



This Issue

- 01 Welcome
- 02 Who Do You Think You Are? Reflections on Being a Family
- 03 Carer Involvement Within Secure Services
- 04 New Guides for Carers and Families of Patients in Secure Mental Health Services
- 05 A Day in the Life of: A Carer Champion
- 06 Supporting Carer Involvement in Secure Mental Health Services - Amber Lodge: Our Journey
- 07 Carer Involvement from a Patient Perspective
- 08 Using the Tools from the Toolkit
- 09 A Model of Care for Forensic Families
- 12 Supporting Carers at Mersey Care NHS Foundation Trust
- 13 Our Journey to Improve Carer Engagement and Involvement
- 15 Victim, Mother or Carer?
- 16 News
- 18 Carer Engagement at Rampton High Secure Hospital
- 19 Approaches to Carer Engagement
- 20 Developing and Embedding a Carers' Strategy in a Low Secure Setting
- 22 Maximising Carer Involvement with the Quality Network
- 23 St Andrew's Healthcare Opens New Carers Centre
- 26 Upcoming Events
- 28 Useful Links

WELCOME

Welcome to the 40th edition of the Quality Network for Forensic Mental Health Services' newsletter on **'Supporting Carer Involvement in Secure Mental Health Services'**. This edition follows the publication of NHS England's toolkit, which aims to offer guidance on supporting and involving the family and friends of patients within secure mental health services, earlier this year. If you are looking to learn from other services on how to develop your own practices in this area, we hope that you find inspiration from the articles published here.

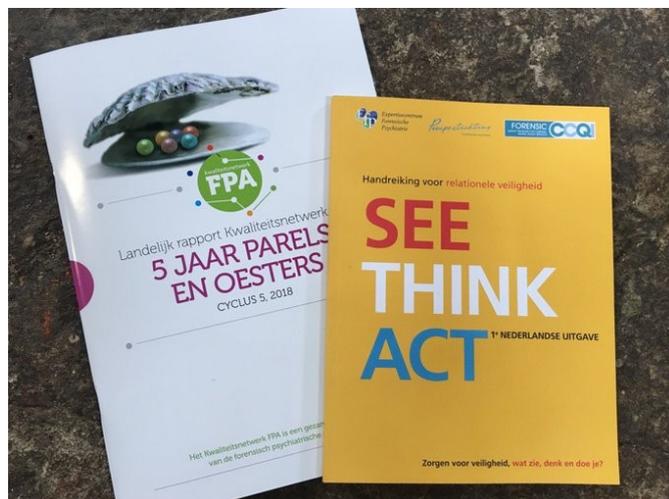
This autumn, we have been travelling around the country with the QNFMHS standards consultation roadshow. The events were really helpful in guiding us on how to ensure the next edition best meets the needs of our services. Thank you to everyone that participated in the events, we are grateful for your time and expertise! And a huge thank you to colleagues at Ridgeway Hospital and Fromeside and Wickham Unit for hosting us. The next step is to share the findings from the events with the advisory group and to send a first draft for e-consultation in early 2019.

At the end of November, we hosted the very popular event on prison transfer and remission, jointly organised with the Prison Quality Network. The day consisted of presentations and workshops

from a variety of key stakeholders, services, and patient representatives. The discussions generated much debate and highlighted areas in need for improvement, as well as good practice.

A highlight of the last quarter was visiting The Netherlands, learning from their Kwaliteitsnetwerk Forensische. They have translated our relational security guide, See Think Act, into Dutch (below)!

On behalf of the team, I would like to wish you all a merry Christmas and a happy new year. Thank you for all of your hard work and support over the past year. We look forward to seeing you in 2019!



Dr Quazi Haque and Megan Georgiou



Who Do You Think You Are? Reflections on Being a Family

Since adopting our daughter, Libby, her birth mother, Jane, has been a constant shadow in our lives. As Libby grew, we talked about Jane, giving as much information as we had in a way that she could understand. We did not hide from the truth of why she had been adopted while at the same time trying not to traumatise her more than she already was. As Libby became older, her difficulties became increasingly apparent. She became violent and we had a raft of services. Libby had suffered developmental trauma, and this has left its mark. Eventually she was sectioned and placed first in a low secure and then a medium secure unit, where she remains.

If 'the unknowing' is one of the hardest things to live with, perhaps knowing who we were born to features highly on the list of human needs. For most of us, this is an accepted and well-worn fact but for people adopted as infants the picture is often less clear. Libby has on several occasions asked to meet Jane but never with any real conviction; last year this became a real wish.

The ways in which such contact takes place falls under three basic headings – unsupervised contact (e.g. tracing via social media), supervised contact (where a third party, such as the local authority, oversees contact) and facilitated contact (where a third-party traces, prepares, facilitates and supports all sides). It is important to understand these differences, as the outcome and safety of all concerned hangs on the way this is done. Facilitated contact is by far the safest and best way to achieve this aim.

Some years ago, we were fortunate to have help from Family Futures, a specialist adoption and adoption support agency based in London. They have over 20 years' experience of the complex dynamics of adoption relationships and understand the complicated and, sometimes, precarious process of bringing biologically related parents and children together for the first time as adults.

Family Futures had already researched the files from Libby's early life to compile her life

story and agreed to progress with this new phase of the work. Under their close guidance, and with support from the hospital staff, we set about the many aspects of arranging a facilitated contact between Libby and her birth mum. Critical in this was our involvement as Libby's adoptive parents, providing her with support, emotional 'permission' and constancy during what was bound to be a difficult time.

Family Futures started by having several sessions with Libby, us and hospital staff to tell Libby her life story - the unabridged version. During these sessions, the information was given in a way that Libby could understand, allowing her to reflect on what she was being told and going at a pace that she could cope with.

The day that Libby met Jane was, to say the least, surreal. The meeting was carefully managed; Family Futures had asked Libby what she would like to know from Jane and had produced a book with the questions in, and room for Libby to write the answers. They had also supported and prepared Jane, talking to her about Libby's questions. Jane had brought some appropriate gifts for Libby, and we had brought a framed photo of Libby for her to give to Jane. The meeting was a positive experience for all, went to plan and kept to the strict time limit. There was a debrief with Libby once Jane had left and two further follow up sessions.

We are sure neither Libby or her birth mum would have managed this reunion in any other way. For us, it was a very emotional day and, after many years of knowing just how important this was to Libby, we are relieved that finally it has come about. Many of Libby's questions have been answered and the illusion of an idealised birth mother has been replaced by a relationship with a real one, from which she will hopefully find a form of peace and certainty that will aid her recovery.

Libby has continued to have phone contact with Jane and an older sibling; she has said that meeting Jane has helped to "empty my head". We know that there could still be challenges ahead but, whatever the future holds, for Libby not to have had this opportunity would have been a travesty.

Dave and Sally, Parents

Kent and Medway NHS and Social Care Partnership Trust

Carer Involvement Within Secure Services

Kent and Medway NHS and Social Care Partnership Trust (KMPT) is keen to build relationships with patients and their families as they recognise that they can play a vital role in the recovery pathway of the patient being detained under the Mental Health Act (1983). Mental health is still very much a taboo subject, without adding a 'forensic' word into the mix. We find that some family members are unaware of their family member's current location, due to the shame of them being detained in a secure hospital. We still need to break down those barriers of stigma, to prevent individuals feeling isolated and ashamed.

As a care group, we have always struggled with carer engagement. Our initial difficulties start with the word 'carer'. The friends and family of our patients do not consider themselves carers. *'How can they be a carer, when their family member is being cared for in hospital?'* Which I am sure many other Trusts get asked the same question. With some explaining and reassuring that they will not lose their identity of mum, dad, husband, wife son or daughter, they begin to understand that under the Care Act 2014, they are defined as a carer and can be entitled to support and a carers assessment through their local authority.

KMPT has signed up to Triangle of Care and I am pleased to shout that we have received one Gold Star for our inpatient services and preparing to submit phase two.

Unfortunately there is now a small glitch, where Carers Trust has lost the funding to support the implementation of the Triangle of Care. But all is not lost, as we can continue to use the six standards as a benchmark on what we should be aiming for with quality carer involvement.

Within our secure services, we have a small group of staff, who are trained in Behavioural Family Therapy. This is an intervention which has been positively

received by patients and their families. Following the Meriden framework, we offer 10-12 sessions, although this can be flexible to what the family needs. We have had a few difficulties though, due to the large geographical area the families come from. We are trying to overcome this by the use of Skype as a way to a means for one family. Unfortunately, this was soon aborted after a few attempts, due to the poor connection. IT is good when it works! We will persevere to find an alternative.

We also offer Restorative Practice. Restorative justice brings together people harmed by crime or conflict with those responsible for the harm, to find a positive way forward. Restorative Practice gives victims the chance to tell offenders the real bearing of their offense. Restorative Practice holds offenders to account for what they have done. It helps them understand the tangible impact, take responsibility and make amends. It is not about blame and shaming, it's an intervention which allows both parties to hopefully move forward in their lives.

Our latest innovation is to offer family & friends an introductory meeting with members of the patients multi-disciplinary team (MDT) as soon as possible after admission or inter-ward transfers. The purpose of the meeting is to facilitate an open dialogue between members of the MDT and the patient's relative/carer. Its hope is to alleviate some of the anxieties or concerns that a relative may have with their family member being admitted into a secure hospital. We appreciate that it must be an emotional rollercoaster to enter mental health services and to also learn what 'forensic' means. By offering these meetings, we can embed the Triangle of Care standards and start to build a therapeutic and supportive relationship with the relative.

What's next? To build on our carer awareness training! We have been fortunate enough to be have a mom/carer from acute services to deliver face to face training, but as with all of us, staff come & go and it's impossible for one person to deliver training across the whole trust. In the secure services, the family have kindly agreed that we can use their story, which has been recorded on a short video and will be used

during our new starters' local induction day. This will be supported with a mandatory, three yearly, E-Learning Carer Awareness Training, for ALL staff groups, using the Carers' Toolkit as a template.

Karen Tweedie, Family Engagement & Liaison Lead, KMPT Secure Inpatient Services



The Royal College of Psychiatrists

New Guides for Carers and Families of Patients in Secure Mental Health Services

My mother detested secure and forensic services. She found their attitudes uninformed, detached from reality and deeply dogmatic. My father was too polite and politic to express his views openly but did acknowledge his awareness that the regimes on secure and forensic psychiatric hospital wards would only serve to exacerbate his daughter's "already tortured existence".

Carers, and for the purposes of this article by carers we mean anyone who has a loved one detained under the MHA in a secure and forensic psychiatric service, are the people who truly care. In addition, they will have had the experience of living with and seeing that individual as they truly are, in the real world which exists beyond the artificial and highly restrictive locked environments of secure wards. Carers know and understand the detained inpatient, in ways in which clinicians and ward staff are rarely able.

They will often have been the ones to have witnessed the first presentation and subsequent evolution of mental disorder in their loved one, and it is they who have the ability to differentiate where their loved one ends and the mental health condition begins. They care and they know, yet so often their understanding and knowledge of the patient is disregarded by clinical services.

For carers, having their loved one admitted to a secure psychiatric hospital setting can be a horribly traumatic experience, leaving them feeling disempowered and disregarded. Imagine how you would feel if, for example, your son or daughter had committed an index offence, been detained under the MHA and effectively removed from your love, care and influence? For many years, the stress and distress carers experience, in addition to the key practical and emotionally supportive roles they play in their loved one's recovery, have been inadequately acknowledged and supported by services. However positive change is afoot.

Recently, two new guides to secure services for carers have been published; NHS England's the Carers' Toolkit (Carer support and involvement in secure mental health services - A Toolkit) - developed in partnership with UCLAN (The University of Central Lancashire) and the Institute of Mental Health (IMH) - and Nottinghamshire Healthcare NHS Foundation Trust's Carers' Guide (Secure hospital care - Information for carers).

Both guides are attractively designed and well-written, and both created via extensive consultation with carers with experience of secure care and partner organisations. Both include lots of helpful and relevant information for carers about the structure and running of the secure services; from initial admission through to recovery and discharge, including:

- types of secure care (high, medium and low)
- MHA law regarding patients in forensic

- care (including the right to challenge detention via a MHRT)
- processes of admission and assessment
- treatment (medication, psychological interventions including offence related work, occupational therapy, etc)
- care (including the Care Plan Approach)
- various modes of security (physical, procedural and relational)
- key professional role (Responsible Clinician, Social Worker, Psychologist, OT, Speech and Language Therapist (SALT), primary nurse, etc)
- discharge goals and implementation
- jargon busters
- rights of carers and a list of questions they have a right to ask services to answer
- pointers to further help, support and information for carers (for example mental health charities).

I certainly wish these guides had been around when I was first admitted to secure mental health services. As for which of the two I would have recommended to my parents, I have to admit that although both

are very good, NHS England's Carers' Toolkit does have the edge, being a more detailed and interactive document with lots of helpful examples of current clinical and organisational practice, research findings and relevant hyperlinks embedded in the text. It also displays greater emphasis and support for carers' rights, and involvement in the design and implementation of services, which deserves to be richly praised. I think my mother would have approved!

Sadly both of my parents passed away whilst I was still an inpatient of a secure and forensic psychiatric service. I miss them terribly. However, it gives me cheer that NHS England, IMH, QNFMHS (RCPsych), mental health trusts and many brilliantly resolute and caring carers (together with their loved ones) are holding high the banner and marching proud for better carer support and involvement in secure and forensic mental health services.

Dr Sarah Markham, Patient Reviewer, QNFMHS

Pennine Care NHS Foundation Trust

A Day in the Life of: A Carer Champion

The day begins on the unit for handover to discuss patient needs. The nursing team feel the patient needs more intensive support for physical health needs and I contact the carer to update and reassure them of the treatment proposed. I ensure that the family member is clear on the treatment plan and forward any medicalised questions to the Consultant.

I then make my way down to my office to update the conversation in the patients CTM documents for MDT discussion and take a call from a carer who is isolated and lives alone. I give her details of various support groups in her locality and arrange for a workman from Age UK's 'safe workforce' team. The patient's mother is not aware she

can access a carer assessment from her local council and, after speaking to the neighbourhood team, we make an appointment for her to have an outdoor security light fitted which she is really happy about.

I then return to the unit to meet with another patient to complete his 'My Relationships' care plan. The patient consents to me contacting his family member and I telephone them and update his plan with their responses, which ensure that the three-way Triangle of Care communication between carer, patient and Carer Champion works in equal partnership.

I then escort another patient to facilitate his home visit whereby we travel out in the vehicle to see his loved ones at home. The visit goes well and I deliver some useful information to the carer of how to keep in contact with the unit and ensure they feel included in the care of their son. I also leave a newsletter and a Carers UK brochure for

them to look at with upcoming Carer Events.

On return, the patient informs me they find the home visits integral to enable them to feel part of family life again and the carer telephones me before I finish work to thank me as they live quite far away from the unit.

We have a brief conversation on future plans and I update the carer with CPA dates before I go home.

Rachel Szita, Social Worker, Tatton Unit

Rotherham, Doncaster and South Humber NHS Foundation Trust

Supporting Carer Involvement in Secure Mental Health Services - Amber Lodge: Our Journey

Working as part of Rotherham Doncaster and South Humber (RDaSH) Trust, our Forensic Service Division and ward has been on a journey of discovery over the last 18 months. Proactively striving towards actioning, implementing and embedding the Triangle of Care 'ethos' into our service.

In the beginning, we identified Carer Champions to support and promote good practice, carer engagement and also oversee the relationships between services and carers for our ward. As a Trust, RDaSH has enabled us to make our Carer Champions clearly identifiable on all wards, by providing Yellow Friends & Relatives lanyards for staff to wear.



The next step was to develop our own Carer Awareness training resource to work alongside the Carer Awareness staff training already provided by our Trust for new staff at induction. This was introduced to enable us as a service to include the views of staff

and service users. This encouraged everyone to work together to raise awareness, give everyone a voice and the opportunity to have their say in developing the right support service for our Friends and Relatives. We strived to achieve this together by encouraging everyone from the beginning to be open and honest about where our service stood, and by expressing views and ideas for our service needs, and how to move forward together to reach identified goals.

As part of the identified goals, we have developed a bespoke Friends & Relatives Information Pack. We use these packs to introduce our service and ward, to give information about what to expect when visiting a secure unit, support available and contact numbers to Friends & Relatives of new admissions. We have found through feedback from our Friends & Relatives that the packs have been positively received.

Another 'goal' we have achieved is to offer a 'carer assessment' to all friends and relatives that our service users identify and give consent for information to be given to. This initial meeting allows the staff, friends and relatives to start building positive therapeutic relationships together, to share and receive information and to highlight any areas of support.

Over time, we have developed, with the help of clear strategies, dedication and hard work, systems to record contact, assessment of needs, continued engagement, inclusion and auditing of systems. RDaSH Trust has also developed a 'Carers Charter' to support our Relatives & Friends.

The journey we have taken so far has at times been difficult and challenging due to the restrictions of working in secure

services. Sometimes, Carer Champions have needed to 'think outside the box' to find solutions to enable us to include and engage with our Friends & Relatives. Amber Lodge has introduced and developed a support group for our Friends & Relatives called 'Unite Together' that meets quarterly for coffee, cake and a chat. This has not always been fully attended, on one occasion only one relative attended, but the participation of this relative made the meeting worthwhile.

We have discovered through experience that low attendance is due to many reasons that include not all friends and family living near to our unit so traveling to attend meetings can be an issue, which is one of the difficulties we find working in secure services, but we continue to try to encourage and engage with friends and relatives despite the difficulties. We have also developed a newsletter that is sent out quarterly that provides information and promotes positive achievements made by our service users.

Our Carer Champions also enjoy meeting other Carer Champions from other services in our Trust by attending quarterly Carer Champion events which gives everyone the opportunity to network, share achievements and highlight good practice, and we are very

proud to say RDaSH Trust achieved our Triangle of Care 3 star award in September 2017 from The Carers Trust, making us only the 2nd Trust to achieve this award in the Country.

Finally, I would like to say everyone involved in implementing the Triangle of Care in our service feels passionately about the underpinning reasons why this is such a vital part of the care our service provides. As well as realising the value and importance of developing positive relationships with friends and relatives, alongside relationships with service users and other professionals. Carer Champions continuously strive to support and reinforce this by being positive role models for staff and to promote the ethos that 'every contact counts'.

Sue Casling, Senior Support Worker and Carer Champion, Amber Lodge



The Royal College of Psychiatrists

Carer Involvement from a Patient Perspective

In 2000 I became a serving prisoner, having been sentenced to life under the two strikes act, for a second violent offence. For eight years my behaviour in prison deteriorated to such a degree that the psychiatric services became involved with me. It was 2008 by the time I was diagnosed with bi-polar effective disorder and sent to hospital.

This was a massive life change for me, and without the support of my family and friends that rallied around me, I can honestly say I wouldn't be here writing this today.

My mum and sister visited me in HMP Whitemoor before I left for a medium secure

unit in Woking, and when I told them about the diagnosis, my mum just smiled and said "at last, I've always known".

It was like watching a ton of bricks being lifted from someone's shoulders. A couple of weeks later I was transferred to a unit in Woking, my first of many.

From day one, I couldn't understand what was happening in my life. Not only was I coming to terms with this new diagnosis, and a completely new kind of surroundings, but I was moved hundreds of miles away from home, making visits almost impossible for my elderly parents. Thankfully I have numerous brothers, a wonderful sister and a much loved niece, and everyone made time to visit one time or another.

These visits were the high points of my life. They lifted my spirits and gave me the

strength to carry on with my internal struggles. On every visit, a great big cuddle, a kiss, human contact so desperately needed. Human beings are social animals, the touch of a hand, a cuddle, a friendly voice, nothing can replace these things, yet they are so blatantly absent for so many patients in psychiatric units.

I don't think anyone who's not been in the position of having human contact deprived over a long period of time can ever truly understand the effects and loneliness this isolation can bring upon a person.

On the days I knew I had a visit my spirits were up in the clouds and the sun was shining even in a storm. Excited, nervous, happy, a bundle of emotions raging through me as the afternoon drew nearer. Nothing could upset me on that day, not the pettiness of griping patients, the rudeness of bank staff, or even a bad report landing in my hands. It's really imperative that staff understand how important visits are for us.

If they can understand this, they can help in a million ways. Picking up visitors from train stations, helping with taxi fares, arranging home visits, the goodness of a visit from a loved one does more good mentally for most patients than any programme or therapy session that can be put on.

I'm sure many people reading this will disagree with that last statement but having lived the experience, I can, from my perspective, assure you that the belief of having the knowledge you are loved is beyond measure.

Today I'm living independently, having spent about eight years in various units around the country. No matter where I went, my family found me and never deserted me no matter how far I was sent, and for that I'll be eternally grateful. Through the highs and lows, they supported me. I owe them my life. To them I say thank you.

**Martin Saberi, Patient Reviewer,
QNFMHS**

Using the Tools from the Toolkit

When my son became ill and had a massive psychotic episode, I knew nothing about mental illness. I had previously expressed concerns to professionals, but his behaviour and attitude was mistaken as those of a teenager growing up.

My son was detained and admitted to a high secure hospital. A very emotional and traumatic experience. Once there, I felt there was nowhere else for him to go - my son needed my support more than ever and together we were not going to be pushed aside and no matter what, our voice WAS going to be heard.

It is now 20 years since the initial diagnosis of schizophrenia. The journey has not been smooth, although now at a medium secure hospital, the gate to the outside community is not fully open. I have learnt a great deal but am still constantly amazed and concerned when I hear other carers' stories

- their problems, their frustrations, lack of procedural information and the attitudes they have to encounter.

The Toolkit has been welcomed. It has put many of the problems, possible solutions and outcomes into one edition. It should act as an eye opener to many professionals who still feel that 'carers' are an additional burden. It is often forgotten that, as carers, we have been there before any illness and possibly will be there after they have gone - the carer being the one constant factor in care and treatment.

I am fortunate that my son has wanted me involved in his care and treatment. However, that does not mean that my involvement and contribution has been recognised or valued. I respect any members of my son's care team but often feel that my experience and knowledge is not reciprocated. I balance my views trying to support without interfering.

I feel I have the right to challenge decisions needing to know and understand the

reasoning behind any decisions. After all, I am the one my son turns to for support when things are uncertain.

I may sound as if all my efforts and focus have been on my son. I have established Self Support Groups forming a core of carers influencing changes, having a say in policies and procedures as well as information sharing and publishing 'carer friendly' booklets. I have organised Open Days, tours of the hospital, and been able to give carers the experience of patient therapy.

I have given carers the support to empower themselves to challenge practice, ask questions and make sure the patient's problems and their personal issues are acknowledged. I know the Toolkit should empower carers to ensure they have a

positive relationship and involvement in their journey with the patient's care team. It should ensure that the professionals are made aware that carers have their own needs, and that their diverse situations are recognised and considered alongside that of the patient.

The Toolkit will not only equip carers with valuable information and knowledge but let them realise their needs, thoughts and feelings are parallel to many others. They can develop a positive attitude to their inclusion by opening the 'box' ensuring a supporting role in the recovery journey for their patient. The 'tools' are in the box to be used.

M, Carer

Birmingham and Solihull Mental Health Foundation Trust

A Model of Care for Forensic Families

Introduction

The National Institute for Health and Care Excellence (NICE) has developed recommendations on support to carers of mental health service users.

Our pathway aims to support families and improve care and treatment, by providing psychoeducation on mental health, support groups, and family therapy.

Needs of carers in a forensic context

Some of the studies have explicitly sought to define the needs, experiences or concerns of relatives associated with being a carer for a detained person or their interaction with services. The studies identified issues surrounding:

- physical separation from detained people
- stress from the index offence
- the double stigma of mental health and offending
- uncertainties around how to deal with

- their relative's mental health
- self-blame for the development of a mental illness
- lack of involvement in the care plan.

Our model of care for forensic families

This model recognises the vast and heterogeneous needs families might have. We considered the hierarchy of family needs and the pyramid of family care framework.

This framework is based on the same conceptual work as Maslow's Hierarchy of Needs. The bottom levels include the family's basic needs for information about the illness and orientation to the mental health service. The top level represents complex needs for interventions such as intensive family therapy.

The model describes four types of interventions described below.

SUPPORT: When first involved with services, all families would benefit from having the opportunity to talk about their (traumatic) experiences.

EDUCATION: When first involved with services, most families tend to require information about MH issues, treatment options, how services work.

FAMILY INTERVENTIONS (level 1): A need to improve coping mechanisms through skills training and stress management.

FAMILY INTERVENTIONS (level 2): A more intense family therapy, exploring early trauma and emotional and social attachment processes in childhood to understand the development of mental health problems, personality disorder and criminality.



Figure 1: Family needs adapted from Pearson et al. (2007)

Figure 1 shows an adaptation of the family needs pyramid

Carers' needs survey

The survey solicited multidisciplinary views in relation to family and carers' psychological needs support requirements. An adapted questionnaire was distributed to families.

The respondents answered for a total of 142 service users, 105 were inpatients and 37 outpatients. Marginally more families were indicated as requiring psychoeducation (44%) and family interventions (45%) than requiring basic support (36%). A minority of service users' families required intensive family therapy (22%).

Regarding the family and carer's responses, we had 28 questionnaires. Of the respondents, 36% felt that they did not need any psychological interventions; 57% felt that they needed basic support; and psychoeducation and both levels of family interventions were similarly desired with 50%, 53% and 53%, respectively.

Service evaluation

The service evaluation wanted to identify the

support available to families and carers in secure services, while listening to staff perspectives on barriers to engagement.

We found that telephone contacts accounted for most interactions with the services (70%). Nursing staff (65%) were most often involved, followed by psychiatrists (16%) and social workers (10%). Around half of all contacts were initiated by families in search of practical information (e.g. to book visits, to ask about contraband items). The other contacts were initiated by staff, to provide psychoeducation or to gather information.

We identified the following barriers:

- 1) family barriers e.g. not trusting clinical teams.
- 2) staff barriers e.g. staff capacity, training required.
- 3) physical barriers e.g. time, money, distance.

Pathway for families and carers

The data and our model of care underpin the 5-step pathway for families and carers:

Step 1 – Identify and welcome. Carers and families receive a welcome pack after their loved ones' admission to hospital.

Step 2 – Contact and meeting. Carers and families are offered an appointment to ask questions, discuss experiences and identify their needs.

Step 3 – Get involved in patient care. Families and carers help to plan and review care, while gaining an understanding and respect for service users' views through joining Clinical Team Meetings, CPA, family and friends events, etc.

Step 4 – Assist carers and families who need some support. This involves discussing what support families might need including psychoeducation (individual or group support).

Step 5 – Assist carers and families with more complex needs. This involves offering structured family therapy including Behavioural Family Therapy and Systemic Family Therapy.

Conclusion

Family work is essential to service users and carers. Our goal is to engage families as soon as they are admitted to help us to improve mental health. With a structured approach, we can assess the strengths and needs of families and enhance our interventions.

"Since attending the carers support group I have felt supported and realise I am not on my own dealing with any concerns I may have. Meeting people in the same situation and talking to professionals realising that there is advice support and help for you, gives you the confidence and strength in moving forward in supporting your family relative"

"I do hope more carers will start attending the carers support group, it has helped me so much in gaining knowledge and information that I would not have had, if I had not been"

"The carers support group is a great opportunity for family and carers to gain information and support from professionals and other carers in the same situation as myself. Before I started attending the group I felt upset and stressed about the future for my son and our family. The group has taken away a lot of my concerns and has helped me to have a voice"

"I would recommend to any family members and carers to attend the support group, It has been a lifeline for me and my family. You are not alone and there is help, support and advice for you. The more knowledge you gain the stronger you will feel in supporting your loved one."

Dr Francesca Mantia-Conaty, Clinical Psychologist, Secure and Complex Care Birmingham and Solihull Mental Health Foundation Trust

Visit our website for regular updates and events information

www.qnfmhs.co.uk

Mersey Care NHS Foundation Trust

Supporting Carers at Mersey Care NHS Foundation Trust

Mersey Care NHS Foundation Trust provides specialist inpatient and community services that support mental health, learning disabilities, addictions, brain injuries and physical health. We also provide high, medium and low secure services. We are passionate and dedicated to delivering the best possible care for the people we serve.

Mersey Care has been involved with the Triangle of Care initiative since 2009 and have achieved the maximum two gold stars. This is an important statement for our partnership with service users and families which we are proud of but one that we never take for granted. Every three months across the Trust we review and update our Triangle of Care action plans alongside carers. We refer to the Carers' Toolkit regularly during Carer Champion and Triangle of Care meetings and always look at innovative ways to engage with carers.

In 2017, we developed a Carers Charter to show our commitment to carers and families. We have dedicated Carer Leads across the Trust who have specialised links into services. In addition, we have carer champions on all of our wards and in our community teams. We have regular meetings with these champions.

We have also designed a carer awareness eLearning course, which has recently been updated. This was co-produced with carers and families and is available for all staff to access, as well as families.

All carers of people newly admitted into our services are sent information along with contact details should they need further support or information. In one of our divisions, we have a carers' newsletter which is sent to families four times a year. We write this with their needs firmly in mind and provide local, regional and national carer information. The newsletter was introduced after feedback from families stating they would like to receive regular updates.

Across Mersey Care's Secure Division, we hold regular carer and family meetings which

take place at various times, including at the weekend to attract as many families as possible. At Christmas and during Carers Week we also hold more informal and fun events for the families and involve service users in these events.

The carers meetings are often referred to as "informal and informative". We are pleased with the close, critical-friend based relationships we have with many of our family members. With co-production as one of the Trust's continuing priorities, exhibited in all aspects of our work starting in many cases from service users interviewing new starters and delivering corporate induction, we place real value in the collaboration and experience shared between leads and families. This has resulted in us being clear in how we meet people's needs and keep them informed at times of change.

Mersey Care is part of the North West Secure Carers group that had started some years ago. This group also includes major organisations such as Greater Manchester Mental Health, Pennine Care, Lancashire Care and Elysium. They hold carer events twice a year in different locations for secure carers in the North West.

It can be challenging to engage families/carers in secure settings: many of our families live many miles away from the service where the person they care for is in hospital. This can be difficult and may discourage some families from attending meetings or events. From carer questionnaires received, some families identified the difficulty in attending meetings on-site. In response we have held meetings in other areas, even outside our Trust footpath.

In one division we are looking to pilot a carer mentor to support carers of newly admitted service users. This is as a direct result of feedback from one of our carers whose family member has been discharged from our service and who wanted to pass on her experience to other families and 'show them the ropes'.

We have meetings across the Trust with carer leads to share good practice and work together and we meet up with carer centres and other organisations to ensure that our families have as much information or support

as they may need.

Another innovation is a new Health and Wellbeing course for carers; this is available to everyone through our Trust's own Recovery College. 72% of carers in the UK said they had suffered mental ill health and 61% of carers said they had suffered physical ill health as a result of caring (Carers UK State of Caring Report 2018).

Our families are informed of, and involved in, any new developments and asked to feed

back which is then passed to the relevant service. We are happy to receive feedback through any means to try to ensure that our service users and families receive the best possible care.

Tracy Collard, Service User and Carer Participation Lead, Mersey Care NHS Foundation Trust

Avon and Wiltshire Mental Health Partnership NHS Trust

Our Journey to Improve Carer Engagement and Involvement

Here at AWP Secure Services we have been on a journey to improve our engagement and involvement with family and friends. There has been many barriers to overcome and successes, this is the journey which we would like to share with you.

Sharing the journey

As with any long journey, you need to share the driving tasks, pairing up so there is someone to talk to and working together to make sure the journey is pleasant and safe. Here are our designated drivers:

Carer Lead: a clinical staff member who supports Carer engagement. Currently Dougal Scott works with staff teams to support carer engagement with our service and that family and friends are linked in to their loved one's care and offered support.

Carer Involvement Coordinator: currently the Service User Involvement Coordinator Luisa Suarez is cross-covering this role. This role has ensured we have carers co-developing and co-delivering training sessions on staff inductions, supporting with staff interviews. Most importantly, this role has ensured that we have a forum where our service can work with family and friends to hear their voice to improve, the Family and Friends Focus Group and has been going strong for over three years now.

Service User and Carer Engagement (SUCE) Champions: staff champions on the ward who work with the Carer Lead and Involvement Coordinator to support driving improvements on a ward level. They support their teams to ensure family and friends are contacted and given a chance to input into their loved ones care.

Bristol Rethink: we work with this organisation who supports our family and friends. Karen Allen and Margaret Price have jointly hosted our evening support groups, Family and Friends Focus Groups and have provided one-to-one support to family and friends.

Most importantly the Carer Involves: Louise Maclellan and Nuala Sheehan who have supported us in our journey, attending every Family and Friends Focus Group, supporting to run events and supporting to review our local staff induction. Both Louise and Nuala work closely with Luisa and Dougal to ensure that their voice is heard within service improvements.

Bumps along the way

Changes in roles: previously we have had a dedicated Carer Involvement Coordinator Marcella Maloney who supports family and friends to have their voices heard in order to improve the service, this person was a carer themselves of someone with our service who then became a Carer Involvee before being employed in a new role as the Carer Involvement Coordinator. Having someone with lived experience has helped to break down many barriers within carer involvement.

Change in staffing: changes within the staff teams is a constant challenge that all services can sympathise with. Currently we are looking to rebuild the structure and dedicated staff to ensure that we can have consistency that can last within teams regardless of staff movement.

Culture change: working with family and friends can be a new concept for some staff teams and working with them to educate and support has made a difference in tackling some of the challenges within the historical secure culture.

Spectacular places and views along the way
It is not all doom and gloom and here at Fromside and Wickham we have made some significant changes driven through our Family and Friends Focus Group.

From the little things of having teas and coffees in reception, a fresh family room in Wickham and the ability to bring in cooked food for loved ones, to the larger successes of having co-developed and co-delivered Carer Awareness training within our local induction, carers on interview panels, co-developing and delivering events and support groups.

Are we there yet?
You've probably heard this question many

times before and the reality is no, carer engagement and involvement is a journey that will always have room for improvement, cars always need repairs and there is always somewhere new to explore.

Carer engagement and involvement can be challenging for many reasons but I feel proud that here at Fromside and Wickham we have a dedicated team of passionate people that want to make a change, we are aware of these challenges and are working together to see how we can break these down and hear the views of Carers.

It is a journey that has taken us through tricky roads, some hairy bends, over bridges and through mountains but the views along the way have been spectacular.



**Luisa Suarez, Involvement
Coordinator, Fromside**

The Royal College of Psychiatrists

Victim, Mother or Carer?

I was asked a number of years ago by a High Secure Service whether I wanted to be regarded as my son's victim or his mother. In the same service I was also told (not asked) not to mention him by name in emails because "emails can go astray". Was this paranoia or incompetence I asked myself. Whatever it was, I felt I was being asked to deny my son and to deny his identity. To be fair, the first question was asked in response to me commenting that, as a victim, I was entitled to more information about my son than as a mother. Strange but true. As a victim I'm able to be informed "in key developments in patients progress and to make representation about conditions that should be in place on discharge" (Mental Health Code of Practice). As a mother, if my son doesn't want me to know where he is or doesn't want me involved in his care, then I will be excluded. However, "in such circumstances, services should have contact with carers to discuss the constraints on communication and provide general information that does not breach patient confidentiality" (carer support and involvement in secure mental health services).

I guess if I accept the label 'carer' despite my son's humiliation of the term as he is an independent adult all will be well. The services will have contact with me and that would be reassuring given that he doesn't want my involvement in his care. I would at least be able to talk to someone who may even be a mother. Sadly, "on occasion, confidentiality can operate as a justification for not sharing information and effectively excluding carers" (carer support and involvement in secure mental health services). And so it is. A few weeks ago for the second time in 4 years I phoned my son's psychiatrist to give him information. I was told he *couldn't speak to me* because *my son hadn't given his permission*. If you're on the ball you should be able to spot the errors here. I thought this problem had been eliminated the first time round but here we go again! If I accepted my 'victim' label I could have a victim liaison officer who could advocate on my behalf and give information,

thus taking away the unnecessary confrontational aspect of challenging services. The fact that I don't see myself as a victim is of no consequence; it is the label society has given me. If I see myself as a victim I may be in danger of developing a victim mentality, "an acquired personality trait in which a person tends to recognise themselves as a victim of the negative actions of others, and to behave as if this were the case in the face of contrary evidence of such circumstances" (thank you Wikipedia). This surely can't be good for my own health and well-being and how helpful is this for my son's recovery.

So, how do I see things? I see that my son was seriously ill at the time of the offence and committed an act that was totally against his very gentle nature. The judge agreed. I therefore find it difficult to see myself as a victim or my son as an offender. However, when I mention this to professionals I see their startled looks. A thought bubble almost appears over their head saying, "deluded and overprotective mother - still hasn't come to terms with the offence". Another label to add to my collection! Is it healthy for me to see my son as a perpetrator or mentally disordered offender or should I see him as the person I know him to be? Looking to the future what would benefit him the most? How would I like things to be? I'd like services to get to know me as an individual, understand how I see things and not judge me. I'd like them to want to know what my interests and skills are so they can have a point of contact with my son. If my son doesn't want me involved in his care I'd like to be phoned up to ask how I feel he's doing especially when we've had a visit or trip out. I'd like support for us to move on together as human beings who have both had to deal with a traumatic life event yet are bound together by love but separated by labels. It seems that treating families together in secure services is not yet firmly established yet it should be. We all need hope for the future. Isn't that what recovery is all about? Of one thing I'm certain, my son is Ian and I am his mum.

Individuals' names have been anonymised for the purposes of confidentiality.

Sheena Foster, Family and Friends Representative, QNFMHS

News

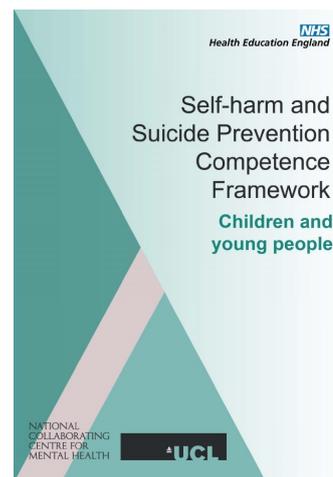
Health Education England and NCCMH new competence frameworks for self-harm and suicide prevention

The Self-Harm and Suicide Prevention competence framework, a series of parallel frameworks to support people who self-harm and/or are suicidal, was published on Monday 29 October.

These guides and interactive frameworks are separated out by different populations and for different contexts. They describe the various activities that need to be brought together to support people who self-harm and/or are suicidal.

They are not intended to prescribe what should be done, rather they suggest best practice in accordance with current knowledge of the effectiveness of approaches and interventions.

For more information, please follow this link: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self>



The independent review of The Mental Health Act: Interim report

This review was set up to look at how the legislation in the Mental Health Act 1983 is used and how practice can improve.

The purpose of the review was to understand the reasons for rising rates of detention under the Act, the disproportionate number of people from black and minority ethnic groups detained and processes that are out of step with a modern mental health care system.

Service users, carers, relevant professionals, and affected organisations were involved in producing recommendations.

For more information, please follow this link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/703919/The_independent_Mental_Health_Act_review_interim_report_01_05_2018.pdf

The independent review of the Mental Health Act

Interim report



The Exercise Professionals for Mental Health Network launch

The EPMH works closely with Public Health England, Mind, the Royal College of Psychiatrists as well as a large number of NHS foundation trusts.

It aims to create a network of Exercise Professionals working in mental health services from around the country and abroad to enable these professionals to share best practice, learning areas and to provide support between teams.

For more information on this Network, please contact Steven.Clark@swlstg.nhs.uk or Sofie.Grabinski@swlstg.nhs.uk

Twitter @EPMH_Network



CQC report on sexual safety on mental health wards

In 2017, following concerns raised on an inspection of a mental health trust, CQC carried out a review of reports on patient safety incidents. It was found that many reports described sexual safety incidents, including sexual assault and harassment.

How often other mental health trusts in England report sexual incidents was explored by speaking with providers, people who use services and voluntary and charity sector stakeholders, and found that sexual safety is still a major issue in mental health services.

The analysis of incidents reported to the NHS National Reporting and Learning System suggests that sexual incidents are commonplace on mental health wards.

Some recommendations have been developed in consultation with people who use services and organisations that represent their views, as well as with providers of mental health services, national system partners and professional bodies.

For more information, please follow this link: https://www.cqc.org.uk/sites/default/files/20180911c_sexualsafetymh_report.pdf



Nottinghamshire Healthcare NHS Foundation Trust

Carer Engagement at Rampton High Secure Hospital

At Rampton we believe that carers have a valuable part to play in the recovery of our patients and seek to encourage positive relationships between carers, our patients, members of the multi-disciplinary team and all staff who may have contact with carers.

Social workers often start building relationships with carers before a patient comes into hospital and this continues after admission. In this way, we try to ensure that we know who the important people in our patient's lives are.

We want to hear the voices of our carers and one of the many ways in which we do this is by holding quarterly Carer Events. Rampton Hospital is lucky to have a Family Support Team whose role is to help carers and visitors to the Hospital. They work alongside social workers to help provide support for carers.

Over many years, the Family Support Team have organised the Carer Events, which receive extremely positive feedback from carers. These events are guided by our Carer Planning group who discuss what format they would like the events to take and the way in which they would like them to develop.

Senior management, including the Executive and Deputy Directors, regularly attend to speak with and listen to the concerns of carers. Over the years, events have included educative content, for example around the CPA process, information about and experiential experience of therapy and treatment, as well as tours of areas of the hospital in which the patients work and learn.

Over the past few years, in response to carer feedback and input from the planning group, we have reduced the amount of presented content and given more opportunity for carers to meet, talk and relax together. Our Caring for Carers event held during National Carers Week in June

has included "pamper" sessions to show our appreciation of what our carers contribute.

The following is a small sample of some of the feedback we have received during the past year from carers:

"Hi, I would like to say that without the Visitors Centre then I could not come and visit my brother at Rampton. I live on the south coast in Hampshire, nearly 500 miles away (both ways), so would not be possible to visit without it. Due to this, if I was not supported and advice and be able to have the human touch of the family support team, then my brother would have no visitors and I would have no contact, this would affect both our well-beings, especially emotional and mental. Without the petrol assistance, it would also be impossible. I thank you for this also."

"We really enjoyed the Carers' Event. It was very informative and we felt that we had a greater understanding about the patients and what they go through day to day. It is very important to us as carers to get the knowledge and understanding about our loved ones. I find that these events make me have a greater understanding and I don't feel so worried or scared about my loved one being here."

"We were really made to feel welcome, for us the timings of the day were brilliant, found presentations etc. all good for us. Food lovely. Staff all going out of the way to make you are okay. This was the first visit for us, we stayed in the family house, it was the best nights' sleep I have had in months. I look forward to coming to see some of the staff again. I will remember going to see my son and him looking out to see us, and the phone call afterwards he made to say thank you. Thank you so much for making a hard thing for us to do, not so difficult – the help we had was amazing!!"

"Everything about the day is wonderful. From the welcome when we arrived, the interesting and informative activities... All just lovely! Staff are very attentive and friendly... we couldn't wish for anything more. Lunch was delicious. Thank you so much to all"

"We found the visit to the horticultural and skills area to be very informative and helpful. Our daughter is involved in feeding the chickens so it's comforting to see where she chooses to be involved. As always, the event was well organised with friendly and attentive staff. Thank you. We would be interested for future events to include a tour of the assessment unit."

**Lynn Johnson, Social Work Manager,
Rampton Hospital**

Birmingham and Solihull Mental Health Foundation Trust

Approaches to Carer Engagement

Carer engagement is valuable as it can lead to better outcomes for service users, it is therefore important to work towards making carers feel involved and supported.

However, engaging carers within secure mental health services can be challenging. This is often due to the nature of the service user's index offence; carers may have been victims themselves and may have struggled with sustaining a relationship with their loved one. Many service users have spent years in custodial care and may have lost contact with family and friends. The secure mental health setting can be complicated and often daunting to carers.

We encourage service users to engage with their family and friends through telephone contact and visits. Telephone clinics with the consultant are available to carers and the opportunity is available for carers to attend clinical team meetings. We have been holding monthly Carers Forums for a number of years.

Members of staff from a range of disciplines are present to provide support by answering questions and helping carers to gain a

better understanding of Tamarind, activities taking place, along with information about medication, side effects and Sections. Carers also used this as an opportunity to voice their concerns about issues they had experienced.

The Carers Forum was not as well attended as our Friends and Family Event, which we hold three times a year. This is an informal yet informative event in which service users and carers can spend time together in a different setting. Refreshments are provided along with entertainment. Other services are invited to attend to give information to carers. Members of staff from a range of disciplines are present to engage with carers in a more relaxed setting.

Whilst the engagement we have been having with carers has been positive, it was evident that there were still many carers who we were not engaging. These challenges are not unique to the Tamarind service. A Carer Engagement Project team was created by Birmingham Solihull Mental Health Foundation Trust to address these issues.

The Tamarind was designated as a test site to implement a new carer engagement process, called The Family and Carer Care Pathway. This consists of one to one engagement with a consistent member of staff who is an allocated carer lead. There is an identified carer lead on each ward.

A welcome letter is sent out to the carer and telephone contact is made to invite them in. This first meeting is an opportunity to provide them with an information pack about the Tamarind and to complete the Carer Engagement Tool. This tool focusses on the needs of the carer, the impact that their loved one's illness has had on them and the support that they require.

A plan for ongoing support is agreed with the carer to ensure regular communication in relation to carer wellbeing and they are signposted to relevant services. The carer will then receive a review of their plan of involvement and support; which is an opportunity to identify how effective the plan has been.

Carers often voluntarily share information about their loved ones and welcome the opportunity to do so. There have been occasions when carers have provided useful information which has helped inform clinical decisions and has contributed to risk being reduced.

Some service users have expressed their concerns about aspects of their care being shared with family members. Whilst "general information about the condition of the person cared for" (Carer Support and

Involvement in Secure Mental Health Services - A Toolkit, 2018) can be given, specific information would require service user consent. In the majority of cases, the main concern of carers relates to processes and discharge planning.

This strategy has proved to be very effective and all the carers that have engaged have welcomed the opportunity to share their experience of caring for a loved one with a mental illness. Many have expressed the anger they felt as a result of negative experiences with services, especially in the early stages.

They want to talk about the difficulties they have experienced in accessing appropriate help, their distress, fear and loss. Carers have said that they feel supported and one reported sharing information that they had never told anyone before. Carer involvement is hugely beneficial and we are working to continually improve this and, in turn, improve service users' and carers' experience with our service.

Dawn Sutherland, Advanced Nurse Practitioner for Risk and Security, The Tamarind Centre

The Priory Group

Developing and Embedding a Carers' Strategy in a Low Secure Setting

The role of carers is increasingly being recognised as an important element of patient recovery, and identifying carers in the first instance is an essential part of best practice. As a result of the development of the 'NHS England toolkit for carers and patient involvement in secure services' (2018), focus has been placed on the needs of carers of service users in these settings.

The report noted that forensic carers often 'report not feeling valued, not being given

information and not being involved or listened to by professionals' and the fact that these carers can 'slip under the radar'. Carers should undoubtedly be treated as equal partners in the planning and delivery of care and treatment to achieve better outcomes for both service users and carers (Triangle of Care, 2013).

At Kemple View, Priory Healthcare, the senior management team agreed that one of our quality improvement objectives for 2018 should be to further embed and develop the carer experience strategy, and to identify the priorities that we needed to move our carers' strategy forward.

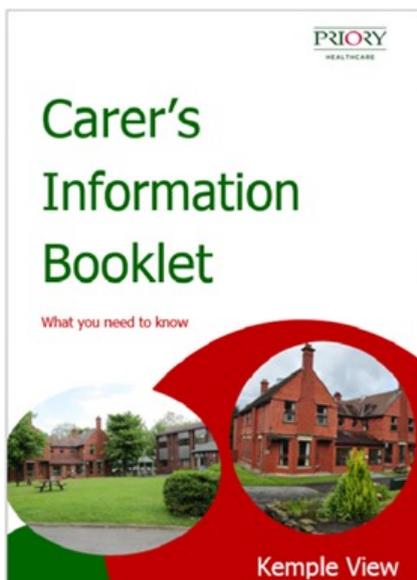
We began by establishing a working party to focus on drafting a detailed carer's strategy and included areas such as:

- Recognising carers
- Valuing carers
- Informing and advising carers
- Involving carers – care and treatment
- Involving carers – planning, development and evaluation
- Help, guide and support carers.

These areas broadly fit within the six key standards set out in the 'Triangle of Care' document. Once the draft strategy was written and agreed, this was taken to service user's council and hospital governance meetings for ratification. The completion of the strategy and feedback from service users indicated the need to develop a comprehensive, user friendly carer's information booklet.

Patients and carers had reported a lack of information on admission and that this increased anxieties at an already stressful time. The carers information booklet included information on the hospital, the layout of the site, visiting arrangements, MDT working, treatment pathways and vocational opportunities for service users.

This was co-produced with a small group of interested service users who were able to make suggestions on areas they felt their carers would have liked to have had more information on when they were first admitted to the service.



At Kemple View, we hold quarterly 'family and friends' events where carers, relatives and friends are invited to site. These events include psychoeducational elements as well as an opportunity for carers to discuss any issues or concerns relevant to them. These meetings also allow carers to gain support from their peers and meet others who are in similar situations. Carers and service users are then able to enjoy a themed meal together in the dining room which is provided by our catering team. At the most recent meeting in September we were able to show carers the draft carers strategy as well as the carers information booklet and gain their insight into what else may need including or establish anything they did not feel was clear. We have now begun working on a carer's newsletter which will be completed six weeks prior to the carers' event and sent out with the invitations.

This means that even carers who are unable to attend the event will be kept up to date on any changes, developments and projects taking place.

More recently, we have developed links with Carers' hub Lancashire who offer support to access community and health services and information, activities and courses. Carers' hub Lancashire have agreed to come and speak to our carers during one of our upcoming quarterly events and we are also planning carer awareness training for our staff to improve knowledge around carers' rights and identifying carer support.

Carers' hub leaflets were handed out at our recent family and friends' events and we hope over the next 12 months some of our carers would be able to access services provided by the Carers' Hub Lancashire such as Advocacy Services, Carer Support, Counselling Support and the facilitation of assessment of their needs.

Our next steps include identifying whether any of our carers would be willing to deliver any sessions as part of our recovery college, as well as attending our induction sessions for newly recruited staff so that carers can share their own experiences and those of their family members involvement with Mental Health services.

This could also help to identify any problems that carers may face so that as a service we

can develop strategies to change and/or improve our service to support their needs, and incorporate this into our staff training programmes.

Lisa Potter, Associate Director of Clinical Services, and Ben Muswe, Social Worker, Kemple View

The Royal College of Psychiatrists

Maximising Carer Involvement with the Quality Network

Carer perspective is a valuable aspect in improving the quality of services as it is important to be aware of all views from people using a service, not just patients.

Carers can bring a different outlook to how a service is running and what they think needs to be improved. As well as having discussions with senior management and staff on the frontline, we also listen to carers, family and friends, as well as patients. We aim to promote the sharing of good practice and provide a forum for advice, discussion and honest reflection.

How are carers involved with us?

Throughout the year, we advertise a range of opportunities for involvement with our network. Here are some ways that carers can get involved with us:

- Writing articles for our newsletters which are published quarterly. Each newsletter is based on a particular theme and we always welcome the perspectives of carers in these newsletters, which are sent around to all of our member services.
- Attending events, whether these are our special interest days or our annual forums, which are aimed at sharing good practice.
- Run workshop presentations at our events to add a different dynamic.

How carers can get the most out of our reviews:

Every year, our member services receive a peer-review visit, and every other year we will meet with family and friends whose loved one is currently at that service. Here are some ways carers can get the most out of these visits:

- Complete the self-review survey before each review visit, to provide feedback anonymously.
- Attend the carer meeting on the review visit and encourage other carers to attend this meeting (this happens every other year).
- Be part of the lunch and networking session during peer-review visits to engage with staff and the visiting peer-review team.

Our family and friends representatives

Within our network we have a group of eight carers with experience of their loved ones being within secure services and we have recruited them as our family and friends representatives.

Within this role, they attend our peer-review visits and are able to chair family and friends meetings on the review day. They are also involved in the delivery of feedback and sharing of good practice in relation to carer involvement and engagement. Our family and friends representatives are a vital aspect of our network and offer a breadth of experience and insight into the importance of carer engagement and how services can improve to meet the needs of carers.

We also have two family and friends representatives that are part of our advisory group for forensic mental health services, where they are able to get involved in key decision making and governance of the network.

Our recruitment for family and friends representatives opens during the Summer, so if you are interested in becoming a family and friends representative or know of someone who could offer their experiences to improve secure services nationally, visit our website next year for more information.

Holly Lowther and Jemini Jethwa, Project Workers, QNFMHS

St Andrew's Healthcare

St Andrew's Healthcare Opens New Carers Centre

St Andrew's Healthcare provides specialist mental healthcare for people with mental health needs. We are a charity and so any profit we make is reinvested into patient care.

We exist to relieve suffering and to promote recovery. We provide treatment and care for over 800 patients who face challenges of mental illnesses, developmental disorders, brain injuries and neurological conditions.

Over 90% of our patients have been detained under the Mental Health Act 1983, and, of those, around half are "forensic" patients who have come to us via the criminal justice system for care and treatment in a secure environment.

The Charity was set up in 1838, and our purpose remains the same now as it was then – "to promote the healing of sickness, the relief of suffering and the relief of those experiencing mental disorder". We provide care across a number of services, including men's mental health, women's mental health, child and adolescent mental health services (CAMHS), neuropsychiatry, autistic spectrum disorder and learning disability. We care for people who could not, in many cases, be treated elsewhere.

Our vision is Transforming Lives Together. The word together is vital, as it represents the partnership between our patients, their carers and our staff that is at the heart of transforming lives.

St Andrew's has a long history of putting people first, and we work hard to give our carers as much support as we can. We have embraced the 'Triangle of Care', which is given precedence in our Carers Strategy. The Strategy has paved the way for meaningful growth in our carer engagement offering and related activity throughout the charity.

In 2017, our Patient Experience Team worked in collaboration with carers to design a new service, which aimed to extend the support we provide to carers, friends and

families of patients. In January 2018, the Board of Governors endorsed plans for a new Carers Centre, located at our Northampton headquarters. The location chosen was a cottage on the grounds, in a prominent central position within the 106 acre site. The beautiful building provides a tranquil, non-clinical and homely environment, with furnishings and decorations all chosen by carers for carers.



The Carers Centre opened its doors in June 2018, and it offers support to carers not only in Northampton, but at our Birmingham, Essex and Nottinghamshire sites which are all connected via dedicated phone lines. The Centre is open 7 days a week from 10am to 7pm, providing information, advice and signposting services, linking with local agencies to provide warm handovers to more localised support should a carer require further assistance in meeting their needs.

The physical building in Northampton provides a comfortable space away from ward areas where carers can access support, or simply rest and spend some time while on site, as its recognised that many of our visitors have travelled a distance to visit a loved one. It's also a space where carers can meet with the staff looking after their relative away from the ward environment.

The Carers Centre is a beacon for St Andrew's and its commitment to its carers strategy. Within the five months it has been operational, our carers have benefited from a more coordinated approach to support, and those new to St Andrew's whose loved ones are accessing the secure services have particularly benefited when visiting out of normal admission hours.

St Andrew's recognises the crucial role our carers play in supporting the health and wellbeing of the people we care for. We know that by working in partnership with families and friends and providing support networks for them, we can provide higher quality of care for our patients and deliver

better outcomes for all. We are looking forward to the coming months and engaging more with carers to shape future services for the Carers Centre and the wider charity.



Melanie Newman, Carers Lead, St. Andrew's



This amazing artwork was created by Jemini Jethwa, a Project Worker from the QNFMHS team.

Follow us on Twitter [@ccqi_](#) [@rcpsych](#)
And use [#qnfms](#) for up-to-date information

Upcoming Events

Managing a Healthy Weight, 27 February 2019

We would like you to save the date for our next special interest day.

This event tackles the topic of managing a healthy weight from several perspectives, including public health, high secure, exercise professionals and patients. Workshops will also be invited from members services and other stakeholders.

You can attend as a delegate or submit a workshop proposal if you would like to showcase best practice in managing a healthy weight in secure services.

Location: Royal College of Psychiatrists, London

How to book: Complete an [online booking form](#) (available on our website).

Want to get involved? We are accepting [workshop proposals](#) (available on our website).

For further enquiries about the event, please contact Holly.Lowther@rcpsych.ac.uk.

Annual Forums—save the dates!

MSU Annual Forum, 21 May 2019

LSU Annual Forum, 20 June 2019

Reviewer Training

Suitable 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 training is free and is a great learning experience for staff members.

The training will give potential reviewers the opportunity to gain practical knowledge about how to conduct a peer-review visit. The training day will involve presentation, discussion and workshops created to develop the skills of a reviewer.

Dates:

Monday 21 January 2019 (14:00 - 17:00) – Royal College of Psychiatrists, 21 Prescott Street, London, E1 8BB (fully booked, but we are accepting bookings for the waiting list).

Monday 29 April 2019 (14:00 - 17:00) – Royal College of Psychiatrists, 21 Prescott Street, London, E1 8BB.

Booking forms for events and reviewer training can be found on our website: <https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/qualitynetworks/forensicqualitynetwork/latestevents.aspx>

Joining a peer-review team provides a valuable opportunity to visit other wards/units and share ideas and experience. We hope that the visits will be interesting for both the reviewers and the host team. The experience may also help you prepare for your own peer-review visit.

If you have any questions, please contact holly.lowther@rcpsych.ac.uk.

Knowledgehub

Join the Quality Network for Forensic Mental Health Services (QNFMHS) new online discussion forum!

Knowledge Hub is a free to join, online platform which allows you to be part of various groups. The Quality Network for Forensic Mental Health Services (QNFMHS) has created their own group and we would very much like you to be part of this to join in on discussions around forensic mental health services.

Joining Knowledge Hub will allow you to:

- **Share best practice and quality improvement initiatives**
- **Seek advice and network with other members**
- **Share policies, procedures or research papers**
- **Advertise upcoming events and conferences**

We will be using Knowledge Hub as our main way of communicating with our members, so in order to keep up to date with the Quality Network, ensure you sign up!

How to join

Email '**join Knowledge Hub**' to forensics@rcpsych.ac.uk



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

Contact the Network

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Twitter

Follow us: @rcpsych @ccqi_
And use #qnmfms for up-to-date information

QNMHS Knowledge Hub Group

www.khub.net/group/quality-network-for-forensic-mental-health-services-discussion-forum

Royal College of Psychiatrists' Centre for Quality for Improvement

21 Prescott Street, London, E1 8BB

www.qnmfms.co.uk

