FORENSIC eNewsletter

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

59 Edition, September 2023

In this issue:

WELCOME

Welcome to the 59th edition of the Newsletter on the theme of *Transfers and Remission*.

It has been incredible to read through so many articles and good practice examples from our member services. I recommend sharing the newsletter as widely as possible with staff, carers, patients and visitors.

A success for the Quality Network was holding our first in-person event since the COVID-19 pandemic started. The Annual Forum took place in June, which included presentations on the Third Edition of See Think Act, the empowerment of co-production, speech and language therapy in learning disability and forensic services, and the National HOPE(S) NHSE Collaborative.

The event also included various workshop presentations on the topics of: sustainability in mental health, working with family and friends and, lastly, forensic specialisms - which saw presentations on women's blended secure services, deafness in a forensic context and old age forensic psychiatry.

Lastly, the Quality Network team, along with services, are getting ready to begin the new cycle, cycle 15-9 (2023-2024). In the new cycle, we will continue to hold developmental reviews virtually and full reviews in person. We look forward to visiting services again and working together with our peer-review colleagues.

Kelly Rodriguez, Programme Manager

Peer-Support Strategies to Improve Successful Transitions from High to Medium Secure Care for People in the Personality Care Pathway

Lucy McCarthy, Senior Research Fellow, Penny Banerjee, Consultant Forensic Psychiatrist, Caroline Forster, Ward Manager, and Charlotte Boxall, Clinical Nurse Practitioner, Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust

Patients in high secure personality care pathways often find the transition to medium secure care a significant challenge. Some high-secure patients may lose their motivation to complete treatment goals or experience high levels of anxiety around the transition. Others may have insufficient knowledge and understanding about the opportunities medium secure services can provide or are discouraged by negative 'hearsay' from other patients.

To address these issues, the authors co-developed an interventional project with patients who had successfully made the transition from high to medium secure care and were motivated to help their former high-secure peers.

The project used a QI framework (see Figure 1- Project driver diagram) and assessed patients' levels of motivation to engage in therapy, their anxiety around the transition, and their knowledge/understanding of the work required to make a successful transition, before and after a peer-support intervention. Validated measures of patient motivation were used (e.g., University of Rhode Island Change Assessment – URICA) alongside non-validated scale items (e.g., 'I feel anxious about moving on from Rampton to medium secure care'; rated between 'not at all' to 'extremely' by marking a cross on a 10cm line). Narrative feedback from participants and presenters was also collected to identify what people found most helpful and to help with the on-going development of the project. Informed consent was obtained from participants and presenters.

The peer-support intervention was designed by patients living at Arnold Lodge MSU in Leicester with support from senior clinical staff. The Arnold Lodge patients structured their presentation to include topics relating to daily life at Arnold Lodge such as: the difference between the admission and rehabilitation wards; ward routines and structured day activities; the risk stage systems; working towards leave; visits; engagement and educational/work opportunities. The patients also offered advice on strategies that helped them to move on from Rampton hospital and how to cope with the pressures of trial leave; they were also happy to answer any questions that were raised by patients or staff. The intervention was delivered entirely by the Arnold Lodge patients using a Microsoft Teams link to 13 patients living in two wards of the personality pathway at Rampton high secure hospital.

Pre-intervention feedback from the Rampton patients showed that people were looking forward to hearing about the realities of daily life in medium secure care and there was positive anticipation about the intervention:

'I am looking forward to hearing from ex-patients in medium secure who are doing well and hope for some way I can do the same'.

Changes in the pre/post scores showed statistically significant improvements in the Rampton patients' reported motivation to engage in treatment (Wilcoxon $Z=-2.31$, $p<0.05$), their understanding of the

opportunities available in medium secure care (Z=-2.94, p<0.01) and their confidence in engaging in transition work (Z=-2.36, p<0.05) after the intervention. Rampton patients reported that attending the presentation was helpful for their own treatment as it provided assurance that transition from high secure care is possible *('Given me more reassurance that it can be done'*), provided motivation to keep working towards transitions *('Gives a bit of a push thinking if they can do it why can't I'*), and provided honest, practical tips to help transition *('Showed that you can get through difficulties, that there is a way forward'*).

All 13 Rampton patients acknowledged the importance of having a peer-led intervention (*'It's important, as it's easier to trust other patients', 'Patient perspective is more real than staff perspective'*). and many were inspired by their former colleagues:

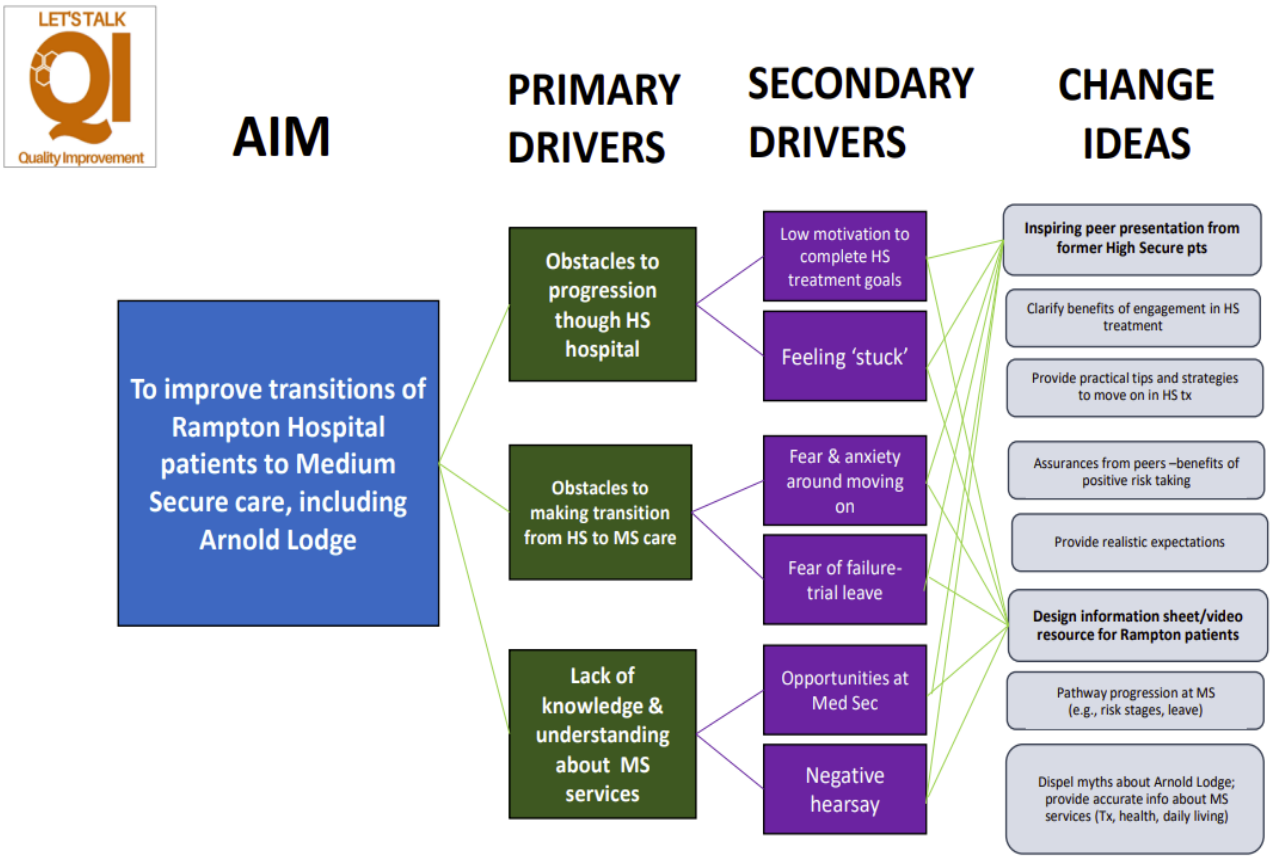
'Thank you for showing it. I hope one day I can talk about my experiences of moving on to help others to see there is a future beyond Rampton'.

Feedback from the Arnold Lodge presenters showed that they also valued the experience and reported benefits to their self-esteem and confidence by participating in the project;

'It was good to show others that progress can be made regardless of your situation. It was nice to share my views and to help others';

'I feel as if I helped others and let them know if I can do it, they can too. It was also nice to feel connected to others, somewhere I used to be - proof I can move forward'.

In conclusion, a peer-support intervention delivered by patients who have successfully transitioned from high to medium secure care provided positive outcomes for all involved in the project. The presenters have subsequently co-delivered presentations to staff at both hospitals and next steps and extensions of the project (e.g., to other care pathways) are being planned.



Management of Transitions and Risk

Craig Searle, Specialist Occupational Therapist, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Forensic patients are individuals, who both have mental illness and are under the auspices of the criminal justice system. These patients may have a combination of major mental disorder, substance abuse disorders and neurodevelopmental disorders including personality disorder. In some cases, they are deemed not criminally responsible or unfit to stand trial because of their mental illness. Offences range from crimes wherein the victims incur no personal injury to murder.

The transition from an inpatient setting to the community is often a vulnerable period, where people can experience additional risks to their mental health and psychological wellbeing. Previous research with forensic patients has found discharge to be a chaotic, stressful and emotionally charged time. The term “revolving door” is widely used to describe how mental health services users can repeatedly transition between hospital and community placement, and then back into hospital within a very short timeframe. It is acknowledged in the extant literature that poorly planned and executed transitions may have an adverse impact on a person’s mental health.

A large-scale outcome study (Davies, et al., 2007) examined community adjustment following discharge from a medium secure unit focused specifically on demographic measures such as mortality rates, reoffending and readmissions as proxy measures of adjustment. In the twenty-year study period, 53 of the sample of 554 died post discharge, a mortality rate six times higher than expected for their age group / health status. Furthermore, 37.6% subsequently spent time on one or more occasion in medium secure care and approximately half of those discharged were subsequently reconvicted at least once.

It is recognised that mental health service users are one of the most stigmatised and discriminated against group in society and it is clear that forensic patients are at a greater risk of social exclusion than those using generic mental health services. Central to a person’ ability to live a full and meaningful independent life is their ability to care for themselves, which includes accessing a range of community and social experiences. However, many forensic patients often find their living skills are eroded, not just by the severity of their symptoms, but because of longstanding enforced hospitalisation or incarceration.

Westbridge, a joint project, owned and ran by Tyne Housing and supported by a Clinical Team from Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust aims to identify and meet the diverse rehabilitation needs of clients with a mental disorder who require a supported re-integration into the community. This includes those who have been assessed as posing a significant risk of harm or those who are thought to do so and require further assessment of their risk.

Following feedback from existing and former patients it was identified there was a gap in secure care services for providing therapeutic support and interventions for patients transitioning from secure hospital services to the community, therefore, the Transition Group was collaboratively developed.

Group members were asked to complete a questionnaire that asked them to indicate topics that they would like to see covered in the group, topics included, education and employment, social skills, leisure, self-care. The facilitators then analysed the feedback in order to identify the most popular topics. A group planning meeting was arranged at which the most popular topics identified via the questionnaire were presented to the group.

It was mutually agreed that the group would be patient centred and recovery orientated by providing choice, hope and control. The sessions encourage patients to think about their occupational identity and role in community, and what they want their future to look like by developing skills and synthesising these into everyday life.

Research indicates that positive feelings of regaining freedom can be short-lived once the problems and frustrations of community living once again become apparent. Simple tasks such as shopping for food, dealing with new technology and moving among crowds of people can present challenges even for the most 'rehabilitated' offender. Thus, providing patients with further supported opportunities to model pro-social behaviour, explore and discuss the roles that will facilitate and underpin independent functioning and to provide a therapeutic and 'safe' space in which to discuss experiences and difficulties they may face is vital to support a successful transition into the community.

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NHS Foundation Trust

Supporting a Successful Transition from Hospital to into the Community

Emma Softley, Lead Occupational Therapist, Norfolk and Suffolk Forensic Community Mental Health Team Collaborative Service

WHO ARE WE?

In 2021 the forensic community services in Norfolk and Suffolk NHS Foundation Trust (NSFT) received additional funding from the East of England Provider Collaborative to review and increase collaborative approaches to supporting service users within hospital and once discharged.

This is a pilot project in line with the principles of the Five Year Forward View for Mental Health (2016) and the NHS England Mental Health Secure Care Programme (2016).

There are three aims for the collaborative service project:

1. *Reduce length of stay in Secure Service hospitals.*

Service users considered to be within a year of being discharged, or who have been recently discharged, are being given additional support towards that discharge.

We have increased the amount of staff that are for the majority focused on any service user who has been referred to the teams and are within 12 months of discharge and three

months post discharge. Their work includes attending regular clinical reviews, CPA meetings' and completing My Recovery Plan and wellbeing plans with them. Also liaising with social workers assessing housing needs and specific assessments including Occupational Therapy assessment to support Care Act Assessments which determine appropriate housing and support.

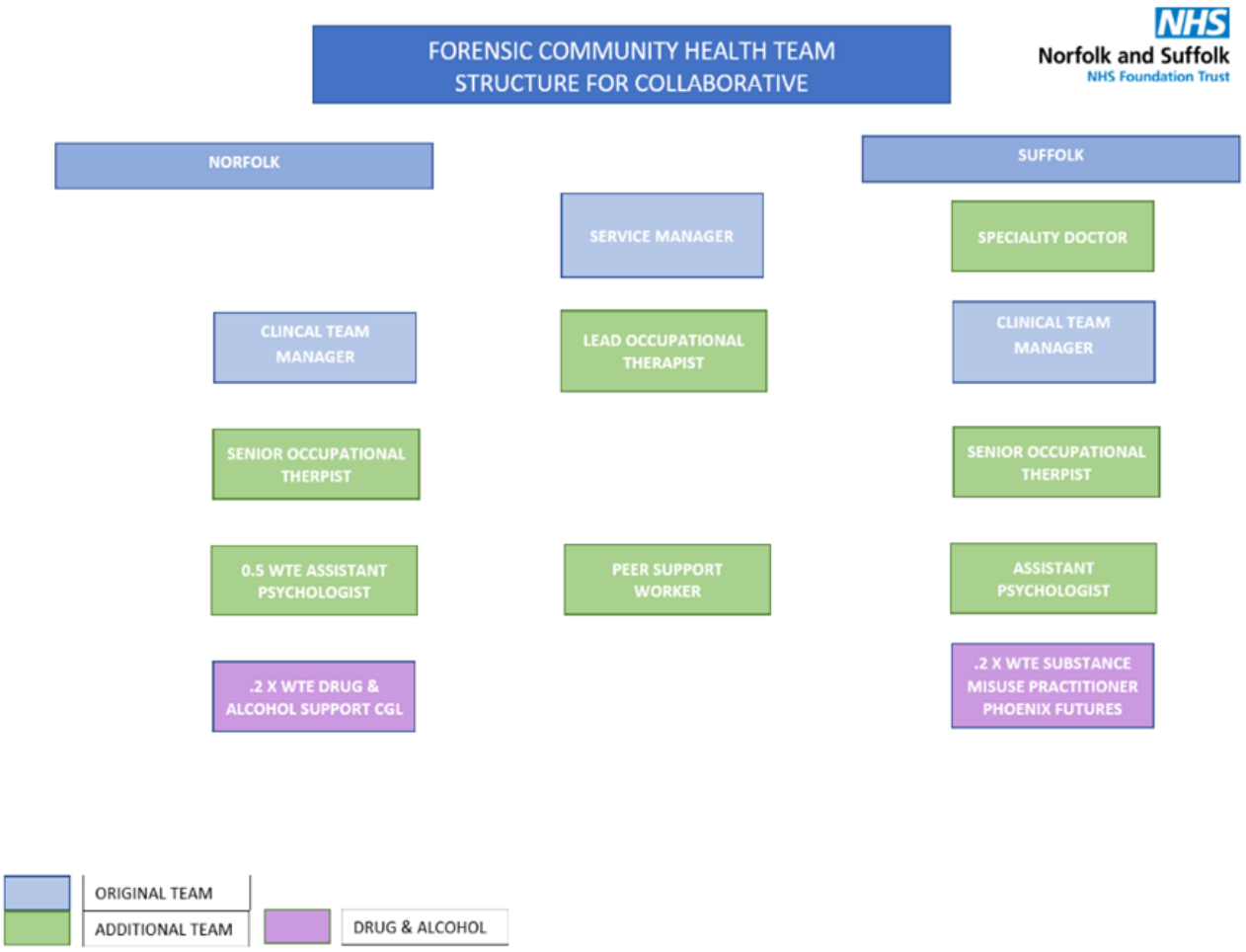
2. Reduce admissions to Secure Service hospitals.

We have implemented an alternative to admission placement which is led by the collaborative service staffing. This is a 24-hr private residential placement where staff can adapt and increase their support as and when needed. This contributes to reducing admissions by providing necessary accommodation and experienced 24-hour staffing that could prevent readmission due to deterioration in mental state.
We also introduced Extended Hours telephone support from 1700hrs to 2100hrs Monday to Friday and 0900hrs-1300hrs Saturdays. This allows more assertive follow up and the ability to review patients who are at risk of relapsing, including if required daily visits, delivery and supervision of medication, and support to housing providers to prevent admission.

3. Reduce the number of out of area (OOA) secure service hospitals.

The collaborative service staff oversee all OOA service users and attend regular reviews with funding panels, clinical reviews, and professional meetings. The staff also support assessments and work with social workers to identify placement within the area and/or assessing return to the hospitals within the area.

OUR TEAM STRUCTURE



MEET SOME OF THE TEAM

Left to right: *Niamh Woolstenholmes, Assistant Psychologist; John-Paul Gartland, Peer Support Worker; Stuart Mitchell, Senior Occupational Therapist; Emma Softley, Lead Occupational Therapist; and Aimee Craske, Senior Occupational Therapist*

"The team are very supportive and kind. I have worked with service users to help them integrate into the community. I have assisted them to go to the gym and even just for a coffee and chat or even a walk and would talk about what they want to do in the future and what they find difficult in being in the community."

John-Paul Gartland, Peer Support Worker

REFERRAL AND HANDOVER PROCESS

Referrals for transition work come from inpatient teams via the main referral route into the forensic community service. Following discharge from inpatient services, the collaborative team will provide individualised enhanced support (which may include face-face visits and phone calls) weekly for the first 6-8 weeks.

After 6-8 weeks this is reviewed, and the collaborative team may work with the service user for up to 3 months post discharge, although this could be longer depending on individual circumstances and goals.

Developing the Occupational Therapy role

Occupational Therapy staff from the collaborative lead on the development and provision of occupation focused aspects of team delivery, specialist occupational assessments, as well as support for and supervision of other members of the team. Along with forensic community service and inpatient colleagues, collaborative staff provide in-reach support for service users preparing for discharge, and enhanced support to facilitate reintegration into the community after discharge. They liaise with their counterpart inpatient team to ensure continuity of Occupational Therapy interventions during transition to the community setting.

The collaborative staff work with the inpatient therapies services to provide group interventions such as the Transitions group. The MOHOST is used throughout the period of engagement between service user and Occupational Therapist to evaluate progress over time as well as ensure that treatment is always collaborative, holistic, Occupation and person centred.

TRANSITION GROUP

The aims of this group are:

- To identify and address the immediate needs and concerns of the service user in relation to transitions to other services or to the community.
- To help service users think about what might support a successful transition from hospital to the community.
- To consolidate knowledge and skills for personal management, social ability, work ability and use of spare time.
- To promote networks of peer group support and independence
- To prepare service users for living in the community when discharged

Prior to the launch of this group inpatient service users and people who have recently been discharged were given a questionnaire to inform the development of the structure of the group. Feedback indicated that service users would like 9, 1-hour sessions to includes themes of hopes and aspirations for discharge, maintaining my physical and mental health, wellbeing, work skills, structuring time, managing finances, and housing support, living with restrictions, and wellness and recovery action planning. This is informed by the standards produced by the Royal College of Psychiatrists (2021) and individual session plans based on the theory of Recovery Through Activity (Parkinson, 2015).

We look forward to delivering these sessions in the new therapy programme commencing in September. Sessions will be delivered by Occupational Therapists/ Assistant Psychologists and a peer support worker. Ex-service users will also be invited to co-facilitate sessions and networks of peer support will be promoted.

We will continue to review and develop these sessions to support a meaningful and successful transition into the community.

CASE STUDIES

- Community service and collaborative staff supported a service user to step down into the “alternative to admissions” bed, reducing time spent in hospital and preparing the individual for living in the community. Key to success was regular check ins with the placement provider to support and address any concerns.
- Collaborative staff worked with a service user to increase their sense of empowerment by becoming more confident in travelling to their new placement and seeking opportunities for meaningful leisure activities in their local area.

A Thematic Analysis of Reflective Practice Groups

Emily Low, Assistant Psychologist, and Libby Jones, Student Psychologist, Forensic Personality Disorder Service, Avon and Wiltshire Mental Health Partnership NHS Trust

INTRODUCTION

Reflective practice is used by professionals to look retrospectively at work experiences using emotive and creative ways of thinking to understand them, with the aim of improving professional practice (Kurtz, 2019). It enables professionals to learn and develop, improves team relationships, morale, and well-being, increases self-awareness, and develops curiosity, interest and satisfaction in work.

The Intersubjective Model of Reflective Groups was developed by Arabella Kurtz to facilitate thinking about clinical issues and dilemmas in healthcare. It focuses on developing relationships (between staff and their patients and between colleagues), improving practice and well-being at work. The model sets out a series of stages which represents the structure or flow of a reflective practice session. These are as follows: contracting and review at the organisational level; contracting and review at the group level; turning in; looking back; generation; free response; more effortful thinking; turning out.

This analysis aimed to understand the experiences of participants and the practical application of the Intersubjective model to facilitate reflective practice for healthcare staff within secure services. The research questions addressed were: i) What were the most relevant experiences for staff over the course of the reflective practice sessions? ii) How did the model help facilitate these sessions?

METHODS

The Forensic Personality Disorder Service facilitated two reflective practice groups: one to a male-only continuing care inpatient ward and one to a female-only inpatient ward. All members of the team were encouraged to attend, from nursing staff to Responsible Clinician. Groups were facilitated by our Art Psychotherapist and observed by an Assistant Psychologist. The observer's role was to note any dynamics, issues and themes which arose throughout the group. Observations were discussed and reflected on with the facilitator, after each session.

We decided it was important to undertake a formal analysis, so that we could feedback issues to the team in a practical, safe and contained way. To do this, we used Braun and Clarke's thematic analysis. Within this analysis, there are six stages: familiarising yourself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report.

RESULTS

Theme 1: Change

Both staff groups expressed challenging emotions associated with change, including patient and staff transitions. Most notably, there were shared feelings of (often pre-emptive) anxiety. Conversely, one group appeared to avoid thinking about change or how to work with the patient whereas the other expressed some positivity and appreciated the new opportunities which may arise.

Theme 2: Projection

Projection was generated as a common theme across the wards.

Staff felt that despite their efforts, they were demonised and blamed by patients who transferred past relationships, attachments and experiences, and projected undesirable aspects of themselves (projective identification) onto staff. Responding appropriately was deemed challenging, in these moments. One ward also reflected that projections are not always negative, as dichotomies between staff and patient experiences allow a greater understanding of our patients.

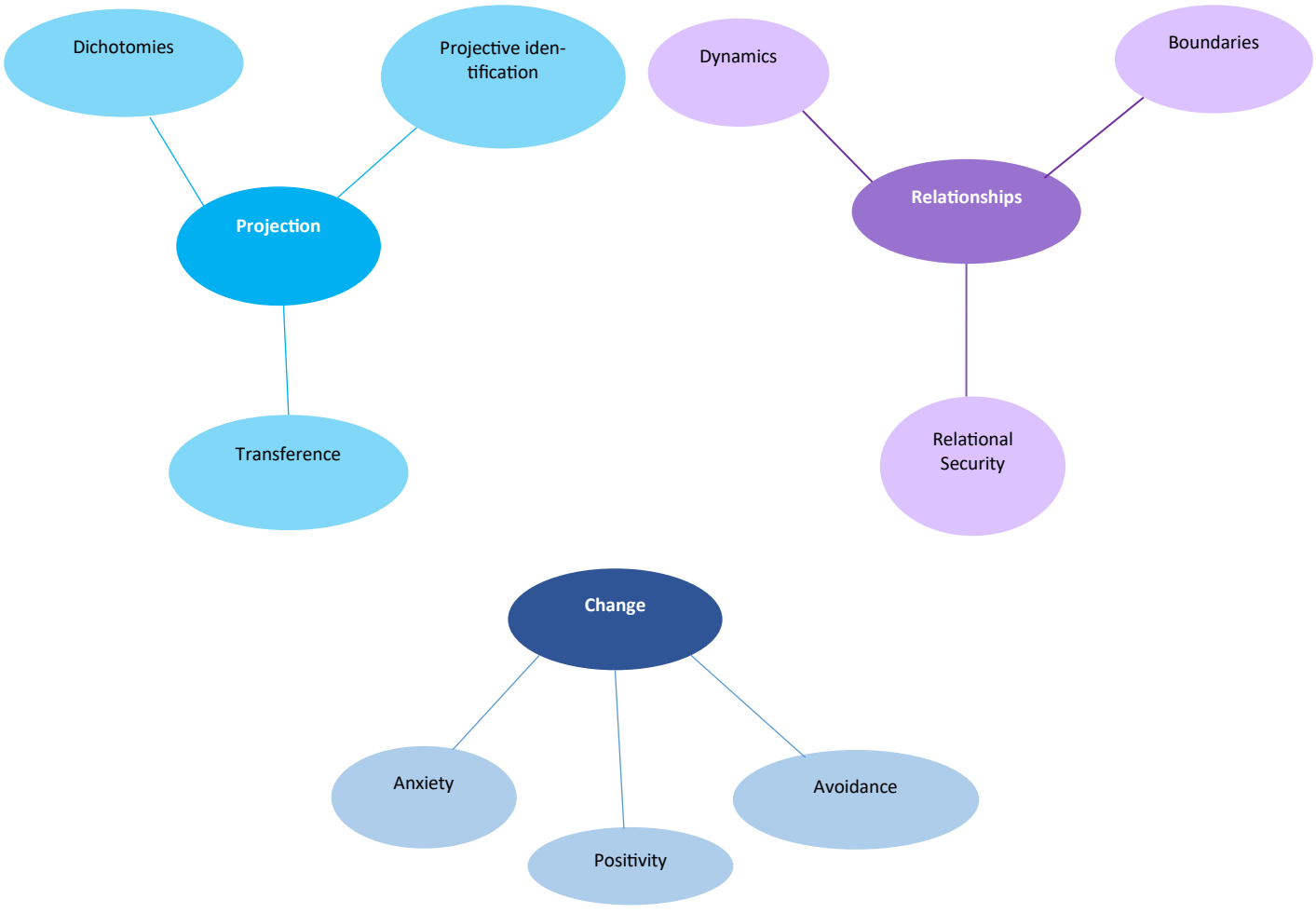
Theme 3: Relationships

One group noted difficult dynamics and tension between services, mostly due to differences in approach and training. Both wards found dynamics within the service challenging, e.g. patients pushing boundaries and splitting within the team. Where uncertainty existed around boundaries, relational security could break down, leading to uncontained environments for staff and patients.

INTERSUBJECTIVE MODEL

After generating themes, the researchers related their findings back to the intersubjective model of reflective groups, demonstrating that reflective practice had offered staff a safe space to:

- Facilitate open communication;
- Realise shared feelings and experiences;
- Provide support, validation and reassurance;
- Share different perspectives and advice;
- Discuss systemic issues;
- Feedback to managers and facilitate change.



DISCUSSION

Overall, we identified interesting themes that occurred in both groups. These highlighted some of the complexities of the work in secure services, and the similarities and differences among staff experiences.

The Intersubjective Model was helpful for facilitating reflective practice. It guided the facilitator through the essential tasks for the reflective group which generated in-depth and reflective thinking. Discussions often alternated between the models stages with the natural progression of the group, and this enabled the facilitator to keep the group focused on the reflective task whilst maintaining group boundaries.

Overall, the facilitation of reflective practice was perceived as useful and important.

Our recommendations:

- To continue using reflective spaces wherein experiences can be shared and changes in practice can be implemented. We encourage involvement from the wider team as this can help create a more open-minded, tolerant and robust working environment.

- We would feedback the themes identified to the ward teams.

South London and Maudsley NHS Foundation Trust Recovery College

Mohamed B, Service User Researcher, Nick Hunter, Peer Recovery Trainer, SLaM Recovery College, Miriam Pucyutan, Lead for Recovery College and Deputy Head Occupational Therapist - River House Campus, Mark Dalgarno, Deputy Manager, SLaM Recovery College, and Dr Rachel Holden, Clinical Psychologist, South London and Maudsley NHS Foundation Trust

At South London and Maudsley NHS Foundation Trust we believe that research is at the heart of clinical care. Our aim is to ensure that all service users can take part in research, supported and informed by clinical staff. Within our Recovery College we offer an informal educational environment where service users, carer and staff learn about mental health recovery and wellbeing.

Our curriculum is broadly broken down into the key areas of: mind and body, understanding mental health difficulties and treatment, developing knowledge and skills, rebuilding your life and getting involved. Combining both trust and departmental aims, in collaboration with King's College London, we have developed an innovative programme aimed at educating our students as to the need and processes of research in research and service evaluation.

The Research Skills course is a 12-week taught course combining theoretical and practical application of research skills to our students enabling them to think about how to evidence and improve outcomes for our service users. With the amazing support of Occupational Therapy staff and all at the Recovery College – River House Campus, between May and August 2022 we piloted the course within the forensic inpatient setting.

Following three weeks of taught material, the topic of research was chosen entirely by our students following both a hospital wide vote and debate within the classroom.

It was a close battle however the topic our students would most like to research was: "How to get out and stay out of hospital".

As an added perspective, our students elected to focus only on individuals who had been previously discharged and recalled to the inpatient setting. From our data collection, we found the main themes as follows: factors that help discharge into the community, barriers that hinder individuals getting out and staying out of hospital and the impact of readmission.

Analysing the barriers to discharge, the following sub-themes emerged: not enough support, behaviour and accommodation issues. According to our data there was also reports of both life events and red-tape/ bureaucracy impeding successful discharge. To understand these data in context, the support that was regarded as missing spans across all relationships, from friends and family to clinical and local authority support. Another key subtheme as mentioned above is behaviour as a barrier to successful discharge. This could range from not following conditions laid down by the courts or community team, medication non-compliance, poor sleep along with drug use and fighting as examples of unhelpful behaviour. Accommodation issues reported were primarily as a result of the behaviours of other residents within the supported accommodation. We have data suggesting that other residents were accessing and using drugs along with reports of theft from the other residents.

To analyse the reports of what helps a successful discharge, support and behaviour were also key sub-themes in our data. Along with more positive examples of family and friends, our subjects reported accessing support from primary care, community teams, all aspects of the multi-disciplinary team such as psychology and OT and practical support for medication, accommodation and with accessing appeals and tribunals. More positive behaviour was also reported such as physical activity, hobbies and working along with the more obvious medication and imposed conditions compliance. Within the theme of what helps, participants reported needs being met as a key factor in ensuring successful discharge. Examples of needs being met are in the areas of accommodation, employment and financial stability and helpful support on significant anniversaries or events.

Finally the impact of readmission was more balanced. Whilst there were reports of readmission having a negative impact on both housing and finances along with having the expected impact on emotions, there are reports of it being positive result, “a relief” and easing strain on families emotions. One participant reported that for both themselves and their family, they were satisfied that they we getting the help they need.

Following the course conclusion we sought feedback from staff and students. From a staff perspective: *[Despite initial scepticism in the course topic]* ***I was delighted that the research process involved the patients from the beginning and the chosen topic was extremely relevant to our setting. We are motivated that the research outcomes will influence change in our services and that the outcomes are translated into practice.*** **A summary of feedback from students reveals:** ***The Research skills course made me feel included, worthy and it empowered me to believe this is the type of Recovery programme that I could be involved in even when my time in hospital has been completed and I’m in the community.***

We have gained insight into those issues relevant to our student body from the inpatient community. If there is a negative, one student reported that despite feeling energised by the course and topic of research, returning to the ward was difficult acknowledging that even having completed the course, getting out of hospital was “difficult”. As a key aim of the course, our work had aspirations of service design and development hoping to develop knowledge and skills, rebuild your life and get involved in the process. We are making adaptations to the course for more general release however feedback from our students, service users and management has all been incredibly supportive. One student reported that the course gave them a sense of purpose and they were eager to get involved and make a difference after getting out. We consider this a success.

KEY THEMES

Barriers to successful discharge	Factors that help successful discharge	Readmission impact
Not enough support: • Social support • Clinical Support including medication and appointments • Accommodation support • Lack of Support surrounding tribunals/appeals	Positive sources of support: • Family and social connections • Clinical support including GP, Psychology, OT etc • Support with accommodation	Positive impact: • Getting the help needed • Positive impact on finances • Relief of being in the appropriate
Behaviour: • Not working • Drug use • Not following conditions/ rules • Not taking medication • Not sleeping	Behaviour: • Compliant with medication • Engaging with support • Taking care of physical health/ activities • Avoiding illegal drugs	Negative impact: • Loss of social connections • Negative impact on housing/finances • Negative impact on family
Problems with accommodation: • Other residents stealing • Other residents drug use	Needs being met: • Needs around accommodation • Needs around employment • Being financially stable • Having/reading positive reports	
Life events: • Support around significant dates (eg birthdays/ anniversaries etc) • Following religious reasons • Bereavement • Financial stress		
Red tape: • IPP sentences • CTO conditions • Incorrect diagnosis		

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Standards for Forensic Mental Health Services: Fifth Edition

The standards act as a framework by which to assess the quality of forensic mental health services. This is the fifth edition of the standards, which were first published in 2016 for combined Low and Medium Secure Services. These standards have been developed in consultation with the member services of the Quality Network for Forensic Mental Health Services (QNFMHS), patients, family and friends, and other key stakeholders.

Categorisation and themes

Each standard has been rated to define whether it is essential, expected or desirable in relation to patient care.

All criteria are rated as Type 1, 2 or 3

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law.

Type 2: Expected standards that all services should meet.

Type 3: Desirable standards that high performing services should meet.

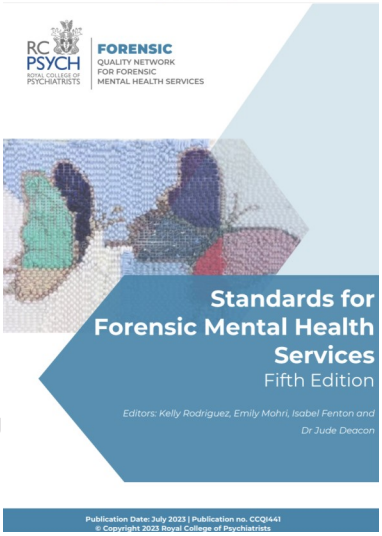
To support the identification of key themes between the standards, a key has been devised. Throughout the document, the following icons will denote where a standard represents one of these themes.

Involving family, friends and carers

The following standards uphold the principle that we wish to ensure positive engagement, support and collaboration from all those who are part of a patient's life, whether family, friends or carers in the pathway of care.

These standards do not supersede the patient's right to privacy. The sharing of confidential information and/or contact with family, friends or carers must uphold the patient's wishes and occur only with their informed consent.

This does not reduce the responsibility of services to support carers where required, ensure access to statutory carers' assessment and provide general information regarding the service. The need to uphold public safety is not affected.



Sustainability Principles

The fifth edition of the QNFMHS standards have been mapped against sustainability principles developed by the Royal College of Psychiatrists' Sustainability Committee.

Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

For more information on the Sustainability Committee, please follow this link: https://www.rcpsych.ac.uk/improving-care/working-sustainably

QNFMHS Announcements

See Think Act

In 2015, the QNFMHS undertook a review of high, medium and low secure providers, patients and their friends and family, of what we've learned since the first publication. Since then, the third edition of See Think Act has been published.

You can find out what has changed, relevant materials and contact details on our **website.**

Knowledgehub

Have you joined the QNFMHS Online Discussion Forum yet?

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 and advertise upcoming events and conferences.

We use 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

Online Peer-Reviewer Training

Reviewer training is a two hour free event for staff from a service that is a member of the Quality Network. The training is a great learning experience for those who are interested in participating in the reviews of medium and low secure forensic mental health services. This training is online and will take place on MS Teams.

Next training dates:

- **Tuesday 19 September 2023 (**10:00-12:00)
- **Wednesday 25 October 2023** (10:00-12:00)
- **Tuesday 23 January 2024** (13:00-15:00)
- **Thursday 21 March 2024** (13:00-15:00)

If you are interested in attending, please complete this booking form.

QNFMHS Events

Relational Security Webinar

The Quality Network for Forensic Mental Health Services (QNFMHS) is holding an online Relational Security webinar.

Audience: This session is aimed at those in forensic services with responsibility for learning and development, particularly within safety, security, and patient care.

Aims of the session:

- Provide participants with a summary of the key advancements in relational security within the newly published 3rd Edition of See Think Act.
- Share learning about how to train and develop staff in the subject of relational security.
- Share options for improving relational security in services.
- Discuss what further support and resources services may need to ensure staff are competent and confident in how to apply relational security skills.
- Discuss what further support and resources services may need to ensure service leaders are competent and confident in how to build and sustain relational security in their services.

Date: Tuesday 26 September 2023
Time: 10:00 - 12:00
Location: MS Teams

To register to attend, please complete the **online booking form.**

Presentations

If you would like to present about relational security in your service, we'd really like to hear from you. You might want to share what your service has accomplished in training and development, or you may have thoughts about how relational security could be improved, what the obstacles are, and what further support services need to strengthen relational security in forensic mental health. If this is of interest, please complete the **online presentation proposal form.**

Previous Newsletters

FORENSIC CCQI
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

MSU/LSU Issue 58, June 2023

This Issue

WELCOME

Welcome to the 58th edition of the Newsletter on the theme of *Restorative Justice*. As always, it is wonderful to read all the initiatives services have introduced, as well as reflections on experiences.

This newsletter contains articles from various services, as well as the entries for our Summer Artwork and Creative Writing competition. As every year, it was difficult to choose the winners with so many talented artists. These will be utilised for various Network documents, including guidance documents and the various service reports so keep an eye out for our new report covers!

The Quality Network peer-reviews have now come to an end. Thank you to all the teams for all the hard work organising your peer-reviews, be it online or in person. As always, it has been energising to connect with colleagues! The Network standards revision has now taken place and a new edition will be published soon. We look forward to the discussions this new edition will bring during review days.

As the cycle ends, the Quality Network team prepares for the start of a new cycle, cycle 15-9. During the course of the summer, the team will be updating the various data collection tools utilised during the course of the peer-reviews, including the workbooks and reports.

Lastly, the QNFMHS Annual Forum is set to take place at the RCPsych on 22 June 2023. It will be the first in person event for the past three years and we cannot wait to share a cup of tea with our colleagues!

Programme

10:00 **Welcome and Introduction**
Dr Jude Deacon, Chair of the QNFMHS advisory group, and Director of Forensic Mental Health, Oxford Health NHS Foundation Trust

10:15 **See Think Act - The 3rd Edition**
Elizabeth Allen, Director of Frontfoot

10:45 **The Empowerment of Co-production: Taking Back Our Identity**
Kray Matt, Expert by Experience, Sean Perry, Peer Mentor, Leon Bailey, Peer Trainer, Jerome Sewell, Lived Experience Practitioner, Miriam Pugsley, Deputy Lead Occupational Therapist/Recovery College River House Campus Lead, Imogen Harris, Occupational Therapy Technician, River House, South London and Maudsley NHS Foundation Trust

11:15 **Break**

11:30 **"Finding their voices..." Speech and Language Therapy in LD and Forensic Services**
Hollyanna Marler, Advanced Specialist Speech and Language Therapist, Hertfordshire Partnership NHS Foundation Trust

12:00 **An Update from the Quality Network**
Kelly Rodriguez, Programme Manager, and Emily Mohr, Deputy Programme Manager

12:15 **The National HOPE(S) NHSE Collaborative**
Dr Jennifer Kilcoyne, Director, National HOPE(S) NHSE Collaborative & Clinical Director of the Centre for Perfect Care, Danny Angus, Associate Director, and Emma Highfield, Consultant Practitioner, National HOPE(S) NHSE Collaborative

12:45 **Lunch break**

13:45 **Workshop session 1: Sustainability in Mental Health, Including Access to Outdoor Spaces**

14:15 **Workshop session 2: Working with Family and Friends**

14:45 **Break**

15:00 **Workshop session 3: Forensic Specialisms**

15:30 **Final Plenary**

15:45 **End**

Kelly Rodriguez, Programme Manager

FORENSIC CCQI
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

MSU/LSU Issue 57, March 2023

This Issue

WELCOME

Welcome to the 57th edition of the Newsletter on the theme of *workforce solutions, the way forward*. It is wonderful to see how many articles have been submitted to showcase all the good work from our services and it is a great way to kickstart the newsletters for the year.

This newsletter contains a range of articles including the introduction of new roles to address recruitment challenges, the creation of a new welcome programme for new staff and the launch of an international recruitment programme, amongst others. These articles provide great examples on how services can address the current staffing challenges in line with the national shortage.

The Quality Network team have been carrying out peer-reviews for a number of months and the cycle is now nearly at an end. The team, and reviewers, have been enjoying the return to face-to-face reviews for full reviews and these have received positive feedback. It is always exciting to network with other colleagues!

The revision of QNFMHS standards is well underway. This began with an e-consultation where services were asked to complete an online survey to highlight any proposed changes to the current set of standards. This feedback was shared with the QNFMHS Advisory Group to create the first draft of the standards. The Advisory Group comprises of professionals who represent key interests and areas of expertise in the field of forensic mental health. This includes patient and carer representatives who have experience of using these services. The second, and final, stage is to present the proposed changes to the standards to our members via an online meeting. More information can be found within the newsletter.

Lastly, registration to attend the 2023 QNFMHS Annual Forum is now open. This year, this is planed to take place in person at the RCPsych in London. This will be the first face-to-face event the Network has held since the COVID-19 pandemic begun and we are very excited to facilitate a day of networking and learning! More information can be found within this newsletter.

Kelly Rodriguez, Programme Manager

FORENSIC CCQI
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

MSU/LSU Issue 56, December 2022

This Issue

WELCOME

Welcome to the 56th and final newsletter of 2022! It has been another tough year for our forensic mental health colleagues, all our thoughts and good wishes are with everyone working so hard to continue to keep people safe and well.

This edition of the newsletter is on Quality Improvement and Research. We know services are involved in a vast range of research and quality improvement projects. It has been truly fantastic to see so many articles with updates on what services have been working on.

Included in this newsletter is also the fantastic Festive Card Competition Entries and the winner. We would like to thank all participants for their submissions and all our members for their support with this competition. It has truly been amazing to see so many submissions!

The first meeting of the Accreditation Steering Group took place in November 2022. I would like to thank all of those involved for their time and input. Interesting discussions were held and some good ideas were created. Members will soon be able to complete an online survey to share their feedback on the introduction of an accreditation membership.

There are a couple of pieces of information about the Network and what is planned for 2023 within this newsletter. This includes the plans for the revision of the current standards and a new section on meeting the QNFMHS team.

Lastly, the team and I would like to thank all our members for their hard work over the past year and for their continuous engagement with the Network. Reviews have now been taking place for a few months and it has been absolutely fantastic to see so much engagement and networking amongst services. We are all looking forward to continuing our visits to services in 2023.

I hope everyone has a wonderful Christmas, and we look forward to speaking to you in the New Year. 2023 here we come!

Kelly Rodriguez, Programme Manager

FORENSIC CCQI
QUALITY NETWORK FOR FORENSIC MENTAL HEALTH SERVICES

MSU/LSU Issue 55, October 2022

This Issue

WELCOME

Welcome to the 55th edition of the Newsletter on the theme of *Patient and carer access to peer-support*. It has been incredible to read through so many articles and good practice examples from our member services.

This edition contains articles with detailed information on the support offered to patients and carers, as well as the role of various peer-support workers. I strongly recommend sharing the newsletter as widely as possible with staff, carers, patients and visitors. It is a good resource for services who are thinking of introducing peer-support services for their patients and carers.

With the new cycle, cycle 14-8 (2022-2023) starting, we have decided to continue facilitating developmental reviews virtually but to go back to in person full reviews. The first few reviews have now taken place successfully and we are all really looking forward to visiting services in person again.

Very excitingly, we will be running our Festive Card Competition shortly and more information can be found within the newsletter. We cannot wait to see all the entries!

The Annual Forum took place over the summer, which was a hugely successful event. We had presentations on the topics of relational security, restorative justice, reducing restrictive practices and Hospital Rooms. The event also included various workshop presentations on the topics of peer support for patients and carers, co-production and access to technology.

Lastly, the Network has been planning on introducing an accreditation membership and a steering group will be put together to discuss how to best do this. This requires careful planning and consideration and more information can be found within the newsletter.

Kelly Rodriguez, Programme Manager

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

Knowledge Hub
www.khub.net

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

Contact the Network

Kelly Rodriguez Programme Manager
Kelly.Rodriguez@rcpsych.ac.uk
0208 618 4063

Emily Mohri, Deputy Programme Manager
Emily.Mohri@rcpsych.ac.uk
0208 618 4055

Ciara McAree, Project Officer
ciara.mcaree@rcpsych.ac.uk
0208 618 4021

QNFMHS 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 Prescot Street, London, E1 8BB

www.qnfmhs.co.uk