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WELCOME

Welcome to the 35th edition of the Quality Network for Forensic Mental Health Services' newsletter. This edition is looking at 'what is community?' in forensic services. The articles explore a wide range of innovative practices on offer across the country and highlights how these initiatives contribute to improving the wellbeing of both patients and staff. Thank you to all of those who have contributed to this edition.

Having come to the end of another successful cycle, the Network hosted the Annual Forums for both low and medium secure services in May and June 2017. Both information-packed days offered delegates thought-provoking and insightful discussions on how service provision and care delivery can be improved. We hope you enjoyed the days and were able to take away lots of thoughts and ideas to develop your services with.

I would like to take to this opportunity to thank all member services for their hard work over the last cycle and for engaging in the process. We are looking forward to rolling out the changes for the upcoming cycle and hope you enjoy this new approach to quality improvement.

Dr. Quazi Haque, Chair of the Advisory Group



**Art work submitted to this year's competition
by Kemple View**

Sussex Partnership NHS Foundation Trust

Different Walks of Life Coming Together

The Chichester Centre is a low secure in-patient unit managed by Sussex Partnership NHS Foundation Trust. The Chichester Centre and Chichester Festival Theatre's Learning Education and Participation Department (LEAP) have worked in partnership since February 2016 to provide a theatre experience for patients in the mental health unit. The LEAP department aims to excite and inspire individuals by providing creative opportunities for all ages and abilities. One of their key objectives is to identify and engage with isolated communities in the local area. Both occupational therapists and LEAP practitioners were clear about the importance of facilitating activities that would enable a sense of belonging and coming together, something that at times can be hard to achieve in a hospital environment.

Theatre skills sessions were offered at the Chichester Centre as an open group, with participants coming from a variety of different backgrounds, diagnoses and levels of participation. Prior to commencing the group, staff from both organisations discussed the primary objectives. They were clear from the outset that the group was not for analysis of content, but for the enablement of social confidence, creativity and social inclusion. For the majority of the participants, these sessions have been their first involvement in theatre and performance. Due to the nature of the centre, there was no obligation for participants to attend every session, however the majority of the group did take part every week. As such, a flexible working style developed, tailored to the needs of the individuals in the room.

During sessions, space was given for all creative ideas to be heard. Participants have commented on the relaxed and safe nature of the sessions, and that they appreciated a place where their imagination and creativity was respected. As the sessions have progressed, a number of participants have developed a more positive sense of identity and an understanding of the affirmative impact they can have on both the group and the wider community.

The group has been most successful in allowing participants to trust their own abilities and develop within a new group environment. They have grown a confidence for sharing new ideas, speaking in one-to-one and group work, and in directing others. The development of these skills has transferred into a wider variety of social situations, whether it is voluntary work, accessing college or initiating and maintaining conversation in new social situations. The best reflection of how this has enabled a sense of belonging comes directly from the participants themselves. Below are some key sentiments that came from a group discussion about the sessions:

- *Permission to be different.*
- *Trust, I had to trust that others would listen.*
- *A fresh perspective from LEAP practitioners.*
- *Laughter.*
- *A good experience because I never had the opportunity to act before.*
- *A sense of belonging.*
- *Giving to each other when we are in need.*
- *I've enjoyed every group immensely and got on really well with all participants.*



**CHICHESTER
FESTIVAL
THEATRE**

In December 2016, participants were given the opportunity to attend a performance of Chichester Festival Theatre's Christmas production, *Peter Pan*. Attendees reflected:

'It was the first time that I had ever been to the theatre and I really enjoyed it...sitting in an audience and feeling a part of it.'

'At first I found it a bit stressful (being in an audience) but after, it just felt normal.'

Where does the project go from here?

The importance of maintaining consistency in the facilitators is recognised by both partner organisations to continue encouraging a sense of trust and community from all persons involved. This summer, participants will be coming together with an adult devised theatre group based at Chichester Festival Theatre to share their work with each other, ahead of a public sharing of the pieces at the theatre.

In addition to the weekly sessions, one of the participants has also become involved with fortnightly volunteering sessions at the theatre working on administration tasks linked to the theatre's archive. This opportunity has enabled her to develop practical skills that will transfer well into new work environments, as well as the knowledge that she is a valued part of the local community. We hope that this is an area of the partnership that can be developed further. It is our aim that having worked to create a sense of community for the participants within the centre, we can extend this out further into the city in which they live.

With special thanks to all participants in The Theatrical Skills Group.

**Roma Carter, Senior Occupational Therapist;
Hannah Hogg, Youth Theatre Officer,
Chichester Festival Theatre; Louise
Rigglesford, Community Partnerships
Manager, Chichester Festival Theatre.**

South Essex Partnership NHS Foundation Trust

Sports for Confidence

As occupational therapists we aim to support individuals to be able to live and function as independently as possible, and to find meaningful activities and occupation to promote health and wellbeing. Service users within forensic services are often detained for long periods of time without having any, or limited access to the community. As a result, many individuals may become institutionalised and/or may experience significant difficulties and anxiety when ultimately accessing the community. A part of our role as occupational therapists is to support individuals to develop confidence in accessing the



Art Work Competition

This cycle the Network received a large number of submissions for the annual art work competition both from medium secure and low secure services. The winners from the competition will be used as the covers for various reports throughout cycle 12-6.

Throughout the newsletter will be examples of some of the excellent work that we have received along with a two page spread of the admissions on pages 26–27.

We would like to thank all of those who submitted their work to the competition, and would like to congratulate you all on the fantastic job that you have done!

We look forward to receiving more excellent work for next year's competition!

The above painting 'I want to break free' was submitted by a patient from Northgate Hospital.

community, develop their community survival skills and provide opportunities for individuals to access community services to ensure successful reintegration into society.

The benefits of physical activity on both physical and mental health outcomes are well known and discussed widely in the literature. NHS England promotes physical activity as an intervention to reduce the risk of developing chronic conditions e.g. heart disease and diabetes. Physical activity is also known to benefit mental health and a widely recommended intervention for the treatment of several mental health conditions e.g. depression and anxiety. The occupational therapy team at Brockfield House has recently started working collaboratively with Sports for Confidence. Sports for Confidence is a community based initiative that was set up by an occupational therapist within the community, who recognises the important role that sport can play in benefiting the lives of individuals with mental illness, physical disabilities and learning disabilities. Delivered from community facilities e.g. local leisure centres, Sports for Confidence provides opportunities for individuals to participate in a variety of sports at an affordable price. Occupational therapists and specialist coaches deliver sessions in a way to promote participation, making them fun and inclusive of all abilities.



As an initial trial 12 service users from Brockfield House (which is a medium/low secure service for both males and females) were offered the opportunity to access the Sports for Confidence programme. Occupational therapists and activity coordinators from Brockfield House worked collaboratively with occupational therapists and specialist coaches from Sports for Confidence to form a bespoke programme for service users. This programme was eight weeks long and delivered from two community leisure providers in Essex, including Basildon Sporting Village and Hadleigh Park. Individuals attended one setting for a period of four weeks, and then the other setting for further four weeks. Activities offered ranged from netball, trampolining and badminton to more specialist sports including fencing, archery and kayaking. Each sporting activity

selected was able to provide opportunities for the development of occupational performance skills, which are transferrable outside of the hospital and leisure provider setting, and would impact directly on independent living skills. These can include development of personal management skills, development of cognitive skills e.g. planning, decision making and problem solving and improved social skills. Furthermore the Sports for Confidence programme offer vocational opportunities for suitable service users, who are able to volunteer and co-facilitate the sporting groups. One service user who attended the initial trial is now volunteering with Sports for Confidence co-facilitating the netball group on a weekly basis, with the view to complete a gym instructor course.



Sports for Confidence was very well received from service users who described it as “fun”, “brilliant” and “a fantastic opportunity to do activities that I have never had the opportunity to do.” Additionally as a result of engaging in Sports for Confidence service users reported feeling more confident, with one service user reporting that it “really helped my confidence sky rocket”. Others reported enjoying the social aspect commenting that “it was nice to meet new people” and that “it was good to go to places that I’ve never been before”. All of the service users that engaged in the initial trial have requested for further sessions to be facilitated, and have identified that they would like to continue accessing Sports for Confidence, and the respective leisure providers independently following discharge from hospital.

Kayleigh Reardon, Occupational Therapist, Brockfield House.

NEWS

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Suicide by Children and Young People

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness carried out a study of suicide by children and young people aged under 25 in England and Wales during 2014 and 2015.

http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/cyp_2017_report.pdf

Care Quality Commission

The state of care in mental health services

Findings from CQC's programme of comprehensive inspections of specialist mental health services.

http://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf

The King's Fund

Quality improvement in practice: lessons from mental health

The King's Fund's report explores how to embed quality improvement across whole organisations.

<https://www.kingsfund.org.uk/audio-video/quality-improvement-mental-health>



Glass Painting—Artwork submitted by Newton Lodge.

Submitted to the Cycle 12-6 Art Work Competition.

Southern Health NHS Foundation Trust

Courtyard Gardening for Community Benefits

In the hospital setting of Ravenswood House there are five ward courtyards which can be accessed by the patients and staff for fresh air, sitting and relaxing, talking and exercising. The courtyards can bring people together and there is a new opportunity for patients to get involved in courtyard maintenance and improvement for the benefit of the hospital community.

The primary objective is to provide a tidy courtyard which can allow all patients to both relax and exercise. The maintenance of the courtyards is the responsibility of Jenny from OT and the seasonal gardening assistant (me), and a new assistant gardener.



There is great variation in the courtyards of Ravenswood House. The biggest courtyard belongs to Lyndhurst ward and requires a lot of grass cutting. Ashurst ward courtyard is also large, it has two small fish ponds and has an elongated area of grass. Both courtyards have bushes and shrubs which need to be trimmed. Mary Graham ward courtyard is probably the most diverse, the ward has recently added vegetable and flower beds. There are also bedding plants placed around the borders near to the building. There are two small areas of grass in this courtyard. The courtyard of Malcolm Faulk ward, ICA, consists of a paved area plus an area of grass. Overall the courtyards of Ravenswood House need regular garden maintenance, mostly grass cutting with minimal hedge trimming. The paved areas need maintaining by weed removal and clearance.

We are very fortunate that Ravenswood House offers jobs to patients. Jenny from OT supervises and organises the work, she is assisted by a seasonal gardening assistant, a job taken up by

a patient, with another new assistant gardener post just starting. The courtyards offer two hours of work per week on average, although at peak growing periods the larger courtyards could be better maintained every two weeks and not on a once every five weeks rota basis. Safety concerns mean that the power tools used are electrical and not petrol, which does make the job more difficult. The job in the courtyard makes for a community where people can learn and develop new skills. I am involved in the decisions about the tasks in hand and there are more opportunities to develop further creative projects for the future, for example, using drawers to create a planting scheme. I find garden maintenance very worthwhile and rewarding, giving me a sense of achievement and self-worth. I would willingly volunteer to do the work for free. Getting a good dose of fresh air in pleasant surroundings can be beneficial to all patients so the basic upkeep of the courtyards is important.

The courtyards have recently been overgrown and in need of attention. Since starting the courtyard job, other patients and staff have commented on the big improvements we have already made. With the fine weather we have noticed more patients coming out into the courtyards and they are providing a much more pleasant environment. In the courtyards people talk with one another and so having a safe and attractive environment that is welcoming, is an asset to the unit and promotes a stronger community. The courtyard gives access for all and enables everyone, staff and patients to participate.

Service User at Ravenswood House.



REVIEWER TRAINING 2017 and 2018

Are you interested in becoming a reviewer?

WHO IS IT FOR?

Staff from our member services from any discipline with an interest in being a part of external peer-reviews for forensic mental health services.

THE WORKSHOP

AIM: To enable staff who are members of the Quality Network to feel confident in being a part of peer-review visits of other forensic services.

LEARNING OUTCOMES: Participants will gain theoretical and practical knowledge of all aspects of a peer-review visit.

TEACHING METHODS: The day will involve presentations, seminar discussions and role-play scenarios.

Upcoming training days will take place at:

Thursday 14 September 2017, Copthorne Hotel, Paradise Circus, Birmingham, B3 3HJ

Tuesday 24 October 2017, Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB

Monday 5 February 2018, Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB

Should you like to attend the training, please contact Anita Chandra, anita.chandra@rcpsych.ac.uk, for further information.

South Essex Partnership NHS Foundation Trust

Implementing a Recovery College in a Secure Unit

Brockfield House accommodates patients with a range of mental health disorders, providing specialist care to patients who require a secure environment. The unit has both medium and low secure wards, including acute, rehabilitation and pre-discharge wards and takes a holistic approach to treatment. Psychiatrists, OTs, psychologists and social workers form the multidisciplinary team, as well as an employment specialist and activity coordinators.

From April 2016 to March 2018, NHS England set a CQUIN for all medium and low secure services to establish co-produced and co-delivered education through a Recovery College and plans were put in place to launch a Recovery College within secure services at South Essex Partnership Foundation Trust. A steering group was formed at Brockfield House in July 2016 to design and implement a Recovery College across the unit. The steering group included representatives from each profession, as well as a patient representative from each service, ensuring a multidisciplinary and multifaceted approach with patients' needs and interests at the forefront. As far as possible the distinction between patients and professionals was avoided, with an emphasis on co-production, co-delivery and shared decision making.

The steering group met monthly to discuss potential courses, course materials and prospectus designs, with training and guidance offered from Implementing Recovery through Organisational Change (ImROC) on essential skills such as group facilitation. The patient representatives created the acronym *FRESH* as the slogan for Recovery College, encompassing all of the courses on offer under subheadings of Future, Recovery, Education, Skills and Hope. The Recovery College steps away from the therapeutic model, taking an educational approach, rather than a rehabilitation approach and was introduced to complement other treatment approaches. Within this model, staff become tutors and patients become students.

As students, they are able to enroll in courses of their choice and develop the necessary skills to become experts in their own self-care. It was felt that the headings of "FRESH" capture this approach and with this came the logo of light at the end of a tunnel to epitomise the opportunities that recovery college courses could offer.

Developing the courses required consideration of not only the needs of potential student, but also the existing skills with an emphasis on co-facilitation. It was important to identify patient experts who were able to plan and deliver the courses with a member of staff and share this knowledge with their peers. With this, it was discovered that many patients had previous experience/expertise that they could share as a facilitator including skills in computers, cooking and football coaching, uncovering new possibilities for courses. However, considerations also needed to be made to the pragmatics of the courses, including locations for the courses, associated cost, any clashes with existing therapies and risk. Although co-facilitators within the Recovery College, local policies still needed to be followed in terms of patient escorting and staff patient ratios and so all of this was deliberated when developing the courses.

The Recovery College launched in January 2017 with courses on offer including introduction to yoga, online learning, introduction to careers in healthcare, recovery through movement and dance, mindfulness, introduction to the Mental Health Act, international cooking, football coaching and CV writing.



FRESH Logo for Prospectus

Future – Recovery – Education – Skills – Hope

Students enrolled in courses of their choice and, in collaboration with their tutor created an individual learning plan.

Overall, the courses were successful and term one is now complete with positive feedback from students. Term two is currently underway offering a range of new courses, including healthy lifestyle, effective communication, first aid, understanding your benefits, as well as others continued from term one.



Member of staff at launch event January 2017

Enrolment and engagement in the courses continues to be high, with students placing a value in the courses not always seen across other therapies.

The Recovery College is an ongoing process and the steering group continues to meet monthly, sharing feedback from last term and ideas for the next. The project continues to develop and grow, with ongoing discussions around term dates, courses and frequency of graduations.

A graduation ceremony is due to take place July 15th, during a carers' day event, where students will be presented with a certificate in the presence of their carers. Such events are pivotal to keeping the energy of the Recovery College going and ensuring students receive recognition of completion and facilitation of courses, as they would upon completion of a college course.

Victoria Dean, Occupational Therapist, Brockfield House.

South West Yorkshire Partnership NHS Foundation Trust

Mission Slimpossible

Staff and service users within the learning disability service at Newton Lodge have challenged themselves to living a healthier lifestyle. They have been taking part in a project called Mission Slimpossible.

The programme incorporates daily exercise and increasing knowledge about current health topics. Areas we have covered so far have been: movement, the eat-well plate, food labels, food groups, hidden sugars, portion control and a healthy food taster session where everybody was encouraged to try new foods.

Physical activity is encouraged and we aim to complete at least 30 minutes a day. This has included attending the sports hall, the gym and

completing a work out DVD. This has been developed with both staff and service user involvement. The sessions have been tailored to all levels of ability and have received positive feedback so far! Although still in the early stages we are seeing positive results. The aim is to have fun and enjoy a healthier lifestyle.

MISSION : SLIMPOSSIBLE

In an attempt to introduce and encourage the whole of Newton Lodge to lead healthier lifestyles, the learning disability team is organising a sports day that will be held on the 31 August. Dieticians and the wellbeing team plan to attend the day in order to increase awareness of the importance of looking after our physical health and well being.

Stacey Rushby, Senior Clinical Practitioner, Newton Lodge.

Northumberland, Tyne and Wear NHS Foundation Trust

Recovery: Healthcare and Museum Services in Partnership

For the past year, the Bamburgh Clinic, part of Forensic Services at Northumberland Tyne and Wear (NTW) NHS Foundation Trust, has opened its doors to two stalwart members of the Tyne and Wear Museum Service: Kath Boodhai, Assistant Outreach and Wellbeing Officer and Sarah Cotton, Keeper of Contemporary Collecting.

The Wellbeing Programme is Tyne and Wear Archives and Museums' Culture and Heritage programme supporting adults with mental health issues and recovery. The programme works in partnership with mental health services, NHS professionals in hospitals and Recovery Colleges. Working alongside colleagues from Occupational Therapy and the Arts Project, Sarah and Kath delivered a series of talks, discussions and museum object handling sessions that engaged the men from the four wards within the Bamburgh Clinic and sought their views and contributions. This, in turn, allowed the programme to develop its own course and embed meaning at the point of patient involvement. In parallel, and as part of the over-arching project, money from the NTW Trust Charitable Fund paid for a professional Animation Artist to deliver a Recovery College course for patients. This created an opportunity for patients to become involved in making short animated films, in part inspired by a trip to the Tyne and Wear Museum Archives, where patients received a tour given by the Archivist.



Begun over a year ago, the partnership between the two organisations has deepened and the various strands of the project have evolved in

ways which could not be foreseen at the outset of the joint venture. Through Sarah and Kath's work, patients have been able to consider the significant role of museum services in relation to contemporary issues, for example, the project the museum ran on Food Banks early in 2017.



Patients also found out about the museum collections; how the objects of today become the history of tomorrow; the ethics and provenance of collecting and the stories that objects tell. All the sessions received a high level of patient attendance with a core group committed to the project throughout.

After a short summer break, the Events Group at the Bamburgh Clinic, comprising patients involved in the project to date, will take the lead on the next stage of the project. Planning will culminate in a series of exhibitions in the Bamburgh Clinic's dedicated exhibition space at the entrance to the Clinic. Patients will collect, design and write about material to be exhibited in a bank of lockers: the Locker Exhibition Project and will work with Tyne and Wear Museum staff, including the Exhibition Organiser, to curate short duration exhibitions within the lockers.

In addition, patients and staff have been asked by the Keeper of Contemporary Collecting to help her collect objects that relate to the experience of living and working at the Bamburgh Clinic. This will help to bridge a gap in the Museum Archives that relates to the City of Newcastle Psychiatric Services and the origins of St Nicholas Hospital. The four highly original animated films made by patients will also be deposited in the Museum Archives.

For more information on the Partnership Project between NTW and TWAM and the Animations, please contact: Jane Akhurst, Arts Project Manager, Forensic Services, Specialist Adult Services Directorate.

**Jane Akhurst, Arts Project Manager,
Bamburgh Clinic**

Upcoming Events at the Quality Network

Communicating with Family and Friends, 31 August 2017

This event explores the way services communicate with family and friends and how this can be improved nationally. The day will be split into two parts; the morning session will comprise of key speakers discussing care in forensic services. This will be followed by workshops exploring good practice in the afternoon. The event will be an excellent opportunity to engage in discussions about some of the difficulties that services are facing with carer engagement.

This is a free event for member services and lunch will be provided. Non-members can attend at a cost of £40.

If you would like further information about the event then please contact Matthew Oultram matthew.oultram@rcpsych.ac.uk for further details.

Revisiting See, Think, Act, 27 November 2017

Following the publication of See, Think, Act (2nd Edition) in 2015, the Network is hosting a follow-up event to revisit relational security.

It is an opportunity for professional from all disciplines to meet and discuss key issues in this area and to learn and share ideas.

This is a free event for member services and lunch will be provided. Non-members can attend at a cost of £40.

If you would like further information about the event then please contact Cassandra Baugh cassandra.baugh@rcpsych.ac.uk for further details.

Events will be held at Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB.

Opening Doors at the Broadland Clinic

The Broadland Clinic is a medium secure neurodevelopmental NHS service for men, in Norfolk. We are entering the third year of a successful partnership with an independent community advocacy organisation called Opening Doors (www.openingdoors.org.uk). We bring community advocates who have learning disabilities into the ward, and overcame a lot of challenges to make this a success. This is the story of how our relationship has developed.

Opening Doors differs from other advocacy organisations in that their self-advocates are all people who have lived experience of learning disabilities. The partnership came about after us becoming aware of the fantastic work they were doing supporting people to have their say on government and council initiatives, supporting their clients to become more independent on buses, and training individuals in health and wellbeing initiatives.



In the first year of the contract, there were a lot of hurdles to overcome. The self-advocates and their support staff had not been to a secure unit before, and had little experience of the physical, procedural and relational security expected. There were a lot of visits before they went onto the wards. We had to work with the concerns and fears of the staff, the self-advocates and the patients, to make the sessions a success. We decided to provide the Opening Doors staff and advocates with a lightly modified version of our security training so they were well informed.

Another initiative that greatly helped was training sessions run by Opening Doors for all

staff, on the topic of self-advocacy and the patient journey. This helped address staff concerns about what the role of Opening Doors was at the clinic. Staff reported coming away with a greater appreciation for what people with learning disabilities experience, and also what they can achieve.

Opening Doors began visiting fortnightly, and supporting patients to run their house meetings. During the time Opening Doors have been running our patient meetings on the wards, they have brought forth feedback instrumental in developing the service. Opening Doors also created easy read format minutes for all their meetings.

For Opening Doors it was hard to get used to a secure unit, all the restrictions the patients are subject to, and the sometimes laborious process of getting changes agreed. Their outsider perspective often means patients feel more able to challenge some of the blanket restrictions at the clinic, and the ideas that come from the meetings have been useful to everyone. Opening Doors have provided a valuable link between life inside an inpatient unit and the world beyond. They provided sessions on voting rights around the election, have trained patients in diabetes, and have assisted with all our patient surveys and patient consultations.

In conjunction with the charity, patients have organised social trips to the community, such as bowling trips. Patients have also celebrated individual achievements and become more involved with the community, for example one patient attending an open mic night at a pub after Opening Doors encouraged him.

The connection between the Broadland Clinic and Opening Doors continues to blossom. Three discharged patients continue to be members of Opening Doors, and have been able to present their life stories at national conferences. Opening Doors developed a steering group about transforming care, and our patients sit on this group. We also have two patients who now volunteer at the charity, their stories are below. Future projects will include helping the clinic to develop better information around care and treatment reviews.

In summary, bringing an outside organisation into the ward can be challenging for everyone

concerned, and involves a degree of therapeutic risk taking, but overcoming the hurdles is very much worthwhile.

"I go to work in the office at Opening Doors (self-advocacy service) every Thursday from 10.30am – 12pm. When I go to work, I wear a suit and look smart. When I arrive at Opening Doors, I put my name tag and badge on, go to the office and tidy my desk before going to a meeting with Katie who works there. At the meeting, Katie tells me my tasks for the day. I carry out lots of tasks at work such as:

- *Answering the telephone and writing down messages*
- *Photocopying*
- *Laminating*
- *Computer work and typing*

I feel really positive and pleased with myself after my day at work. It's a great experience for me and I hope to go to work on my own in the future."

"Every Wednesday morning, I go to Opening Doors in Norwich where I carry out gardening work at the venue. I like being outdoors and getting my hands dirty so I enjoy this work. I am starting small and building up the work I do there. At the moment, I am tidying up, weeding and sweeping in the garden. I have had some nice comments about the work I do and feel better afterwards. I would recommend it as it gives you a really good feeling."



**Vicki Aiken, Occupational Therapist,
Broadland Clinic.**

The Priory Group and Partnerships in Care

Recovery Service: An Integrated Treatment Service for Patients with Mental Illness and Those Who are Dual Diagnosed

Our service users are in various stages of recovery from mental health and/or substance misuse. Historically, mental health services and drug services have developed independently resulting in patients with complex needs being marginalised, passed between specialist services "from pillar to post" and in some cases they have disengaged from services altogether. This approach increases the vulnerability of service users with complex needs and is associated with "increased risk of violence, suicide and worse clinical and social outcomes" (Abou-Saleh, 2004).

In order to meet the complex needs of our service users we have adopted an *integrated* approach to care. A model which ensures they receive concurrent treatment for mental illness and problematic drug and/or alcohol use from a single multidisciplinary team (MDT). Significant developments have taken place in terms of substance misuse provision offered to patients and the specialist services we work with. The work we do with our community partners is fundamental to the success of the recovery pathways of all of our service users. The following information reflects a small selection of projects we are currently engaged with.

Red Rose Recovery (RRR) & Lancashire User Forum (LUF)

RRR is a 'Recovery Infrastructure Organisation' (RIO), they help to provide a firm infrastructure around the patient every step of the way in the recovery journey. RRR is linked to LUF which is an open and friendly forum that patients and service providers attend to share information, promote recovery activities and gain support.

Patients and recovery staff are involved in many activities with RRR and are on the steering group for our area ensuring their voices are heard in regards to development of the local area support

and recovery activities offered. Activities we regularly attend include; 'Recovery Café' events, our patients and peers cook for each other. Two of our patients are excellent DJs and showcase their skills at the recovery café. This has led to them being asked to perform at various recovery events. We also support the development of the RRR allotment site (alongside the development of our own) and work with the 'Canal and River Trust'.

Attendance and involvement with these recovery events and activities supports our patients to grow in confidence, develop self-esteem and life skills. When recently attending a RRR 'Volunteer Awards Ceremony' Kemple View got a special mention by RRR's CEO Peter Yarwood for the joint working being carried out. Mr Yarwood gave particular recognition to the way in which our staff and patients interact and work together advising "you don't know who patients are and who are staff" as all get involved and work well together.



Challenge Through Sport Initiative (CSI)

CSI is a partnership project to encourage more active and healthier lifestyles for adults primarily in drug and alcohol recovery by getting regular sport and physical activity. Patients with staff participate in many activities with CSI including foot golf, football and boxing fitness training held at Jennings Gym, Coppull. Our patients enjoy the sessions and more importantly gain much from being part of a recovery and fitness focused team. Patients with unescorted leave attend sessions offered by CSI independently. Again, this supports them to build new friendships, practice skills learned in psychological therapies and to develop confidence and self-esteem. Our service users can continue to access these activities post-discharge. We currently have two patients who have been discharged this



year still attending and benefitting from the links they made pre discharge.

Renaissance at Drugline & FAVOR UK: The National Recovery Walk, Blackpool

The 'UK Recovery Walk' (the largest recovery walk in Europe!) takes place each September with the aim to celebrate the achievements of and raise awareness of substance use disorders, recovery from addiction and other disorders including eating, gambling etc. Our patients and staff are on the 'steering group' for the walk and are involved in the organising, running and fundraising for this years 'UK Recovery Walk', along with 'Renaissance at Drugline', 'Favor UK' and other agencies. Our patient DJs also have accepted 'gigs' on the day!

One our most recent fundraising events (the brain child of one of our patients!) brought together all our recovery partners and the local university (with whom we play football with weekly) to organise and take part in 'UCLAN/ Kemple View Football Festival'. On the day of the walk many patients from Kemple View will be joining the recovery team to enjoy the celebrations in Blackpool.



Our service provision has a positive impact on our patient group offering them hope for the future, enhancing motivation to tackle substance related issues, building confidence whilst offering a flexible, responsive approach to treatment. The treatment patients engage in pre-discharge and the links they make for support on discharge enables the SU to make informed choices about future.

"I've never done anything like this before, I'm treated as part of the team, there's not an us an them feeling"

Patient talking about his therapeutic relationship with the recovery team and his peers in the recovery community.

"I'll keep going to the groups when I get out, I've got new friends now and have something to do"

Patient talking about the links he has developed which will continue to support his recovery post-discharge.

"I know now that I don't need to take amphetamines to be a good DJ, I can do it without any drugs, I know it cause I do it now all the time!"

Patient reflecting on how his previous thoughts about his need to use illicit substances to be a good DJ have now changed due to his experiences in recovery.

Adrian Oldale, Recovery and Substance Misuse Support Worker; Daniel Cockle, Mission Fit' Facilitator, Recovery Worker; Janella Anderson, Ward Manager; Lisa Potter, Clinical Lead; Lianne Powell, Substance Misuse Nurse, Kemple View.



Photograph taken at the recent 'Recovery Walk' fundraising event 'UCLAN/Kemple View

MSU and LSU Annual Reports

are due to be published this autumn!

The annual reports will provide you with the aggregated data from the latest cycle of reviews, including benchmarking data for your service.

It will also be jam-packed full of good practice examples from services across the country!

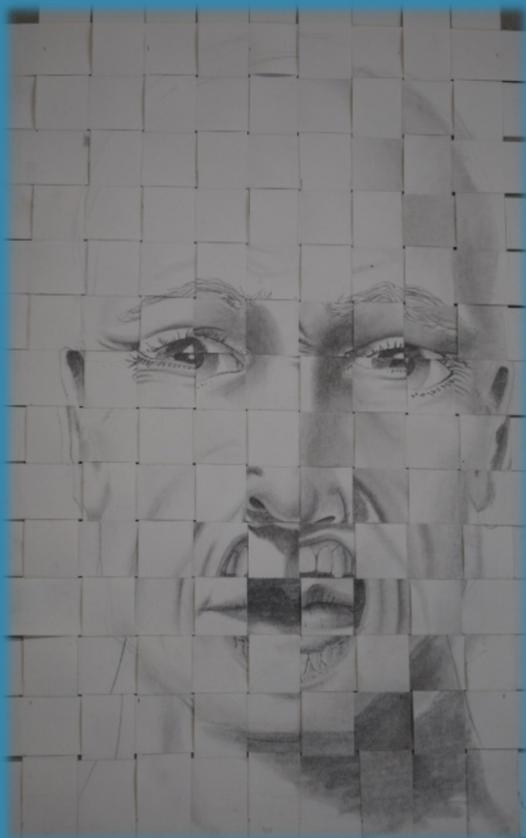
FORENSIC
QUALITY NETWORK FOR FORENSIC
MENTAL HEALTH SERVICES



Restrictive Practice in the Context of Relational Security

In See Think Act 2nd Edition, we made an important connection between the management of boundaries and the issue of restrictive practice. Inevitably, when we are discussing boundaries as part of relational security development sessions with clinical teams, restrictive practice almost always comes up.

For some staff, particularly nursing staff, the group who find themselves *continually* managing boundaries, there is sometimes an obvious feeling of anxiety about 'restrictive practice' to the extent they feel restrictive practices are something to be eliminated and should never exist. It has made some people uncertain and that is limiting their confidence to manage boundaries, particularly procedural boundaries.



Artwork submitted by a patient from Kemple View

Submitted to the Cycle 12-6 Art Work Competition.

In secure mental health services, we know some restrictions are essential for the safe and effective delivery of care and if they're essential, then they must also be therapeutically justified and properly understood by staff, patients and those people with a stake in their care. This means understanding what rules are in place and why, properly explaining them, and challenging them regularly to ensure they continue to meet the needs of patients. This sounds straightforward in principle but many people working in our services would like to be more confident about the issue of restrictive practice. Greater confidence might avoid a misinterpretation of the philosophy that results in a worse overall experience for patients.

On the opposite page is a recent example of misinterpreting the principle: In a boundaries development session I ran with an MDT, a point arose about TVs in bedrooms (TV comes up a lot). I asked what time patients were encouraged to turn their TVs off and go to sleep. The response I received was vehement. Patients were never asked to turn their TVs off, indeed many patients watched TV until 3 or 4 am. "We can't" they cried, "That's a restrictive practice! It's a blanket rule!". But another member of the group who worked in education pointed out that the same people watching TV until very late were the same people failing to turn up to their jobs. The psychologist pointed out that barely anyone attended therapy sessions in the morning and even those that did later in the day were often difficult to keep focused. In this example, a failure of confidence in applying sensible restrictions was having the unintended effect of actually extending the length of stay of a patient in a restrictive setting. To me, in this case, there's a clear therapeutic argument for limiting access to TV overnight in order that patients can take advantage of the clinical programme available to them and minimise their length of time in secure care. This example also highlights the value of facilitating relational security development *with* a clinical team (rather than *to* a roomful of random delegates) where these kind of practical issues can be revealed and dealt with.

As part of See Think Act development sessions with clinical teams, we sometimes find it useful to address the issue of boundaries and restrictive practice together. Discussions about boundaries are always animated, engaged and illuminating.

Restriction / boundary	Physical, procedural or relational?	What's the clinical rationale for this restriction / boundary?	Negotiable, non-negotiable or grey area?
Allowing patients to go in each other's bedrooms	Procedural	Private meetings between patients that cannot be observed by staff can be used to manipulate, extort or bully vulnerable patients, or engage in activities which undermine the safety of the service. We know that often such meetings will be without any sinister intent but such meetings cannot reasonably be observed and in this health setting, managing the risk of patient victimisation and maintaining a safe community takes priority.	Non-negotiable
Private trading between patient	Procedural	Private (or secretive) trading can easily become the subject of conflict between patients, which is difficult to bring resolution to. It can be used to manipulate, extort or bully vulnerable patients, or patients who have leave. We know trading can be a straightforward, mutually beneficial exchange, but in this health setting, managing the risk of patient victimisation and maintaining a healthy community takes priority. We will allow patients to exchange items in a shared agreement discussed with staff who are able to confirm first that patients are fully consenting of the exchange.	Non-negotiable
Extending the communal TV 'switch off' time	Procedural	It is therapeutically reasonable to adopt a 'switch off' time in a health setting that, to be clinically effective, relies on patients being alert enough to properly engage with the therapeutic programme available to them. However, the timing of such "switch off" may be negotiable depending on the day of the week (i.e. week days may require more discipline in respect of daily routine than weekends) or other factors such as an important event or a reasonable extension to watch the end of a film people are watching. Consider the reasonableness of the request against the harm of what may feel like an unfair imposition of rules.	Negotiable (ward team)

Most people still feel that boundaries are the biggest challenge but there is still not enough opportunity to talk about it. But what this session also often exposes is boundaries over which there is confusion about whether the rule even still applies, why some rules are in place at all and who is allowed to review rules that no longer feel relevant. There is a clear connection here between these rules, patient satisfaction and relational security. If we don't know the rules, how on earth are patients supposed to? If we don't understand why some rules and restrictions are in place, why should we expect patients to comply with them or consider them 'therapeutically beneficial'? If patients feel some rules have no rationale other than to simply control them, are we surprised they want to leave?

Therefore, in some boundary sessions we talk practically rather than just theoretically and we write it down. Not only do we write down what boundaries and rules exist in our services and whether we feel they are non-negotiable, negotiable or in the grey area (up for discussion), we also define *why* they are in place. We question whether that reason is still therapeutically valid and highlight the ones that needed scrapping or at least reviewing again.

Here is an example:

What this accomplishes for staff is to build a proper narrative about the clinical rationale for some of the necessary rules we have in place and the confidence to apply them. What it does for leaders is to build a framework by which they can test the continued applicability of a rule or boundary to make sure it is still relevant to the clinical strategy. And for patients, it might not always mean they get the answer they would like but at least they and the people interested in their care receive a proper explanation for some of the rules we have in place that are otherwise sometimes pretty difficult to figure out.

See Think Act states:

"Whether ward rules are relational or procedural, fixed or flexible, they must never be punitive and always applied reasonably. They should reflect the current clinical strategy of the service (that means regularly checking whether rules that have been in place for a while are still needed) and never be purely in place for the convenience of staff. Unnecessary or insensitively applied rules create feelings of mistrust and resentment, which leads to conflict and confusion on a ward, and makes it difficult to provide the care our patients need".

Find out more information at www.frontfoot.net

Elizabeth Allen, Author of See Think Act.

Cygnnet Healthcare

Family, Friends & Caregivers Events: An Overview of the Benefits and the Challenges

Cygnnet Hospital Blackheath, Meridian ward is a 17-bed low secure male inpatient unit with an average stay of 18-24 months. Every quarter we arrange a Family, Friends and Caregivers (FF&C) event and invite all whom we have contact information for. In the weeks and months leading up to the event we send out invitations via post and email, we call our FF&Cs to talk to them about the event, and we put posters up for the event in the areas our visitors access on the wards. On average, we have contact information for 60% of our service users but in attendance to our last event we had a 22.22% turn out, two carers out of nine whom were invited. The limited involvement and engagement from our FF&C's as well as limited contact information continues to be an ongoing challenge.

The Challenges:

- Obtaining contact information of FF&Cs from service users
- Providing a service to FF&Cs without willingness of service user to involve them
- Actively engaging FF&Cs to attend events we host for them
- Location of our FF&Cs to the Blackheath site

What we offer:

1. Quarterly FF&C event: to provide an opportunity for the inpatient wards to connect with the family members, carers and/or friends of our service users, and to provide them with information they may find useful. We deliver this information through presentations, discussions, question and answer sessions, interactive and experiential learning and resources. Previous events have looked at both giving more detailed information about Cygnnet Healthcare and the specific services we provide as well as inviting external speakers from the wider community as a way of connecting and signposting our FF&Cs to support and services in the community which they can access.

2. Quarterly newsletter: is posted and emailed to carers on a quarterly basis following our FF&C

events. We also make it available on our webpage. Information booklets for the 'families and carers' of service users' at Cygnnet Hospital Blackheath. We have encouraged our carers to provide us with any feedback or changes they would like made to these booklets as to ensure it provides them with all the information they need about our service.

3. Invitations to attend our Operational Management Meetings (OMM) in person, via phone or video link.

4. Provision of a "travel bursary" to help towards travel costs to the events.

5. Family, Friends & Caregivers Surveys.

The Benefits:

As a unit we endeavour to continue to empower our FF&Cs with information to enable them to gain support, but also improve how families and carers are involved in the care of their loved ones and the development of the service.

Our next event is being held at the Greenwich Carers centre, in a quest to continue to support and engage both our services and our FF&Cs with our local community. In the weeks and months leading up to the event, we send out invitations via post and email, we call our FF&Cs to talk to them about the event, and we put posters up for the event in the areas our visitors access on the wards. Providing a variety of information from both internal and external speakers: Each event is planned using suggestions and requests from the previous



The quarterly Newsletter



The information table set out for each event

event. Previous talks have been given by members of the team at Cygnet Hospital Blackheath, including the hospital manager, lead psychologist, speciality doctors and social worker. In addition to external speakers from "Carers Lewisham 'Carers Mental Health' Forum", "a patient reviewer for RCPSYCH CCQI", "Families Anonymous (FA)", "A Cygnet Expert by Experience & Cygnet Peoples Council" and "The Greenwich Carers Centre".



The newsletter includes an update on recent events we have held on the unit thus keeping our FF&Cs informed about activities their loved ones may have gotten involved in, as well as summaries of presentations from our previous FF&C event in case they were unable to attend or wanted more information. As well as contributions from FF&Cs to the newsletter, hosting the events at different venues including on the ward during which we involved our service users for part of the day too. We include excerpts from feedback forms on the newsletter such as those below:

"Very informative, not rushed, diverse presentation."

"Excellent subjects. Relevant but diverse speakers."

"A very positive experience. Each topic was relevant and informative."

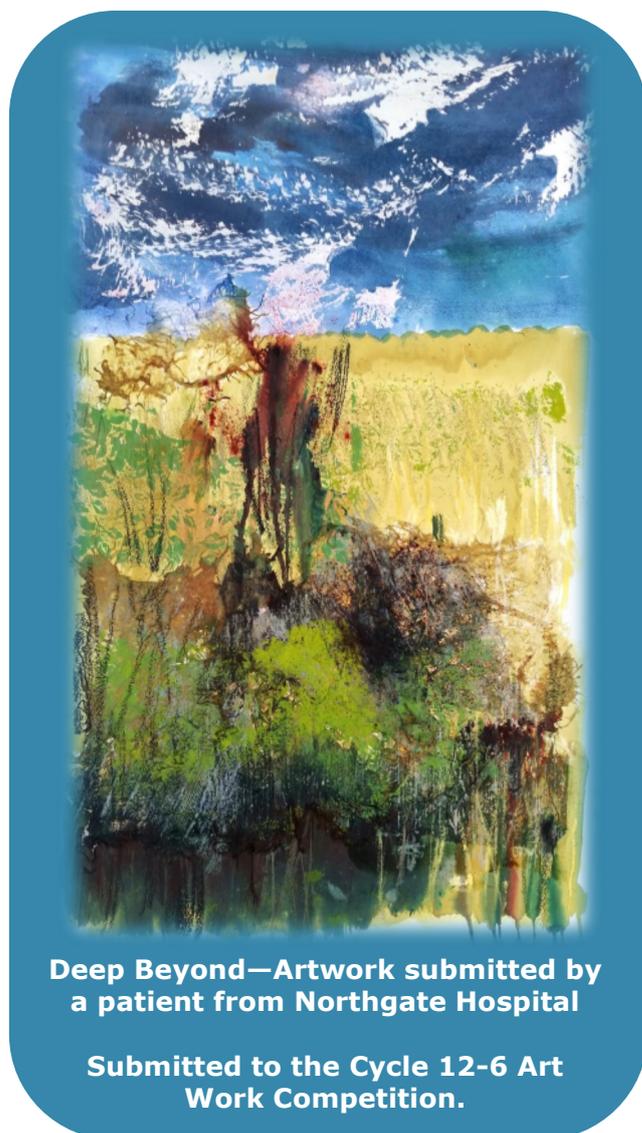
"It was a very good and informative event, the topics presented on were relevant to care givers and family, moreover the care givers/family who attended were fully able to identify with every area of each subject matter presented on."

How we can move forward:

Considering changing the date and times of the FF&C event to make it more accessible for those

who may be working and unable to take time off work or have a long way to travel. We are also looking into creating a page on our website dedicated to FF&Cs which we can regularly update with information about upcoming events internally and externally, newsletter editions, signposting to resources and community services. We continue to use the feedback we receive to improve on our communication and engagement of FF&C in events and support for them. We continue to have open discussions with our FF&Cs to discuss what promotes their involvement and what may have hindered them in the past. We intermittently ask service users for contact information of possible FF&C and work towards having contact information for every service user.

Paréce Bell, Assistant Psychologist, Cygnet Hospital Blackheath.



Deep Beyond—Artwork submitted by a patient from Northgate Hospital

Submitted to the Cycle 12-6 Art Work Competition.

Coventry and Warwickshire Partnership NHS Trust

The Retreat is Coming

The female forensic unit within the Brooklands site was left unused when the ladies moved into a new purpose built building. During site renovations which included the erection of a secure fence, this building became part of the internal perimeter of the male low secure unit due to its proximity to the building. Eighteen months ago the manager, staff and patients decided that they no longer wanted to waste the building that was on their doorstep and looked at ways they could utilise the space. The project began with patients stating what they would like the space to be used for. There were lots of ideas, but the overarching theme was that this could be a place for them all to work hard, but also to socialise, relax and spend time away from the unit with each other and staff.

Patients and staff began the renovation process, working together to make the building fit for purpose. Patients created their wish list for items they would like, and created a schedule of works to be completed. This project brought together lots of different departments all of whom could see the potential and were committed to making it work.

Soon momentum was really rolling and even patients who have previously been difficult and reluctant to engage were suddenly full of enthusiasm and proud of the project they were all working so hard on. Staff members were equally enthused and would come in to work with ideas of what could be done next.

As the project progressed the patients decided that they wanted to rename the building so that they could put their own 'stamp' on it. After much discussion the patients decided that the name 'The Retreat' was particularly apt and so 'The Retreat' was born. Whilst this may sound simple there was a lot of 'backstage' working being undertaken including fire and safety and quality inspections, operational guidelines and procedures, and risk assessments, all ensuring that security was maintained.

With most of the hard work done it was now the patient and staff's opportunity to begin to

personalise the environment and agree what each space would be used for. One of the first sub-projects was to turn part of the building into a restaurant for the day on 25th December 2016. Months of planning and preparation went in to the day, and it was a huge success with some of the patients assisting in the cooking and serving of the menu they had created.

Following on from the success of Christmas, patients and staff continued to work on their plans. So far within the building there is;

- An education room
- Games room
- Art and crafts room
- I.T suite
- Multi-faith room
- Chill room
- Fully furnished kitchen and utility which includes domestic household appliances to provide the patients with a realistic opportunity to develop and build on daily living skills
- Music room
- Group activity room
- Recovery college

The rooms are also being used for 'decorating projects' which have provided the men with opportunities to learn more new skills. The completion of the rooms has given the men a sense of pride and achievement which is apparent in their delight at showcasing their work to visitors and most recently the CQC.

The extended perimeter has fortunately provided the service with a vast garden area and the men have now turned their attention to this. Vegetable plots have been planted which have produced one of the largest crops of radishes most have ever seen. Sweetcorn, cabbages and green beans are slowly following behind, and there are plans to incorporate these produce in their cookery sessions now that all the men have



The Brooklands Team

obtained their food hygiene certificates. Patients have created colourful and artistic flower beds and hanging baskets. The next project for the men is the design and creation of a sensory garden.

The Retreat has encouraged the integration and working together of patients, it has enthused staff, patients, and visitors alike. The plans are

ongoing and the scope is endless. One thing is certain, the Retreat has brought a sense of togetherness and community for all involved and the patient's lives and futures are richer and brighter for it.

Alex Dobbys, Modern Matron and Karen Szrejder, Unit Manager, Brooklands.

Mersey Care NHS Trust

Safety in Town

Safety in Town is a scheme to involve the community with vulnerable adults. One service user has been very proactive in talking to local businesses in the Whalley area to sign up to the scheme. The business then displays a sticker in the window and any service users who feel threatened or vulnerable whilst in the area, can go into one of the shops displaying the sticker and the shopkeeper can contact the Whalley site, or the police if necessary. The service users carry a card with details of the support they may require and contact details. This initiative has highlighted the relationship that our service users have within the local community and all businesses approached signed up to the scheme immediately. Any service users who have unescorted leave will be given a card and an explanation about the scheme to enable this initiative to work successfully. This scheme could be rolled out to other areas very easily.



Stephen has worked with local businesses signing them up to the Safety in Town scheme, so that the community would be a place of support for people like him and help to break down the barriers for people within services.



*"Our service users get distressed and I wanted them to know there are people who'll help and not judge. When I first started asking businesses to sign up, I was worried people might think that I was a salesman. I was very open about my disorder but I was scared, it's a hard thing to explain. But once they understood, **all** but one business signed up.*

"It got me down that I couldn't get support from everyone, but the others are really involved. I meet them to advise what they have to do and we hold group meetings to give updates.

"I want to get messages out there to help people understand people like me. I've spoken at conferences and been to an awards ceremony at Old Trafford—being a City fan, that felt strange! I'm hoping to become a volunteer—I want to help my peers, to give service users a voice!"

Find out more at lldpb.org or watch Stephen's film on Mersey Care's Youtube Channel.

Information for this article has been taken from the Spring 2017 MC Magazine.

NHS Tayside

From Learning by Stealth to Celebrating Success at Rohallion

In April 2016, we entered a new partnership with our local college to provide adult literacies input to the patients within our low and medium secure clinic.

We held a college open day to launch our partnership and gain opinion from the patients about what they felt they wanted and needed in relation to learning opportunities. Feedback was that:

- *They were anxious about their abilities to manage anything "academic".*
- *There was a degree of anxiety about making a commitment to something on a longer term basis.*
- *They valued and wanted accredited learning opportunities.*

It was apparent that there remains a stigma around admitting difficulties in reading, writing and numeracy and therefore there was a reluctance to engage in anything where any skills deficit could be highlighted. What was interesting however was a willingness to openly discuss lack of skills and confidence in relation to the use of technology.

It was clear that creating a culture and appetite for learning within the clinic was going to take time. We agreed that we were going to have to adopt a stealth like approach to learning opportunities initially, and that the best way to do this was for the college tutors to join some of the already established occupational therapy (OT) groups.

Within the clinic OTs and OT support staff, provide a comprehensive programme of therapeutic and leisure and recreation groups to enable our patients to achieve health, wellbeing and life satisfaction through participation in meaningful occupations. As part of the clinics employability/vocational pathway the OT staff seek to provide patients from both medium and low security meaningful opportunities to develop skills in relation to their aspirations for their future either in relation to education,

volunteering or employment. For those patients who have the permitted leave from the hospital we encourage and support attendance at local learning centres and community activities whenever possible.

As a means of beginning to establish a more structured approach to learning, we agreed that the use of Award Scheme Development Accreditation Network (ASDAN) credits would both enhance and structure the group timetable. ASDAN offers a range of nationally approved qualifications based around the development of personal, social and employability skills. More flexible than qualifications, these programmes offer imaginative ways of developing, recording and certificating personal achievements. OT staff received training in providing ASDANs so that patients attending leisure and vocational sessions could receive awards should they wish without being reliant on the presence of college tutors.

As a team we identified well attended groups (chess and scrabble, art and gardening) where college tutors could begin to build rapport with the patients, informally assess their skills and levels of motivation, introduce appropriately graded learning and formalise some of the learning already happening.

Many patients within forensic mental health services have little or no knowledge or experience of technology. It is probably fair to say that a high percentage of those within Rohallion are terrified of it! Because there was a willingness to learn about technology, we used this to improve the skills and confidence in relation to digital literacy but also literacy and numeracy, particularly for those who are nearing the point of discharge to the community within our TechNO! group.

Over the academic year we have managed to engage additional learners and we no longer have to disguise learning. We now have a maths group where individuals come along and despite working at their own level, support each other and learners are setting achievable goals for future terms with college tutors.

During the evaluation process at the end of the academic year we received some fantastic feedback which demonstrates the impact this work has had on individuals lives:



On the 22 June 2017 a celebration event was held to mark the achievements of a total of 15 learners who were given multiple awards in a wide variety of subjects (TechNO!, maths, horticulture, communication, history) ranging from certificates for participation, ASDAN awards, SVQ Level 5 Numeracy and ECDL. The event was a huge success and will definitely be an annual feature on the clinic's calendar.

Joanna Falconer, Head Occupational Therapist, Rohallion.

Why Should I Join the Discussion Groups?

The Quality Network moderate discussion groups to enable any member of staff from a member service to post questions to the Network and receive responses and suggestions from other units. This might include OT's, frontline nursing staff, security staff and hospital managers. This facility is only available to Quality Network members and is a great way to receive advice and share good practice across both low and medium secure sites.

If you would like to join the LSU or MSU discussion groups, please email 'Join' to either:

lsu@rcpsych.ac.uk or
msu@rcpsych.ac.uk

The Priory Group

What is Community?

"A social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists."

Here at Chadwick Lodge we have realised the significance of our community. The service users understand the benefits of their volunteer roles and they take pride in the opportunities they have been given to do more and to give back. Whether these volunteer roles are outside amongst the wider society or whether these roles are internally within the hospital's own community, the service users told us the importance of "getting together, and working together".

We asked our service users to tell us what they enjoyed most about their voluntary roles. The positive impact that they expressed it had on their lives was astounding. The things that we often take for granted at times were some of the best parts of their days. It was the normality of grocery shopping, and being able to communicate with different people. It was seeing that gardening project finally come to fruition after months and months of planning and hard work. There were so many varying reasons. But one thing for certain is that *pride*, and a sense of *self-worth* were reoccurring themes collectively.

Working outside in the wider society can dispel the notion that there will always be a stigma attached to them. One of the volunteers expressed how kindly he had been treated working for the charity organization RELATE. He conveyed that people were pleasant towards him, that they had welcomed him to the team and been very helpful. It was clear that he was equally happy with the new skills that he had learnt. He explained that this role was preparing him for a life after he leaves the hospital whilst giving him a sense of responsibility that he would be able to take anywhere with him. Some of the service users within our volunteer

group have been institutionalized for 30+ years. They work at the Fenny Stratford Railway together and they told us how the rapport they have built with each other is an important part of their volunteering. They have their own solidarity within a much larger community because they have an understanding of each other. They are all there for their individual reasons, but are also very much unanimous in there want to give something back to a community that in one way or another they feel indebted to. They express that at their age they may not have many chances to do this. In an ideal world the service users feel there would never be anything that hinders a job getting done to the best of their ability. However, realistically it is not always possible, and often time logistics or lack of resources can delay or thwart plans to finish projects. Despite this the service users have explained how this has improved problem solving skills and creativity amongst their own community. The majority of service users responses to these obstacles was "that's life", with a belief that most things could be overcome.

In line with the theme of self-worth and pride,



Fenny Stratford Railway

the service users identified how their roles had a significant effect on their self-confidence. The service users that participate is staff interviews and those that run the hospital shop all agreed that being in roles where they have to communicate with people regularly helped them to find a confidence within themselves. They told of how some roles they had initially found to be intimidating for them were now just second nature, and how this encouraged them to try new things that they would usually not believe they were capable of doing. They appreciated having a voice, and having their feelings and opinions considered during the hiring process

gave them a sense of belonging. They spoke of their enjoyment at teaching and supporting those peers who had never done any of these roles before.

Generally, the teaching and support to peers and staff that service users are able to contribute to was something that they said brought them a lot of joy. For them it was another way of "giving back". It was a way to put their skills to good use, and promote voluntary roles to their peers, something that they felt was an important thing to do. For the service users it is clear that volunteering and the community mean a lot to them. Everyone is there for their individual reasons. However the positive effects were undoubtedly the same.

Kimberley Bethell, Occupational Therapy Assistant and a service user, Chadwick Lodge.

Creativity, Collaboration and Recovery in Secure Services

This conference was held in a local hotel where other forensic services were invited from across the North East. Staff from a number of units, patients and carers attended the conference bringing the North East secure care community together. It was truly creative, collaborative and focussed on recovery. It did what it said it was going to do!

Importantly for me as a carer, I was fully involved and for a short while felt I was an integral part of that community. As forensic carers we do not have a sense of community let alone any real knowledge of the communities our relatives inhabit. Not knowing what happens behind the closed doors of services can make us feel anxious, ignored and alone. Our fear and worries can develop into anger and then we can be seen as challenging, trouble makers or a bit of a nuisance!

I had already agreed to present on a carer's perspective of recovery at the conference so was delighted to be asked to a planning meeting which was held in the unit with a number of patients, experts by experience and staff. Here I was met with my first taste of the

community. I was warmly welcomed with tea and crumpets, introductions were made and there was much laughter at 'in house' jokes, yet a deep sense of mutual respect for each other's point of view permeated the room. The 'in house' jokes were explained to me so I didn't feel like an outsider. I could have been anywhere working with a group of people with a common cause, in this case to deliver a conference about recovery and the **Connectedness, Hope, Identity, Meaning and Empowerment** (CHIME factors, Leamy et al, 2011) in a creative and collaborative way that people would not forget.

Everything planned was related to the CHIME factors of recovery and thought about with such detail and care that I could not help but be moved by the experience. On arrival participants were to make their own badge revealing their identity, and goody bags were given out containing small gifts to represent each of the CHIME factors: an address book to promote connections; some sunflower seeds in a little bag to symbolise hope; a speech bubble to complete to show how you would identify yourself; a to-do list to get us thinking about what gives meaning to our lives; and a gift-boxed inspirational quote to help us feel empowered.

The conference was introduced by patients and Sarah Clayton, Patient Engagement Facilitator, who explained the thinking behind the day, followed by Levi Buckley, Director of Operations, who spoke about the value base of the Trust and how the service focussed on recovery.

Hannah Moore, East of England Recovery and Outcomes Service User Lead then gave the moving story of her journey through secure services followed by a song she'd written, and played her guitar. Everyone in the room appeared to stop breathing for fear they would miss a word or note and the applause was heartfelt.

Participants had the opportunity to attend two of five workshops looking at each of the CHIME factors in a creative way. I co-facilitated 'Connectedness' with one of the patients. Talking to him, we found we were both born in the North West, could identify with common childhood experiences and picture each other in our respective towns. We were no longer a patient and carer, just two people with shared

experiences. Our workshop wanted to reflect that as people, we are all connected in some way or another. All we needed were balls of wool and a little creativity! Participants shouted out something they valued and others agreeing were thrown the ball of wool, thus creating a spider's web of connections. Feelings of connectedness were then spoken and significantly the web was cut allowing reflection on what it feels like to lose connections when entering a secure service.

And my presentation? A fortnight after the event I thoughtfully received a thank you letter with all the relevant feedback. I had been 'inspirational' and 'excellent', but for me the real power in the room had been the patient presenters, facilitators and participants. As a carer I had been given hope and feel privileged to have taken part in this event.

References:

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *British Journal of Psychiatry*, 6, 445-52.

Sheena Foster, family member of a service user at Ridgeway and a family and friends representative for QNFMHS.



Sheena Foster presenting at the conference, talking about the CHIME Factors

PATIENT ARTWORK



COMPETITION 12 - 6



USEFUL LINKS

Care Quality Commission

www.cqc.org.uk

Centre for Mental Health

www.centreformentalhealth.org.uk

Department of Health

www.doh.gov.uk

Health and Social Care Advisory Service

www.hascas.org.uk

Institute of Psychiatry

www.iop.kcl.ac.uk

Ministry of Justice

www.gov.uk/government/organisations/ministry-of-justice

National Forensic Mental Health R&D Programme

www.nfmhp.org.uk

National Institute for Health and Care Excellence

www.nice.org.uk

NHS England

www.england.nhs.uk

Offender Health Research Network

www.ohrn.nhs.uk

Revolving Doors

www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement

www.rcpsych.ac.uk/quality.aspx

Royal College of Psychiatrists' Training

www.rcpsych.ac.uk/traininpsychiatry.aspx

See Think Act (2nd Edition)

www.rcpsych.ac.uk/sta

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Twitter

Follow us: @rcpsych @ccqi_ and use #qnmhs for up-to-date information

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