CHOOSE PSYCHIATRY

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Rehabilitation Annual Report 2023

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Art work developed in collaboration with patients on Birch Villa, Central and North West London NHS Foundation Trust

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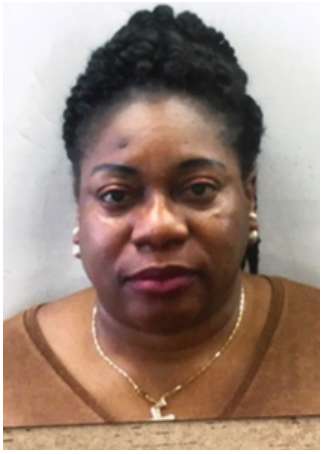
Accreditation Committee

I am a Mental Health Nurse with over 20 years experience managing at Team leader/ ward manager level in Acute , Community and Rehabilitation services. I am currently the Team Leader for Heather Close Rehabilitation Unit in the South London & Maudsley Foundation Trust.

I joined the Royal College of Psychiatrists as a member of the Rehab Accreditation Committee in 2018. I enjoy working with the committee providing my professional experience facilitating quality and innovations to ensure that the Rehabilitation services standards of care are maintained to the highest level. Whilst being an accreditation committee member,I also benefit from the sharing of good practices happening within the network. However, there is a lot of background work that needs to completed in order to be able to work with others committee members to be able to accreditate services. I attend committees meetings four times a year, to reviews services that need to be accredited. Where services do not meet the Aims accreditation standards remit Robust feedback is fed back to team in a supportive manner to enable them to meet the standards not achieved.
My other role is to represent the faculty to review services in the UK to ensure services meet RCPsych standards. Here I am able use my clinical experience to support the faculty. These reviewers could completed online or a physical attendance. It good to see different services doing their best striving to provide high standards of care to patients.

Adedapo Odunela, Accreditation Committee member,
Royal College of Psychiatrists



Accreditation Committee

My name is Janet Seale, and I am a carer for my husband who has chronic and severe mental health issues. I have recently been selected as a peer reviewer for this network and as a member of its Accreditation Committee.

I have been a carer for so long now that I can even remember when psychiatrists had time to sit down and talk to their patients. Over the years my husband, has experienced many different types of rehabilitation services with varying effects.

In my opinion what makes a good rehab service is one which does not adopt a one size fits all approach because it doesn't. In real life people/ patients don't come along in neat, discreet compartments labelled; mental health, physical health, relationships, social situations, finances etc no, they present as a whole person and need to be treated as such.

For example when it comes to returning to employment, which most people who have been sectioned dearly want to do, in the past it hasn't mattered if a person already had a skill or profession usually the only work they are offered were cleaning jobs or if there was a training course taking place, a place on that course might be offered, usually that might be the only offer of rehabilitation open to them, irrespective of whether or not the course meets or matches the person's skills and expectations. Now of course there is nothing wrong with cleaning jobs or training courses, but they must be what is needed.

In my view co-operatives seem to work much better and offer a more rounded approach to rehabilitation, my husband has attended several of these over the years and they have proved very helpful giving direction, stability and routine and the chance to meet regularly with other people.

All rehabilitation must be patient orientated and person-centred taking account of the individual's own hopes, goals, and recovery ambitions and this is especially true for inpatients who needed a realistic and focused recovery plan – one that works for them.

Janet Seale, Carer Representative, Accreditation Committee member,
Royal College of Psychiatrists

Foreword

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Advisory Group

I am Social Worker, Approved Mental Health Professional and Best interest Assessor by background and have been part of the advisory group for the last year and part of the network for that last two years having assessed a number of provisions around the United Kingdom. My contribution to the group is mainly around evaluation and guidance on operational health care management systems, methods and frameworks, Mental Health Act, Mental Capacity Act, Care Act and deprivation of liberties.

Curtis Vera (AMHP/BIA)
Islington Intensive Support Services Manager
Rehab Advisory Group member,
Royal College of Psychiatrists

I am a Mental Health Nurse for 30 plus years and have worked across acute, rehab and forensic services throughout my career. I now am the Head of Carer and Relative Experience and Volunteers at Lincolnshire Partnership Foundation Trust and my particular interest is ensuring that the carers and relatives of our service users are involved in the patient journey whilst accessing our services. I sit on the Advisory Group to put the carer and relative voice forward and ensure that our Rehab services are inclusive of this vital voice. I also sit on the Triangle of Care steering group with Carers Trust and also accredit services in this journey. I am also a Lead Reviewer for AIMS accreditation and offer advice on how to include carers better.

Donna Bradford
Rehab Advisory Group member,
Royal College of Psychiatrists

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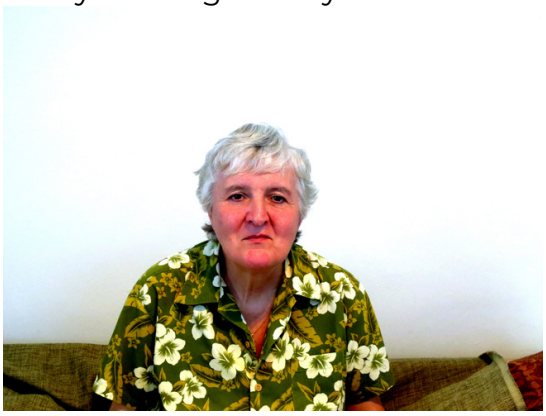
Advisory Group

Welcome to your 2023 Annual Report.

My name is Katherine Barrett and I am a service user who gets involved in the CCQI Quality Network Rehabilitation's work.
I am on the Advisory Board where we talk about everything to do with the department such as looking at the review standards, and at the last meeting, we discussed the December 2023 Annual Forum. I am also involved in the Quality Network Rehabilitation accreditation reviews. This accreditation is really important for the service so sometimes there are nerves. We also attend Developmental reviews for services that are not ready for the accreditation process. On the accreditation review day, the service presents itself at its best. There are lots of discussions about the their self-assessment and questions and answers. The review team check the service's self-assessment on the review day. After about a month, a report is sent back to the service when staff can comment on the findings. When enough information is gathered, the documents are sent to the accreditation team who make the decision.
It's great to see a service get accreditation and it's good for the service user's to be in a service which is so high achieving. Their care is top quality. It's a great sense of achievement for all of the ward staff involved.
All of the services are so different and it's very interesting for me to be part of review teams meeting so many interesting professionals. We travel up and down the country to attend Developmental and Accreditation reviews.
I really enjoy chairing the service user meeting on the review day as you get to find out what they think of the service. It's important to listen to the service user voice because you find out if they are happy with the staff, food, care, etc.
I look forward to doing more reviews in the future and I might see you on your review day. I hope you like working towards accreditation for your service with the Royal College of Psychiatry. Good luck with your work and thank you for all of your hard work both on paper and in practice.

Katherine Barrett, Service User Representative,
Royal College of Psychiatrists



Advisory Group

My name is Andreia Martins Cigarro, I'm a Practitioner Psychologist working in the private sector of the Mental Health Rehabilitation Services for the last 5 years.

It was with great pleasure that I joined the Rehabilitation Quality Network for Mental Health Rehabilitation Services in May 2022, an organization dedicated to enhancing the quality of mental health rehabilitation services in the UK. The present annual report represents a vital milestone in our continuous journey toward the betterment of mental health care, and I am honoured to contribute this foreword as a Highly Specialist Psychology Advisor, serving as part of the esteemed Advisory Committee.

Mental health rehabilitation is a complex and dynamic field that demands a collaborative, multidisciplinary approach. The importance of bringing together diverse expertise, perspectives, and experiences cannot be overstated. Our shared vision is to ensure that individuals facing mental health challenges receive the highest standard of care, support, and rehabilitation. To achieve this, we recognize the critical need to harmonize the efforts of professionals from various backgrounds, carer and patient representatives, as well as to consolidate and build upon our collective knowledge.

Within this tapestry of expertise, psychologists play a pivotal role in the mental health rehabilitation services in the UK. Their unique skill set, founded on a deep understanding of human behaviour and psychological processes, provides a critical foundation for patient-centred care. Psychologists contribute significantly to the holistic wellbeing of individuals in rehabilitation, addressing not only their symptoms but also their emotional, cognitive, and interpersonal needs. By guiding clients toward self-empowerment, resilience, and recovery, psychologists foster hope and transformation.

In my role as a Highly Specialist Advisor and Peer Reviewer, I have witnessed the immense dedication and passion of our committee members, service providers, and professionals across the UK who strive to make a positive impact on the lives of those we serve. The Advisory Committee has consistently worked tirelessly to promote evidence-based practices, share best practices, and develop strategies to enhance the quality of care. This annual report reflects the collective efforts of a network committed to continuous improvement.

As we navigate the complex and ever-evolving landscape of mental health rehabilitation, this report serves as a testament to our shared vision and relentless pursuit of excellence. By reviewing the accomplishments and challenges of the past year, we aim to renew our commitment to the betterment of mental health rehabilitation services.

I extend my deepest gratitude to all those who have contributed to this report, as well as to the larger community of professionals, organizations, and individuals dedicated to mental health rehabilitation. Your tireless efforts continue to inspire and shape our journey toward an improved future.

Thank you for your unwavering commitment to the wellbeing of those who depend on our services. Together, we will continue to make a profound difference in the lives of individuals and families across the United Kingdom.

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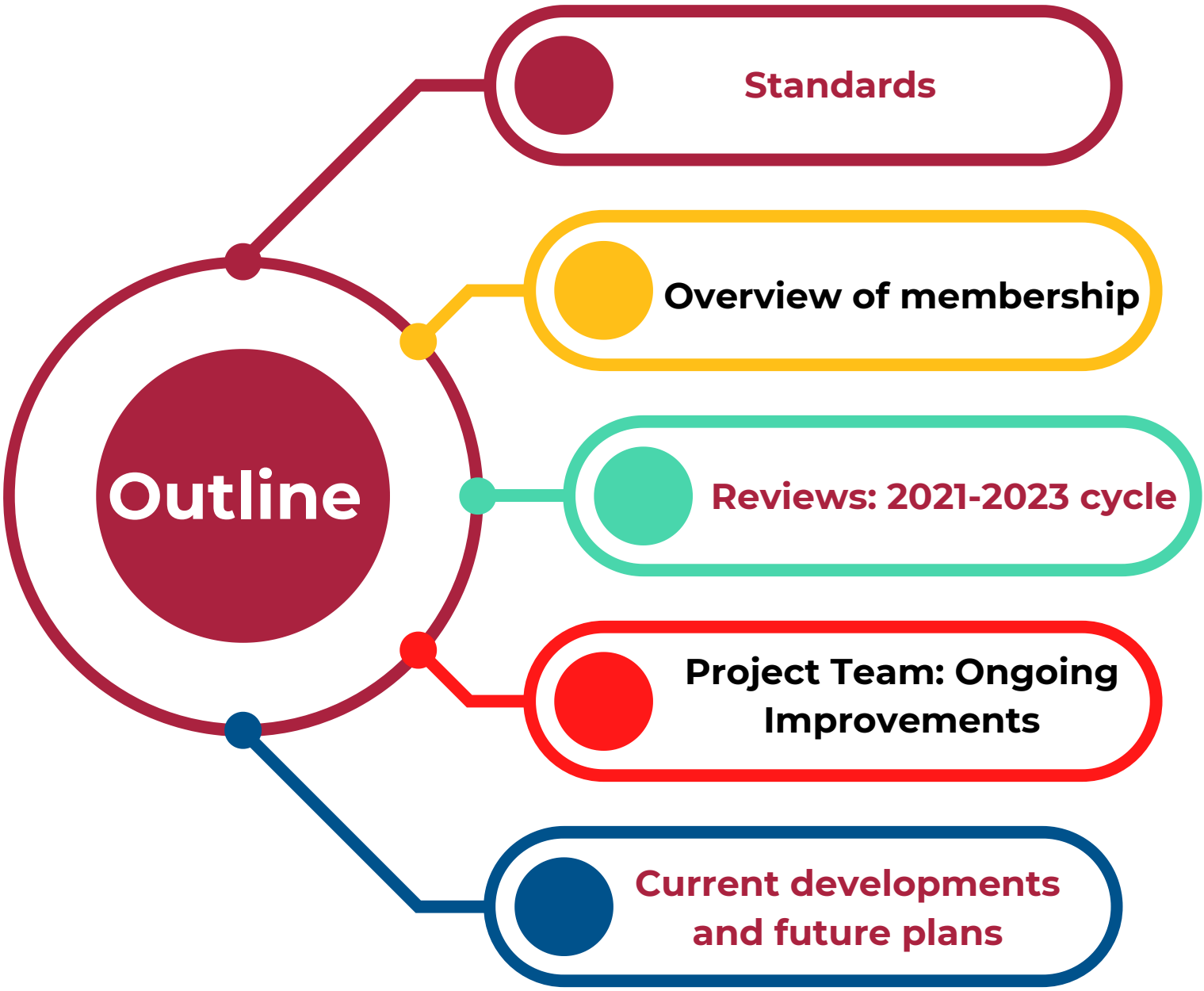


Introduction

The Quality Network for Mental Health Rehabilitation Services works with wards and units to improve the quality of care patients with enduring mental illnesses receive. The network engages staff, patients, and their carers in a comprehensive process of self and peer review to enable services to identify areas of good practice and areas for development.

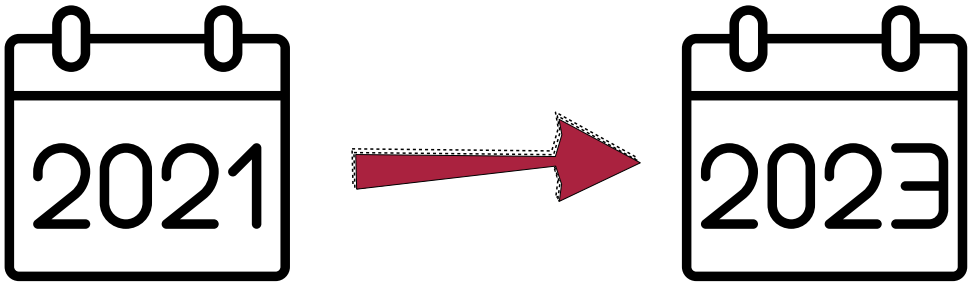
Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. The network also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The data presented in this report covers 49 inpatient rehabilitation services, which were conducted between July 2021 to November 2023. All of these services were reviewed under the 4th Edition Inpatient standards. Additionally, the report covers 4 community rehabilitation teams reviews, conducted between June-November 2023. These were reviewed under the 1st Edition Community standards.

Each service is reviewed by a peer review team, consisting of a member of the Rehab project team, two clinicians from participating services, and a patient or carer representative.

There was a lot of variety between services, for example, the breadth or diversity of their geographical coverage, the make-up of their staffing complement, and the interventions offered. This highlighted the importance of standardisation in order to ensure equality of access for patients, but also made apparent just how much our teams have to offer others in the way of experience and innovation.

This report includes data from



Services had been reviewed against the:

4th edition inpatient rehabilitation standards, published in **July 2021**

1st edition community rehabilitation standards published in **July 2022**

The report provides as overview of the adherence to the 4th edition/1st edition standards, **from 49 inpatient services as well as 4 community team services,** across the United Kingdom and Ireland.

The report presents an overview of the 1st edition community rehabilitation standards. The project team are currently in the process of supporting community rehabilitation services, with their self-review.

4th Edition Inpatient Rehabilitation Standards

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The standards are used to generate a series of data collection tools for use in the self and peer review processes. Participating teams rate themselves against the standards during their self-review. Standards are for service providers and commissioners of mental health rehabilitation services to help them ensure they provide high quality patient-centred care to people with enduring mental illness and their carers.

It is recognised that there are a wide range of services within the 'mental health rehabilitation' umbrella which have different functions, purposes, and work with different patient groups. The majority of these standards are applicable to all rehabilitation services, however services will only be measured against the standards that relate to their specific service; other standards will be scored as not applicable. The standards have been developed with extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health rehabilitation services, and with experts by experience who have used services in the past.

To achieve every standard is aspirational, and it is not expected that a service would meet every standard on the day of their peer-review visit. Every standard has been categorised as either type 1, 2 or 3. To achieve accreditation, services are required to meet 100% of type 1, 80% of type 2 and 60% of type 3 standards.

Standards domains

The Rehab 4th Edition Inpatient Standards are grouped into 5 domains:

Physical Environment
Admission and Discharge
Care and Treatment
Staffing
Service Management

1st Edition Community Rehabilitation Standards

The first edition standards were drawn from key documents and expert consensus, as well as from the fourth edition inpatient standards and work completed within the College Centre for Quality Improvement (CCQI.) The standards have been subject to extensive consultation with multidisciplinary professionals involved in the provision of inpatient and community mental health services, and with experts by experience and carers who have used services in the past.

How were these standards developed?

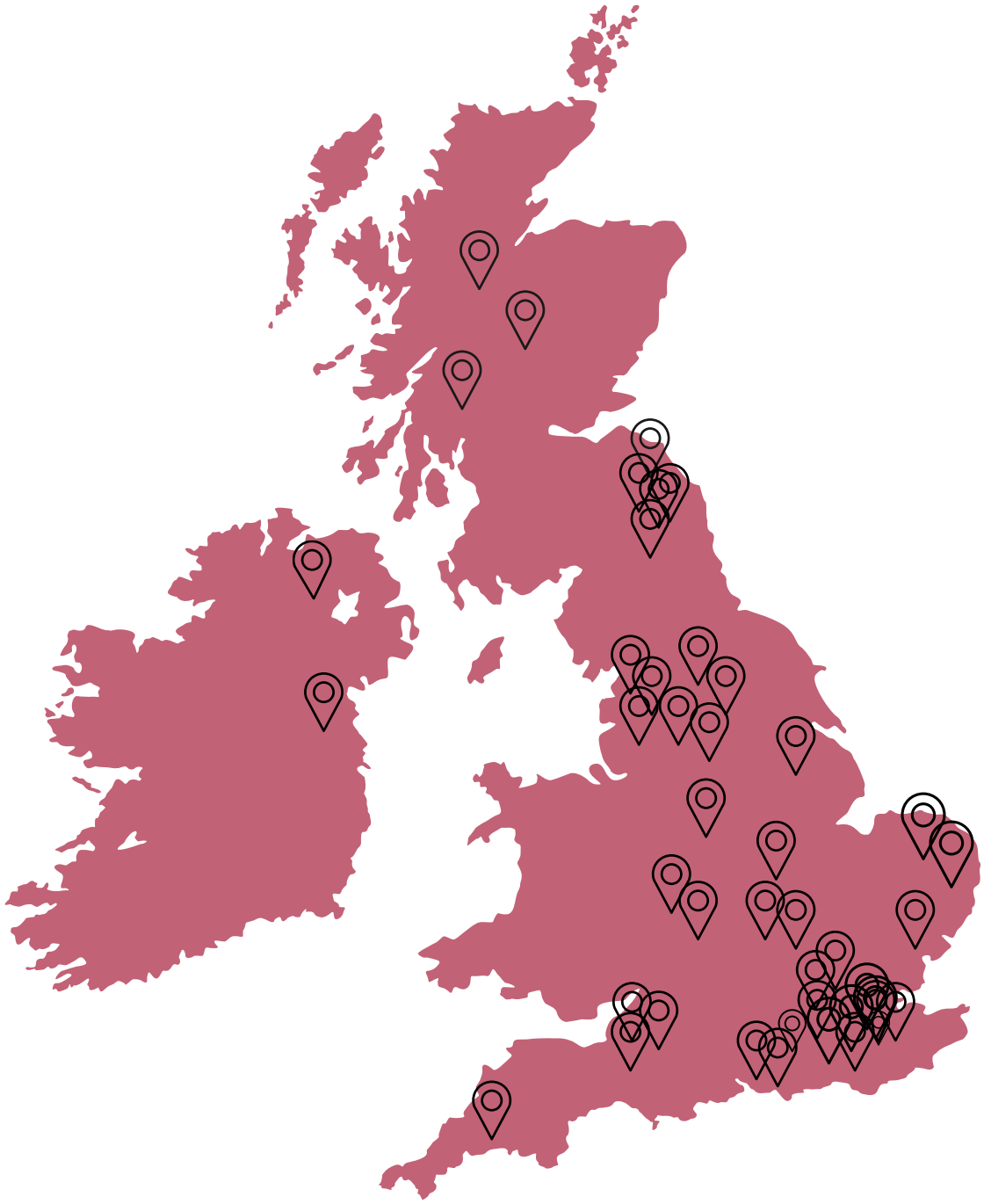
The standards have been developed with extensive consultation with multidisciplinary professionals involved in the provision of inpatient and community mental health rehabilitation services, and with experts by experience who have used services in the past.

The standards were developed in five key stages:

1. Standard mapping – The Rehabilitation project team reviewed the previous edition of inpatient standards alongside key documents and guidelines to create a working sheet, to allow members to comment on existing standards and create new standards for consideration.
2. Electronic consultation – All Rehabilitation members and contacts were provided the opportunity to review the working sheet electronically and provide their ideas and feedback.
3. Standards working group consultation – Member services, experts by experience and members of the Rehabilitation Advisory Group and Accreditation Committee met remotely to review member comments and worked together to make key changes and create new standards, resulting in the first draft of the first edition standards.
4. Advisory Group Review – The Rehabilitation Advisory Group reviewed the first draft created and made changes to key areas where necessary.
5. Review within the CCQI – The standards were then reviewed within the College Centre for Quality Improvement (CCQI) and following consultation with the Rehabilitation project team, were approved for use.

A full copy of this document is available on our website at:
https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/rehabilitation-services/news-and-events

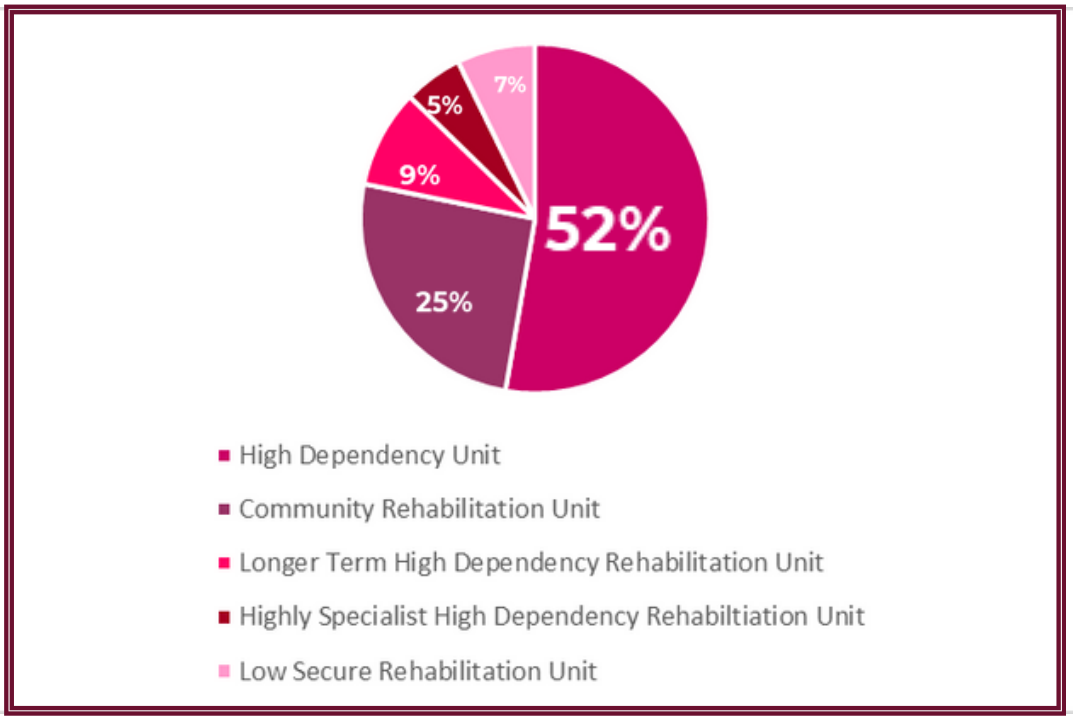
Membership



Breakdown of memberships

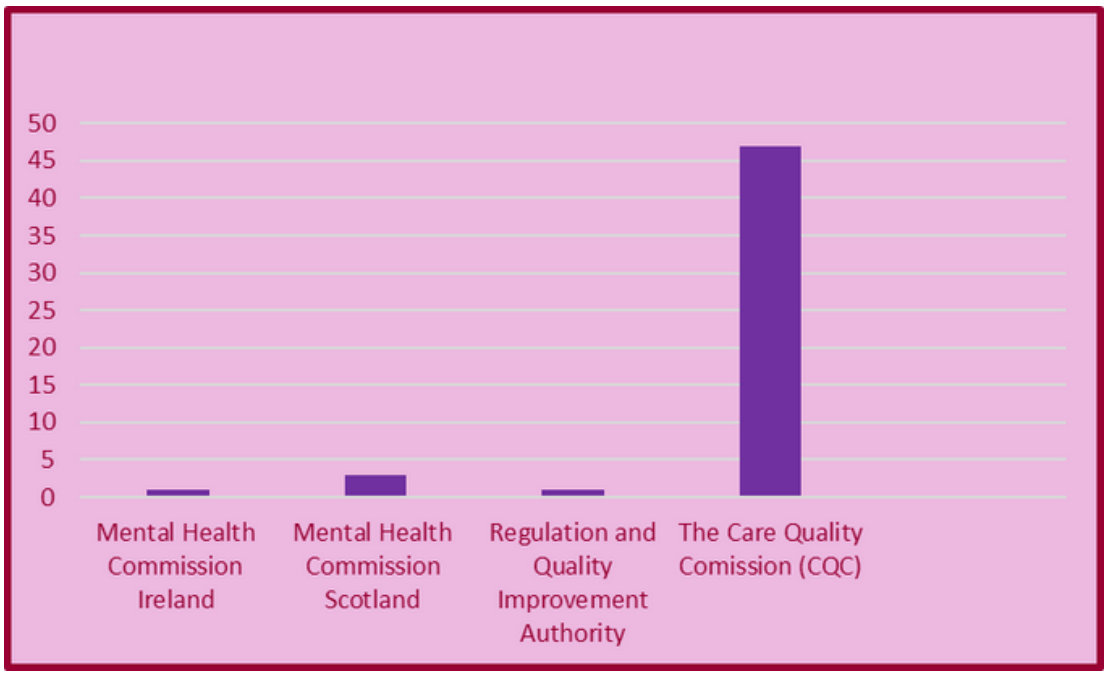
Membership Type	Members
Inpatient- Accreditation	48
Inpatient- Developmental	6
Associate	0
Community - Developmental	5

Our members



Typology: Please note, 'complex care unit' is not be a term we use moving forward, in rehab services and we must categorise units according to the Royal College of Psychiatrists' typology guide (Appendix, P.45)

Regulatory bodies within our network



Overview of reviews

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53 Peer Reviews (2021-2023):

6 Developmental

43 Accreditation

4 Community Developmental

25 Remote Reviews

28 Face-to-Face Reviews

Contextual data

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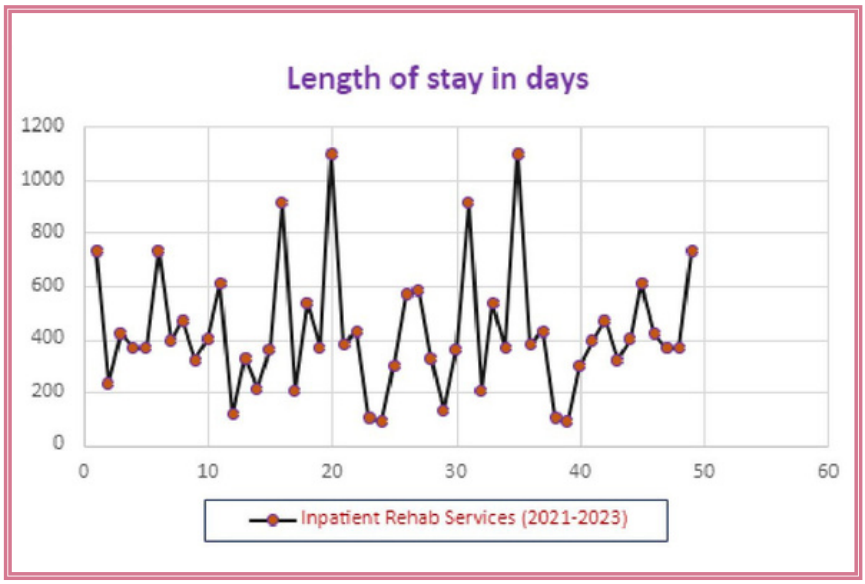
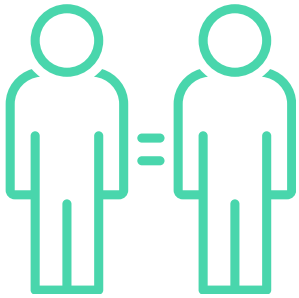
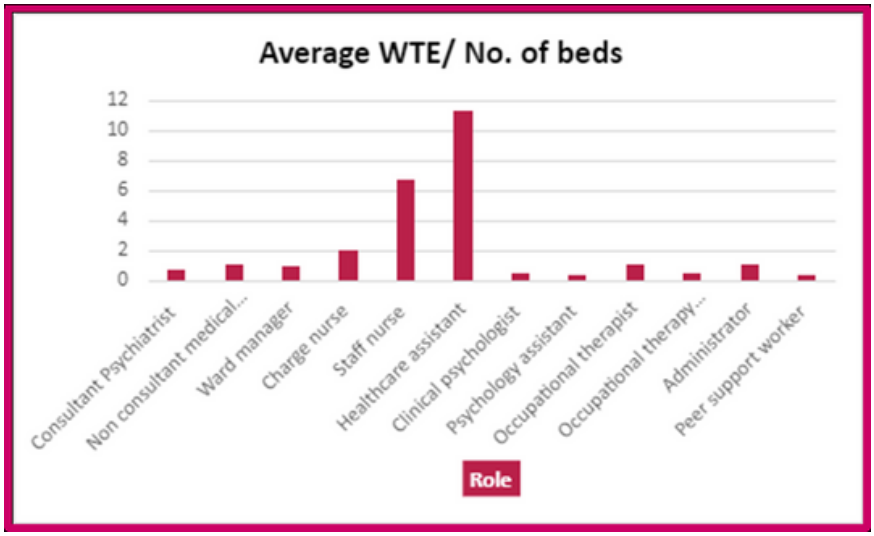
Data taken from the 49 inpatient services' self reviews:

Average number of beds: **16** ranging from **10** to **30** per service





Average WTE of service occupations in relation to numbers of beds



Contextual data

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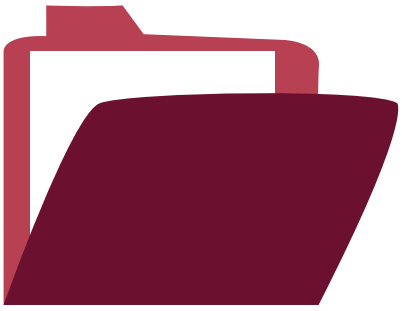
Data taken from the 4 community rehab team's self reviews:



Average caseload: **72**

Average number of cases discharged/transferred within the last 12 months: **39**

Average number of inpatient rehab services within the locality that the community teams liaise with: **1**

Commonly met standards:
Inpatient Standards

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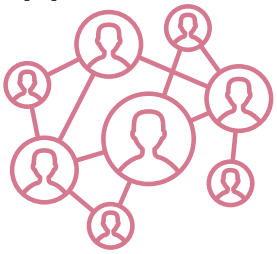
Data taken from the 49 inpatient services' self reviews:

Overall, services met the following standards:

Type 1 The ward/unit should have a pleasant environment, ensuring that the ward/unit is not overly clinical and has a therapeutic feel.

Type 2 Patients are able to maintain and develop friendships and social networks outside of the hospital environment and have the resources and support to do this remotely when they are unable to leave the unit.



Type 3 Where possible, patients are provided the opportunity to attend and input on any pre-planned meetings regarding them outside ward rounds and MDT meetings.

Commonly met standards:
Community Standards

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Data taken from the 4 community teams' self reviews:

Across the four teams, the average compliance for type 1 standards was 92%

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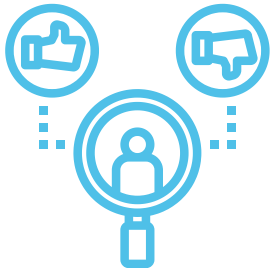
Overall, the teams met the following standards:

Type 1 Patients' preferences are central to the selection of medication, therapies and activities, and are acted upon as far as possible



Type 2 Immediate social stressors and social networks are identified and recorded, including financial, housing, educational and vocational needs

Type 3 Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.

Themes

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The commonly met standards presented for the inpatient services, particularly focusing on the Type 1 standards, highlight that, overall services:, particularly focusing on the Type 1 standards, highlight that, overall services:

Have a pleasant environment

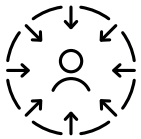
Patients and carers feel staff members treat them with compassion, dignity and respect

Patients know who the key people are in their team

Staff members feel their health and well being is prioritised

The commonly met standards presented for the community teams, particularly focusing on the Type 1 standards, highlight that, overall services:

Patients are made to feel at ease at their initial meeting



Patients' preferences are central to the selection of medication, therapies and activities, and are acted upon as far as possible

Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care.

Commonly unmet standards:
Inpatient Standards

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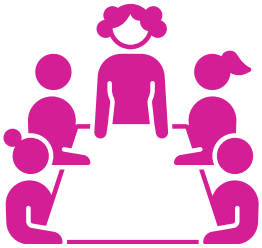
Data taken from the 49 inpatient services' self reviews:

Overall, services did not met the following standards:

Type 1 Carers are supported to access a statutory carers' assessment, provided by an appropriate agency

Type 2 Carers are able to access regular group meetings that have a psychoeducational focus

Type 3 Training is provided to CMHTs, other mental health teams and supported housing projects to ensure that they are adequately trained and supported to continue to support the patient in their new placement/circumstances.



Commonly unmet standards:
Community Standards

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Data taken from the 4 community services' self reviews:

Overall, services did not met the following standards:

Type 1 There is sufficient working desk space for team members to undertake their administrative work and sufficient space for team working e.g., team meetings, formulations etc.

Type 2 The community rehabilitation team consists of the following staff: Approved Mental Health Professional(s) (AMHPs)

Type 3 The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.

Themes

The themes highlighted from the analysis have hopefully indicated the areas within rehabilitation services, that require improvement.

Two of the four themes are surrounding carers involvement, support and engagement, with the most common being "carer support". These issues could be due to a host of issues, including the effects of the pandemic, which has seen an increase in remote communication, resulting in a loss of meaningful communication.

The last two themes are surrounding training and staffing. These could have also been a result of the pandemic, as mental health rehabilitation services across the United Kingdom and Ireland have seen a decrease in staffing levels, as well as, dealing with new ways of working i.e. loss of face-to-face training.

The Rehab Project team thank the organisations that have taken part in the past reviews and hope that services can recognise their achievements, as there has been evidence of great initiatives and systems in place. The care that the services deliver is patient centred and this is recognised as such.

We also hope services can utilise the report to guide future adaptations to protocol and implementation of care they provide.

Project Team: Ongoing Improvements

As a team, to improve our processes further, we have regularly sought feedback from services.

The following pages highlight the suggestions we have received and the actions we have taken in response. This feedback can help up improve and develop our systems further.

You said, We did:

Feb-April 2023

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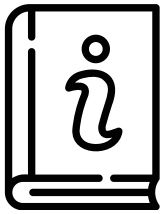
YOU SAID

Members noted that there needs to be a clearer guidance regarding evidence submission.

Project team have amended the evidence checklists, to ensure it is comprehensive and supportive. Also, the project team will circulate the training matrix template, regularly, to ensure services have a clearer understanding of the training evidence requirements.

YOU SAID

Members requested for further support for CARS and evidence guidance.

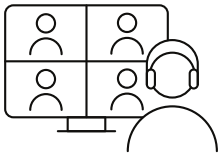


Project team have amended the Accreditation and Developmental review handbooks to ensure evidence submission guidance is clear.

The project team have begun to provide regular supportive meetings, as per member's availability, prior to beginning the self-review process on CARS.

YOU SAID

Members requested for a clarification on the differences in evidence i.e. could the evidence related to physical environment can be covered during a face-to-face review, without having to submit this via CARS.



Project team have created inpatient and community, remote and face-to-face evidence checklists. This is in line with CCQI core standards evidence guidance. We welcome feedback and suggestions, to improve these further.

YOU SAID

Members requested for ongoing support prior to, during, and after reviews.

Project team will continue to compile the areas that services require further support with i.e. carer engagement and support. The team aim to facilitate webinars, to address these areas. The first webinar, scheduled for 19th May 2023, (12.30-13.30), focused on Improving Carer and Relative Engagement.

To ensure ongoing improvement in the project's processes, the project team welcome regular feedback from new and existing services.

You said, We did:

April-July 2023

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YOU SAID

During community developmental reviews, based on the 1st edition community standards, some community members requested for further clarification regarding some of the standards.

Project team shared and discussed the standards query with the Rehab Advisory Group (AG) and further guidance was provided by the AG. The AG also requested for ongoing feedback from community developmental members, in order to support future standard revision.

YOU SAID

Project team supported and facilitated a Carers and Relative Engagement Webinar, on the 19th of May 2023. Some members fed back that there had been a delay in opening up the session. However, they noted that the Project Team had been supportive.

Project team apologised for the inconvenience the delay caused and noted that for future webinars, further tech support will be provided to the speaker prior to the session. This is to ensure that speakers are adequately prepared prior to the webinars.
The Project Team are also collating information to produce a carers support guidance.

YOU SAID

Network members requested for further information and guidance around substance misuse support for service users.

Project team are in preparation of organising a Special Interest Day focusing on Models of addictions provisions across acute and rehab settings. The team are currently reviewing the 2024 calendar and hoping to book the session in for May 2024.

You said, We did:
July-November 2023

REHABILITATION
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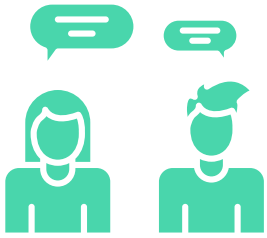
YOU SAID

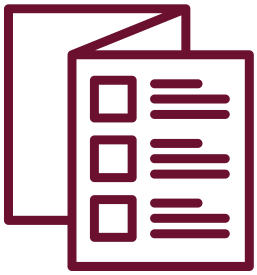
Some members queried the Accreditation Committee and Advisory Group processes.



Members of the Accreditation Committee and Advisory Group have provided forewords within this report, further explaining the work they do as within the network.

YOU SAID

Members fed back that it would be beneficial to share written information with patients and carers regarding a review, prior to the day. This would help to keep everyone informed and updated.



Project team created staff, patient and carer specific flyers, informing them of upcoming reviews, requesting their feedback

YOU SAID

Community rehab teams requested for a robust evidence checklist, for guidance during Accreditation reviews.

Project team have begun to amend and update a community rehab specific evidence checklist and surveys. These will be presented to the Rehab Advisory Group for further guidance.

Project Team: Ongoing Improvements

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We, as a project team, aim to improve and want you to know that we are listening and actively working on updating and amending our processes further. Hence, why your feedback is so important to us

If you would like to provide any suggestions, comments please email us on:

rehab@rcpsych.ac.uk

Additional Support

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | REHABILITATION QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

We support services through:

Sharing examples of good practice with the network.

Organising and facilitating tailored training/learning events

Regular meetings to support services during their review process

Discussion forums

Newsletters

Resources:

Website: Rehabilitation services | Royal College of Psychiatrists (rcpsych.ac.uk)

Knowledge Hub: Welcome - Knowledge Hub (khub.net) |

Looking Ahead: 2024

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We are looking forward to working with our existing and new developmental, associate and accreditation members.
Having worked with services who have been through reconfigurations, we are aware that there are a growing number of specialist rehabilitation services, hence will work towards supporting services through:

- Organising a webinar focusing on Models of addictions provisions across acute and rehab settings. The project team are currently reviewing the 2024 calendar and hoping to book the session in for May 2024.
- Ongoing face-to-face and remote reviews, for our inpatient and community rehabilitation members.
- Supporting services working with the first edition community rehabilitation standards
- Developing Accreditation membership for our community rehabilitation members and supporting them through the process.
- Conducting Special Interest Days
- Facilitating peer reviewer training days
- Attending and presenting at wider external events i.e. Faculty of Rehabilitation and Social Psychiatry Conference 2023
- Continuing to gather feedback from the network, covering all aspects of membership to shape innovation to members' needs.

Conclusion

The Quality Network for Mental Health Rehabilitation Services is stronger than ever. The healthy membership base is continually expanding and participation in events and reviews is increasing. New membership types are allowing more services to participate and a new set of standards is enabling the network to measure quality improvements over time.

However, there is still more work to be done. We have seen few services withdraw due to service reconfiguration and there is anecdotal evidence of a trend throughout England, at least, for trusts and commissioners to re-evaluate the way that rehab services are being commissioned and delivered. This will not be a surprise to many working within the field and makes it even more important that there are strong messages about the value of providing good quality, effective rehab services.

The network will continue to expand its profile and support services in this endeavour.

Patients co-produced art work

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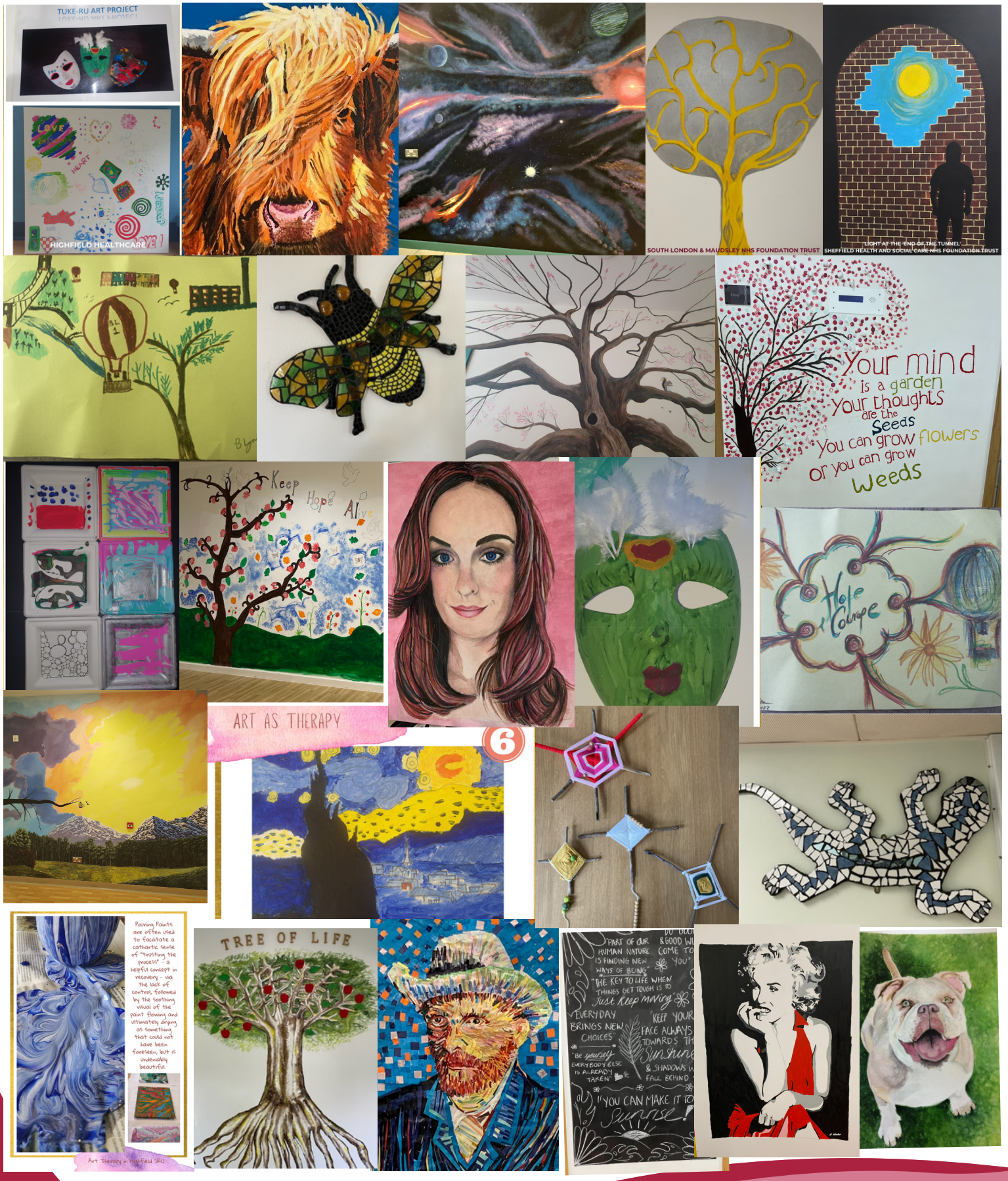

Resources

To find out more about the quality network and how to join, visit our website:

www.rehab@rcpsych.ac.uk/rehabilitation-services

Or contact a member of our team:

Quality Network for Mental Health Rehabilitation Services

Rehab The Royal College of Psychiatrists

21 Prescot Street London E1 8BB

rehab@rcpsych.ac.uk

0208 618 4113

Appendix: List of services involved

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | REHABILITATION QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

- Cygnet Healthcare
- South London and Maudsley NHS Foundation Trust
- Central and North West London NHS Foundation Trust Oxford Health NHS Foundation Trust
- Making Space
- Highfield Healthcare
- NHS Highland
- Coventry & Warwickshire Partnership Trust
- Sheffield Health & Social Care NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Belfast Health and Social Care Trust
- Cornwall Partnership NHS Foundation Trust
- Priory Group
- Somerset Foundation Trust
- Lincolnshire Partnership NHS Foundation Trust
- Second Step
- NHS Tayside
- Hertfordshire Partnership NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Oxford Health NHS Foundation Trust

Evidence Guidance

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Throughout accreditation review processes, it was noted that some standards were regularly scored as unmet, due to incorrect or insufficient evidence submission.
Below are some suggestions and advice for services regarding evidence guidance.

- **Label all evidence** – Please label each document with the relevant standard number.
- **Redact all evidence** – Please ensure you have fully redacted all documents of any identifying information (this includes patients and staffs' full names). Anything that is not fully redacted will be sent back.
- **Your Response** - Providing a short, written response to each standard scored as 'not met' along with evidence is helpful for the committee. This gives you the chance to explain the evidence provided in your own words, or any inaccuracies in the report.
- **Training Standards** – If you need to provide evidence in relation to any standards about training, it is advisable to provide this in a matrix format. Where training is out of date you should provide evidence of training having been booked for the near future. The Project Team have a matrix template – if you have not received this please request this from the team.
- **Patient Notes** – Some of the standards are best evidenced from health records/patient notes e.g. standards from the 'Admission and Discharge' and 'Care and Treatment' sections. If you have 'not met' a standard that would be traditionally evidenced using patient notes the committee request that the service provides 1 example from patient notes (redacting identifying information) and an audit to show that this has been completed in each record. If you are sending a long document (e.g. minutes from a meeting or long care plan, please highlight the relevant sections).
- **Policies** – Policies must be ratified (not in draft format) and up to date. If this isn't possible it is advisable to provide email evidence that this has been flagged to the relevant people or include this in your service response.
- **If in doubt** – use the discussion forum to get advice from other members or ask the project team for advice. We're happy to help!

Please note that while the project team can provide advice/suggestions, the Accreditation Committee is responsible for scoring standards and decisions regarding whether evidence is sufficient to meet the standard

Mental Health Rehabilitation Services Typology Table

Faculty of Rehabilitation & Social Psychiatry

Royal College of Psychiatrists

March 2019

	High Dependency Rehabilitation Unit	**Community Rehabilitation Unit**	**Longer Term High Dependency Rehabilitation Unit**	**Highly Specialist High Dependency Rehabilitation Unit**	**Low Secure Rehabilitation Unit**
Client group	Severe symptoms, (multiple) co-morbidities, significant risk histories, ongoing challenging behaviours. Most referrals (80%) come from acute inpatient units, and 20% from forensic units. Most patients detained under MHA.	Ongoing complex needs so cannot be discharged directly from high dependency rehab unit to supported accommodation. Most referrals from high dependency rehab unit or acute inpatient unit. Can take detained patients if registered as a ward (may have CTO/S41 patients if not registered as ward).	High levels of disability from treatment refractory symptoms and/or complex co-morbid conditions that require longer period of inpatient rehabilitation to stabilise. Significant associated risks to own health/safety and/or others. Most referrals from high dependency rehab unit. Most patients detained under MHA.	Specific co-morbidities that require very specialist approach e.g. psychosis plus traumatic brain injury, degenerative neurological disorder or Autism Spectrum Disorders. Challenging behaviour is often a significant issue. Most referrals from acute inpatient units and other inpatient rehabilitation units. Most patients detained under MHA.	History of offending and/or severe challenging behaviour. Most referrals from medium secure or other components of forensic system. All patients detained under the Mental Health Act (usually Part 3).
Commissioned by	Local Clinical Commissioning Groups (CCG)	CCGs	CCGs	NHSE (individual places can be commissioned by CCGs)	NHS England.
Focus	Thorough assessment, engagement, maximising benefits from medication, reducing challenging behaviours, psychosocial interventions, re-engaging with families and communities. Step down for forensic services and repatriation of people from out-of-area placements.	Facilitating further recovery, managing medication (self-medication), psychosocial interventions (CBT, family work), gaining skills for more independent living including ADLs and community activities (leisure, vocational).	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Interventions as for high dependency and community rehabilitation units but in a highly supported setting.	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Managing challenging behaviours and physical aspects of co-morbidities are most common areas for intervention.	Assessment and management of risk alongside complex mental health problems. Includes therapeutic engagement, maximising benefits from medication, reducing offending/challenging behaviours, encouraging ADL skills.
Recovery goal	Move on to community rehabilitation unit or supported accommodation.	Move on to supported accommodation	Move on to community rehabilitation unit or supported accommodation.	Move on to a specialist, long term supported accommodation facility.	Move on to high dependency rehabilitation unit, community rehabilitation unit or supported accommodation.
Location	Usually hospital based	Community based	Usually hospital based	Hospital based	Hospital based regional secure