FORENSIC QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

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This Issue

WELCOME

Welcome to the 45th edition of the Quality Network for Forensic Mental Health Services' newsletter on **'Peer Support in Secure Services'**. Peer-based approaches are increasingly being used across the Network and we're really pleased to be able to share them with you in this edition. Thank you to all of the authors of this quarter's newsletter.

This edition will be published at what is a very challenging and unprecedented time for health services. We would like to express our gratitude to all of your hard-working teams that are going above and beyond to protect patients and minimise distress. Over the coming weeks, we will be asking services how we can help to support you in such difficulties. We are open for suggestions for how we can continue to support sharing, learning and networking.

We have created a section within the Knowledge Hub group to enable the sharing of best practice on dealing with the COVID-19 outbreak and to pose questions on how to manage particular situations. This is a great opportunity to connect with your peers and support each other through this (details on how to join inside). For RCPsych guidance on managing COVID-19, please see page 23.

We are also looking at hosting webinars and other virtual sessions to enable people across the Network to come together. If you have any suggestions, or you would like to lead a session, please get in touch with Megan (see page 24 for contact details).

In other news, we hosted the 'physical security in medium and low secure services' event at the beginning of March. It was extremely well attended with around 130 people and the day was packed with useful discussions. More information on the project is inside!

Finally, the RCPsych forensic faculty conference went ahead in Liverpool earlier this month. It was a packed few days with lots of interesting and engaging presentations. Below is a picture of Dr Quazi Haque, Chair of QNFMHS, and Professor Wendy Burn, RCPsych President, ahead of their session.

Dr Quazi Haque and Megan Georgiou

Priory Healthcare

A community befriending scheme in a secure hospital

I am a senior social work practitioner at St Johns House Hospital, a 49-bed secure hospital on the Norfolk-Suffolk border near Diss. Since December 2016, the hospital has been part of Priory Healthcare. I have worked at St Johns for 24 years, and for the last 20 years have coordinated a befriending scheme for patients. St Johns is a specialist unit working with adults with learning disabilities who have a forensic history. We accept referrals from all over the UK, and occasionally from the Irish Republic and the Channel Islands. Often service-users are a long way from their families and local communities. We do our best, as a service, to maintain service-users' links with their families and communities. The social work team organise escorted home leave for service-users, every three months, and families are welcome to visit. However, it became obvious when I had been in post for a short time that some service-users were particularly socially isolated. Some of them had grown up in local-authority care; some of them had strained or non-existent relationships with their families of origin because of their offending behaviour or mental-health issues. Very few of them had any real friends. Given that service-users' average length of admission is over two years, it was clear that there was a real risk of them losing out on the massive benefits of having ordinary social conversations with people who were not paid professionals. I could not fail to notice, as I moved around the hospital, that often service-users' most relaxed and animated conversations were with housekeeping and maintenance staff, people with whom they could simply "have a laugh with". This was the genesis of the Community Befriending Scheme.

I discussed my idea with the hospital's senior management team, who were supportive. I was given the name of one of the local parish councillors, with whom the hospitals management met regularly. I met with her, explained my thinking, and she suggested I write a short article for the local parish magazine. The parish councillor explained that this magazine was hand-delivered to every household in the parish, not just to churchgoers. So, I wrote an article, which included a brief explanation of the work of St Johns House Hospital. From that initial article half a dozen people came forward, and eventually three of them became our first three befrienders. Word-of-mouth proved as good a way of advertising the scheme as any more formal approach, and by the end of the first year we had six befrienders, all visiting every 4-6 weeks. Attracting male befrienders proved more of a challenge than involving female befrienders, but the female befrienders sometimes "volunteered" their husbands! And now some of our staunchest and longest-serving befrienders are male. From time to time I attended church coffee mornings and other community forums in the local village, to talk about the scheme and ask for volunteers. I think this has been crucial to the continuance of the scheme, as people who are thinking about doing voluntary work are understandably more responsive if they can associate it with a person and with a story. The scheme has never been particularly big; at its largest it had 12 befrienders, and currently it has 8, but those 8 people are making a significant difference to 8 lives.

Anyone interested in joining the scheme undergoes a preliminary, informal interview, mainly to check out their expectations and any relevant experience. They undergo a half-day induction training, which covers, among other things, safety and security (first-name-only introductions; no jewellery or scarves; dress modestly; supply limited personal information; personal possessions left in lockers) and the scope of the befriending role. We explain to prospective befrienders that their role is different from that of therapists, and different from that of advocates. Service-users don't lack access to therapy or advocacy. For most cases what they are desperately short of is people prepared just to sit and chat about ordinary subjects - sport, TV, politics, the weather - and who will come to see them regularly. For a service-user who doesn't get visits from their mum or their brother, having a befriender is a significant source of pride and self-esteem. I have heard service-users firmly inform nursing staff that they cannot

attend a ward meeting because "I'm going out to lunch with my befriender". Meetings between service-users and befrienders are usually initially arranged on-site, in a visiting room off the ward. However, if a rapport develops, and if the service-user's behaviour is sufficiently predictable and settled, often the relationship develops to include meetings in local pubs and cafes. All these meetings are escorted by staff. We rarely admit service-users whose behaviour is sufficiently predictable for them to have unescorted leave. It is for this reason that the community befriending scheme is so valuable. It works with a population which is at particular risk of social exclusion and keeps them connected to the world.

Jackie Grace, Senior Social Worker, St Johns House Hospital

Health Service Executive

Brag and steal

It was a sunny, blustery Spring morning when a squeaking walkie talkie announced our guests' arrival. On the fringes on our grey, walled sanctuary, advocacy met them at the lodge. Keys and phones surrendered, they marched in slow procession up our Victorian oak lined avenue. Then, in through the 'red door' and down a wide, glass lined corridor to the EVOLVE Recovery College for tea and sandwiches and a lively chat together on our frooby blue couches and chairs. For this was our day to brag and steal together in the teeming hospital gym.

From far across the country they came - the west, the south, the north - to share their thoughts and insights on the world of Peer Support. HAIL Housing who identify the housing needs of single socially vulnerable persons. Bealach Nua Relative Peer Support who offer families/friends an opportunity to meet with a Relative Support Worker with lived experience of supporting a loved one with mental health difficulties. The Irish Advocacy Network who encourage people to speak up, speak out and take control of their own lives! The pioneering Mayo Recovery College whose mission is to advance personal recovery through vibrant adult education and finally, our moving and motivating peer support workers from CHO 5 and 9.

After tea our guests were escorted across our vast campus while enmass units tramped down steel stairs to come over. Tea flasks spluttered and microphones buzzed, all of us wondering what the day would unfold.

Formica topped tables spread out with tumbling handouts, research and sweets. Banners and backdrops unfurled. Chatter increased as energies lifted, and ideas flowed. It was a great opportunity to meet actual peer support workers and people working in the service - people who are open and able to discuss their lived experience roles. It was truly inspiring to see staff, carers, services users and outside agencies come together as one. "Together we are strong", was what one staff member recalled.

Moving forward, Peer Support Worker (PrSW) training should be from 'acorns up', not read from books but explored together in a spirit of growth. Start out small and if writing notes on someone, you shouldn't write anything that would embarrass a service user. As laid out below, a two-tiered training plan is envisaged.

Phase One: PrSW to help service users with the move to the new hospital, providing information and support designed to alleviate any concerns.

Phase Two: PrSW to become embedded in the HSE framework to provide additional service user support.

As the sun came down beyond the wall and all the guests had gone, I was left alone again. I reflected on the energy and positivity of our ground-breaking 'Brag and Steal' event. I was suddenly overcome by the challenges on the road ahead. Is our service ready? Would peer support workers themselves be supported? What exactly will they do? Would they have to deal with issues too close to their own experiences? Would they be able for the training? Would they be able for the job? Would they be available for

training? Would they be able for the job? All these unanswered questions pressed heavily upon me. Then I remembered the energy, togetherness and positive comments that filled the gym, and us all, that day.

"I left feeling invigorated and energised at the prospect of peer support becoming part of the forensic services", said one. Another "felt so invigorated and motivated" that they are "willing to help us implement peer support workers" and "create a few academic articles" based on the implementation of the role into the forensic setting. Another said they were "very impressed by our determination and enthusiasm". "I personally left with an overwhelming feeling of empathy and compassion for the people we met who are detained there", said another. Someone else "felt truly inspired by the strength of recovery that the people there had shown". Interestingly, another individual stated: "I feel I learned more from them than they did from me!"

As these voiced echoed around my head, I was inspired, I was hopeful and, most importantly, I realised I wasn't alone. Fortunately, most of the above challenges can be avoided, or managed, by providing adequate, relevant and up-to-date training, supervision and ongoing support for PSW's, and those involved in managing and supporting them in their role. Ultimately, I believe that, with the energy and commitment demonstrated at our Brag and Steal, as this inspiring and innovative initiative reaches its fruition it will prove be an enduring legacy and timeless testament to us all as we move to Portrane and beyond.

Barry Hurley, Recovery Educator and Service User, Central Mental Hospital Dundrum

Nottinghamshire Healthcare NHS Foundation Trust

Introducing peer support to Arnold Lodge – A medium secure mental health hospital in Leicester

Arnold Lodge was first established in 1983 and as such is one of the first medium secure services. It provides a service to over 100 inpatients on 7 wards across the three care streams for both men and women. Nottinghamshire Healthcare NHS Foundation Trust (Nottshc) has been employing peer support workers since 2010. Peer support worker roles have focused mainly in Adult Mental Health services, including inpatient wards, community teams and recovery colleges. Peer support workers offer one-to-one and group support based on shared experience, empathy and recovery focussed approaches. They receive training which focuses on the 8 core principles of peer support (developed by ImROC) as well as the development of active listening skills, personal and professional boundaries, and reflective practice. The training also includes a 30-hour work placement which students undertake within a clinical area. Nottshc now employs around 60 peer support workers across their services, but have not yet employed peer workers within forensic services, although there is support among staff and patients for doing so. It has been argued that peer support is particularly relevant to the secure setting and there is great potential for secure services to actively facilitate peer support (Together, 2014). In addition, there is increased potential for more stable, long-term relationships between peer support workers and those they support than in acute or community settings.

Staff members at Arnold Lodge have long been passionate about peer support and have been working on developing their first peer support worker role. Time has been spent thinking about where this role would be best placed to offer support and complement existing services. In addition, consideration has been given to how a peer support worker could be best supported to develop in their role and manage their own wellbeing.

Drawing on the best practice that has been

established within mainstream mental health settings, it was decided that the peer support worker would be based within the Occupational Therapy department, giving them the opportunity to contribute to different groups and offer one-to-one work with the support of the Occupational Therapy team.

This positioning also allows a peer support worker a significant degree of autonomy to develop their role based on their own strengths, whilst also being able to be involved in activities alongside other colleagues. Arnold Lodge has an established recovery college and an extensive therapeutic programme that includes a Making Sense of Voices groups. The addition of a peer support worker could create an environment of mutual sharing to this and other therapeutic approaches.

The peer support worker will receive training and support from colleagues in therapy and psychology services at Arnold Lodge and from the peer support development team which is located within the Trust's Learning and Organisational Development Department. It is common practice for all peer support workers in Nottshc to receive supervision from their team leader as well as 'peer' supervision from a member of the peer support development team. This provides opportunities for peer workers to reflect on their growing skills and any difficulties they face in the role. Personal wellbeing is a common feature of supervision for all staff and peer workers are no different. They will be encouraged to consider their own wellbeing at work plan and share this with their supervisors within supervision. Peer workers also attend quarterly peer support development days; a chance for them to reunite with other peer workers from across Nottshc, share their experiences and refresh their skills, as well as hear about developments in peer support across the country.

Because this is the first peer worker role within forensic services in the Trust, it will be evaluated as it evolves. There is potential for the peer worker to increase their hours if the role is successful and it is hoped that this role will pave the way for other peer workers in the future, both in Arnold Lodge and in other forensic services throughout Nottshc.

Emma Watson, Peer Support Development Lead, Dr Patrick Sims, Head of Therapies and Fiona Evriviades, Occupational Therapy Manager, Arnold Lodge

Knowledgehub

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

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!

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

Birmingham and Solihull Mental Health Foundation Trust

Peer support in Tamarind Centre

I am currently working at the Tamarind Centre as a peer support worker and have been for 3 years. Despite the unfamiliarity surrounding my role, it has been accepted and understood by the service and it's staff. Apart from being a service user myself who spent some time in secure care, I have developed a lot of understanding of how these services have to provide better care and treatment for their service users. At the same time, I have visited a lot of secure hospitals while I worked as a patient reviewer for the Quality Network for Forensic Mental Health Services for a period of 5 years, as part of a team who carried out assessments on those different secure units and the service they provide for their service -users.

For me, this role is something I am willing to share; the enormous experience gained throughout these times I either spent in secure hospital as a patient, or in the capacity of patient reviewer which can as well reflect on my role as peer support worker here at Tamarind. First, I must demonstrate my skills in the best possible ways and also develop good relationships with both staff and the service users. At the same time, I must communicate effectively with anyone in the hospital and share my experience during presentations in a way that staff can learn from, and in a way to inspire hope to service users in similar situations.

Normally, I am involved in activities aimed to help service users develop their skills and to occupy their time beneficially so that they can progress and move on, such as: education, art, craft, creative writing and sports. I always take a leading role to encourage service users to feel free to contribute and to take part in available activities in order to feel that they are achieving some of their goals. In order to further develop my skills, I always complete e-learning trainings online for my personal development and competency, at the same time I am getting a lot of support from the staff in the hospital. I am encouraged to ask anything that I need support with, which makes me feel happy and confident to have access to that readily available support. I receive positive feedback every time I attend supervision and my contribution is recognised and appreciated, and the feedback I am getting is gives me full confidence that I am making progress in my role. We also discuss during supervision about the areas I need support with in terms of self-development, and how it could be implemented through constantly receiving advice on which e-learning trainings, as well as face-to-face trainings I have to do to further develop my skills so as to provide efficient service whenever needed. These opportunities are facilitated by my manager who always encourages me to continue the good work I am doing so far.

Similarly, staff talk to me and ask me about my past experience in secure units and in the community, in which they either ask me questions about my progress and in particular questions relating to what they think needs to be done to improve the service that patients receive, or sometimes, I am asked to present to a group of service users in order for them to know the necessary information they need and can inspire hope. Often, I talk to the staff and service users providing information that can be useful and can be a source of guidance for them to follow to achieve some of the goals required to achieve their potential.

I am regarded here at the Tamarind Centre as a valued member of the team, and will provide a positive role model who shines a fresh light on the reality of recovery as unique journey for us all, and that supporting any individual on this journey takes time, care and commitment. I am willing to utilize all the skills and experience gained throughout my journey and to benefit it for service users in similar situations, who like myself would like to achieve their goals in order to fulfil their dreams to make progress and move on, and live life full of hope that they can one day be free to lead an independent life in the community, and achieve their potential eventually.

Abdirisak Hussein, Peer Support Worker, Tamarind Centre

Elysium Healthcare

Peer support in St Mary's Hospital

The following are examples of peer related activities that have occurred within St Mary's Brain Injury and Mental Health service. Two service users kindly gave permission for the details below to be included taken for inclusion in the Quality Network Newsletter. Both have been involved with the three activities below. Much of what is written below is directly quoted from the service users themselves during interviews with Neel and Abi. We have preserved their anonymity as per their request.

Buddy system
Service User A: This is where new service users coming on to the ward get shown around by those service users who have been there longer. I enjoyed it and felt I was contributing, showing people around.
Service User B: I tell them how to get on with staff, and show them the ward and what happens in the day.

Staff induction
Service User A: Both service users have taken part in the staff induction programme. I help staff learn about what it is like to live on the ward. I talk about my past history and about my diagnosis of Schizophrenia. I have come a long way. I used to be on observations.
Service User B: I give staff tips about how to get on with patients. I tell them to be nice and not to be a bully, as I was bullied at school. I don't like it when others raise their voice. I tell them not to ignore us and engage with us. If staff want to enjoy their job you have to give patients praise. Staff may think they give too much praise but there is no such thing as too much praise.

Peer presentation to service users from other hospitals
Service User A: I presented at the North West Recovery and Outcomes group event. It was great. I talked about my recovery journey and care plans. I was asked by another service user in the audience about how it felt living in hospital. It felt great presenting. But I also learnt from others by talking to them. I learnt about other sections and about the Ministry of Justice. I got information about Back on Track which is an organisation that provides support for when you are in the community. I was able to network and would like to do it again.
Service User B: I gave a presentation to other service users from other hospitals from the North West about my road to recovery. It's a road I dreaded to walk, but now I am happy, I am riding through it. I'm still learning how to perfect my journey through recovery but, I am glad I am on the road, and I will surely get there. I felt good talking to others.
Service User B: I told them I enjoy art. I was left handed but then I had a stroke and had to learn to use my right hand. All the art work shown here is by using my right hand. I am getting an ipad soon and can do some art on that. I like art because it is relaxing, and I like getting praise.

St Mary's hospital provides other outlets for service users to voice their opinions and views, which include weekly community meetings, and regular service user forum. There are drama and music groups which culminate in producing shows in front of others such as the Christmas panto. Other service users have spoken to commissioners about how they have been helped toward discharge. There are events throughout the year where staff, service users and their relatives are encouraged to mix in events such as a barbeque and sports events.

The finishing post (by B).

Artwork by B, Platinum Koestler (Art) Award Winner 2017

Service user A, Service user B, Neel Halder, Lead Consultant and Abi Akinyemi, Psychotherapist, St Mary's Hospital

Greater Manchester Mental Health NHS Trust

The power of peer support

The clinical management of service user care, treatment, therapy and recovery is essentially a personal and individual process. However, this is often delivered in settings where groups of service users are brought together, and they share the same facilities. As a result, it is highly likely in the myriad of informal interactions service users experience daily when grouped together within mental health or substance misuse settings that some level of positive peer support will occur to a greater or lesser extent. Good practice guidance highlights how this power of peer support can be more formally harnessed to encourage many types of active forms of mutual help and support between service users in order to enhance a more positive recovery focussed experience. For example, service user led support groups are nothing new in most, if not all, models of mental health and substance misuse care and treatment. However, within secure care settings there can be some significant challenges as well as tangible benefits in facilitating formal peer support arrangements between service users.

Recovery in a secure hospital can be difficult because individuals have less control over their lives while detained in hospital. Nevertheless, recovery clearly happens in a secure hospital although the opportunities to access peer support from the community, beyond the medium or low secure perimeter, can be quite limited. For many secure care service users the personal journey of recovery involves making sense of and finding meaning in what has brought them into services and then becoming expert in their own treatment, self-care and then building a new sense of self and a renewed purpose in life.

The Adult Forensic Services of the Greater Manchester Mental Health NHS Trust has invested significantly in peer support over many years and has built a substantial amount of experience and expertise. The AFS has devised, developed and encouraged a culture of peer support opportunities for service users to actively engage in. For example, community meetings on wards, service users taking part in group-based therapy sessions, activities or projects and opportunities for service users to meet, share experience and learn life and wellbeing skills together in a recovery college setting. Service users have also been encouraged to use their lived experience to contribute to improved service design, delivery, staff induction and other forms workforce development.

A monthly Recovery Matters meeting is a multi-disciplinary and multi-agency forum actively involving service user representation to ensure key decisions are made to support service user and staff collaboration and many other recovery focused initiatives.

In launching the Recovery Academy in July 2016, the Adult Forensic Service created a dedicated shared space for service users and staff to use in collaboration. Through its co-produced prospectus, it offers recovery learning opportunities and well-being skills for 225 medium and low secure service users (including those in adjoining step-down services). It's especially caters for those service users who have limited leave or access to opportunities outside the secure perimeters. Although recovery opportunities are available throughout the AFS in a many roles, what makes the Recovery Academy unique is that it adds significant value to a service user's progress through secure care by offering recovery opportunities and activities in a collaborative way. Both in terms of effective therapeutic relationships with staff and between themselves by positive peer support. All the programmes and interventions are developed collaboratively with service users providing expertise by experience. This can be either current or former service users. Experts by occupation, who are current staff with specialist knowledge and skills. The guiding principles for the sessions are hope, personal responsibility, education, self-advocacy and support. The sessions are also linked to the eight domains of the NHS England 'My Shared Pathway' recovery care plan, which supports involvement in decisions about patients' own treatment and care. This enables service user learners to link their attendance of sessions to their personal recovery plans and progress.

The Recovery Academy represents the AFS local hub of Greater Manchester Mental

Health NHS Trust's larger Recovery Academy provision.

The Recovery Academy also acts as focal point for recovery action planning around all the recovery opportunities available to all forensic service users. In doing so, the Recovery Academy can support service users to take greater ownership and control over their recovery pathway as they develop their recovery-oriented resourcefulness. This means that for some service users the Recovery Academy can simply act as a guide, coach and support for their recovery activities taking place elsewhere in the service. For others, frequent participation in some of the academy's programme of sessions is an important part of their recovery learning.

The quality of relationships between service users and the staff who work with them are central to people's recovery journeys. This is the case whether the encounters are very brief or extend over many years. Recovery-promoting interactions almost always involve a degree of collaboration and a shared common purpose.

One of the notable successes of the Recovery Academy has been supporting ex-service users into voluntary roles and paid employment making the transition from "expert by experience" to "expert by occupation". This was highlighted in 2018. An ex-service who had made the transition into paid employment in the AFS co-presented at the IAFMHS Conference in Antwerp.

The challenges

In 2017 an initial group of service users were trained and prepared for paid roles as 'Peer Mentors' in the AFS based within the Recovery Academy. 'Peer Mentorship' at that time was viewed as a route to harness the lived experience of our patients and ex-service users towards volunteering and paid employment. This cohort also successfully completed their peer mentorship course that year. Unfortunately before the project could properly get off the ground, the AFS was advised by its Trust senior managers that these roles could not continue in their current form because they potentially created informal contracts of employment and the service users could inadvertently have their benefit status severely jeopardised or compromised.

The roles for current service users were speedily revised as part of a new 'service user engagement' strategy under the umbrella of 'volunteering scheme'. It was decided at that time not to use the role title of 'peer mentor' to avoid any confusion during the changeover of these role designations. New role for ex-service users were created as volunteering opportunities. The recruitment of ex-service users in these new volunteer roles turned out to be a very protracted and challenging process because of the requirement for DBS checks (to ensure the safeguarding of vulnerable adults and determine if peer support roles were deemed by the DBS to be regulated activity) as part of the Trust volunteering recruitment process.

The AFS in collaboration with a small group of ex-service users navigated this process in order to fully appreciated the implications for others considering a similar future path. Many lessons have been learned from embarking on the creation of peer support roles in forensic settings over many years with the wholehearted involvement of many dedicated service users and ex-service users. This project with collaboration at its core has transformed the staff and service user community within the medium and low secure services. This has enabled the AFS to support and explore many other initiatives that have enhanced the experience of service users progressing along their secure care pathway.

Kevin Scallon, Recovery Academy Lead, Prestwich Hospital

News

Locked out? Prisoners' use of hospital care

It is widely known that prisons in England are crowded and facing severe difficulties, but the health and health care use of the prisoners within has received little attention. Drawing on over 110,000 patient hospital records for prisoners at 112 prisons, this study provides the most in-depth look to date at how prisoners' health needs are being met in hospital.

Using a novel approach involving the linking of data on prisoners' residences to their use of NHS hospital services, this research provides new insights into prisoners' use of secondary health services. The work covers inpatient, outpatient, and accident and emergency care; the reasons for use; and how access to care compares to the general population. Nuffield Trust also looked specifically at health care use by women prisoners and people over the age of 50.

See the full article here: https://www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care

Health Equity in England: The Marmot Review 10 Years On

Commissioned by the Health Foundation, the Institute of Health Equity is working to examine progress in addressing health inequalities in England and propose recommendations for future action.

Key Points

- Published in 2010, *The Marmot Review: Fair Society, Healthy Lives* was a landmark study of health inequalities in England.
- While there has been progress in some areas since 2010, there is growing evidence that health inequalities are widening and life expectancy is stalling.
- The Health Foundation commissioned Professor Sir Michael Marmot and his team at the Institute of Health Equity to examine progress in addressing health inequalities in England and propose recommendations for future action.

Access the review here: https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on?utm_source=google&utm_medium=cpc&utm_campaign=marmot2020&gclid=EAIaIQobChMIvZiNhNCh6AIVmKztCh0bmQc9EAAYASAAEgI6JPD_BwE

RCPsych Reads Relaunch

The College has launched a new Twitter feed about the College Library! @RCPsychReads, which used to belong to the College book club, will now be posting about everything library related.

You can expect to see information about new books, ebooks and online journals, the research we have been conducting for members, any interesting articles we might find and the current awareness resources we are starting to produce for our Faculties and SIGs.

There will also be some interesting bits and pieces about our rare books and donations.

Find out more information here: https://twitter.com/rcpsychreads

Physical security in medium and low secure services

The Quality Network is currently developing a physical security tool for medium and low secure services, in response to feedback received during the 2019 revision of QNFMHS standards.

The focus of the document is to guide practice, ensure consistency and compliance, and embed training processes. The document will replace the physical security section of the QNFMHS standards and it will be used to guide the self and peer-review elements of the review process. The document will come into effect when the next edition of standards are published in 2021.

The first draft of the document has been pulled together and we are currently working with a small working group to complete the project. We hosted a consultation event on 3 March 2020 to gather feedback from member services to inform this process. The discussions were incredibly helpful, thank you to everyone that contributed.

If you have any questions, please get in touch by emailing Megan Georgiou megan.georgiou@rcpsych.ac.uk

Peer to peer support in secure settings

There is a strong sense that formal peer support in secure services is both needed and that it works. Since the National Service Framework was published two decades ago, advocating patient and carer involvement in the planning and delivery of services, peer support has been closely aligned with national policies regarding patient-centred care, recovery and self-management. It is also recognised as being of potential benefit for a range of mental health conditions by NICE.

Peer support is currently being formally implemented in certain secure services across the UK, with people with lived experience of mental health conditions being recruited, trained and paid to work on wards and offer experientially based support to inpatients. Peer support is purported to be valued by both patients and staff as increasing patients' sense of self-esteem and well-being. Staff have also reported benefits such as reduction in their workload and better ward atmosphere. Although there remains a paucity of research to support its efficacy in secure settings, it is hoped and expected that this will change over time.

However, in this article I want to consider a more primary and canonical form of peer support, the so-called 'peer to peer' support that can emerge naturally between patients living together within secure settings. Humans beings are gregarious creatures, we are in general sociable and drawn to sharing each other's company and support. In my experience of women's secure services, despite the patient population being labelled as predominantly behaviourally and socially maladaptive, there is in general a strong sense of community between patients and a desire to be there for each other.

As reported by the interim report of the Independent Review of the MHA 2018, mental health care may often be experienced as uncaring by its recipients. Even those patients who stated they believed their detention under the MHA to be justified and claimed that it had saved their lives, questioned why their experience of care had been so awful. Another finding to emerge from the Independent Review of the MHA was that feedback to staff and services offered by patients could be received defensively or even offensively at times. Patients need mental health services in which their concerns are actively listened to, taken seriously, and appropriately acted on where necessary. However, staff may not be open to learning and initiating improvement in response to what patients say about their care and treatment.

Respect and epistemic regard for patients can seem to be lacking, especially in secure mental health settings where patients' rights are significantly qualified. In secure services it is recognised that the quality and extent of relational support offered by staff maybe limited if not compromised by the dominance of both general and specific forms of control. If patients were to experience being consistently treated as equals who bring both knowledge and experience about what they do and do not find therapeutic, the secure care sector would be far more effective and a better place for both patients and staff.

Many patients in secure settings experience mental health symptoms which may impact adversely on their perceived ability to offer others support. Some staff may be of the view that patients should not involve themselves with each other's treatment. The risk averse culture that pervades secure care may reduce staff expectations of and trust in patients' ability to form and maintain positive relationships. Yet in the face of such barriers, patients often self-organise to form mutual support systems. This, I imagine has happened for as long as there have been asylums and similar isolating and often isolated institutions. Companionship and presencing amongst inpatients can constitute an essential and fundamentally authentic form of peer support.

It isn't hard to construct a case supporting peer to peer support in forensic mental health care. Forensic inpatients are often resident within secure hospitals for long periods of time. This can lead to the formation of more stable, long term relationships between patients than are possible in acute or community settings.

Such friendships can promote social functioning and counter stigma. Mutuality and equality are key features of peer support based on shared experiences, environment and identity. Receiving understanding and validation from someone who's your equal in the absence of a power differential can prove to be a crucial counterbalance to the experience of being at the very bottom of the rigid authorative hierarchies that may be typical of secure services.

There is a growing community-based evidence base to support the belief that the various forms of peer support can offer at least some benefit to patients. However, the instinctive empathy and reciprocity which can characterise mutual support offered by individuals who have experience of mental health conditions and using the same mental health services, may prove to be especially impactful and effective. In the context of secure settings, the wealth of shared experiences within the patient population shouldn't be underestimated or devalued in the face of the rise of more formalised systems of peer support. Forensic patient to patient peer support needs to be explicitly recognised, valued and celebrated for the adaptive and essential force for good that it can present.

Dr Sarah Markham, QNFMHS Patient Reviewer

Cumbria, Northumberland, Tyne and Wear NHS Trust

Peer support in secure services in Cumbria, Northumberland, Tyne and Wear NHS Trust

Within Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust we currently have 47 Peer Support Workers employed across the trust. This includes Peer Support within our Secure Care service. The role of the peer support worker within secure care is currently novel, however clearly imperative and necessary in delivering best practice and high quality care by means of generating positive outcomes in terms of recovery and enabling service users to engage positively and move forward more productively along their own care pathways and person centred recovery journeys.

What is peer support?
We know that Peer Support is defined as *"offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations" (Peer Support Workers: Theory and Practice, IMROC).*

Understanding the role
The role of the peer support worker within our service as in many other services strives to achieve similar goals in terms of ensuring support to the service user during their care and treatment by utilising and drawing upon their own lived experiences in order to share insight, understanding, compassion and empathy with others on their own journey of recovery.

Peer support workers also work to support carer's and their supporters, to champion hope and recovery. As well as challenging stigma, and although not an advocate, to be a voice for the service user, and to help staff in their understanding and awareness of what is to be a service user and the potential day-to-day challenges associated with this.

Peer support workers are visible, core members of the staff team, and should be offered to all patients (or carer's) when they come into services; they need to know they can access this valuable resource.

Peer support workers work directly with service users to focus on their individual strengths, hopes and goals. Using a formulatory approach to focus on meaningful engagements and not clinical interventions using a structured approach to help patients identify where their resilience comes from, their hopes for the future and how they might overcome potential barriers. Formulation and agreed goals are always a joint venture with the clinical team. As well as developing Wellness Recovery Action Plans with service users when they are able to have a meaningful contribution to the process.

Peer support workers are also involved in care planning and most importantly, working into local recovery colleges to provide recovery and wellbeing programmes and courses. Facilitating group work to help patients to take their next steps and to champion hope and recovery in the wider community

What a peer support is not

The role of the peer support worker is not about communicating discouragement or assuming the role of 'expert' or telling people what's 'best' for them. Nor is the role there to try and 'fix' people rather than helping them find solutions for themselves. The role is not about sharing 'war stories' or competing around problems, it is not carrying out intrusive procedures such as taking blood, becoming involved in restraint or carrying out clinical observations.

Peer Support in Secure Care … the story so far…

Within our secure service we are continuously developing the role of the peer support, not only with the implementation of paid peer support workers within our service, but also by various other means, such as a peer mentoring course. This is a joint venture between our education team and our secure service gateway recovery college which enables current service users within our secure service to gain a qualification in peer mentoring to enable further education, skills and training to take those first steps to become a peer support worker. The purpose of the accredited course is to develop the students understanding of mentoring and peer support. Specifically the course aims to enable the students to develop knowledge of the role of mentors and peer supporters and the range of skills necessary to undertake such activities. Such as understanding the role of the mentor and peer supporter. Understanding support strategies, the role of co-production and the purpose of evaluation within the role of the peer supporter.

We also run a preparing to volunteer course, again, a joint venture between our education team and our secure service gateway recovery college, both teams have worked in collaboration with the voluntary service within our trust to develop this course. This course has been co-developed and is currently being co-delivered by a community service user who has previously used our secure inpatient service and is now living independently within the community and is a registered volunteer with our trust. The purpose of this course is to develop the student's awareness of the importance of preparation prior to taking up a volunteer placement. Specifically, the course aims to enable the students to consider the impact volunteering may have upon their life and also to develop their understanding of the responsibilities of a volunteering role.

Our paid peer support workers are embedded into our therapeutic activity service and work into a number of multi-disciplinary teams across the service. The main focus of the role is patient and carer engagement. Our peer support worker works directly with service users and carers on a daily basis, utilising their own lived experience to promote recovery, encourage hope and empower the individuals they come into contact with to achieve their own goals.

As mentioned previously, this could involve developing a wellness recovery action plan or a specific intervention to address a specific need or difficulty such as an awareness course around a particular topic (e.g. addiction). The peer support worker within our service works within the wider team to engage with service users. This involves facilitating and attending various patient meetings both on and off site, and supporting the service users to have a voice within these forums. The peer support role also includes facilitating training of staff, service users and carers within the service by raising awareness of their own role but also ensuring that service user and carer involvement is a priority within the service across all domains of care and treatment.

Peer support is most evident within our secure service recovery college, where our peer support again works with the recovery and engagement team to promote recovery, hope and wellbeing and always ensuring that the service user and carer voice is heard, valued and implemented where appropriate. As aforementioned the development of peer support within the service is expanding all the time. With co-development, co-delivery and co-production being the ethos of the recovery college, with our students/service users, teaching and training fellow students

and staff in a variety of topics to empower them to share their own lived experiences to promote hope and inspire their fellow peers.

From delivering the volunteer course with an ex-secure care service user it has become even more evident that the role of the peer support is absolutely necessary in all services, but particularly secure care where hope, compassion and empathy is sometimes diminished. The notion of hope within secure care is so important and vital to an individual's recovery journey, as without it, many do not see a future even when we know there is one. Our volunteer has commented that having his role as a volunteer has given him a purpose and a reason to get out of bed and enjoy living his life. He commented that he enjoys helping others and giving something back to individuals who are in a position he was once in. He commented that he wants to inspire others and provide hope that they too can achieve their goals and move forward from their current position in a positive way.

Our service users have also commented how much they value the role of the peer support within the service. A refreshing change to the sole focus of risk and treating their offending, but enhancing their treatment by adding a recovery focussed approach and leaning on their peers in an appropriate manner to get the additional help and support they might need to move forward successfully by drawing on the experiences of others. Many service users and students of the secure recovery college have commented that it is the sense of belonging and "feeling part of something" that helps them and again this is down to peer support and for the service users being able to have a voice and co-facilitate their own choice of course ran within the college and drawing on their own experiences to help each other. This in itself improves self-confidence, self-esteem and their own mental health and wellbeing. Giving service users a purpose and a role, feeling valued and important and allowing them to achieve goals they once didn't think possible, by always having hope and belief that recovery is possible.

"Offering support and help to carers and families, which gives them a non-clinical face to speak to. Carers and relatives are now seeking me out and asking to speak with me." **Peer support worker.**

"Thank you to Steven (peer support worker) for the constant ongoing support and care. I could not have got through this year without him." **Service user.**

"Feels like you can talk to them more (peer support workers) as they are not a doctor or a nurse. They have had similar problems so they can understand you better." **Service user.**

"Peer support workers work in creative and innovative ways to engage with individuals and their families, which in turn impacts on engagement with treatment plans and ultimately positive outcomes for service users.

They are a beacon of hope for service users preparing for discharge and continued recovery. They lead by example and contribute actively to a culture of compassion and respect." **Community team manager.**

Introducing peer support workers into an existing team needed to be done in a particular way like you would with any new discipline... maybe we hadn't got that bit right and so it created some difficulties, I noticed that my support worker colleagues were expressing some frustrations about the role...they get to do the nice bits of the job. Are they coming to take our jobs off us? **Appreciative inquiry into the impact and effectiveness of peer support workers in CNTW Community Services.**

Jo Inskip, Recovery and Engagement Coordinator, Cumbia, Northumberland, Tyne and Wear NHS Foundation Trust

Sussex Partnership Foundation Trust

Peer support in forensic health care services at SPFT

We first employed three peer support workers at Hellingly Centre (medium and low secure) in 2016. We reviewed and expanded this in 2017 when we employed more peers at Chichester Centre (low secure) and in our community Forensic Outreach Liaison Service, followed in 2018 by our Specialist Community Forensic Team and our enhanced rehabilitation service. So in 2020 our forensic peer workforce is now a diverse group of eight all across Sussex.

Forensic peer support workers complete training with Anna Stratford from Recovery Innovations.

Our peer support workers are working with people individually, in groups, on wards and in the community. For example, they go with patients to a community radio station, to the gym or swimming and to recovery college courses. They also support patients to be involved in our staff induction, Working Together Groups and 'expert by experience' training. The role plan below describes the main focus of the role:

We believe a real strength of peer support in forensic services is when peers focus on 'getting out and staying out' challenges identified in research that used peers as co-researchers (Alred, 2018). Peers naturally focus on what they know matters and what will make a difference: managing disclosure, building relationships, gaining skills and confidence, managing risk and avoiding old patterns of behaviour.

Perhaps most powerful is where peers enable service users to understand the impact of their illness and forensic history, so that they can then move forward in their personal recovery with acceptance, strength and focus on positive goals.

We have benefitted from recruiting some peers who have used the forensic system themselves (this is valued, but not mandatory). We also benefit from a diversity of peers with different backgrounds and experiences. What is important is that all have the ability to relate to the loss of control and power and the struggle to regain it.

By recruiting directly into our clinical teams, our peers have both a shared understanding of security and keep people safe, whilst also being mindful of how living in a restrictive environment or managing the complexities of recovery feels. This benefits not just the patients but also the clinical staff as it expands their understanding of patient experience.

Benefits to the peer support workers are summed up below:

"Working as a peer support worker within the NHS has been an incredible journey, I have learnt so much about myself, life and my own thought processes. I have grown so much and I am still growing. It has given me confidence and clarity. Staff have been so friendly and supportive and treated me as an equal, which I feel has empowered me greatly. I do not feel judged or as a lesser part of the team. I have learnt new skills and approaches which have helped me personally and feel they will aid me in life in general. I think the NHS has made a good decision to train and employ PSWs, I have met many people within the services who aspire to become a peer themselves, so I feel there will never be a shortage of potential peers. I do not know where my life is heading; yet whether I remain in peer support or move onto something different, I feel grateful for the opportunity and the experience whatever happens, as I have gained so much from it."

What have we learned?

Just like other staff, the following are very important to peer support workers:

- A sense of belonging, identity and purpose
- Respect and understanding from other staff
- Supervision and a network of peers
- Goals for professional and personal development

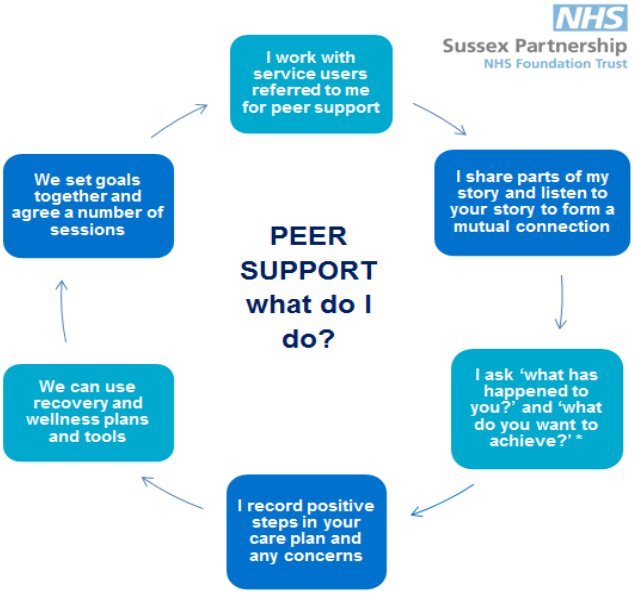
As a result, at SPFT we are working on a development plan for all peer support roles, as part of the Trust's clinical strategy and NHS long term plan.

The key features of our strategy involve:

- Team and service readiness (as important as peer readiness)
- A new policy supporting all staff with lived experience
- Peer-led training which includes the skills/knowledge for working in clinical services
- Peer-led locality supervision groups
- Ongoing CPD in specialist areas and access to preceptorship

"Being involved with the recruitment and management of the peer support workers, as well as working alongside them clinically, has been very rewarding. It has not been without its challenges at times, but the benefit of having peer support workers in the teams is clear to see. For me, the value in peer support is in sharing an experience; whether that's the serious side, the funny side, or the hopeful side, and it is great to see the peer support workers enabling these conversations to be had." Clinical lead occupational therapist at Chichester Centre.

Deborah Owen, Service User Leader/ Peer Support Lead, Sussex Partnership NHS Foundation Trust



Devon Partnership NHS Trust

Peer support in Langdon Hospital

Langdon is a forensic mental health hospital that offers recovery-focused care and support to 111 male patients who have had contact with the legal system as a result of mental ill health. We provide medium, low and open services.

What is Peer Support?
"A relationship of mutual support where people with similar life experiences offer each other support especially as they move through difficult or challenging experiences" Scottish Recovery Network (2011).

Evolution of Peer Support at Langdon
It was identified in 2017 that Langdon would benefit from a dedicated Peer Support Worker (PSW) to work alongside patients offering hope, empathy and inspiration, at a very difficult time. In October of that year Langdon employed a PSW who was already offering support to patients and staff on a voluntary basis. During this time our PSW identified a clear need for a peer support group and a buddy system. Following feedback from staff and patients the role began to evolve over the next couple of years.

Practice examples of Peer Support at Langdon
We have a recovery college called the Discovery Centre. We run courses and workshops that are co-produced with patients. The aim is to give patients a sense of control over their lives, with hope and opportunity, and the time to explore their interests. Our PSW works within the Discovery Centre as part of the Engagement and Involvement team, which gives her the opportunity to engage with a significant number of patients.

We now offer different groups across the site, including a group on our admissions ward once a week where we encourage peers to come together and socialise. We also offer a weekly group in our medium secure unit where patients from all four wards get involved in activities with their peers, progressing to a dedicated peer support group at the Café on our low/open site once they are further along their recovery journey. This is an extremely popular and successful group, with a patient-led check in every week. We encourage patients to develop their own ideas and activities for the group, enabling ownership and empowerment.

Patients felt that community links would be beneficial and supportive of their care pathways as they move through the hospital and transition into the community. We accommodate this through trips out and visitors coming in to offer sessions.

Substance misuse issues and mental health difficulties often come hand in hand. At patients' request, we co-produced an accessible substance misuse leaflet and book library in our medium secure unit. There are also folders on every ward for patients to browse through. Our PSW established links with Alcoholics Anonymous and Cocaine Anonymous, who now offer regular Langdon sessions sharing their experience, strength and hope with patients.

Individuals have benefited from engagement with our PSW to enable a variety of patient-led projects including:

- A static long-distance cycle ride which raised over £700 for charities identified by the patient.
- A recycling project, advocating and establishing sustainability across the whole site.
- A newsletter for other patients.

These initiatives highlight the importance of the PSW role at Langdon, enabling patients to own and follow up on ideas and aspirations.

Patient Feedback
About our peer support worker:

"She is caring, willing to listen, and she doesn't judge me"

"I now realise I'm not alone, and that there are other people out there with similar problems who are doing well, which is very reassuring"

"She has respect for me and gives me

hope"

"She hasn't given up on me, which is something I haven't had before"

"She always has time for me"

"I feel my opinion is respected and when I ask questions she is willing to answer them honestly and truthfully"

And about our peer support group:

"I always really love this group it is so supportive",

"It is the highlight of my week"

"It is great being surrounded by likeminded people"

Future Development
We are currently working on a "vision" for peer support, including a strategy to introduce at least three more PSWs. Our PSW is developing a buddy system for patients on wards, where ward "buddies" use their knowledge of the hospital to help new admissions to settle in. Exciting times!

Patients: Mark, Andrew, Craig, Nick, Cyrus, David, Darren and Nelson, Langdon Hospital

Staff: Julia Honeywill, Peer Support Worker, Joanna Duke, Engagement and Involvement Manager and Emily Poole, Patient and Carer Engagement Co-ordinator, Langdon Hospital

Our Upcoming Initiatives

Joint MSU and LSU Annual Forum, Thursday 18 June 2020

We are excited to host our first **joint** Annual Forum event for Medium and Low Secure Services at the Quality Network for Forensic Mental Health Services.

Venue: Renold Building, The University of Manchester, Altrincham Street, Manchester, M1 7DN
Booking: To register your place, please visit our website for the booking link
Cost: The delegate day rate is £80. Patients and carers with experience of secure services can attend for free

Member services are also invited to submit workshop proposals on the following themes: Transitions to community, peer-based approaches, frontline approaches to carer engagement, use of technology, public health interventions, the workforce challenge

If your service has an area of good practice you would like to showcase, please contact us for more information.

Reviewer Training, September 2020

Reviewer training is free for staff from member services from any discipline to attend. The training will give potential reviewers the opportunity to gain practical knowledge about how to conduct a peer-review visit.

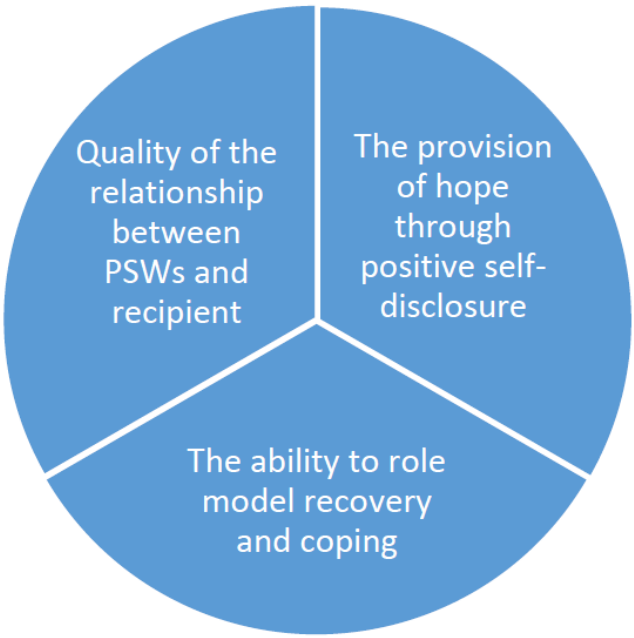
We will shortly be announcing dates on our website for training in September.

Booking forms for events and reviewer training can be found on our website www.qnfmhs.co.uk

For enquiries, contact us on forensics@rcpsych.ac.uk

St Andrew's Healthcare

The benefits and challenges of employing peer support workers on forensic secure wards



Our service

Peer Support Work has grown hugely in popularity over the last ten years yet St Andrew's Healthcare is one of the few forensic, secure services to be using Peers on the wards. We are four months into a year-long pilot project employing six Peer Support Workers (PSWs) on medium, low and blended secure, male and female wards. Our PSWs underwent a rigorous recruitment process involving two interviews and time spent undertaking voluntary work on the wards. They also had an intensive two-month training programme provided by ImROC - leaders in the field of Recovery and Wellbeing. The training focused on transforming lived experience of mental ill health into individual expertise using the 3 principles below (Davidson, Bellamy, Guy & Miller, 2012).

Collecting Evidence

Initial feedback on the project has been collected in various ways; through Patient Engagement Scores from wards, conducting a focus group about the pilot project, the use of a "Hope, Opportunity and Agency" scale with patients and collecting qualitative feedback from patients, staff and PSWs. In analysis of the feedback collated at this early stage, we can already see the benefits of employing PSWs.

Benefits: Key Themes

PSWs use their lived experience of mental ill health to create connection with patients. This is a very unique role on our wards, yet PSWs value this as the single-most significant aspect of their work, which research supports (Watson, 2019). PSWs maintain a recovery-focus in their work and model that recovery is possible for everyone. As a result, we have seen that our PSWs generate hope and agency, making recovery more tangible for patients. One PSW on our blended female ward observed that "they [*patients*] can see the circle of getting better, and giving back." Further patient, staff and PSW feedback is shown below:

Patient Feedback

"It breaks down barriers between staff and patients"

"We know he's been a patient"

"[*They are*] a go-between, a mediator"

Staff Feedback

"It is positive for the guys because he has been through it".

"They are seeing people who have been on their side of things"

"We keep saying you'll get there [*to recovery*] but then they <u>really</u> see it"

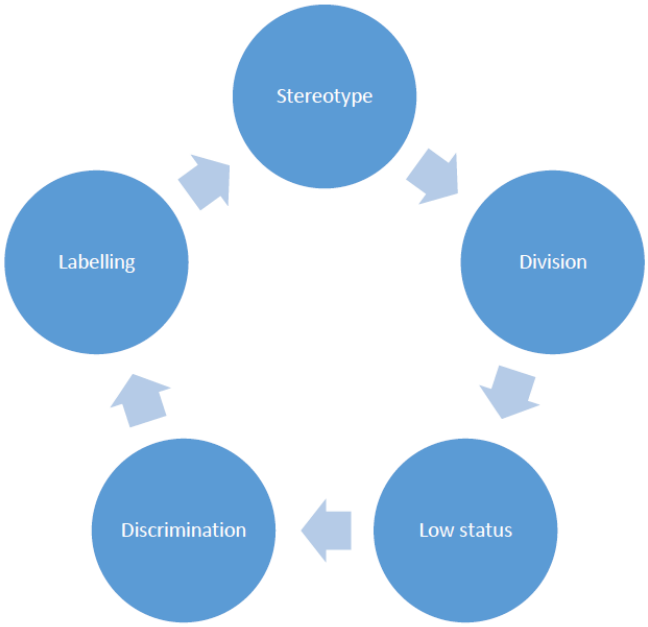
PSW Feedback

"When patients realise we are pretty much the same as them it's really significant"

"I shared some of my story and that gave us some commonality to move forward"

"Using our lived experience for true understanding of the patients"

Additional evidence shows that our patients have reported a reduction in their feelings of stigma and shame as they come to appreciate that the PSWs have used their lived experience for good, reinforcing the generalised message around mental ill health, "it's ok to not be ok". One ward manager stated that PSWs are actively "shifting the mindsets about people that have lived experience". Certainly, PSWs prove to our patients that the stigma cycle (see diagram below) can be broken and as one PSW described, they communicate to patients "no matter how bad it gets you don't have to lose hope".



Building constructive relationships has been key to the PSWs' role. Using a strengths-based approach founded on trust, the PSWs are able to challenge patients' patterns of negative thoughts and behaviours. Our PSWs have had opportunity to share the techniques they used in their recovery, also introducing tools such as Mindfulness to help. They've enabled patients to identify their own recovery-goals and with those in mind have co-produced new opportunities on and off the ward. This model of working (summarised above) has led to positive changes on the wards. We have equally seen the positive influence of PSWs attending our Recovery College courses with patients.

Challenges: Key Themes

Despite the benefits set out above, the pilot has not been without its challenges. We have found that our PSWs inhabit a complex space, being neither patients nor nursing staff. This has, at times, made them feel a lack of identity that has elicited some feelings of rejection, with one PSW commenting, "Staff members are still not accepting that the PSWs are not healthcare assistants". To mitigate, nursing staff have received training and PSW job descriptions are clearly displayed, but it will take time to improve.

A second challenge is in the elevated level of support required for PSWs, some of whom have not worked previously. It has been important to provide a broad range of support to the PSWs, from ward staff and from the PSW pilot project team, using a holistic approach. Additionally, our wards can be triggering places for the PSWs and some have identified effects on their wellbeing. Our charity-wide support services have been useful in providing an extra layer of support.

Overcoming challenges: Key Themes

Work has been done to address these challenges, with growing success:

- Staff training around PSW roles
- Details of PSW roles and responsibilities displayed on wards
- Robust supervision from ward staff and a PSW Co-ordinator
- A holistic approach to support e.g. with benefits and housing
- Strong links with Occupational Health
- Understanding and flexible HR and

payroll services
- Regular liaison with ward managers

Next Steps
The project will be fully evaluated and collated into a final summary report in September 2020. Despite both benefits and challenges, the overriding early success of the pilot means we are already expanding the project. More wards are signing up to have PSWs and a new team of PSWs will also be employed as part of an 'Assertive Transitions Service' to support patients leaving secure care. To join us, or ask questions, please email lhpatterson@standrew.co.uk.

Laura Patterson, Peer Support Co-ordinator, REDS Academy, St Andrews Healthcare, Northampton

In case you missed it…

QNFMHS Medium and Low Aggregated Reports (2017-2019)

The reports cover the findings of the review process that occurred between September 2017 and May 2019. Each report showcases good practice examples identified during peer-review visits and they provide benchmarking graphs to enable services to monitor their performance against other services.

The reports are available on our website (https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services)

Responding to COVID-19

The Royal College of Psychiatrists have issued some guidance to inpatient services on managing COVID-19.

The College is encouraging services to focus on physical safety and infection control as the main priority. Key to managing this will be ward cohesion, communication and adapting as a community within local services. Inpatient wards treat people whose mental health needs cannot be met in less restrictive settings out of hospital. The present situation gives an added dimension to this decision and teams, patients and families will need to work together to best protect the ward from COVID-19 infection.

Many of the familiar routines associated with ward care will need to be reviewed. All activities that bring people into close contact will need to stop altogether or be adjusted to meet national guidance. Ward groups, ward rounds, mealtimes and visiting times should all be reviewed to allow for as little contact as possible. It is anticipated that much of this routine will be postponed on wards for the foreseeable future.

However, removing all ward activities is likely to be counterproductive. People who are restricted can become bored and agitated and require restraint or other restrictive practices. Wards should consider adapting communal activities to reduce duration, unnecessary attendance and increase personal space. Activities such as mindfulness/relaxation groups, dancing/ exercise, karaoke and 1:1 meetings can all be done whilst maintaining the recommended two metre distance. Any such activity will have benefits in keeping up staff and patient morale and increase ward cohesion.

Each ward community should work on keeping communication between staff and patients as good as possible through notice boards, written communication, smaller group or individual meetings and even text and digital messaging within the ward. As stated, meetings can still be carried out provided personal contact is avoided and adequate distancing is able to be maintained.

Latest government and national guidance should be easily available to all and the whole ward encouraged to stay informed of the situation as it develops. Staff should be clear about rules that are being imposed from national advice and that must be followed by all. Staff should always also model this advice.

Patients are active agents on wards and should be included as much as possible in assisting in the restructuring of activities and ward routines. Many can and should advise on what they need to stay informed and be included in decision making.

It is anticipated that there will be high levels of anxiety in the present situation. Good mental healthcare staff are highly skilled in the management of anxiety, both their own and other peoples. It is important to remain confident in your ability and ensure that principles of mutual support and team cohesion remain a cornerstone of your care.

Additional information can be found on https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services-covid-19-guidance-for-clinicians, including:

- Dealing with visitors
- Infections on the ward
- Routine mental healthcare
- Patient leave
- What to expect from services around you

How can the Quality Network help you?

We are currently considering ways of encouraging services sharing ideas, networking and learning during this challenging time. If you have any suggestions, or you would be interested in running a webinar, lunch and learn etc, please do get in touch with us either through Knowledge Hub or via 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
https://www.rcpsych.ac.uk/improving-care/ccqi

Royal College of Psychiatrists' Training
https://www.rcpsych.ac.uk/training

See Think Act (2nd Edition)
https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act

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

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