach to patient care.*

*Julie Cummins is a registered Mental Health Nurse, who graduated from Dublin City University with a BSc in Mental Health Nursing. Julie moved to England and worked in a female locked rehab unit, Pelham Woods (Partnerships in Care). Julie helped develop a recovery focused service that offered treatment to challenging patients, with complex diagnoses. Julie was instrumental in the development of an MDT team that was skilled in the safe management of complex patients, while ensuring a high standard of care. Julie became a peer reviewer, and was part of the team that achieved AIMS Rehab accreditation. Julie recently joined an established locked rehabilitation Hospital for males, Sturt House (Elysium Healthcare) where she is part of the senior management team and she has played an integral role in the development of a service that offers individualised care and treatment in a least restrictive environment, while empowering the patients to take the lead in their care.*

### **Member Workshops- Session 2 (14:40-15:40)**

#### **Workshop 5: A Whole Team Approach: through a process of self-review**

*Stephen Jones and Dr Ehab Morgan, Barefoot Lodge, Oxleas NHS Foundation Trust*

Intended Audience: Management and multi-disciplinary team members (professional and non-professional)

Type of Presentation: Research (pilot study)

Aim of Presentation: To introduce a whole-team approach; discuss its practical application; as well as report its implications for practice.

Background: Through discussion with Trust colleagues as well as with people who had previously partaken in the AIMS self-review process; it was felt that self-reviews and other quality improvement projects are frequently undertaken through a tick-box, 'top-down' approach. Such points have been echoed in the literature, where the NHS is reported to have a hierarchical 'top-down' culture, with a focus on meeting targets and standards, which can restrict innovation and quality improvement through 'front-line' staff. As such, whilst undertaking the self-review towards the standards set out by AIMS, the team at Barefoot Lodge aimed to actively participate in what has been defined as a whole-team approach. A whole-team approach intends to provide team members the opportunity to demonstrate individual and multidisciplinary team-level innovation through an integrated method of self-review.

Presentation Overview: Firstly, the presentation sets out to introduce a whole-team approach and discuss how it was pragmatically embedded into practice and how the whole team was successfully engaged in the approach. Secondly, the approach has been evaluated through answering the question: how does undertaking the AIMS self-review through a whole-team-approach influence staff member's views of self within the team; teamwork within the team; and leadership within the team? Statistical analysis explored the significance of difference between participant's views (of the above bold) after the AIMS self-

review through a whole-team-approach, compared to participant's views before the AIMS self-review through a whole-team-approach. Further implications for practice have been drawn from the qualitative responses of participants and will be presented.

*Dr Morgan graduated from Kasr El Aini Medical School, Cairo University. This is the oldest medical school in Egypt and was a military medical hospital for the British troops since the 1880s. He undertook his MSc in neuropsychiatry in the same Medical school. His thesis explored parental care in both high and low socio-economic classes. Dr Morgan worked in the largest mental hospital in Cairo and the middle-east, where, as a junior consultant, he developed one of the first teams for social inclusion and community mental health in Egypt.*

*Dr Morgan came to the UK in 1994 to complete post graduate training in psychiatry. After obtaining MRCPsych, he trained in rehabilitation and social psychiatry. He developed a special interest in Personality disorder management and psychodynamic formulation. Dr Morgan was appointed as consultant psychiatrist in Oxleas NHS Foundation Trust in 2006. In this role he had an interest in establishing therapeutic alliance with both patients and families (family inclusive practice), as well as improving both the patients and clinical team members resourcefulness.*

*Dr Morgan was co-researcher in the 'in-patients rehabilitation outcomes' and evaluated the impact of implementing 'Recovery Star' as an engagement tool, on both staff and patients. Dr Morgan co-implemented 'a whole-team approach: through a process of self-review', as a way of multi-disciplinary team development and to achieve AIMS accreditation. He was an executive member in the faculty of Rehabilitation and Social Psychiatry. Currently Dr Morgan is the consultant for the community rehabilitation team (CMHRES) in Greenwich.*

*Stephen W Jones graduated from the University of Greenwich as a mental health nurse in August 2014, with a degree of first class. With a keen interest in pursuing a clinical academic career, in collaboration with Oxleas NHS, the University of Greenwich and Health Education England (KSS), Stephen shaped a new pathway that allowed him to undertake a full-time PhD, while also having the opportunity to consolidate his practice. As such, he joined Oxleas NHS as a staff nurse in 2014 and embarked on his PhD journey in 2015.*

*From 2013 to 2014, while still a nursing student, Stephen became a member of Compassion and Patient Safety Programme Board at Health Education England (KSS). Stephen's board membership led to him undertaking the role of Scoping Project Lead for Reducing Restrictive Practices across Kent, Surrey and Sussex. In 2014, with his ideas for a mental health champion's scheme, aimed at improving the mental health of patients in general acute hospitals, Stephen was invited by senior policy makers to the Department of Health to discuss further. This led him to become a core member of a Department of Health National Working Party for improving the care of people with mental health problems in mainstream services (2014-2017). Stephen was also a member of the Organising Committee for the inaugural #FutureMHN Conference, held in February 2015.*

*Now a mental health rehabilitation staff nurse and in the final year of his PhD, Stephen undertook the role of project lead for AIMS, where he devised, co-implemented and evaluated 'a whole-team approach', helping his service achieve*

*accreditation. Stephen's practice and research interests are mental health nursing, recovery, leadership and systems thinking.*

## **Workshop 6: A mindfulness group intervention for patients with severe symptoms of psychosis**

*Maria Antypa and Ute Liersch, Priory Hospital, Hemel Hempstead*

**New intervention and practice:** After an extensive literature review, we developed a 20-session treatment intervention for patients in a long-term high-dependency rehabilitation ward. The intervention manual was created with the needs of this patient group in mind. Key adaptations, compared to mindfulness groups run with less vulnerable patients, were in the realm of timeframe, delivery of mindfulness exercises, outcome measurements, group-facilitation, group-structure and teaching components. This course was held weekly at the Priory, Hospital Hemel Hempstead and was offered to all patients with symptoms of psychosis.

**Theoretical background:** "Mindfulness means being able to bring direct, open-hearted awareness to what you are doing while you are doing it: being able to tune in to what's going on in your mind and body, and in the outside world, moment by moment" (Teasdale, Williams and Segal, 2014; p. 5). It aims to allow us to notice thoughts that might come with experiences. This opens a space of choice. How do we want to be with our experiences? Mindfulness practice, therefore, enables disengagement; for example, from intrusive thoughts and thus offers an opportunity to improve coping (Chadwick, 2017). Mindfulness practise can thus be beneficial for patients who are lost in reacting to unpleasant psychotic sensations (Chadwick, 2005). However, there have been concerns that practising meditation, with patients with psychosis, is harmful (Yorston, 2001). Yet, other voices stress its therapeutic relevance when offered appropriately to this patient group (Chadwick, 2017).

**Proposed members-workshop:** This interactive workshop proposes to engage with the audience within three levels. Firstly, we will introduce the theoretical components of the intervention. Secondly, we will be presenting group sessions and handouts to create mutual understanding of the group process. Lastly, we will be offering experiential exercises to engage in an embodied level of learning. The interactive workshop will close with a Q&A session.

*The workshop will be facilitated by Dr Maria Antypa (Clinical Psychologist, Head of Psychology Department Priory Hospital Hemel Hempstead) and Ute Liersch (Counselling Psychologist in training, MBSR and MBCT trained group facilitator Bangor University).*

*Dr Maria Antypa is a Clinical Psychologist registered with the Health and Care Professions Council. Maria completed her professional training as a Clinical Psychologist in Greece where she worked within primary care, inpatient, community, specialist mental health services and physical health services. She moved to the UK in 2011 where she completed an MSc in Health Psychology. She has experience of working with people across the lifespan with a wide range of difficulties including; stress, depression, anxiety disorders, substance misuse, pain management, dementia, brain injury, trauma, psychosis, personality and bipolar*

*disorder. Her set of skills lies on a range of psychological approaches including Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Compassion Focused Therapy (CFT), Dialectical Behavioural Therapy (DBT), Mindfulness-Based Therapy, and Cognitive Remediation Therapy (CRT). Maria is currently Head of Psychology at the Priory Hospital Hemel Hempstead and has been acting as a specialist placement supervisor for doctoral counselling psychology trainees. Alongside her clinical work in inpatient services, Maria is working in independent practice at the Priory Harley Street Wellbeing Center.*

*Ute Liersch (BSc, MA) is a Counselling Psychologist in Training at Regent's University. Psychology is her 3<sup>rd</sup> career. She worked in international hotel management, across the globe, before returning to Germany, her home country, starting-up an educational company, which she successfully sold after twelve years. Witnessing the developmental trajectory of her pupils and their families inspired her to a later career change to psychology. Since then she has been working in a hospice, for many years, with the bereaved and the dying. Further, with chronic-pain patients and survivors of torture in an NHS tertiary pain-management service. Since spring 2017 she is working at the Priory Hospital in Hemel Hempstead, which offers safe and supportive complex care and rehabilitation service for male and female patients with enduring mental health problems. Ute is highly trained in third-wave behavioural therapies, existential-phenomenological philosophy and psychotherapy and group facilitation. Since is on the formal professional mindfulness teacher trainer pathway by Bangor University, including regular personal and professional development and supervision. She facilitates MBSR and MBCT courses at the NHS and stress-resilience trainings for companies and organisations in and outside the UK. She is a visiting lecture for the BSc in Psychology at Birkbeck, University of London.*

### **Workshop 7: Is co-dependency in families a potential barrier to service user recovery and a good relationship with professionals?**

*Veronica Kamerling, Proprietor Eating Disorders & Carers, and Carers Representative*

**Workshop Purpose:** The purpose of this workshop is to promote discussion on the topic of "Co-dependency" and the issues it raises between professionals and the families of service users. The topic is relevant in terms of both patient and family wellbeing and achieving good recovery. It is not always addressed in conversations between the professionals and the families due to the potential difficulties that can occur when communicating with each other.

**Workshop Description:** We will explore what co-dependency is and why families might have become co-dependent. Is it something in their past or does it develop when someone is mentally unwell.

We will share family and service user perspectives on how damaging co-dependency can be and as a result how that impacts on good recovery. We will look at how professionals might view co-dependent families and how professionals might manage their relationship with the family.

Having highlighted the difficulties we will work through how we can achieve making these conversations more collaborative and more beneficial to all the parties involved that is the professional, the service user and the family. We will look at the risks involved for families in "Letting Go" and allowing the service user to take responsibility for their actions.

The workshop will be interactive and there will be time for general discussion.

Learning Objectives: It is hoped that the topic will generate discussion around the subject of co-dependency and the recognition that this is something that should be addressed, and an acknowledgement that a training programme for families would be beneficial.

### **Workshop 8: Creating an Enabling Environment for staff and patients on a rehab ward.**

*Rowland Woodward and Anna Cook, Enabling Environments, College Centre for Quality Improvement, RCPsych*

This brief workshop aims to introduce participants to the Enabling Environments process of enriching the service environment for both service recipients and providers. There will be a brief outline of the values and standards used to stimulate the enabling process with examples of some of the tools available to do this. There will be a focus on the way in which the process can contribute to their wellbeing and enablement as this is an area that is often over-looked in rehabilitation services along with other mental health services. Participants are asked to come to the workshop ready to engage in the exercises and discussions to get the most out of the brief experience.

*Roland Woodward is a consultant chartered psychologist. Roland is also one of the Enabling Environment Leads for the Royal College of Psychiatrists, Centre for Quality Improvement. In his private practice he provides supervision and consultancy to practitioners and organisations, whilst also maintaining an individual therapy case load. Recently he has been appointed as a Specialist Advisor to the Care Quality Commission (CQC). Roland has previously been the Director of Clinical Services at The Retreat York and the Director of Personality Disorder and Forensic Services with Affinity Healthcare. Roland worked for thirty years in the public and private prison services during which time he opened and led the therapeutic communities at HMP Gartree and HMP Dovegate. He has edited and published books and articles in his fields of interest, including a recent chapter on The Enabling Environments Award as a Transformative Process.*