

August Edition, 2024

In this issue:

01 [Welcome](#)

02 [Nile Ward Best Practices: Family & Carer Involvement in Psychiatric Intensive Care](#)

03 [PICU Carer Engagement Project](#)

04 [The Role of Independent Mental Health Advocates \(IMHAs\)](#)

06 [Artwork Competition](#)

07 [Creative Writing Competition](#)

08 [QNPICU Carer Engagement and Involvement Guidance](#)

10 [Useful Links](#)

WELCOME

Welcome to the 11th and first newsletter of 2024!

This edition of the newsletter focuses on *Involving Family and Friends*. As always, it has been great to see what innovations have been introduced by our colleagues.

Included in the newsletter are our summer Artwork and Creative Writing competition entries and winners. It was fantastic to see so many entries from such talented artists!

The Quality Network peer-reviews have now come to an end and are due to re-start in November. Thank you to all the teams for all the hard work organising your peer-reviews. We look forward to more opportunities to connect with colleagues and learn from services!

Lastly, we held our Annual Forum on 08 February 2024. For this Annual Forum, the QNPICU team updates were provided alongside reflections from a QNPICU Patient Representative.

Following on from the discussions held during the QNPICU Annual Forum, the Network is developing a QNPICU Staff Training Working Group which will explore the training needs of PICU staff.

I hope everyone has a wonderful summer break and we look forward to re-starting the peer-reviews again.

Programme

09:30	Registration and refreshments
10:00	Welcome and introduction <i>Sue Denison, Chair of Accreditation Committee and Patient Representative, QNPICU</i>
10:10	Updates from the Network <i>Kelly Rodriguez, Programme Manager, Maisie Webster, Deputy Programme Manager, and Hannah Moore, Patient Representative, QNPICU</i>
10:40	What Works and What Doesn't: Evidence Based Interventions to Support Trauma-Exposed Staff <i>Neil Greenberg, Professor of Defence Mental Health, King's College London</i>
11:10	Refreshment break
11:30	My Journey on Finding the Cygnet Carers Network <i>Julian de Takats, Carer Ambassador, and Laura Sheridan, Group Service Improvement Manager, Cygnet Healthcare</i>
12:00	QI Project To Reduce Physical Restraints <i>Dr Ruvini Senasinghe, Consultant Psychiatrist, and Festus Oluwaseyi Oduntan, Clinical Team Leader, Castle Ward</i>
12:30	Lunch and networking
13:30	Interactive Workshop: PICU Staff Training
14:30	Refreshment break
15:00	Developmental Differences and The Implications for Caring for Younger People in PICU <i>Dr Celeste Foster, Senior Lecturer in Child and Adolescent Mental Health, University of Salford, and Dr Beryl Navti, Lead Pharmacist for Child and Adolescent Mental Health Services, North East London NHS Foundation Trust</i>
15:30	NHSE Quality Transformation Programme <i>Tonita Whittier, Senior Programme Manager, Quality Transformation Programme - Mental Health, Specialised Commissioning and Learning Disability and Autism, NHS England</i>
16:00	Final plenary and close

Kelly Rodriguez, Programme Manager

Family & Carer Involvement in Psychiatric Intensive Care: Best Practices at Nile Ward PICU, St Charles Mental Health Unit

Dr Zaki Elkholy, Specialist Registrar, and Dr Mehtab Ghazi Rahman, Consultant Psychiatrist, at Nile Ward PICU

The role of family and carers in the recovery journey of patients, especially those with severe mental health conditions in psychiatric intensive care settings, is an essential component of the biopsychosocial model of care. When patients are detained in a Psychiatric Intensive Care Unit (PICU), the fear, anxiety, and uncertainty experienced by both patients and their families can be profound. It is therefore essential that families and carers are involved in the treatment process as early as possible in the patient's recovery journey.

At Nile Ward PICU in St. Charles Hospital, London, we adhere to the standards set for PICUs by the Royal College of Psychiatrists Quality Network for Psychiatric Intensive Care Units (QNPICU).

Upon a patient's admission, staff promptly contact the family (within the first four hours) to provide updates and a summary of the patient's progress.

Families are provided all necessary information, including visiting hours, a welcome letter, and a care pack specific to Nile Ward. Families and carers are proactively invited to participate in weekly ward rounds where we review patients' progress and discuss various aspects of their management plans as a multidisciplinary team (MDT).

In addition to ward rounds, we organise family meetings with the ward team to gain collateral history, address concerns, and gather feedback, dedicating at least an hour outside the ward round for each patient's family member(s). These meetings cover important topics, such as the patient's mental health diagnosis, symptoms, care plan, current accommodation needs, benefits, and additional therapies offered in the ward.

Families and carers are also encouraged to attend the Carers Forum held regularly at St. Charles Hospital.

Family members and carers are provided access to the ward's direct phone number and email address, and are encouraged to stay in touch with the MDT regularly using the communication modality of their choice.

For family members and carers unable to attend in person due to various issues, such as work commitments, physical health issues, geographical distance or living abroad, we offer the opportunity to join and meet with the team online via Microsoft Teams every week. Additional sessions are offered to patients, allowing them to remain in contact with their families through Zoom or Microsoft Teams. These sessions are conducted in a private space using laptops or digital tablets available in the ward.

As patients approach recovery and short-term or home leave from the hospital becomes appropriate, our team continues to remain in contact with families and carers and ensure they are aware of the plan for leave from the ward and their opinion is taken into account with much importance.

Prior to home leave, our multidisciplinary team provide contact details, ward information, and a crisis plan, both to the patient and their carers so they feel supported at all times. During home leave, we maintain regular contact with the family to check if any additional support is needed and offer home visits through the crisis/home treatment team to ensure continuity of care. Throughout all steps - from admission to discharge from PICU - the family is kept informed, and their views are considered with high importance with the patient's consent.

In our commitment to providing the best support to patients and their families and carers, we continuously seek to improve our services by listening to their feedback and concerns. We achieve this through friends and family feedback forms, direct feedback, surveys, and discussions during meetings.

At Nile Ward, providing evidence based, compassionate clinical care is a top priority. We believe that achieving excellence in patient care is more likely when we actively involve friends and families in the treatment process.

PICU Carer Engagement Project

**Dr Bushra Hasnie, Consultant
Psychiatrist, at Coral Ward**

Carers play a vital role in supporting individuals with mental illness, with carer involvement potentially resulting in improved clinical outcomes, better management of risks, more positive risk taking, better medication adherence, shorter inpatients stays and improved quality of life. Our PICU carer engagement project aimed to increase the quality of carer contact on PICU over several months, and our ambition was to then embed a change of culture on the unit over a greater time period and more widely. We focused on the quality of carer contact measured as self-rated satisfaction with contact. The project was initiated following some challenging situations with carers over time, and we wanted to reflect a values based approach to health care on PICU focusing on being caring, respectful and inclusive.

The outcome measure was carer satisfaction with contact from the ward. This was collected via a self-rated score (1 - very unsatisfied up to 5 - very satisfied). We also involved a carer's representative with direct experience who was integral in helping us understand that we should create a culture of "how can we be of help?" rather than carers having to "fight their way in to be heard". We discussed the project with the patients in ward community meetings. Change ideas included a Carer's Welcome Letter written by the team with Carer representative input, development of a Carer's Champion, and use of technology to facilitate contact. We applied a QI approach to the methodology and analysis of data, with cycles of "Plan, Do, Study, Act" as we tested change ideas. The duty of patient confidentiality was respected and additionally carers were able to share information that they feel is important to them, in confidence.

The results showed that there was an improvement in the outcome measures of carer satisfaction with contact, and in other areas, which resulted in the evolution of key take home messages below. We did notice the number of carer contacts remained constant over the period

of the project and this further supported the idea that it is the quality of carer contact that was most impactful.

In addition to the data generated, carers commented that they felt listened to and heard, there was positive risk taking, consideration of hobbies and interests, concerns were addressed. They felt included from the outset, and in decisions about medication, safeguarding, leave and discharge planning processes, and that we all worked together as a team for their friend, relative, or loved one.

This was an immensely satisfying project, which has yielded ongoing benefit in terms of a change of PICU culture benefiting carers and ultimately the patients and individuals we serve.

Key take home messages

Taking into account consent and capacity issues, key messages for teams to adopt are:

- Contact the carer within 6 hours of admission if an in-patient.
- Invite the carer to share information that they feel is important to them (e.g. risk, medication, favourite foods) outside of clinical team meetings/ward rounds.
- Welcome Letter - outlining key information, signpost to carer handbook for support.
- Technology - team or ward email set up for carers to facilitate contact and information sharing, remote access to include carers at meetings.
- Invite to clinical team meetings/ward rounds in advance.
- Ask the carer the best time to contact them.
- Multi-disciplinary joint approach (e.g. pharmacy, occupational therapy, nurse, medical, psychology, sports therapist, life skills recovery workers) when contacting carers.
- Assign carer champions within teams, with protected time for carer contact.

The Role of Independent Mental Health Advocates (IMHAs) in Psychiatric Intensive Care Units

Paul Moore, Independent Mental Health Advocate, and Dr Mehtab Ghazi Rahman, Consultant Psychiatrist, at Nile Ward PICU

Patients are admitted to psychiatric intensive care units when they are suffering the most acute phase of their mental illness. This is a time when they experience significant distress, paranoia, and perplexity, being detained in the hospital against their wishes. At Nile Ward, we frequently care for patients who have no family or carers. In these cases, our patient advocacy service plays a crucial role, ensuring that those without family or carers have Independent Mental Health Advocates (IMHA) who prioritise the patient's best interests during their stay in hospital.

In this article we will focus on the role of IMHAs who work with mental health patients detained in Psychiatric Intensive Care Units.

The history of mental health advocacy can be traced back to the 1600s when a group of mental health patients at Bethlem Hospital came together to refuse medication. Today, hundreds of years later, consent to treatment remains one of the most significant issues in the field of mental health. It is also one of the primary reasons mental health patients in a PICU seek the support of an Independent Mental Health Advocate (IMHA).

The purpose of IMHA services, according to the Code of Practice, is to provide an additional safeguard for patients who are subject to the Mental Health Act.

At Nile Ward, IMHAs provide varied support to qualifying patients, which include giving information about their rights, helping them understand clinical/legal information, helping to exercise their rights and explaining the restrictions they might be subject to. In practical terms, this means that an IMHA helps a patient to understand what section they are detained under, how long the section can last, and what restrictions if any apply to them. The information also includes how patients can come off their section.

Online Peer Review Training

Peer-reviewer training is **free** for staff from **member services** of the Quality Network. The training is a great learning experience for those who are **interested in participating in peer-reviews** or **accreditation reviews** of psychiatric intensive care units.

Peer-review training sessions for the next cycle will be released in due course.

Keep an eye on the [website](#) for more training dates and updates.

A common scenario that patients often raise with an IMHA is: "Can you help me? There isn't anything wrong with me, and I shouldn't be here." An IMHA would explain that the patient can apply to a tribunal as they have the power to discharge even if the responsible clinician (RC) disagrees. IMHAs explain what a tribunal is and its procedural approach, encourage patients to ask staff for a list of mental health lawyers and appoint one. IMHAs also explain the role of the nearest relative in the discharge process and help patients identify who their nearest relative is under the Mental Health Act (MHA) 1983.

IMHAs support patients when they are subject to criminal proceedings, which is common for many patients in PICUs. An example of this is when a responsible clinician asked an IMHA to support the patient to find a criminal solicitor who had been transferred from prison while on remand under Section 48 of the MHA 1983.

The patient had pleaded guilty in court and insisted on representing themselves in the criminal proceedings. The advocate obtained consent from the patient and instructed a firm of criminal lawyers. These lawyers then appointed counsel to represent the patient in the Crown Court. The counsel successfully persuaded the judge that the initial guilty plea was unsafe as the patient was unwell at the time. Consequently, the guilty plea was withdrawn, no evidence was offered against the patient, and the patient was free to leave court and discharged from the MHA 1983.

The advocate has a right to meet with anyone involved in the patient's care and attend ward rounds. The advocate can also access the patient's medical records and notes with their consent.

The advocacy on a PICU is different to that of an acute ward as the advocate is aware that patients on PICU pose more challenging behaviours than do most patients on acute wards, and therefore the level of security on PICU is higher.

Advocates should maintain a regular outreach presence on the PICU and should visit wards at least once a week. A good time to visit is on the day patients have their ward rounds, to be able to support them in that meeting if required.

The support can involve attending the meeting as a form of morale support, being a witness and taking notes of the meeting, asking questions in the meeting that the patient for whatever reason feels unable to ask.

A key aspect of the role is empowerment, and this could mean that the IMHA helps the patient prepare for the meeting whilst not being physically present. There are some patients who are more difficult to engage with whether because they do not ask staff to speak to an advocate, or they stay in their rooms for long periods of time or they just do not communicate with people. The important thing is that the service is offered to them. A patient can decide not to engage with an advocate and can terminate the advocacy relationship at any time.

Our experience at Nile Ward is that the role of IMHAs is crucial, particularly for patients who have no family or carers to speak on their behalf. Our IMHAs at Nile Ward do a fantastic job of ensuring that patients' voices and opinions are represented at all times during their stay on our ward.



Nile Ward: Implementing Technology to Improve Patient Care and Safety

In the 9th edition of the QNPICU newsletter (December 2022) on Technological Innovations within PICU Services, Nile Ward contributed an article on its use on the ward. This was jointly written by Dr Moustafa Okda and Dr Mehtab Ghazi Rahman. Please read the full article [here](#).

QNPICU Artwork Competition Winners

This season we held a patient artwork competition at QNPICU and welcomed all patients in PICU's to contribute in submitting their artwork for a chance to be featured on the cover of our reports and other network publications. We received some great entries and wanted to showcase these talented individuals in our newsletter! "Diversity" and "Between Despair and Hope" were this season's winners!

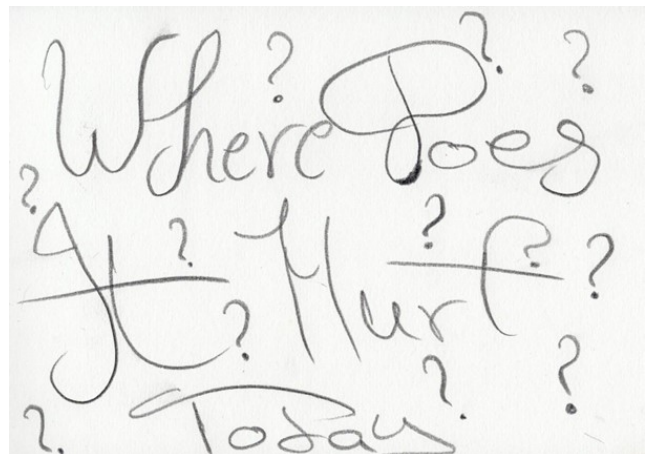
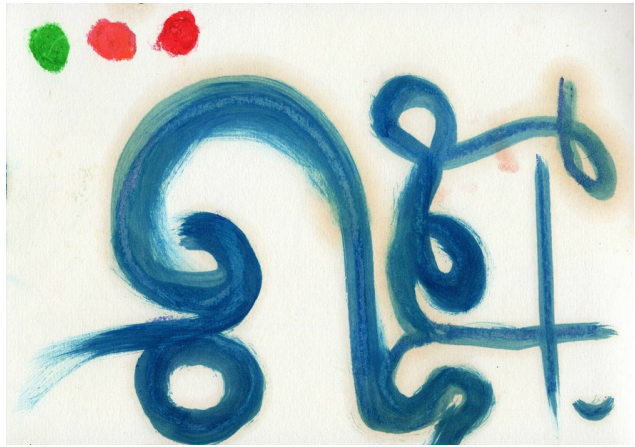


"Diversity" by N, Chamberlain Ward



"Between Despair and Hope" by Lady O,
Chamberlain Ward

Our other submissions!



Patient Creative Writing Entry

“Calling for Help” by patient at Chamberlain House

Come help me to walk

Come help me dance

Come help me remember my past

My past was energy

My past was hope

My past gave me laughter and joy

Now I crave that carefree heart

Now I long for the joy in my past

Now I work and build myself at last

Give me all that we deserve

Give me guidance back to happiness

Give me yourself as I gave you my soul

Last night in my dreams I was heading to reality

Last night I found myself through you

I found my hope, my home, my new reality

**After all that pain I find myself grateful for this journey that led me
to you**

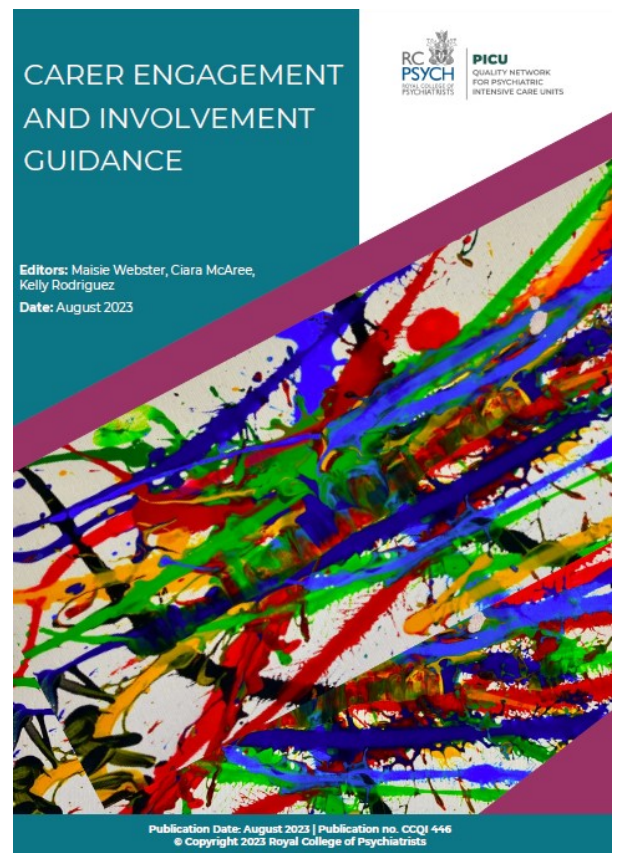
And the sadness washed away

QNPICU Carer Engagement and Involvement Guidance

Last year, the QNPICU Network held a 'Carers Working Group' to gather information on the challenges to engagement services are facing, and ideas of how we can overcome these. The group membership was made up of staff from different services and organisations, and also a carer representative.

Following the meetings, we developed a 'QNPICU Carer Engagement and Involvement Guidance'. The guidance focuses on key challenges services face with carer engagement, carers and confidentiality, good practice examples at ward-level, hospital-level and Organisation level, good practice examples linked to the new QNPICU standards and involvement with the Network.

To learn more, please read the [full guidance document](#).



QNPICU Carer Engagement and Involvement Webinar

We are excited to announce that the Quality Network for Psychiatric Intensive Care Units (QNPICU) will be hosting an interactive webinar on 'Carer Engagement and Involvement' on **08 November from 10:00 to 13:00**.

We are hoping this event will provide an opportunity to showcase best practice, as well as a chance to reflect on the QNPICU Carers Guidance published last year and how services can practically use the document to maximise its impact.

We will be hosting the event on MS Teams and we will have a number of presentations, as well as discussions.

Sign ups are now open! To join the webinar, please fill out the [registration form](#).

Useful links

Care Quality Commission

www.cqc.org.uk

Centre for Mental Health

www.centreformentalhealth.org.uk

Centre for Sustainable Healthcare

<https://sustainablehealthcare.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

National Institute for Health and Care Excellence

www.nice.org.uk

NHS England

www.england.nhs.uk

National Association of Psychiatric Intensive Care Units

www.napicu.org

Revolving Doors

www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement

www.rcpsych.ac.uk/quality.aspx

Royal College of Psychiatrists' Training

www.rcpsych.ac.uk/traininpsychiatry.aspx

See Think Act (3rd Edition)

www.rcpsych.ac.uk/sta

Contact the Network

Kelly Rodriguez, Programme Manager

Kelly.Rodriguez@rcpsych.ac.uk

0208 618 4063

Maisie Webster, Deputy Programme Manager

Maisie.Webster@rcpsych.ac.uk

0208 618 4023

Salanh Kromah, Project Officer

Salanh.Kromah@rcpsych.ac.uk

0208 618 4281

Twitter

Follow us: [@rcpsych](https://twitter.com/rcpsych) and [@ccqi_](https://twitter.com/ccqi_) and use [#qnpicu](https://twitter.com/hashtag/qnpicu) for up-to-date information

Knowledge Hub

Please email picu@rcpsych.ac.uk if you wish to join Knowledge Hub, to start discussions and share good practice.

Royal College of Psychiatrists (CCQI)

Quality Network for PICU Mental Health Services

21 Prescott Street
London