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Updates from the AIMS-WA Team: You Said, We Did!

Since the release of the 6th edition of the AIMS-WA standards last summer, the project team has been busy collating feedback from host teams being reviewed against them, asking about their thoughts on the self-review process and the peer-review day. We've also been collecting feedback from our reviewers to get their thoughts too.

Feedback has come from discussion at the end of the peer-review day, as well as through a specific feedback link after the Peer-Review day. Based upon the feedback from our members over the last year we have made the following changes:

You said:

"There's too many standards!"

We revised the 6th Edition standards:

An extensive consultation process has been undertaken over the last five months for the new 7th edition, which have just been published on our website. The number of standards in the 7th edition has reduced by over 100 compared to the previous edition.

You said:

"The self-review questionnaires are too long, especially for staff and patients"

We revised all self-review tools:

In conjunction with the new standards revision, we have created a new patient, carer, staff and health record audit questionnaire. Each questionnaire has been reduced substantially in length, which we hope will improve the self-review process for all our members.

You Said:

"Most of your peer-reviewer training days happen in London which is too far for us to travel"

We held peer-reviewer training outside London:

On 31st July we held a peer-reviewer training in York. This ensured more professionals from our member services in the north of England have had the opportunity to become peer-reviewers.

You Said:

"We don't quite understand the whole accreditation process and what will be expected of our ward"

We are now holding regular 'Aiming for Accreditation' special interest days

Our first one is taking place on 11th September and will be repeated a few times a year. More details can be found on the 'events' page on our website.

The Emotional Coping Skills Group at Leverndale Hospital: Highlighting the Benefits of Multi Disciplinary Working (NHS Greater Glasgow and Clyde)

Author: Dr Danielle Graham and Carol Donoghue.

Difficulties with emotion regulation are a common characteristic of individuals who are admitted to acute admission units and are an important feature in the presentation of many patients admitted to Leverndale Hospital. Emotion regulation difficulties can have a number of unpleasant consequences for patients: the individual may feel overwhelmed by their emotion; engage in risky behaviours in an attempt to manage their emotion; or may have engaged in a detrimental pattern of avoidance to escape their emotions (Durrant et al. 2007). An independent review into acute admission units (MIND, 2011) found that patients want access to psychological therapy thus it is important that this is provided in some form, and, due to the reasons outlined above, emotion regulation difficulties should be considered an important focus in this therapy.

The AIMS standards have acted as a significant driver for the implementation of psychological therapies in Leverndale. Having specific standards to maintain (i.e. standard 5.40) has allowed us to set the provision of evidence based psychological therapies as a priority for the hospital and to engage hospital management and other relevant stakeholders in the process of developing a structured programme of psychological therapies.

We were given permission to use a manual for a group delivered therapy developed by Isabel Clarke, Consultant Clinical Psychologist (2012) entitled 'Emotional Coping Skills' and we adapted it slightly to meet the needs of our population. This group approach is skills based and aims to teach participants skills in managing unpleasant emotions.

It draws on specific techniques from Dialectical Behaviour Therapy (DBT; Linehan, 1993). Throughout the group, participants are supported to understand how difficulties in emotion regulation arise, explore triggers to emotional distress, and learn and practice effective coping skills to manage distress. The intended outcome of the group is not focused on symptomatic remission, instead it aims to improve patients' self efficacy in managing their emotions.

An early issue with the implementation of the group was in finding available co-facilitators. The group was originally facilitated by the two Clinical Psychologists working in the hospital but this was recognised to be unsustainable in the long term due to the time pressures on the already stretched Clinical Psychology service. It was thus agreed that a pool of multi disciplinary ward staff members would be trained in the approach to allow them to act as co-facilitators. This training was successful, with five staff members completing the training and going on to co-facilitate the group with a Clinical Psychologist.

Since the pilot group in June 2015, we have run 15 cohorts of this group; 96 patients have attended at least one session with 54 of these completing the group. This group is now an established part of the inpatient psychological therapies programme at Leverndale, and the key to its success has been the multi disciplinary delivery. This has allowed the group to run at regular intervals and maintain its high quality. Those facilitating the group have also identified further benefits from this style of multi disciplinary working.

Dr. Danielle Graham, Clinical Psychologist, believes that the group programme has been enhanced by the multi disciplinary delivery. She highlights that this allows multiple perspectives to be offered during the group sessions. Having ward staff co-delivering the groups also allows the opportunity for the skills to be reinforced in the days in between the group sessions, with multi disciplinary co-facilitators able to offer extra support while they are on shift.

Carol Donoghue, Quality Improvement Nurse, who received the in house training in the group programme said that it has been a fantastic opportunity for nursing staff to be supported to deliver an effective treatment option for patients who may have a very complex and challenging presentation. Carol said "personally, working alongside the Clinical Psychologist has enhanced my professional development and promoted confidence in working alongside patients who have difficulty regulating their emotions. It is also felt that all those trained in the delivery of this approach are influencing their peers, thus promoting a positive approach to caring for this group".

The group has been evaluated positively by patients and staff and has consistently demonstrated good outcomes on the quantitative measures (The Distress Tolerance Scale, The Mental Health Confidence Scale, and the Living with my Emotions Questionnaire) indicating that this is an acceptable and effective intervention for patients with affect regulation difficulties. A formal evaluation of the clinical outcomes is in progress and we intend to publish this in due course. Qualitative feedback from patients has been universally positive, with some participant feedback below:

I feel like the group has changed me for the better because I feel more confident and stronger within myself to deal and cope with everything better

The group allowed me to think and understand my emotions and behaviours in a healthy way instead of automatically turning to unhealthy ways of dealing with them.

I came into it completely lost and hopeless. I learned distinct techniques to use in high distress (which I felt most of the time). As the group progressed I learned techniques like the emergency self soothe box that I plan to use now I am discharged.

I learned I'm not powerless against my thoughts/emotions/voices/behaviours. I learned to not be ashamed of what I experience and to be more open and ask for help.

In summary, access to high quality, evidence based psychological therapies should be a priority area of service delivery within acute admission units. This example has demonstrated the benefits to patients and staff, when interventions are provided routinely by multi disciplinary staff.

References:

Durrant, C., Clarke, I., Tolland, A., Wilson, H. (2007) Designing a CBT service for an acute inpatient setting: A pilot evaluation study. *Clinical Psychology and Psychotherapy: 14, 117-125.*

Linehan, M. (1993) *Cognitive Behavioural Treatment of Borderline Personality Disorder.* The Guilford Press: New York.

MIND (2011), *Listening to Experience: An Independent Inquiry into Acute and Crisis Mental Healthcare,* Author: London.

Peer Reviewer Training

Date: Tuesday 24th September

Time: 11:00 – 15:00

Location: Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB.

For more information and to book your place, please see the **[booking form](#)**.

The SleepWell Project (Northumberland, Tyne and Wear NHS Foundation Trust)

Author: Chloe Novak

SleepWell is a service development project launched across 7 adult inpatient wards within Northumberland, Tyne and Wear NHS trust, in September 2018. The acute wards I have been working on during my placement year of undergraduate Psychology, Lowry and Collingwood Court based at the Hadrian Clinic, made up two of these sites.

SleepWell was initiated to improve sleep management on these inpatient wards. This was accomplished through offering a protected sleep time from 12-6am without observations for some patients, screening for sleep disorders, and promoting non-pharmacological approaches to improving sleep (such as psychoeducation around sleep health). The two wards at the Hadrian Clinic also offered CBTi (Cognitive Behavioural Therapy for Insomnia) for patients with Insomnia who have difficulty getting to sleep, staying asleep and/or waking up early without feeling refreshed.

We believe SleepWell can help improve sleep within inpatient environments which are potentially highly disruptive to sleep. This is highlighted by research finding 8 out of 10 inpatients experience clinically significant symptoms of Insomnia (Haynes et al, 2011). Sleep is a crucial target for inpatient mental health care as improving sleep can have benefits for mental health. Sleep improvement has been associated with increased remission rates for depression (Manber et al, 2008), reduced persecutory delusions (Myers et al, 2011), and improved mood state in bipolar affective disorder (Harvey et al, 2015)

This project has seen many challenges and many successes. Within the Hadrian Clinic, it has been challenging to get a

large and diverse team on board with a new project and for the project to become sustainable within existing resources. Despite this we have received very positive feedback from patients, staff and carers, especially around the protected sleep time initiative. The team at the Hadrian Clinic are proud to be able carry on this important work next year, with the help of two Psychology undergraduates who are starting a placement in September that will involve supporting SleepWell. The aim is to get this project established further across the trust and for more formalised assessment of the project's impact to take place.

References:

- Harvey, A. G., Soehner, A. M., Kaplan, K. A., Hein, K., Lee, J., Kanady, J., . . . Li, D. (2015).** Treating Insomnia Improves Mood State, Sleep and Functioning in Bipolar Disorder: A Pilot Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology, 564-577.*
- Haynes, P., Parthasarathy, S., Kersh, B., & Bootzin, R. (2011).** Examination of insomnia and insomnia treatment in psychiatric inpatients. *International Journal of Mental Health Nursing, 130-136.*
- Manber, R., Edinger, J., Gress, J., San-Pedro-Salcedo, M. G., Kuo, T. F., & Kalista, T. (2008).** Cognitive Behavioural Therapy for Insomnia Enhances Depression Outcome in Patients with Comorbid Major Depressive Disorder and Insomnia. *Sleep, 489-495.*
- Myers, E., Startup, H., & Freeman, D. (2011).** Cognitive behavioural treatment of insomnia in individuals with persistent persecutory delusions: A pilot trial. *Journal of Behavior Therapy and Experimental Psychiatry, 330-336.*

Recently Accredited Wards

The AIMS-WA team would like to say a big congratulations to the following wards who have achieved accreditation in the past year!

Dunkley Ward

Camden and Islington NHS Foundation Trust

Sapphire Ward

Camden and Islington NHS Foundation Trust

Crane Ward

Central and North West London NHS Foundation Trust

Sapphire Ward

East London NHS Foundation Trust

Iris Ward

North West Boroughs Healthcare NHS Foundation Trust

Sandpiper Recover Ward

Northamptonshire Healthcare NHS Foundation Trust

Cove Ward

Northamptonshire Healthcare NHS Foundation Trust

Shore Ward

Central and North West London NHS Foundation Trust

Delderfield Ward

Devon Partnership NHS Trust

Kingfisher Ward

Northamptonshire Healthcare NHS Foundation Trust

Coppice Ward

Priory Group Nottingham

Rowan Ward

Somerset Partnership NHS Foundation Trust

Kingsley Ward

Southern Health NHS Foundation Trust

Clare Ward

Surrey and Borders Partnership NHS Trust

Anderson Ward

Surrey and Borders Partnership NHS Trust

AIMS-WA/AT 2019 Annual Forum

Theme: Reducing Restrictive Practice,

Date: Wednesday 6th November

Location: Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB

Time: 10:00 - 16:00.

[Draft Programme on our website.](#)

Each member ward receives 2 free places. Additional places can be purchased at the cost of £30 per delegate.

Non members are welcome to attend at a cost of £30 per delegate.

Service user and carers - free.

Please use our online **[booking form](#)** to reserve your place



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Art Work Competition



The Accreditation Network for Inpatient Mental Health Services for Working Age Adults (AIMS-WA) is running an artwork competition! Accepted entries will be displayed at our Annual Forum on Wednesday 6th November, with the winning entry getting a prize and having the chance to be displayed on the front cover of the 7th Edition of AIMS-WA Standards being published this Autumn!

Interested? Here's how to enter:

1. **Create your artwork** — this can be as creative as you like as long as it can be hung onto a wall.
2. **Take a photo** — once complete, take a clear photo of your artwork.
3. **Submit** - submit your photo along with a short paragraph (no more than 100 words) describing your artwork and/or the inspiration behind it to:
AIMS-WA@rcpsych.ac.uk

Deadline for entries is Monday 7 October 2019

All accepted submissions will be notified after this date.

Contact the AIMS-WA/AT

We love hearing from our members and helping to facilitate communication amongst our teams — after all, it's what being part of a network is all about!

If you would like more information regarding the contents of this newsletter, have any ideas for something you'd like to see next time, or would like to contact us about anything else at all then do get in touch!

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