Culture of Care

Culture of Care National Learning Session

Thursday 15 January, 10:00 – 13:00

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Neurodiverse Connection

Global Black Thrive

NCISH

A warm welcome and housekeeping

Emily Cannon
Head of Quality Improvement, NCCMH

Housekeeping

- Please mute your microphone unless you are speaking.
- We will be recording today's session.
- If you would like to ask a question or leave a comment, please use the chat function. We will also ask for contributions via menti, details of which will be shared later.
- If you experience any technical difficulties, please email: cultureofcare@rcpsych.ac.uk

How we want to work together

Collaborative learning – *Make the most out of the session, whatever that looks like for you.*

Respect privacy – *Protect carefully the privacy of the storyteller. Ask what parts, if any, you can share with others.*

Approach with kindness and curiosity – *We've all been through stuff so let's look after each other in this space.*

Diversity of views – *respecting different viewpoints and experiences and being okay with sometimes disagreeing.*

Language is important – *If you want to improve culture, the way you speak to and about the people around you needs to support the building of trusting relationships.*

Be kind to yourself – *take breaks if needed, use our support space.*

Support Space

Support Space Facilitator today:

Caitlin Cockcroft

Join at any time

Join the meeting now

Meeting ID: 364 071 649 518 76

Passcode: aN9PD2py

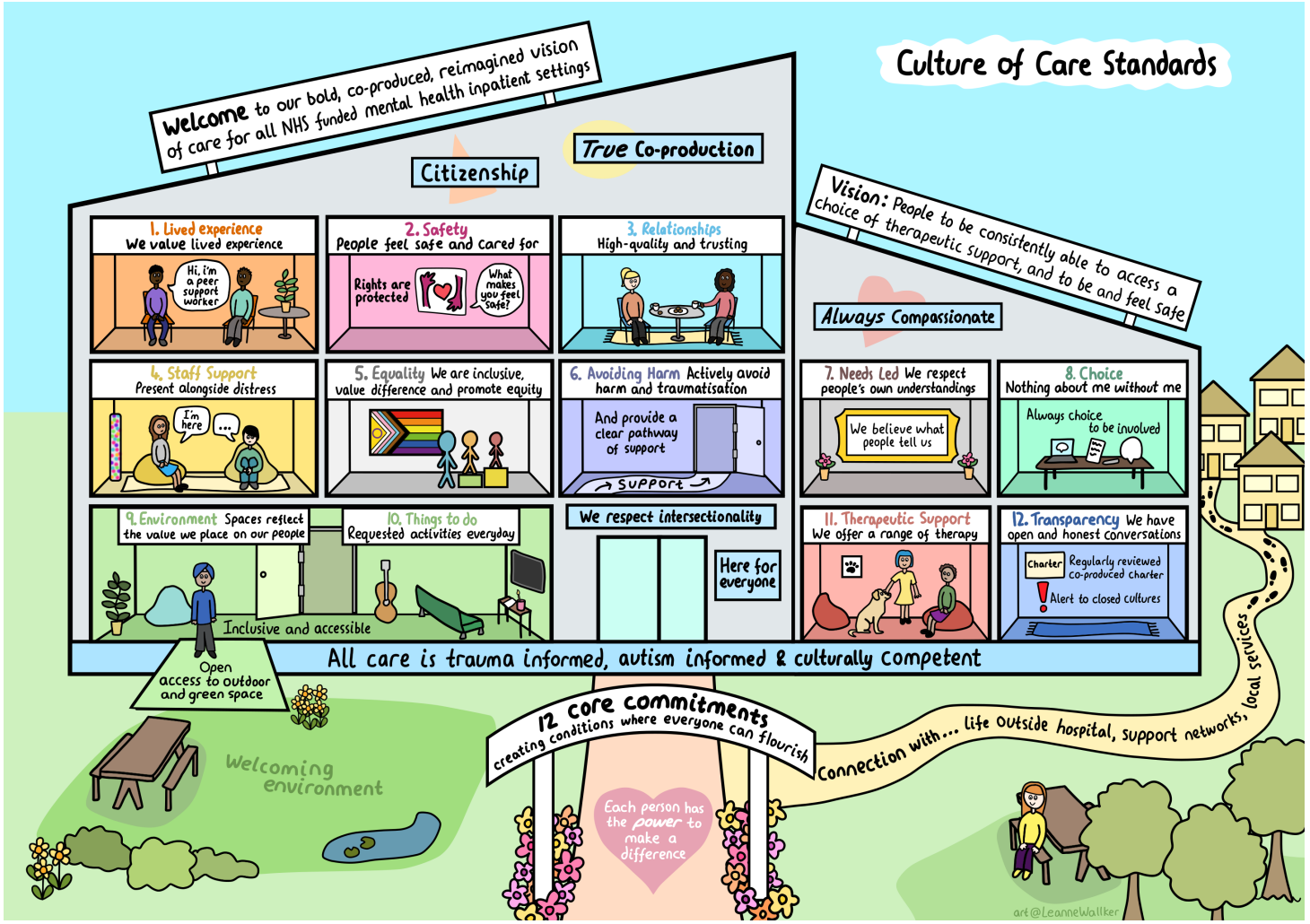
The link to the support space will also be available in the chat.

Today

Time	Item	Facilitator
10:00 – 10:10	Welcome, housekeeping and an update on the programme so far	**Emily Cannon** Head of Quality Improvement, NCCMH
10:10 – 10:20	What do we mean by carer / support network	**Jason Grant-Rowles** Trauma Informed Advisor, Culture of Care
10:20 – 10:40	Triangle of care	**Isabel Millard** Consultant rehabilitation psychiatrist
10:40 – 10:50	**Break**	
10:50 – 11:10	Working with people's carers and networks	**Russell Razzaque** Clinical and Strategic Director, NCCMH
11:10 – 11:40	Peer support update and link to carers	**Mark Allan, Wendy Minhinnett, Deb Owen, Dan Briggs**
11:40 – 11:50	**Break**	
11:50 – 12:30	Panel Discussion: Acknowledging tensions around the work	**Helen Smith, Antonia Aluko, Tanya-Louise Graham, Mark Farmer, Wendy Minhinnett**
12:30 – 12:50	Examples of good practice	**Rob Turner and Wendy Kerrigan** Consultant (GMMH) and carer working with the JDU unit (GMMH)
12:50 – 13:00	Wrap up and close	**Emily Cannon** Head of Quality Improvement, NCCMH
13:00	**Close**	

Culture of Care Standards

Illustration by Leanne Walker



Since our last learning session

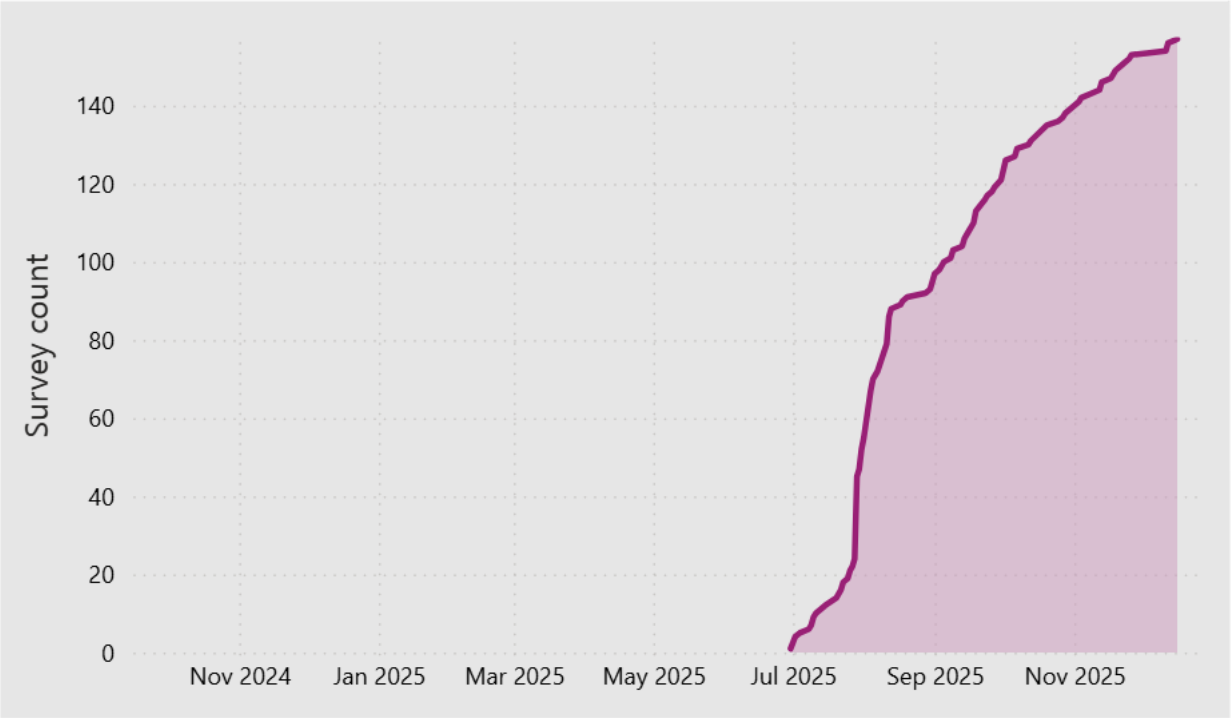
- 16 more organisation level sessions delivered (total delivered: 30 sessions)
- Proxy outcome measure data from 24 organisations now on the CofC dashboard

February Learning Network Events

- 10th Feb, LN 8&9, London
- 12th Feb, LN 4&7, Leeds
- 16th Feb, LN 3&10, Birmingham
- 24th Feb, LN 1&6, Bristol
- 25th Feb, LN 2&5, Leicester

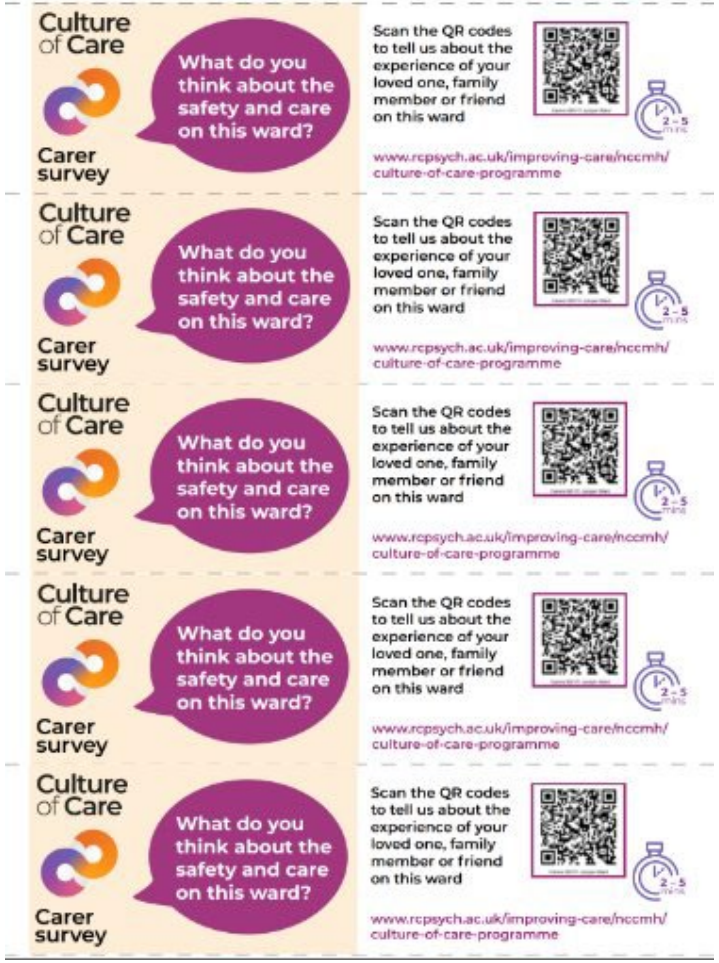
Carer survey response numbers

| Cumulative count of completed carer surveys



Total completed - all time

157



What do we mean by carer/support network

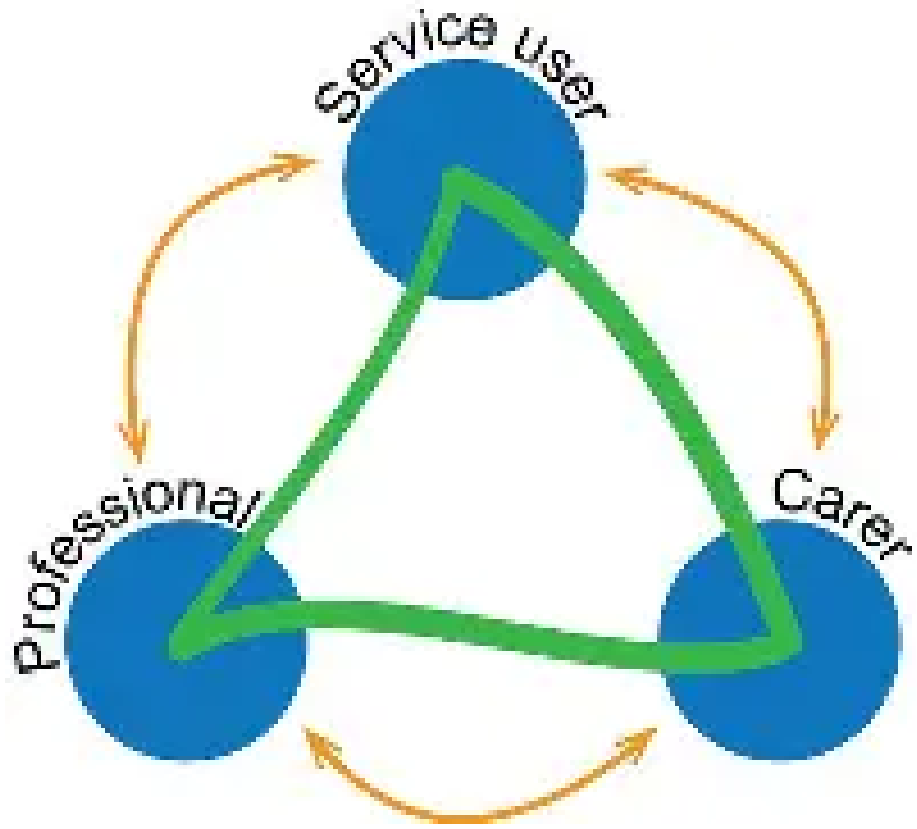
Jason Grant-Rowles
Trauma Informed Advisor, Culture of Care

Triangle of Care

Isabel Millard

Consultant Rehabilitation Psychiatrist

The Triangle of Care



The Importance of Carers

NHS relies on informal carers to support people with SMI

- on average they spend 32 hours per week in their caring role
- carers improve patient outcomes:
  - reduced relapse rates and admissions
  - improved physical health and reduced mortality rates

Challenges of the caring role

- High levels of **stress and burnout**
- High levels of **social isolation** due to**:**
  - Lack of understanding of relative's mental health condition within social network

    "it's actually really difficult, 'cos it's really hard for anyone who has had no experience to have any, absolutely any, understanding". [Sue – carer]
  - Stigma
  - Social withdrawal of relative
  - Close supervision of relative due to concerns about risk
- Parent carers: **self-blame, bereavement, worry about future**

  "you are sort of grieving for what you had hoped for, for her, and her life" [Tony – carer]
- Challenges for carers from racially minoritized backgrounds may be greater

Carers in Policy

It is government policy to support carers:

The NHSE **Community Mental Health Framework**: one of its principles is carer support + involvement

All **ICBs** are required to have a strategy to involve and improve the lives of SMI carers

The Care Act entitles all carers to an assessment of their needs and appropriate support

Carers in Practice

"Despite **carers** often having **significant expertise** and understanding about the person they care for, they are often **ignored** or treated as a nuisance, and are **not offered support …institutionally undervalued"**

(RCPsych NCCMH Culture of Care coproduction guidance)

"…a **widespread lack of support** and **recognition** from health and care services **is severely damaging carers' mental health.** It highlights how **people caring… do not have adequate support** from statutory services that are in place to help them"

(Carers' Trust Carers' survey, 2021)

Lack of Carer Involvement

Bad for carers…

"… sometimes feel, left carrying the can but nobody really listens." [Anneka - carer]

"… suddenly it became a closed institution" [Rose - carer]

Bad for patients…

- Collateral information is a key component of a psychiatric assessment
- Carers' knowledge of their relative is key to effective care planning
- Lack of communication with carers leads to SUIs

Lack of Information for Carers

Bad for carers

“better if they’d just explain it to you.. you’d know more how to handle situation” [Lucy – carer]

“I had no understanding of delusions.. but now I know what happened there and that’s really helpful” [Sally – carer]

Bad for patients

Information helps carers support their relative + improves their empathy

It also empowers them to ask for appropriate care

Why do we fail to support carers?

- Staff lack confidence in working with families
- High workloads/ insufficient time
- Concerns about breaching confidentiality
- Inconvenient difference of opinion: “the difficult family”

Guidance on Confidentiality

- Provided a carer already knows that a person is using mental health service, there can **be no breach of confidentiality in seeing carers and listening to what they have to say**.

- "You **should not refuse to listen to a patient's partner, carers or others on the basis of confidentiality.** Their views or the information they provide might be helpful in your care of the patient." **GMC**

- Even when a practitioner is unable to give personal information about the individual, he or she can **support the carer by giving general information about mental illness**

- **Breaching confidentiality** – consider capacity and risk

The Triangle of Care: 6 Standards

- Carers **identified at first contact** or as soon as possible thereafter
- A **carer introduction** to the service is available
- A range of **carer support services** is available
- Staff are carer aware and **trained** in carer engagement strategies
- Policy re confidentiality and **sharing information** in place
- **Defined posts** responsible for carers
- NB: New NHSE discharge from acute mental health wards guidance

CoC Coproduction Guidance

It's important to:

- proactively reach out to carers
- provide clear information about participation opportunities within the Culture of Care QI work - include carers in projects

Carers are more likely to engage in co-production if staff:

- build relationships based on trust with carers
- involve carers in decisions relating to their loved ones
- invite carers to care planning meetings (with consent)
- avoid use of acronyms and inaccessible jargon

NB family and friends may not define themselves as a carer

CoC Coproduction guidance

Opportunities for carers to get involved with CoC

- Carers to be part of QI project team
- Carers participation group to inform change ideas
- Development of carer peer roles under lived experience standard
- Completion of carer experience survey

Change ideas that focus on carer support, e.g.,

- A carer welcome pack
- Carer coffee mornings
- Setting up hospital-based carer support groups
- Signposting carers to support
- Routinely asking carers about their welfare

How the standards promote the involvement of and support for a patient's loved ones, carers and support network

Mark Farmer
National Advisor, Culture of Care

How the standards promote the involvement of and support for a patient's loved ones, carers and support network.

The standards were coproduced with people who have lived and living experience of caring for someone who has been or is currently on a mental health ward. They standards set out a vision for;

- **Involving people's loved ones and support network in their care,**
- **Valuing carer and family involvement in quality improvement,**
- **Providing safe, therapeutic and practical support to carers.**

The standards refer to people's **support network** to capture all the loved ones, communities or organisations that provide emotional and/or practical support to a patient.

A **support network** can be made up of family members, friends, colleagues, advocates, peers, volunteers, health and social care professionals, or supportive online forums or social networking sites.

How the standards support the care and involvement of people's loved ones	
1. Lived Experience	Carers and families' voices and perspectives should be valued in people's individual care but also in service design, delivery and in quality improvement.
Patients and **their carers** should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.	
2. Safety	People's support network should be supported to feel safe when visiting the ward and have a sense that their person is safe and cared for.
We take action to keep people (patients, staff and visitors- including people's support network) safe, protecting their physical, relational, emotional and cultural safety.	
3. Relationships	Staff should build trusted relationships with people's chosen support network.
The ward builds and maintains consistent relationships with people's chosen support network	
5. Equality	Both patients and families should not be treated differently because of any protected characteristics. All of the equality standard applies to people's support network.
The organisation fosters connections with local community services, VCSE providers and other statutory organisations to take a collaborative approach in identifying and addressing health inequalities across the whole care pathway. The organisation uses tools such as the Patient Carer Race Equality Framework (PCREF) and Advancing Mental Health Equality (AMHE) Framework to eliminate disparities in access, experience and outcomes	

How the standards support the care and involvement of people's loved ones	
6. Avoiding Harm	Families and carers should be believed and taken seriously when reporting harm that they or their loved one has experienced.
When people or their families/support network tell us they have been harmed while an inpatient, we hear and believe them and have robust mechanisms to report harm and take appropriate action. We are accountable for any harm that occurs. We also have an independent support pathway for patients and families who are harmed so they can access support outside the trust if this is their preference.	
7. Needs Led	The needs of a patients support network should be understood and responded to by staff.
Staff are supported to respond to the needs of people's chosen support network, including what help they may need with their own wellbeing. If the person does not want their support network involved in their care, staff take a common-sense approach to communication with the support network, recognising both the need to protect patient confidentiality and to show compassion to those who support the person.	
8. Choice	Where a patient wishes them to be involved, their support network should be involved in shared decision making.
In line with the NICE guideline on shared decision making [NG197], we support people on the ward to make shared decisions about their care, working in an open and consistent way with their families, carers or advocates where the person wishes them to be involved.	
9. Environment	The environment should be safe and therapeutic for families and carers when they visit. Families and carers should feel assured that the environment is safe for their loved ones.
Wards need spaces suitable for families to visit, and children and young people's services need spaces for education and, where possible, for families to stay overnight.	

How the standards support the care and involvement of people's loved ones

10. Things to Do	Staff recognise the value and importance of people's support network in avoiding boredom for patients and facilitating connection to what matters to them.
We understand the value of people's support networks. We are committed to being flexible in accommodating visitors. We facilitate access to culturally appropriate hairdressers, faith-based healers, ministers, prayer facilities and materials with which to conduct religious rituals, and other spiritual support networks.	
12. Transparency	Staff are alert to how closed cultures can develop and take steps to avert this in partnership with people and **families**
We welcome people from other organisations and a person's support network and community onto the ward (in line with the person's wishes). We recognise that services caring for people with a learning disability and autistic people are at a higher risk of a closed culture. Staff, patients and their families meet daily to talk openly about their experiences of being on the ward, and we recognise this engagement as an important mitigation to closed cultures.	

Break

10:40 – 10:50

Music will be played in the background during the break. Please feel free to mute / turn down your speakers during this time should you wish

Partnering with carers and networks

Russell Razzaque
Clinical and Strategic Director, NCCMH

Family/Network is Key To Better Care & Outcomes

- "*Having friends (& a social network) is associated with more favourable clinical outcomes and a higher quality of life in mental disorders*" (Giacco et al., 2012)
- *"A systematic review of Randomised Controlled Trial (RCT) evidence suggests that family therapy could reduce the probability of hospitalisation by around 20%, and the probability of relapse by around 45%"* (Pharoah 2010)
- *"The estimated mean economic savings to the NHS from family therapy are quite large: £4,202 per individual with schizophrenia over a three-year period"*

Family/Network is Key

- WHO International Pilot Study of Schizophrenia (IPSS), 1967; *patients in countries outside Europe and the United States have a* ***lower relapse rate than those seen in developed countries***
- Ten Country Study (Jablensky et al., 1992). [Data on outcome after 2 years were obtained for 78% (n=1078) of the original sample] *The long-term outcome for patients diagnosed with broad schizophrenia was* ***more favourable in developing countries than in developed countries***
- WHO International Study of Schizophrenia (ISoS), 2000 [based on numerous cohorts including the original IPSS and Ten Country Study cohorts] ***replicated the developed versus developing differential through long term follow up*** *(>13 years follow-up)*

Can you involve family/network when working with an individual?

Yes, because the story of our life is the story of our relationships (from birth).

We want to think in terms of a whole system and how every happening in every relationship has an impact on every one of us all the time, EVEN IF there is no one else in the room.

Open Dialogue...
A Relational & Network Based Approach

All MDT staff receive training in relational skills and aspects of family therapy

Every crisis is thus an opportunity to rebuild fragmented social networks (friends & family, even neighbours & local community), or at least a mental reconnection to them and their impact

The patient's family, friends and social network are seen as "competent or potentially competent partners in the recovery process [from day one]" (Seikkula & Arnkil 2006)

There is an emphasis on building deep & authentic therapeutic relationships with all from the start

Outcomes

	OpD	TAU
Mild/no symptoms	82%	50%
NO Relapse	**74% returned to work or study**	**(7% in the UK)**
Disability Benefits	23%	57%
Neuroleptic usage	35%	100%
Hospitalisation	< 19 days	++

In a subsequent 5 year follow up, 86% had returned to work or full-time study

Core Principles of Open Dialogue

Open Dialogue…
A Different Approach

Core principles…

- **The provision of immediate help** – first meeting arranged within 24 hours of contact made *in a crisis*.
- **A social network perspective** – patients, their families, carers & other members of the social network are always invited to the meetings

Open Dialogue…
A Different Approach

- **Psychological continuity**: The same team is responsible for treatment – engaging in “network meetings” – for the entirety of the treatment process (whether that be a month or a decade)

- Frequency is determined together, based on what’s possible and what’s helpful

- This is the backbone of treatment, leaving clients with a sense of being held BUT there is a specific technique/culture to the meeting…

Open Dialogue…
A Different Approach

- **Dialogism**; promoting dialogue is **primary and, indeed, the focus of treatment**.
- Staff learn new skills to help **bring out every voice** – both within the network and within the person
- Theory: mental health problems **stem from that which is unheard** – it's another way of communicating those things
- Our goal is not therefore to try to create a consensus (at least not at the outset)

Open Dialogue…
A Different Approach

- **Bringing out every voice will start to become the team's new focus and new goal**
- All the techniques we teach are aimed at achieving that
- Bringing out all the voices within the client
- Bringing out all the voices within the network
- When we facilitate this, a new narrative/story/understanding starts to emerge for them – one that is authentically theirs (not ours)
- Clinicians start to notice a shift relatively quickly when you do (though it may take longer to embed)

Open Dialogue…
A Different Approach

- A sense of safety is thus cultivated through the meetings – a forum where all voices are heard and new understandings emerge - and, for many, the meetings become the treatment.

- **Tolerance of uncertainty**: Key to creating a safe space – **we don't tell the story, they do.**

- In the training we learn the extent to which we are usually guiding the story & weaving the narrative.

- The skills that we teach will help us refrain from doing that and, instead, allow the network to do it themselves.

- That is how they gain independence & ultimately need us less.

Open Dialogue…
Making a Mindful Connection

Being In The Present Moment: "*Therapists… main focus is on how to respond to clients' utterances from one moment to the next*" (not using a "pre-planned map")

"Team members are acutely aware of their own emotions resonating with experiences of emotion in the room."

Mindfulness is a major aspect of training (studies show how it improves therapeutic relationships)

Open Dialogue…
A Different Approach

Flexibility & Mobility

- Open Dialogue is like a carpet. It is the base upon which all other treatment modalities can sit.

- We use whatever works/arises in the moment, but we arrive at it through a collaborative process – remember it is their voice we are encouraging & cultivating, not ours

- Other psychological therapies – CBT, DBT, Analytical etc. – can all work alongside. Medication can be prescribed – after a full discussion (most often initiated by the network) and if needed, a rapid response can be facilitated where physical safety is threatened.

Peer-supported Open Dialogue (POD)

Their experience is itself recognised as a form of expertise for the team

They affect the culture of the team – keeping the hierarchy flattened and the combatting “them and us” mentality

They help cultivate local peer communities – of value especially where social networks are limited or lacking

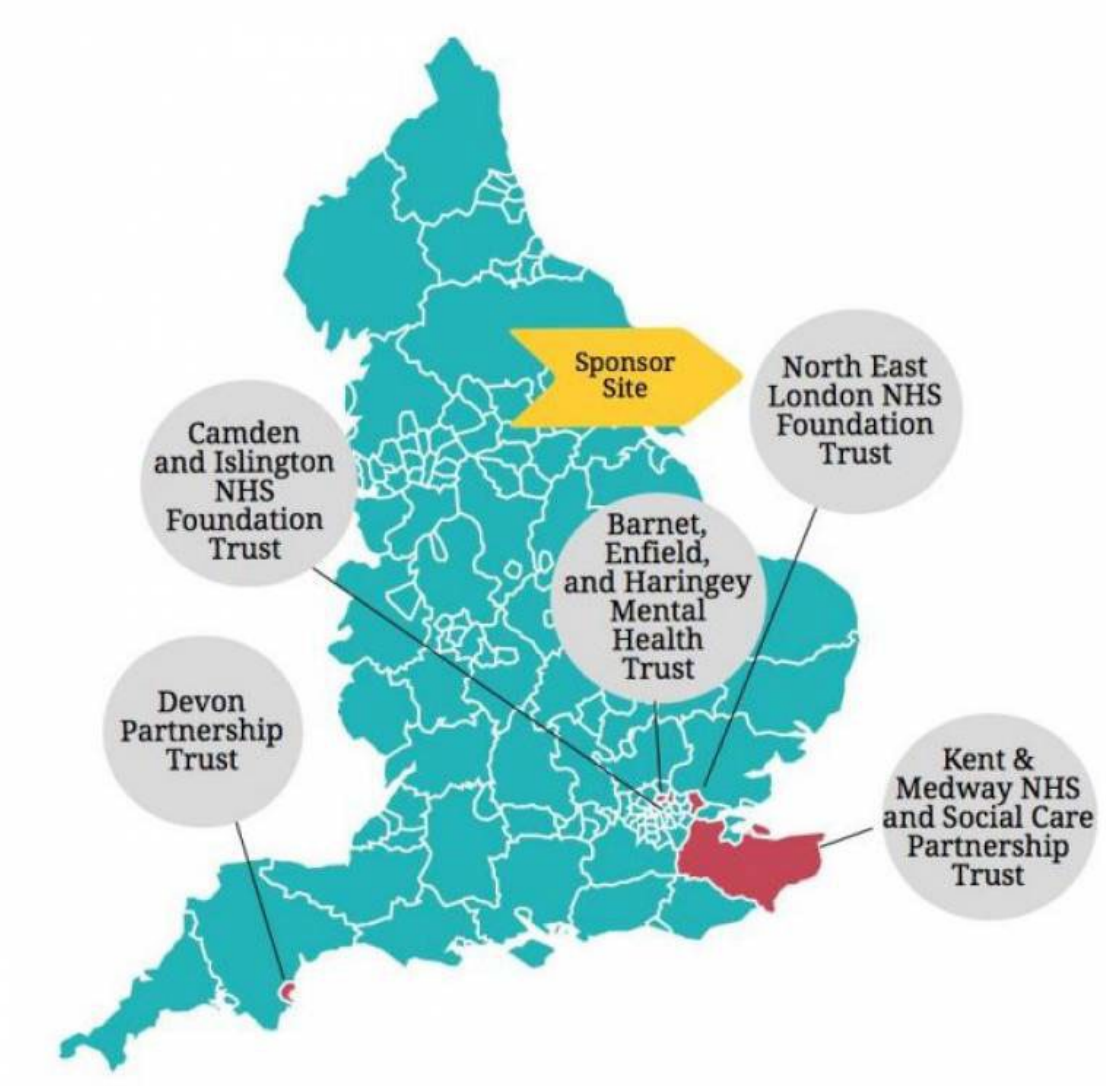
Long term work can carry on via self-supporting, dialogical peer groups

Always need to keep up the work to develop “P in the POD”, which is very new to NHS culture (but nationally recognised and required now)

What Open Dialogue is all about...

ODDESSI: A Nationwide Collaboration

THE ODDESSI TEAMS...



What Did We Measure?

These are the key areas where we have **headline findings**…

Hospital admission rates

Crisis referral rates

Cost to the NHS

What Did We Measure?

These are other areas of **key findings**…

Time to relapse

Patient defined recovery

Quality of life

What Did We Measure?

These are other areas of **key findings**…

Patient experience of care

Quality & size of social network

Shared decision making

WATCH THIS SPACE

(You won’t be disappointed!)

Peer support update and link to carers

Deb Owen
Sussex Partnership NHS Foundation Trust

Dan Briggs
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Wendy Minhinnett
Lived experience facilitator founder, Rollercoaster family support

Mark Allan
Peer Support Advisor, Culture of Care

Peer support update and link to carers

Deb Owen
Sussex Partnership NHS Foundation Trust

Carer peer support roles at SPFT

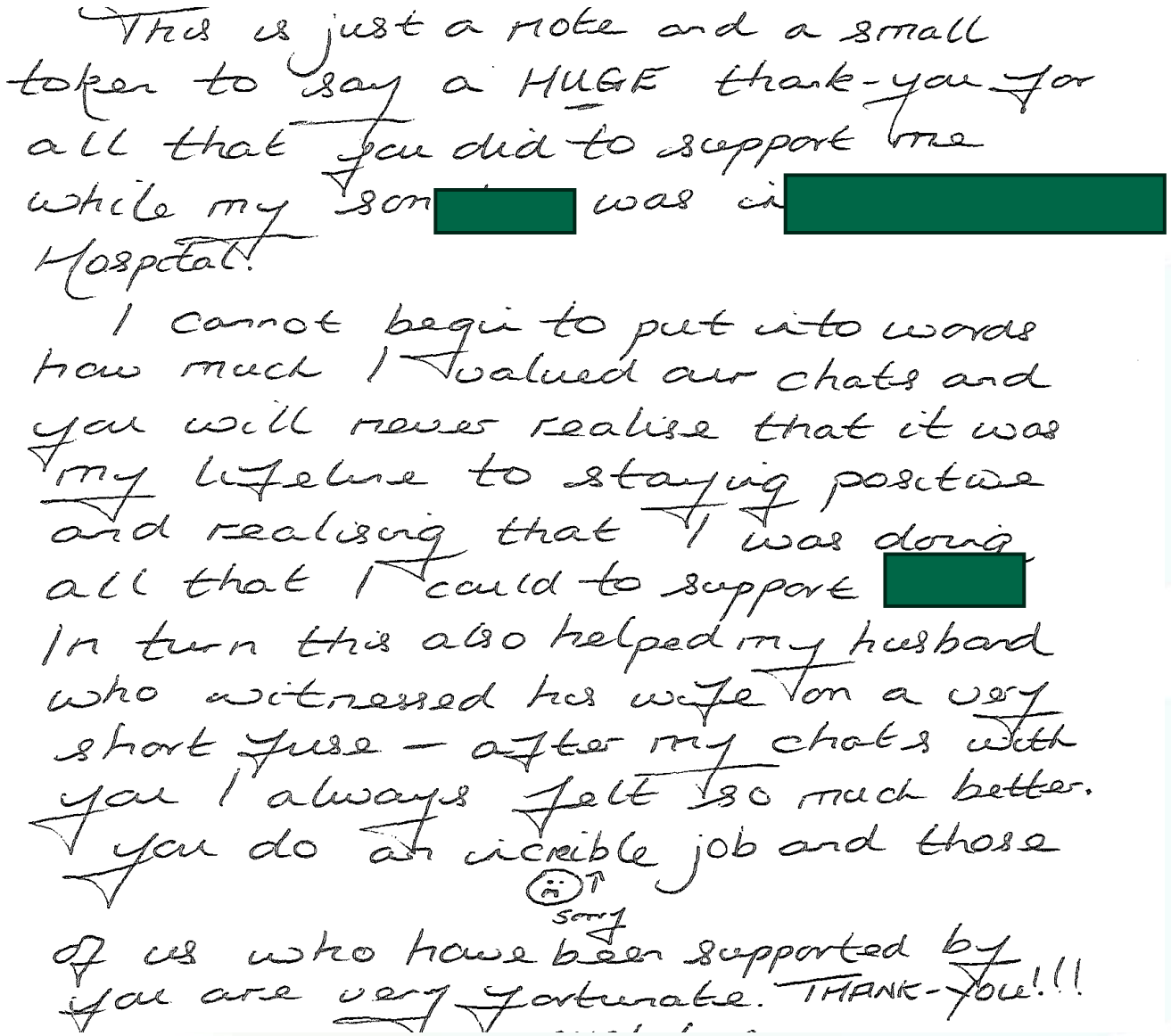
Sussex Partnership NHS Foundation Trust

2 – inpatients 3 – crisis teams 1 – older adults

Job descriptions B3 and B4 (acute)

Value for money:

- Peer support for carers, both individually and groups
- Liaison and relationships with service team and agencies
- Representing the carer perspective at team/service meetings
- Contribute to carer networks, triangle of care, service development



This is just a note and a small token to say a HUGE thank-you for all that you did to support me while my son [redacted] was in [redacted] Hospital.

I cannot begin to put into words how much I valued our chats and you will never realise that it was my lifeline to staying positive and realising that I was doing all that I could to support [redacted]. In turn this also helped my husband who witnessed his wife on a very short fuse – after my chats with you I always felt so much better. You do an incredible job and those of us who have been supported by you are very fortunate. THANK-YOU!!!

sorry

Carer peers often hear from carers about the positive impact when they are being listened to... the power of validation and continued narrative of carers saying "I have never been asked about myself"

The carer peers have been doing such great work.

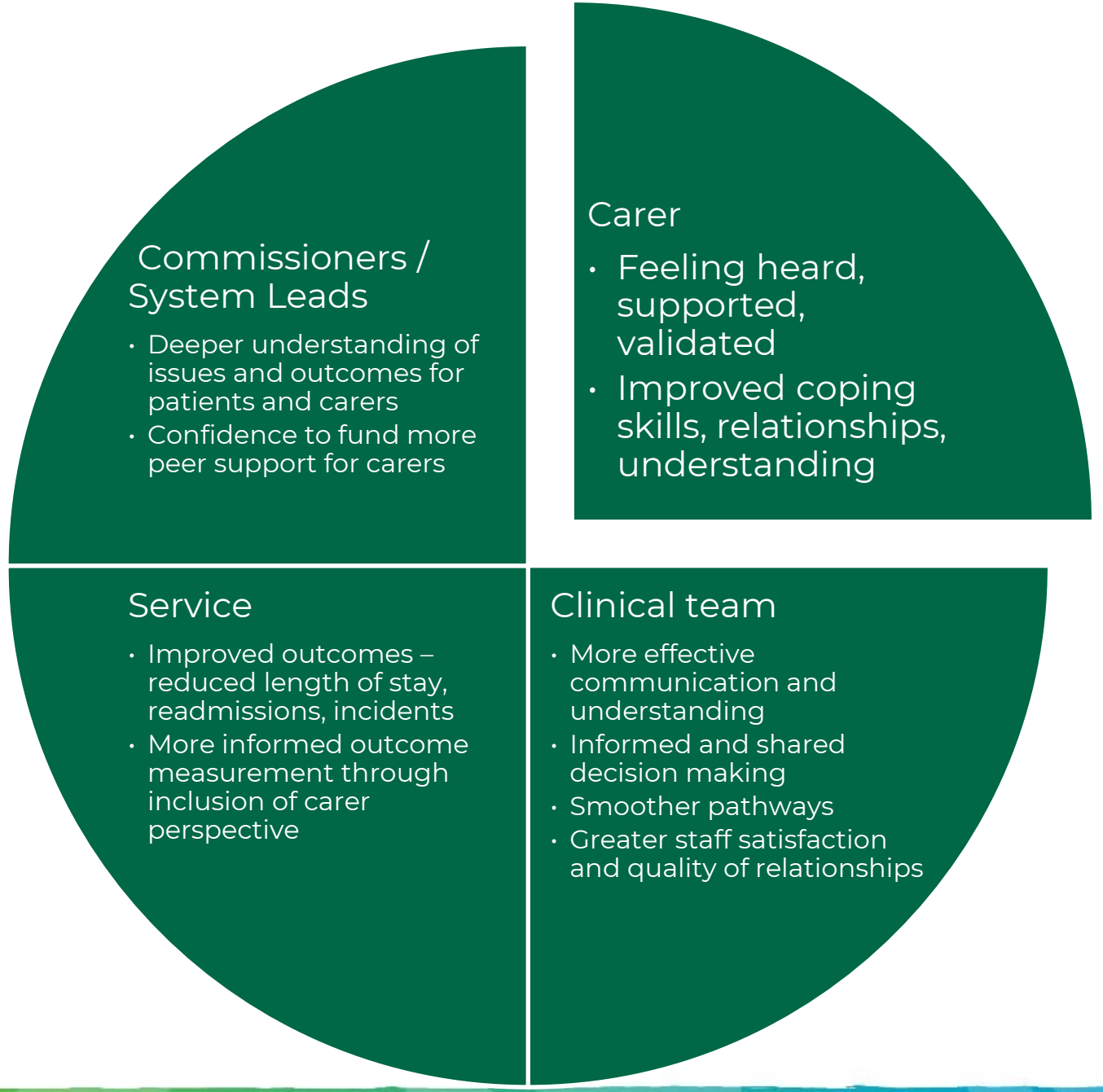
For me, the highlights are the courtesy carer calls, setting up the carers' clinics, being that link to the ward for carers and signposting, ensuring the offer of carer support, and championing carer issues with the team.

I could go on and on. They are also working with me on audits using the London toolkit so we can get a base-line and improve services for our carers.

My big wish is we had more of them.

Professional Lead OT , East Sussex

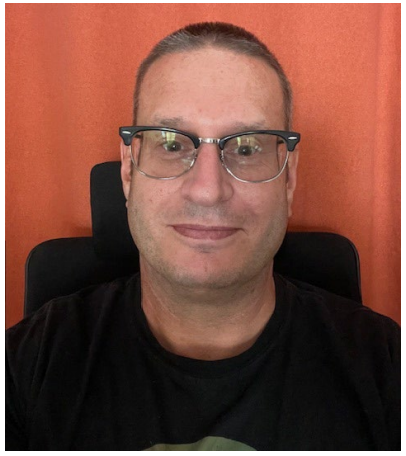
Benefits of carer peer support (logic model)



NHS
Sussex Partnership
NHS Foundation Trust

Peer support update and link to carers

Dan Briggs
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



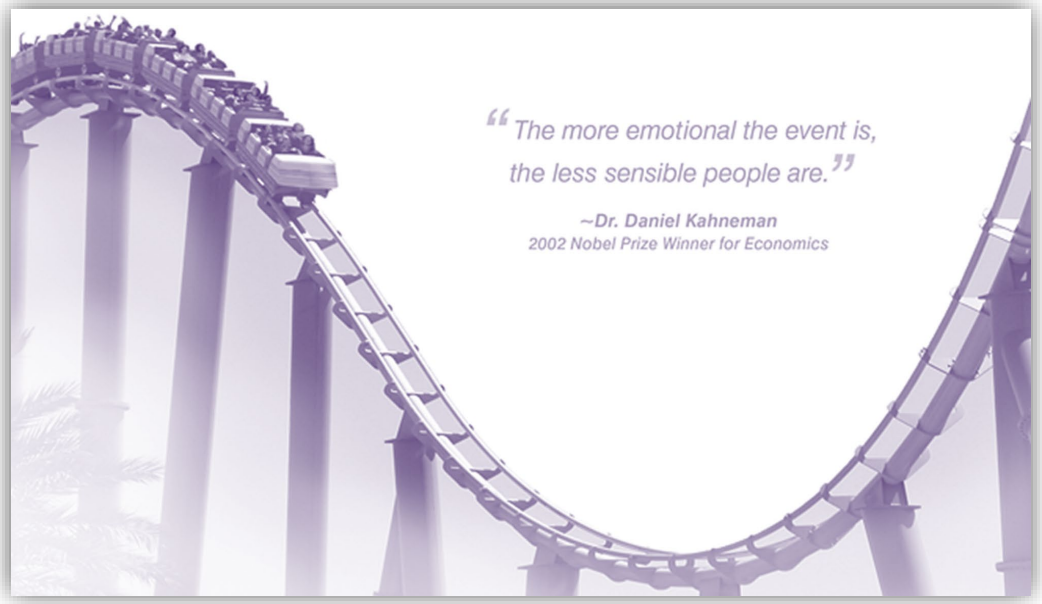
Peer support update and link to carers

Mark Allan
Peer Support Advisor, Culture of Care

Wendy Minhinnett
Lived experience facilitator founder, Rollercoaster family support

THINGS FOR THE RIGHT REASONS.

NOT KNOWING WHAT TO DO IS THE WORST KIND OF SUFFERING



Carers need care and support too!

When carers are supported, the people they are caring for are supported

Developing Carer Peer Support in TEWV

Our work with Wendy:

- Explored carer identities within peer leadership
- Explored if our approach and support structures would fit carer roles
- Gave us confidence in our due diligence!

We've now supported two carer posts & secured funding for 3 more

Initial feedback from carer peers and carers has demonstrated importance of this work:

"Without the group, you're incredibly isolated. So being able to see people and faces that you know understand, puts a smile on your face"

"I considered taking my own life because of what we were going through and just being able to go to the meetings and meet people who just… genuinely understand what I was going through really helped"

Culture of Care
Monthly Peer Support Implementation Space

- Meets every month
- Involves a combination of
  - Range of providers sharing good practice
  - Collective reflections on current challenges
- All providers are welcome
- Contact cultureofcare@rcpsych.ac.uk for more information

Break

11:40 – 11:50

Music will be played in the background during the break. Please feel free to mute, turn down OR turn up your speakers during this time should you wish

Acknowledging tensions around the work
(Panel Discussion)

Helen Smith
Leadership Coach, Culture of Care

Antonia Aluko
Lived Experience Advisor, Culture of Care

Tanya-Louise Graham
Lived Experience Advisor, Culture of Care

Mark Farmer
National Advisor, Culture of Care

Wendy Minhinnett
Lived experience facilitator founder, Rollercoaster family support

Panel Discussion Q&A

https://www.menti.com/alzpe7ugsvhw

Examples of good practice

Rob Turner
Consultant, Greater Manchester Mental Health NHS Foundation Trust (GMMH)

Wendy Kerrigan
Carer working with the John Denmark Unit (GMMH) on their Culture of Care work

Wrap up and close

Emily Cannon
Head of Quality Improvement, NCCMH

Upcoming events in 2026

Dates for your diary

- **29 January:** Personalised Approach to Risk (PAR) Learning Event: Domestic and Sexual Violence (online, 10:00-12:30, Zoom)

- **17 February:** Personalised Approach to Risk (PAR) Workshop (online, 10:00-12:30, Zoom)

- **Learning Network Events**

Learning Network	Date	Venue
8&9	10 February	Royal College of Psychiatrists, London
4&7	12 February	Leeds United Football Club, Leeds
3&10	16 February	Edgbaston Park Hotel and Conference Centre, Edgbaston
1&6	24 February	The Bristol Pavilion, Bristol
2&5	25 February	Leicester Football Club, Leicester

Calendar of events on our website.

Upcoming training (2026)

Dialogical and Relational Training Taster Days (DARTT)	Preventing Sexual Violence	Autism informed training
• **21 January** (09:30 – 16:30)	• **27 January** (10:00 – 12:00) • **24 March** (10:00 – 12:00)	• **19 February** (10:00 – 13:00)

These training sessions are delivered virtually.

Please visit our website for more information & how to register:
www.rcpsych.ac.uk/improving-care/nccmh/culture-of-care-programme/learning-events

With gratitude

- Thank you so much for coming today and for the work you continue to do to influence services and try to improve things for patients and families.

- If you could kindly scan the QR code and provide your feedback.

Feedback Form - Culture of Care National Learning Session: 15 January 2026 – Fill in form