

# CONNECTED

Spring 2017

**New Beginnings**  
The impact of change

**Catherine Walker**  
Lawyer on Board

**Sian Williams**  
Stronger than before

**Well being**  
Improving mental health

Life changing events, new approaches and doing things differently are all systematic of fresh starts. 'New beginnings' is a theme that runs through this issue, which is packed full of examples of where change, whether positive or negative, has had an impact on teams and individuals and has resulted in a different approach or way of thinking.

The people we spoke to for this issue all have interesting stories to tell. Feedback that we've received about the magazine has been very positive; you've told us that you like the human interest angles that we include to illustrate features.

Thank you for your feedback, it is invaluable as it helps us shape future editions and means that we are producing a publication that you really want to read.

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## WELCOME FROM CATHERINE AND MARY

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#### Connected magazine:

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Our Chairman, Andrew Ling, wrote an inspirational piece about change for our winter edition of Connected. One of the major changes we made last year was to make our quality approach less about assurance and more about improvement. To do this we have revised our quality strategy, which outlines the exciting work we are developing in this field and signifies 'new beginnings' – the theme of this edition of Connected.

Quality improvement is close to both our hearts and we are now embedding a new approach in all of our innovations and processes to achieve consistency. We are making sure that patients are involved to continuously improve the quality of what we offer to everyone accessing our services. If we get this right it won't matter what part of the Trust anyone goes to as there will be consistency of care and that will be a great achievement across an organisation of this size.

The quality improvements we have seen so far are:

- Zero medication administration errors
- The new patient-centred care plan, which must be completed with the help of the patient
- The technology we are rolling out in the form of portable tablets and printers so that patients can instantly see a copy of their care plan
- Two new research studies – medication reduction in severely mentally ill patients – the **RADAR trial and the PPIp 2 study**, which allows antibody screening for those with psychosis in order to establish the prevalence of autoimmune disorders.

We started the year celebrating the giant step forward we are taking with Peer Supported Open Dialogue (POD). This truly innovative, social network model of care diffuses the fear of being mentally unwell and puts family and patients right at the centre (read more about this on page 22).

What is really exciting is that this work around quality will never end as we are continually developing and finding new beginnings so if you have any ideas of your own please email us, we would love to hear from you!

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**Dr. Catherine Kinane**  
 Executive Medical Director

**Mary Mumvuri**  
 Executive Director of Nursing and Governance



## GETTING THE REAL ME BACK

Nick is a talkative, friendly, funny and honest man. He's passionate about his children and grateful for the life he has now, although it wasn't always that way. After the deterioration of his health, attempting to take his life and even living homeless for a short while, Nick now feels like he is taking control of his life again and is looking forward to the future. Here, he talks about his journey and how he reached this monumental milestone.

Born in Croydon, Nick moved to Gravesend at the age of 3. Nick will admit he was a little rascal growing up but as soon as he was able, he began earning money by washing cars, carol singing – you name it, he tried it. This hard working ethos continued as he undertook a four year apprenticeship and qualified as an electrician at the age of 19. "The day I qualified I got onto the phone to apply for a mortgage. I bought my first house and worked hard to restore it to its former Victorian glory – it really was something special."

At the age of 29 Nick met his wife and things moved quickly.

"I had everything. A nice car, a nice house, my wife was my best friend and we were expecting our second child. On the surface my life was what anyone could wish for."

Working as his own boss, Nick was able to spend quality time with his two sons every day. In the back ground, the stress was beginning to build. Running a business during a credit crunch, being a father and paying the bills. Nick pushed on, not realising that an existing undiagnosed condition was about to make its way to the surface and change his life completely.

Tragically Nick's marriage began to suffer, they fought to keep things going but it became too much and Nick left the marital home.

"I started to struggle getting out of bed. I missed meetings and began to feel depressed. I woke up one morning and realised I couldn't carry on like that anymore."

"I felt like everything was my fault. To some extent I still do. I needed some support and didn't know where to turn. Now I didn't even have a home. I began 'sofa surfing' and on many occasions had to sleep in my car. I couldn't cope with work and the business began to lose contracts. It was a really difficult time. I just didn't realise I was battling with Bipolar, depression, severe anxiety and a personality disorder on top of all that."

The marital home went up for sale and Nick moved back in alone to orchestrate the process. His thriving home had become a huge empty space and an emotional prison: "It was horrible. What was once a home with two young boys running around the place had turned into a big, empty, often frightening and cold building."

The house was eventually sold and with his condition worsening Nick began to self medicate. Often not eating or sleeping for days, Nick lost weight and his health deteriorated dramatically.

It was shortly after this time that fate intervened. An old school friend sent Nick a Facebook request. Jane had been Nick's friend from primary school. She went to Spain after leaving college and the duo went their separate ways. 20 years later Facebook bought them back together and it wasn't long before their true friendship was rekindled. Jane quickly realised her 'old' friend wasn't himself and did all she could to get him the help he needed.

"Jane took hold of my life and turned it around. I know that without her, I wouldn't be where I am. She saved my life."

Nick attended an appointment at Arndale House and met with Dr Osoba. "She was amazing. I was at a point I knew I had to do something and with her help and a change in medication, I've improved dramatically. Friends and family quickly started to notice the difference, the real me started to come back."

It's been a perilous journey and Nick knows there is still a tough road ahead of him but he's prepared for it and hopes he can help others along the way.

His ambition is now to work within the Trust to bring as many positive changes as he can. "There are things that need changing and quickly. It could just be small things that will make the world of difference to someone going through a similar journey. I can see where changes need to be made and I want to be part of that change."

For now, he is focused on rebuilding his relationship with his children. "My boys are my world".

Nick has a good future to look forward to. He is already part of the Trust's Expert by Experience team, Co-Production Network and the Patient Research Ambassador Initiative. He was asked to speak at the Co-Production Network launch and was a guest speaker at the last KMPT Board meeting - which he is very proud of. He also enjoys

being on the interviewing panel for psychiatrists wanting to join the Trust.

He is determined and there is little doubt he'll reach his goals. With his life very nearly back on track and seeing his children regularly he is finally able to organise his life alone. He is still very grateful for what his old friend Jane did for him but with passion and drive he is finally ready to help bring those changes. There is little he can't achieve.

"I want to change the world of mental health services and I'll do all I can to make the most of every chance to achieve it!"

**“I didn't even have a home. I began 'sofa surfing' and on many occasions had to sleep in my car.”**



From left to right: Hazel Brown, Tracey Divito, Emmie Clarke, Allison Gambrill, Tracy Grover, Stephanie Wickenden, Michelle Walker and Manuele Vargiu

# SUPPORT TIME FOR RECOVERY

Being mentally unwell can bring about a host of physical and social care problems and these problems can exacerbate mental illness – life becomes a vicious circle for some.

Meeting the physical and social care needs of mentally unwell people at high risk of harm, either to themselves or others, is one of the most important, demanding but rewarding roles in KMPT. Allison Gambrill, Support Time Recovery (STR) Manager for the east of Kent, has this job.

She talked to Connected about the initiatives she and her team have introduced as well as the relationships they have established, which have made an enormous difference to both the patient and carer experience.

“It is all about talking to people and finding out what is going on, establishing relationships with those that can help and continuing to build relationships,” explained Allison adding: “We have dedicated STR staff who work on the inpatient wards and closely with the discharge coordinators to ensure that inpatients are helped with anything to aid their recovery, this includes all aspects of housing, homeless applications, benefits, graded exposure, home visits and care programme meetings. The STR staff have established some positive working relationships with our local councils including Canterbury, Thanet, Ashford, Dover and Swale.

“Unfortunately there are times when the council make a decision not to provide accommodation. In these circumstances the STR team will challenge this and assist in the appeal process and help find temporary accommodation. We have a holistic approach even when

the result may not be favourable. For example, we worked with one of our clients, Peter\*, who was offered temporary accommodation if he agreed to put his dog in kennels. He refused because he wouldn’t leave his dog. Often there has to be a compromise, which clients can find challenging. We are honest with people; we can help enable them but ultimately strive to promote independence.”

As well as working with councils, Allison and her team work with organisations such as Porchlight, Turning Point, the Armed Forces Network, Department for Work and Pensions, Citizen’s Advice, domestic violence support and the Margate Task Force, which brings together officers from 14 different agencies and organisations to form a team that is co-located within Thanet District Council offices. This team includes Kent Police, Kent Fire and Rescue Services and Job Centre Plus. The team deliver what is called ‘fast-track’ interventions and aims to transform the way public services are delivered to make them responsive, visible and joined up.

Some of the team’s joint working also involves working with the Safeguarding Adult’s Team at Kent County Council. A recent example of this was to assist with the case of John\* who had a degree of learning difficulty. He was found on top of the cliffs in Ramsgate threatening to jump. He had suffered a history of physical and emotional abuse by a relative and her partner with whom he had been living. John had been living a very unsettled life between various relatives since childhood. He was not in receipt of any benefits and was taking a lot of amphetamines supplied by his relative. The team took a needs-led approach and he is now in a stable

and supportive environment for possibly the first time in his life.

Another area where joint working is extremely successful is with Kent Police. Allison’s team worked with them and the Probation Service over the case of Paul\* who was making nuisance calls to the police. He had made 18 nuisance calls during the first week of January however by 9 January, after Kent Police’s Community Safety Unit took advice and completed a joint visit with the STR team, no further calls were made.

Allison and her team have a wide-ranging remit and their commitment often goes beyond the call of duty: “At Christmas, with the assistance of several other KMPT staff, we collect provisions for those who use the winter night shelters that have been set up in churches in the area. We collect hats, gloves, scarves and blankets – anything that provides warmth during the chilly season. As well as clothing we’ve become aware of providing foods that the homeless can use. It is not beneficial to provide meals that need to be cooked in an oven or microwave, items such as cuppa soups are easy to make with just the use of a kettle.

“Our work can be challenging but extremely rewarding too, it’s positive to see how you have helped change people’s lives and you see them on the journey to recovery. we love our job!”

Find your nearest food bank [www.familyfoodbank.org.uk](http://www.familyfoodbank.org.uk)

**\*Names have been changed to protect identity.**

# HOMELESSNESS - THE CHALLENGES

## Successful shelter support

Amanda Lailey, Liaison Psychiatry Team Manager at KMPT has been volunteering at the Thanet Winter Shelter Project. The project, which started in December 2016, was piloted for 90 days and offered overnight accommodation and support to the homeless and those sleeping rough during the coldest winter months. Advice and support on welfare, accommodation, food, shelter, clothing, healthcare, assistance finding employment and training were offered

to help bring new hope and opportunities to rebuild lives.

The Shelter is referral only where rough sleepers must be known to and referred by an approved partner agency.

Amanda volunteered for a couple of evening shifts per week offering mental health assessments and signposting to appropriate services for their needs. She said: "Many people who used the shelter expressed an interest in having a mental health assessment."

During the pilot, 22 assessments were carried out and 30 people were referred to specialised agencies for help. Three were already under secondary care, one was planned to be discharged from secondary services and no one was referred into secondary services.

The pilot has been successful in helping to save the health economy approximately £35,510.

**For more information, please visit: <http://thanetwintershelter.org.uk>**

## Making a difference

Almost half of the people Porchlight helped on the streets last year had a mental health need.

Porchlight is a charity that works with people in Kent who are homeless or at risk of becoming homeless. It helps them access safe housing, get essential medical care and provides practical and emotional support vital for rebuilding their lives.

Sonya Langridge is part of Porchlight's team that works with people sleeping on the streets. Understanding mental ill health plays a big part in her role.

She said: "I've met many people whose homelessness was a result of struggling with mental ill health and being unable to get the support they needed. On the streets, it's even harder to get the right kind of help. That's where my colleagues and I come in. People don't open up to you straight away and it can take weeks to earn their trust."

Sonya and her colleagues help homeless people into suitable accommodation and find them support for any problems they are facing. "Of course, not everyone who is homeless has a mental health condition, but a significant amount of people do. In some cases, they don't realise it but we can recognise the signs and help them get a diagnosis which will put them on the path to escaping the streets."

Porchlight has recently been given a media push with celebrity baker Paul Hollywood joining them as patron.

The Great British Bake Off star said he felt it was "important" to support Porchlight's work preventing homelessness and being there for those who do end up on the streets.

Paul said: "Living in Kent, I see the difference that Porchlight makes every day and it's a cause that's very close to my heart. It provides a lifeline to the many people who are either homeless or living in awful

situations through no fault of their own. Without Porchlight, these people would have nowhere else to turn.

"I've spent time with the Porchlight staff and know how passionately they feel about making sure people get a second chance. The people they support are taught new skills and given job opportunities so that they can flourish when they feel ready to move on. Having worked my way up from a job in the family bakery, I know how important these work skills are.

"I'm proud to support Porchlight, and I encourage others to support them too. Together, we can make sure they're there for the most vulnerable people in society."

[www.porchlight.org.uk](http://www.porchlight.org.uk)

**Porchlight**   
Changing attitudes • Changing lives



# ON BOARD WITH CATHERINE WALKER

It's not just her impressive career background that makes new KMPT Board member, Catherine Walker, so interesting. A lawyer and senior investment banker by training and profession, Catherine also has charisma. Meeting her for the first time, you are taken with her sharp-eyed scrutiny, a demeanour that is both warm and professional and an eloquent way with words. She brings challenge and vigour to an already energetic and proactive Board.

We talked to Catherine for this edition of Connected about her interest in mental health and her first impressions of KMPT...

## **Why is mental health important to you?**

Health in general is important to me. I don't distinguish between mental health and any other area of health. I wanted to make a contribution to the National Health Service here in Kent so when NHS Improvement (then the Trust Development Agency before it merged with Monitor) approached me about this role. I knew immediately that it was something that I wanted to do.

Mental ill-health affects many of us and can impact from an early age as I know from my role as a school governor. If we look around us we will all find that we know people who are suffering.

As a part-time holder of judicial office I hear benefit appeals in Tribunal concerning ill health, disability and age related problems here in Kent. I see so many people with a mental health component

as part of the struggle that they face - perhaps as many as 40 per cent. What can make a difference to their lives is consistent, appropriate, targeted mental health support in whatever setting is best – home, hospital or the community.

## **You have been in position on the KMPT Board for several months now, what are your key observations?**

Staff are very open. I have made several visits to our wards – both planned and unplanned – staff care about their patients and that really matters. They want to do the right thing by them. When someone you love is ill you want them to matter as human beings and to be kindly and carefully treated. I have become really interested in therapeutic staffing – this is where we have a range of professionals in our wards who can all contribute to improving what happens during a stay as an inpatient. I have been looking to see if it enhances the patient experience - it seems that it often does.

## **When you joined the KMPT Board what was the biggest strength you brought with you?**

Like many people I owe a massive personal debt to the NHS. The NHS has looked after people I love when they have been very ill and I want to pay something back. I've brought the desire to use every tool in my toolkit to help. I have a wide range of legal, commercial and public sector experience at a high level and I am very measured in my approach. I ask a lot of questions!

Times are tough for all NHS trusts financially so we must make best use of the money we have. However, the question for me at the forefront of everything we do must be whether that course of action will make things better for the patient. I would hope to help KMPT in the great efforts it is currently making to be the best it can be and for every part of our service to be a service that I would be happy to have looking after the people for whom I care. I feel privileged to have been asked to join in this mission.

## **What do you see as our main priorities moving forward?**

Finance is a top priority and we've got to spend smart, we've got to get the best value for our patients so every time we do something we must do it well.

The work that we are doing in the community to get a standard operating model of service is essential. We must know what we are going to commit to do for patients; our patients must know what to expect and we must get it right. Quality has to be visible in everything we do.

As one of the lead Non-Executive Directors for the acute service at KMPT and a member of the Trust Board's Finance and Performance Committee, estate is another priority for me. We have a huge estate of 83 buildings on 47 sites all over Kent ranging from Victorian buildings to state of the art modern wards. We need the right facilities in the right places but we need to look at how we fund and maintain these buildings. I am hoping



Catherine Walker

that we will continue to upgrade many of them to make better environments for our patients. The way in which people are cared for in hospitals or in the community is changing and I can see how a modern purpose built ward or other facility can be a help in the journey to getting better.

Good recruitment will be essential. Here in Kent and Medway we are competing with London for the best staff so we need to look at how we can be the best employer possible.

We need the right people with the right values to commit to working for us and growing with us.

Reaching out to schools and universities would be a smart move. As a parent, and I know many other parents will agree with me, I am conscious that going to university is a very vulnerable time for many youngsters and the pressure on them is so intense. We need to spread awareness of mental health in this sphere to support our young people.

It is also important that we are kind as an organisation. KMPT is already ahead of the game because as the CQC found, our staff are good at being kind and caring and I have seen lots of kindness when I've been out and about. The challenge is we've got to hold onto what we've got and not let go.

# A JOURNEY TO NEW BEGINNINGS

Alicia was studying music at Chichester University when her life was turned upside down at the young age of 20. Now a former Trust patient and participant within the Job Taster Programme, Alicia is working as a fully qualified registered mental health nurse. It is with little wonder that she was nominated for a KMPT Award in 2016 and for those who know her, it was no surprise she won! Alicia's journey to where she is now has not been easy but now she's ready to give back all she can to show other patients that hope and recovery are not just words.

"University was such a stressful time and the start of such a significant turning point in my life. I wouldn't want to go through it again but I guess if I hadn't I wouldn't be where I am now!"

Alicia had a psychotic breakdown while at University and was treated by the Early Intervention in Psychosis service (under the Sussex Partnership Foundation). She was admitted to hospital and when discharged returned to her family home in Kent where her care was transferred to KMPT's Early Intervention service.

Alicia was always a keen musician and when her treatment for Schizophrenia resulted in her being admitted as an inpatient, her trusty guitar would always follow.

"Playing music helped my anxiety and it was while in hospital the nurses told me they felt it was

helping other patients too. That's when someone suggested I would be good at Occupational Therapy. Shortly after that I saw a poster for the College of Occupational Therapists and it just stuck in my mind. When I was beginning to get ready to leave as an inpatient, they asked me 'so what are you going to do when you leave?'. I just knew that I was ready to make something of myself. I couldn't go on like I was."

It was the step forward Alicia needed and working with her care coordinator, she enrolled into the Trust's Job Taster Programme and began working in Rosewood Lodge in Dartford. It was here that Alicia started her own music therapy group. It was so popular that she continued to volunteer there for another two years after her placement was finished!

With gritted determination to make something of herself, Alicia was now torn between continuing with the idea of becoming an occupational therapist or becoming a registered mental health nurse. She worked with a nurse at Rosewood who was so convincing, Alicia set about completing her access to healthcare course. She then applied for university at Greenwich.

"I know I'm hard on myself since dropping out of Chichester University. I feel like I've let people down and I'm determined not to feel that way again. I knew I'd get a first while studying as a nurse and

I did! I'm hard on myself and have high expectations but it's got me where I am."

Qualifications in hand, Alicia began applying for jobs. "I knew I wanted to work for the Trust, they changed my life. There was nowhere else I wanted to be. The role at Newhaven Lodge was advertised and I knew it would be perfect for me. It enables me to use occupational therapy techniques while still using every bit of nursing experience I've gained."

Alicia has been in her role since August 2016 and is happy to continue developing her skill set where she is but she knows she wants to expand her knowledge in the future. "The Trust has just developed a new rotational nursing post. It allows nurses to gain experience in four different settings over two years. What a fantastic opportunity!"

Now fully qualified and enjoying working life, there is no slowing Alicia down. With a growing number of former patients employed within the Trust, she has begun work on setting up a support group.



Alicia (third from the left) celebrates with her family on awards night

"What people do not understand is that working in mental health is stressful enough. If you have a mental ill health diagnosis you need to have coping mechanisms to help you deal with that. It's particularly important when staff are involved in upsetting situations. The first time I saw someone with a ligature - I was racked with guilt. What many people don't understand is that a serious incident, especially a death, has a significant impact on the staff caring for that person. This group will run alongside existing forms of support the Trust already offer and will be available to anyone who needs it."

KMPT leads the way in employing an increasing number of former patients as peer support workers who offer help and guidance to patients using their own lived

experience. Alicia is working hard to ensure the support group is up and running as soon as possible but it's not the only area she is keen to work on!

After carrying out placements within the Eating Disorders Service, Alicia wrote a paper on self-harming and bullying. "We need to do more in schools. Children need to be told that it's ok to feel a certain way and they're not alone. No one wants to feel alien; they want to know it's normal. There are ways of helping and talking is just part of the process."

"A problem shared is a problem halved. I didn't talk about it and by the time I did, it was too late. It can be scary but anything is scary the first time you do it. Talking eases the pressure."

Alicia's family turned up in their droves at the KMPT award ceremony to see her walk away with a glittering trophy. They are clearly supportive of her and that support is something she passionately wants to share.

For more information on the Job Taster Programme and Peer Support Workers, visit [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk).

**"The Trust has just developed a new rotational nursing post. It allows nurses to gain experience in four different settings over two years. What a fantastic opportunity!"**

# THRIVING AFTER TRAUMA

Sian Williams firmly believes that emotional recovery from trauma can strengthen you and having had first-hand experience she can vouch for that. Probably best known for her work as a BBC Breakfast presenter, Sian, who lives in Kent, spoke to Connected about mental health and getting through the toughest of times...

A week after her 50th birthday and just as she was about to move house, Sian was diagnosed with breast cancer and had to undergo a double mastectomy. It changed the way she looked at life and forced her to reassess everything. At first she kept her harrowing ordeal a secret, only telling a few close family members and her children's teacher however she recorded her fear, pain and worry in a journal. Later she sought out others who had rebuilt their shattered worlds after very different personal traumas, to understand how they'd done it and why they felt stronger than before. Sian recorded their experiences in her book: **Rise: Surviving and Thriving after Trauma** along with her personal diaries, the latest science on resilience and Sian's personal research on how to make psychology, sleep, diet and activity work to get us through these situations.

Rise is a book that is extremely positive and uplifting with a strong message: that it is possible not just

to survive difficulties, but to thrive: "You can learn from everything you experience because it becomes part of who you are. I turned to writing and kept diaries in hospital, others may find that it is talking to friends and family, diet or exercise that works best for them. If we know what will protect us then we must use that when we can, so it helps if you know what tools work for you," said Sian who went on to explain that trauma is relative to the individual. What someone may find traumatic, another person won't and consequently will not be affected in the same way: "Trauma is about losing control of something we thought was manageable and everyone deals with trauma differently. I was lucky because I was never alone. I had friends and family and I suppose, being in the job I'm in, I noticed an overwhelming support and feel very privileged that people have chosen to share their story with me. Emotional recovery can strengthen you so that if something happens again then you are not so traumatised by it."

Sian said that hers was a hard-fought road to recovery and has the following advice for anyone going through trauma: "I would say that they should remember that the intensity of that feeling will probably fade but in order to get you through it there are people who can help. Those outstretched

hands are always there and you need to accept them. The intensity of the emotion will not remain at that level, it turns into something different. Let people in and let them know how they can help. We don't want to make people feel sad but it is a good thing to share an experience. Often people who would like to help simply don't know how. I realised that by telling people how they could help me, helped them! The power of resilience and growth exists within everyone – we just need a helping hand to find it."

As well as being a trained trauma assessor, skilled in helping journalist colleagues' deal with the impact of covering harrowing news events, Sian Williams is also ITN's Mental Health Ambassador. She said: "Too many young men and women take their own lives and so many self-harm. Adolescence is an extraordinary time and 80 per cent of mental health issues first occur in adolescence. We need to start listening to them and help our young people navigate; they need to know how they can live with a mental health issue."





# HEALTH AND WELL-BEING

## Healthy body, healthy mind

Mind-body medicine originated more than 4,000 years ago, when doctors in China noticed that physical illness in their patients often followed periods of mental unrest. Today in western societies medical professionals also recognise the correlation between physical and mental health, fully endorsing the age old saying: 'healthy body, healthy mind'.

NHS England's five-year strategy includes a section on health and wellbeing and aims to make sure that the NHS sets an example as an employer by helping its own staff to stay healthy. KMPT is committed to providing an environment and opportunities that encourage and enable staff to have healthy lives and make choices that support their wellbeing.

Connected spoke to staff, whose role it is to encourage health and wellbeing, staff who have made lifestyle changes and our patients. Our first article gives the Royal stamp of approval to the healthy body, healthy mind approach...

## Heads together

Here at KMPT we have signed up to support the Heads Together campaign.

The Duke and Duchess of Cambridge and Prince Harry are spearheading the Heads Together campaign to end stigma around mental health. Heads Together aims to change the national conversation on mental health and wellbeing, and is a partnership with inspiring charities with decades of experience in tackling stigma, raising awareness, and providing

vital help for people with mental health challenges.

Within a statement about Heads Together, the royal trio said: "Too often, people feel afraid to admit that they are struggling with their mental health. This fear of prejudice and judgement stops people from getting help and can destroy families and end lives. Heads Together wants to help people feel much more comfortable with their everyday mental wellbeing and have the practical tools to support their friends and family."

We agree. The more we talk about mental health, the more people will understand how it can impact lives and how just a simple conversation may be a lifeline to someone struggling with mental ill health.

Here in Kent and Medway we are encouraging our communities, staff and patients to listen and talk more about mental health with our own #ListenUp! campaign.

Heads Together is the 2017 Virgin Money London Marathon charity of the year and we've been putting our heads together to find a way we can raise money for one of the

charitable organisations involved. We have chosen MIND, a charity we work closely with across Kent and Medway.

We will be encouraging anyone who wants to join us to walk, run or jog 26.2 miles from 27 March until the London marathon itself on 23 April. Take a look at Twitter @kmptnhs to see how we're getting on!



If you want to sponsor the KMPT team, please do so using the following link.

<http://uk.virginmoneygiving.com/team/KMPT2>

**For further information on Heads Together, partner MIND and the London Marathon**

<https://www.headstogether.org.uk/partner/mind/>

<https://www.virginmoneylondonmarathon.com/en-gb/>



## Graham, the fishing club and food

Graham is a patient at KMPT's Trevor Gibbens Unit. He told Connected how he has benefited from taking part in the wide range of activities offered to help patients improve their health and wellbeing...

Graham remembers enjoying fishing from a very early age. "I think I must have been five years old when I started fishing and have always gone back to this activity at various points in my life. When I was working I would finish work on a Friday, meet up with some friends and we would go fishing and still be there on Sunday afternoon! I find it mentally stimulating and can really relax, it makes me feel better within myself. I can think when I'm there." Graham has been a patient at the TGU for three years

now and started a Fishing Club with Occupational Therapist (OT) Maxine Doe. Involvement in this club and other activities has gradually changed his life. He explained: "It is so easy to lie around on your bed all day but the more you do the better life becomes. I have lost five kilo's in seven months, which has involved a little bit of a change to my diet but it is mostly down to exercise."

The Fishing Club has become a great success and Graham has taken on the role of teaching others what to do. As well as fishing Graham is a regular user of Larkfield gym and a keen walker: "I do a long walk once a fortnight. At first I found it really hard going and the first time I walked around Bewl Water reservoir, which is about 13 miles, it took five and a half hours. Last time I did the same walk in four and a half so I have improved, I felt a real sense of achievement."

Graham has also taken advantage of an initiative introduced at the TGU that allows patients to cook for themselves: "I can cook but at first the OT staff monitor you and self-catering days are built up gradually. I am now able to cook for myself seven days a week and being able to buy my own food and choose how to cook it is great! At one time I worked at the Lakeside Lounge, which was good for getting to know more people and for building my confidence. I now get involved in ward activities such as 'Around the World' where we select a country, cook the food, learn about the culture and get involved in quizzes. We are also looking at doing a bake-off evening soon. When you are an inpatient there are so few decisions you can make but being part of these activities means that you get to make choices for yourself."



# HEALTH AND WELL-BEING

## Therapeutic activities improve mental health

Exercise and well-being activities are a regularly part of a patient's care plan, with KMPT occupational therapists (OT's) recognising that health and wellbeing play a vital role in improving mental health. At Trevor Gibbens, our medium secure unit providing assessment, treatment and rehabilitation for men and women, OT's offer a range of activities to meet all patient's needs, for example, many patients cannot leave the ward, others are allowed out in the grounds and some in the community.

Cathy Bowen is a Senior Practitioner for Occupational Therapy at the Trevor Gibbens Unit (TGU) and has worked in OT for nearly 20 years. She said: "Finding an activity is important for the patient and if it is something that is meaningful and enjoyable to them, they will continue to include it in their lives when they leave the unit as it will improve their mood and motivation. Some of the patients may never have completed their education however most are either keen to try something new or take up something they may have done before. It not only helps their mental well-being but improves their confidence and skills as well as their view of themselves.

"The pursuits we coordinate are not all sport and exercise related. We offer a range of other therapeutic activities linked to individual needs supporting patients to maintain or improve skills in all aspects of daily tasks. This might involve supporting someone to look after themselves and their environment, to cook, manage money, education, voluntary work, pursue interests or develop their confidence, social

skills and self-esteem. Groups are diverse from relaxation sessions to an art project or from learning about mental health to a current affairs debate. The groups provided are based on patient interest.

"Our wards have a selection of exercise equipment and at the TGU there is a sports hall where we organise football, basketball, badminton and circuit training, there is also an outdoor tennis court. Over the years we have built good relationships with local leisure centres throughout Kent and Medway so that when a patient is discharged back into the community they can continue doing what they enjoy.

"Some of the more recent activities offered are snooker, horse riding and mountain biking. We have to look at the risks associated with the activity but we are good at positive risk taking. Through building relationships we made contact with the Greyhound Rescue Society and our patients now enjoy walking the rescue Greyhounds. Often the most basic of activities, such as walking, are the most popular and we arrange walks for several different levels from half an hour strolls to walks covering several miles of countryside!

**“Sometimes patients may find being sociable a challenge and may prefer to be involved with Willow Gardens. This is a therapeutic horticultural and pet care project.”**

"Sometimes patients may find being sociable a challenge and may prefer to be involved with Willow Gardens. This is a therapeutic horticultural and pet care project. We have a range of rabbits, guinea pigs, goats and chickens to look after. Willow Gardens has greenhouses and poly tunnels and patients grow veg for themselves or to use at the Lakeside Lounge\* and get a lot of satisfaction from this."

The range of activities continues to grow and Cathy is now moving forward by introducing Zumba classes for patients. The OT service is also exploring research opportunities looking at the benefits of sport and exercise with academic links.

\*The Lakeside Lounge Café at the Trevor Gibbens Unit is a vocational rehabilitation project providing invaluable work experience for the patients at TGU. Patients work alongside staff preparing food, drink, taking orders, serving customers and clearing away. The Café is a great place for patients, visitors and staff to go for light refreshments.



Ken Riley, Carer Support Worker with guinea pig

# HEALTH AND WELL-BEING

## Quick and convenient

As part of a health and well-being initiative that KMPT has signed up to, Physiotherapy sessions are being piloted in Maidstone. If they are successful they will be rolled out in other areas across Kent and Medway. Karen Hewitt has worked for the Trust for over 11 years as an Occupational Therapist in Maidstone and was the first to be referred. She told Connected about her experience...

"When on holiday earlier this year I fell over and injured my hand, so went to my GP in Swale who referred me for physiotherapy. I didn't want to take too much time out to see one near where I live, however the Maidstone practice couldn't accept me as I live out of area! The good news was that Maidstone Physiotherapist, Nigel Stratton-Dawes, told Karen that the Trust was in the process of finalising sessions for staff so Karen made contact with Sue Martin from HR who was heading the initiative.

"Sue got the process rolling really quickly and this helped me in that I didn't have to take any time off work. My manager completed the referral and I went along to my first session. I have been seeing Nigel for three weeks now and he spends time manipulating my hand, this has enabled it to heal a lot quicker. I work from 8am until 4pm in Maidstone so could go for my session directly after work."

## Life Changes

**Connected spoke to some of our staff who have made some important life changes in order to be healthier and feel better.**

### Pam Wooding, Practice Development Placement Coordinator

I had wanted to give up smoking for 20 years and was feeling increasingly guilty about not doing so, particularly when talking to patients about their health and wellbeing. I also wanted to be healthier and happier with less stress. I was always worrying that my colleagues would smell the cigarettes on me when I went into meetings. So I finally decided to make a proper go of stopping smoking, it's got to go. It has been easier the busier I've been. So far I've had one relapse and that was on a Saturday, which has always been a day when I really want to wind down from a week at work. It was the best thing I could have done! After a few puffs I could feel the nicotine raging through my body like a poison. I also felt like my brain was going to explode and felt sick for the rest of the day. Since then, every time I get the urge to have a smoke I remember how I felt then. It has become easier day by day.



What has also helped is mindfulness practice. I started this in September last year and it is good because it helps you focus on what's happening in that moment. It is all about concentrating on your breathing and allowing the feeling or craving to happen and then pass. The benefits of starting mindfulness and giving up smoking are that my levels of concentration have increased, my breathing is easier and it's nice to feel I'm looking after myself better. I am signing up to take part in more activities and enjoying doing all the things more than when I was out of breath!

### Jane Pilkington, Communications and Graphic Design Officer

Due to health reasons I drastically cut down on sugar. That was about eighteen months ago. The first step was going through a week of detox when I felt terrible. From the way I felt it was obvious that the amount of sugar in my body was at a level it shouldn't have been. I've always had a sweet tooth so I have had to totally re-educate myself. I've learnt a lot about healthy eating such as sugar in carbs, such as white rice, bread and pasta can be worse than pure sugar and that certain fruits, such as bananas, grapes and apples are high in sugar. The healthiest fruit to have is berries.

I enjoy sharing recipes with other people and I am also doing a lot more exercise. It is difficult to avoid tempting sugary sweets and snacks at Easter and Christmas time but I keep reminding myself that the benefits of not having these things outweigh the temporary pleasure of giving in! I did lapse a little last Christmas and as a result didn't feel very well. I've learnt that you shouldn't totally deny yourself. Sneaking a chocolate in your mouth when your colleagues are not looking doesn't achieve anything so allow yourself the odd treat. My family and colleagues are all very supportive, which is very helpful.

### Sirina Blankson, Carbon Management Coordinator

I am also trying to give up sugar for health reasons. I've found that some seasons are more difficult than others. Like Jane, I find Christmas particularly challenging when it comes to resisting sugary temptation. I do notice when I have had a lot of sugar and when I haven't, sometimes, on days when I haven't had any, I feel that my head is going to explode. I do notice that sweet taste a lot sweeter now that I am cutting down. When I try to do everything at once I tend to relapse so now I am trying to do one thing at a time.

My quest to quit sugar is a source of amusement for my colleagues, I try so hard but do tell them when I fail then they encourage me to try again. I do have a few tactics; one is to drink water when I'm tempted another is to keep a diary of what I've eaten. I do want to stay on track and the sugar free journey is one I'm determined to stay on.



From left to right: Sirina, Pam, Jane

# NEW MODEL OF CARE LAUNCHED

The Peer Supported Open Dialogue Team went live on Wednesday 1 February 2017.

Open Dialogue is a mental health treatment model that originated in Finland in the 1980s and has led to results around recovery, return to employment and reduced medication. Key aspects of the approach include: ensuring an immediate response at the point of crisis; the same care professionals being involved throughout; family inclusive network meetings; all clinical discussions being undertaken in the presence of the family; and all decisions being co-created by the client, their support system and the clinicians to strengthen recovery.

KMPT has developed a Peer-supported Open Dialogue (POD) Service which is an adaptation of

the original approach. It involves paid support workers with lived experience becoming part of the network meetings. It is hoped that this will help reduce hospital admissions and lengths of stay, increase wellbeing for clients and families, and increase user and staff satisfaction.

Some families have already spoken about their experiences of receiving this new model of care in Kent - of a dialogic network meeting, one service user commented, "The session was powerful and helpful... the conversations (dialogue) were very therapeutic and made me feel stronger and healthier". While a sister of another service user explained how "the room filled with the most unbelievable energy.....and we felt able to share thoughts and feelings never spoken about before."

Yasmin Ishaq, Open Dialogue Project Lead said: "The Peer Supported Open Dialogue Service aims to work with the 'assets' and 'strengths' of individuals and their support networks to bring about change. At KMPT we are proud to be the first service in England to become an operational team delivering Peer Supported Open Dialogue and hope to lead the way with this exciting new initiative."

For more information and our frequently asked questions see [www.kmpt.nhs.uk/open-dialogue](http://www.kmpt.nhs.uk/open-dialogue).



## OPEN DIALOGUE AND ME

"I never really understood what a crisis meant, never really quite knew the panic that grips you when you see a loved one, their state of mind very rapidly spiralling out of control. This was an experience I found myself in along with my family last November. It was Friday 13th to be exact, but this crisis was no case of bad luck but a stroke of my brother's mental health, there was no tangible trigger just an invisible all-encompassing cloud with my brother at the very centre of a life altering, frightening state of psychosis."

Meet Kirsty, 25 years of age and a Whitstable girl through and through. Kirsty has a brother called Brett. They have always been very close and talking to Kirsty, you can tell how much she looks up to him as her hero, her big brother. After he was diagnosed with psychosis Kirsty wanted to share her journey through his recovery to help reach

out to others who may be on a similar path. Brett volunteered to work with the Open Dialogue (OD) team in the early stages of the Kent and Medway pilot. Kirsty tells us how this was a turning point in their lives and how Open Dialogue has been a life lesson for all her family.

At the age of 18, Kirsty, Brett (21) and their Dad travelled to the Californian Coast. She admits this is when she got the travelling bug and went on to explore Paris and Berlin - returning to the Orkney Islands which she says was 'a real learning experience'. In between cities, she would return to Whitstable, earn some money to pay for her next adventure and would be off again.

That is until November 2015. Kirsty recalls how her mum had already raised concerns that Brett was acting out of the ordinary. "He was usually a really calm person - really

grounded but had starting acting out of the ordinary. I spoke to him on the telephone and arranged to have breakfast with him and my dad on Saturday morning. We're a close family. Even though my parents split up when we were young, we still made joint decisions, helped each other and held each other together.

"We turned up and he was just so wired. He was talking fast, acting fast, making irrational changes. He was going to move to Australia in the New Year but was calling his friends to say goodbye three months early. We didn't understand his rush to all of a sudden leave.

"It felt wrong asking him if everything was ok because he was so ridiculously happy but I instinctively knew something wasn't right."

Continued...



Some of the Open Dialogue team at a training conference held by Health Education England, working across Kent Surrey and Sussex: Dr. James Osborne, Dr. Catherine Kinane, Yasmin Ishaq, Annie Jeffrey and Marcus Coleman



Kirsty and her family didn't know where to turn. Brett didn't have any broken bones and wasn't physically unwell so she didn't want to call 999. Brett continued to speak erratically and began to create scenarios that he believed had happened over the last 24hrs to reason his behaviour. This went from having his drink spiked, to being a drug dealer or not knowing if he had banged his head. She contacted everyone she could think of to get help until it got to the point her brother's behaviour was worrying them so much, they didn't know what he was capable of. They dialled 999.

It was when they were in A&E waiting to be seen that the bombshell hit. Someone she had looked up to her whole life was now so vulnerable. Mum and Dad (who had always 'fixed' everything) didn't know what to do – Kirsty realised something was terribly wrong.

Brett was assessed, given medication and discharged from A&E with an appointment with the crisis team. Back at home, the family continued to worry and desperately needed help.

"Brett didn't trust anyone so wouldn't take his medication to begin with. He hadn't slept for 36 hours. We finally managed to get him to take his first tablet which helped him sleep. We stayed awake so we could make sure he was ok. Next morning he woke up and was ok for 15 minutes. We thought - great the tablets have worked - however it didn't last. He started to manically write on anything he could get hold of. He wrote on his body, paper anything. Nothing made any sense."

The crisis team visited and Kirsty remembers how she thought they would bring a cure. "They were great, but I now realise we expected too much of them. We didn't know

anything about mental health and thought they would be able to come up with a miracle cure. We were constantly watching over him. We were exhausted. This was something we couldn't fix. We couldn't do anything but at least we had each other. I really feel for those who do not have anyone to look out for them."

Brett's treatment continued and it was while Brett was an inpatient, the family met Yasmin who spoke about Open Dialogue. She asked Brett if it was something he wanted to try. "It was the first time Brett had been able to make his own decisions about his care – with that one simple question, things began to change."

"With OD, my brother could have asked for anyone to be involved in the meetings and that would be allowed. Within the meetings everything about the patient is discussed – with the patient present.

We were able to sometimes sit on the silence – but it was enough – it was incredible. My brother's breakdown was like his waking up - it's like he's been reborn. As a family we have taken so much from OD. We are more mindful, we've learned how to listen. With OD you may hear things you don't want to hear but it's an honest way of learning.

"There were OD sessions where I would break down, things were not going right for me. The team supported me. As one of my brother's carers it was understood that if I wasn't right, I couldn't help him. The sessions were emotionally intensive, the whole process of purely being there, being present was to support him. With OD, carers don't need to rely on an external support network as the OD team are your support. I could look at Yasmin as a mother and sister as she brought that experience. Dr Harte was also great, they are all there

not just as practitioners but there to help in any way they can. During those meetings everyone was bouncing off each other. All barriers were gone, no one was wearing a white coat.

"It might not work in every situation and it's certainly not an alternative to medication but we have lived the benefits and still are."

Brett and his family are doing well. Kirsty is thriving in her new job, has finished her training to be a Nature Reserve Warden and is now working fulltime. The family still experience some stigma around mental health and Kirsty wants to do all she can to help. Using that experience she has created a leaflet which explains her journey and the OD experience. You've already read the first paragraph at the beginning of this article.

"If someone can see that leaflet, can see there is a start and a finish, see it doesn't just affect the person but those witnessing that crisis and hearing the things that were said – it's worth it.

"If I didn't have a career I'd like to share mindfulness – the need to simply be. For now I'm looking at perhaps coordinating my love of the outdoors with mindfulness. Studies show that outdoors and physical health is good for mental health. We're always trying to reach the next goal, we're never appreciative of how far we've come. It's an ongoing lesson and I'd like to help with that.

"OD is a gift and I want to help give that gift. It's helped us to live in the present, be happy with where we are. We're always looking for paradise without realising paradise can be found in you – you just have to find it."

# GETTING BACK TO NURSING

Nursing. It's not for everyone but for some people, they can't turn their back on it. It's in their blood and even if they leave, they won't leave for good.

Meet Neil Hunt, aged just 58 he returned to nursing three years ago. He qualified as a nurse at the age of 27 after studying at the Maidstone School of Nursing. Some would say a late-comer to the nursing field but after a period of working in the financial sector, he realised nursing was his calling.

"My first post after qualifying was here at the Trevor Gibbens Unit in Maidstone. Back then it was a 15 bedded mixed (male/female) acute and continuing care ward. We had patients with hugely different needs. I thoroughly enjoyed it."

A self-confessed 'insatiably curious' person, Neil couldn't resist a change of career when he was offered the opportunity to work as a researcher and academic in the '90s. "I thought - I can do that for a couple of years, it will be a good change. 25 years later I realised I wanted to get back to basic nursing."

In his job as a freelance researcher, Neil travelled the world and enjoyed the fantastic opportunities the work offered. But just a few years ago he experienced moderate depression. Freelancing can be exciting but stressful. With the support of his family he realised that it was time to return to hands-on care and working as part of a team.

"I contacted an old work colleague who suggested a return to practice. I had the interview, was successful and attended a return to practice course. As you can imagine there had been considerable change over those 25 years and there was a great deal to catch up on. It was daunting but I knew that was where I wanted to be.

"I've had fantastic support from the Trust and specifically those I work with at the TGU. I was assigned a mentor and have been offered excellent learning support. It all sounds a little bit like a corporate statement, but it's true! I've been here getting on for three years now and have no wish to be anywhere else."



“**I've had fantastic support from the Trust and specifically those I work with at the TGU.**”

Among the changes Neil noticed over 25 years was a reduction in the stigma of mental illness for staff as well as patients. "Things have changed. I'm happy to talk about my own mental health. The Trust supports me and when I need it have given me extra support. Thankfully it's not that often, but I know it's there if needed. In the '80s people were less likely to talk about these things."

"When people hear what I do, they often say things like 'That must be so hard. How do you deal with it?' But we have a really positive ward environment and most days you do things that make a direct difference to patients. I love that. People might think it's weird to return to forensic mental health nursing to de-stress your life, yet coming back to nursing has seemed very natural. I'm really enjoying it."

Nursing will now continue to be part of Neil's life until he retires. A nursing career has just passed to the second generation of his family. He is very proud of his daughter Sophie who has just graduated as a RGN and is now working as a cardiac nurse.

Another generation of NHS angels.

#lovenhs 



# RENEWED INNER STRENGTH

Three years into a career that she had worked long and hard for, Louise Jessup, who had spent much of those years being unwell, was given the crushing news that it was unlikely she would ever work again.

“I was a happy child. I went to boarding school and decided to pursue a career in physiotherapy. Getting accepted to train at King’s College Hospital was a great achievement, however, my time there was blighted with my depression. When I qualified I returned to Kent to start my first job but six months into it I got glandular fever then post-viral depression. I was taken into hospital for the first time where I was diagnosed as having bi-polar. This was the start of a period where I was in and out of hospital; I would be taken in when I got to a point where I just couldn’t cope. After three years of being repeatedly admitted and then discharged from hospital it was the end of the road with my job. I was retired and told that it would be unlikely that I’d ever work again and I would be supported in the community to live as well as I could.

“I was determined that I would work again at some point, however, what followed was 25 years of being in and out of hospital. During that time there were periods when I would feel well enough to do some Adult Education. I did some Archaeology and got involved in several excavations. I also did my City & Guilds in Embroidery. Towards the end of that 25 year period I was taken into hospital and detained for six months. The doctors decided to give me a ‘drug holiday’ and for the first time they looked at what was really wrong with me, not what they thought was wrong. I was discharged back

into the community, settling on a single anti-depressant, which together with counselling by an occupational therapist, began to turn my life around. I read a lot of self-help books and then started to look at returning to my career in physiotherapy but ended up pursuing a very different profession. I completed an IT course and was awarded the Dover Harbour Board student of the year out of three Kent colleges.

“In 2006 I was approached by the (then) Chief Executive of Kent and Medway NHS and Social Care Partnership Trust and asked to be a Recovery Champion. I did a lot of work with the Trust and, at the same time, made three quilts which illustrated my journey. I worked with Kent County Council and with service users and carers. I also do Mental Health Capacity training work and mentor the Approved Mental Health Professionals when they are on their placements.”

“

**“I was in and out of hospital; I would be taken in when I got to a point where I just couldn’t cope.”**

Eighteen months ago the role of Peer Support Lead with KMPT came up and Louise decided that she was in a place where she could take this on. She is now working 14 hours a week and says that she is feeling better every day. Her new-found inner strength enables her to speak from personal experience at a variety of events, including the KMPT suicide conference last year. Her needlework has also started to

gain her recognition. She was asked if one of her quilts could go into the Quilter’s Guild calendar in 2018 and exhibits regularly at the Festival of Quilts in Birmingham.

About her role at KMPT Louise said: “As a Peer Worker, it is not just lived experience but I have an extra bit of understanding, I know how service users are feeling and having used services as well, I am able to sit alongside them and bring them hope. I am proud to work for KMPT. The Trust is doing some great things like Peer Supported Open Dialogue, POD, which is about encouraging the whole family to give support to someone who is mentally unwell. If this innovative methodology had of been available in the mid-seventies I think I would have been in a very different place.”

Despite the early disappointments Louise experienced as a young woman she isn’t resentful of the very different path that she is now taking. The pleasure she experiences through helping others is apparent and she is thriving through taking forward her own, well thought out ideas in her work.

She said: “Through managing my own illness I’ve found a renewed inner strength. My mother has told me that she feels she is getting to know a very different me, I’ve become the daughter that she never thought she had. My own textile work brings me peace, I find it so soothing. I feel good now and, with the help of my GP, I am on the process of totally coming off my medication. When I came to the end of counselling it felt like letting go from and falling off a cliff, I didn’t know whether there would be mattresses or rocks at the bottom, but what I didn’t expect was to fly.”



# THE SCIENCE BEHIND THE ENIGMA

Neuropsychiatry remains an enigma to many, including many healthcare professionals, and commissioners and, when referred, many patients don't know what to expect. For some, neuropsychiatry becomes 'the magical intervention' that helps recovery from years of suffering physical symptoms, such as seizures. For others it is the key that unlocks years of emotional angst, which has presented itself through crippling disabilities ('conversion') and, for many it is the proof that the physical symptoms they are experiencing are 'real', and not imagined or faked. With 96 per cent of patients feeding back the highest level of satisfaction the consensus is that neuropsychiatry really helps.

The Neuropsychiatry team is a multidisciplinary team of healthcare professionals including a neuropsychiatrist, clinical psychologists, clinical nurse specialists, and administrative support staff. Initially set up in West Kent in 2006, the service has grown to attempt to meet the demand of neurological referrals and a similar service was established in East Kent in 2012. The referral rate is now about 20 - 30 cases per 100,000 population in Kent; equivalent to other national services.

Consultant Clinical Psychologist, Dr Amy Copping, who works in West Kent, said: "A common case seen by the service may be a patient who has been fully investigated by a neurologist and may have been on anticonvulsant medication for epilepsy, but with diminishing benefit. Further investigation (video telemetry) which monitors electrical activity at the surface of the brain (EEG) can help to show a link between seizure activity and brain activity. In this way many patients can be shown to be having seizures

that are not due to abnormal electrical changes in the brain, and hence not epileptic. This type of non-epileptic seizure can be linked to experiences of trauma, such as abuse in childhood or domestic violence in an adult relationship. The patient may benefit from psychological therapy to explore possible reasons behind their seizures and to learn new ways to cope with them".

Susan Booth, is a Nurse Specialist for Neuropsychiatry in West Kent, she said: "It is often a real shock to patients to discover that they haven't got epilepsy and coming off their epilepsy medication can be traumatic. I have seen people who have been on anticonvulsant medication for 20-30 years who don't need to be on it. However, some patients have told me that they would rather have epilepsy than be thought of as having a mental health problem". There clearly remains stigma about having mental ill-health rather than physical ill-health. However Susan added: "This reaction is often followed by relief when I direct them to relevant leaflets or websites, and they realise that there are other people with similar problems."

A patient may often not give the other team members a complete picture of their life in the hospital clinic setting. It may only be on a visit to the patient's home by the nurse that other important issues become apparent and patients reveal their true stresses in the home environment (e.g. caring for another family member or not managing domestic chores).

The team collaborate when needed with the Ambulance Service and the Accident and Emergency

departments of hospitals so that patients who are known to the service and who regularly have seizures are treated with respect and not sent away as being a nuisance. "We need to de-stigmatise the issue," said Susan adding: "We gave a talk to midwives after we had a case of a pregnant woman who was having frequent non-epileptic seizures. We are more than happy to work with our partners and talk to them about what we do because it is so complex and our patients are often misunderstood."

It isn't just trauma related seizures and symptoms that the West Kent Service deals with as Dr Egberdina van der Hulst explained: "Non-epileptic seizures can be linked to panic; the patient has a bad panic attack that brings on a seizure; they worry about it, which may bring on another seizure. A patient may have a neurological condition like epilepsy or multiple sclerosis or have had a traumatic brain injury, which has brought about other psychological complications like severe anxiety or depression. It really is a wide-range of patients that we see and help."

The service has certainly made a big impact in a short space of time and has already saved a considerable amount of NHS money through making simple changes in the healthcare system, such as seeing patients who have been through the video telemetry process and enabling them be treated without unnecessary drugs, or by reducing unnecessary trips to A&E. Most importantly, in many cases, the service has simply helped to give a patient their life back.



From left to right: Dr. Mayur Bodani, Susan Booth, Dr. Amy Copping, Dr. Dina Van Der Hulst and Christopher Hope

Moving forwards, the East and West teams are hoping to join forces to offer group work to those patients who feel that they are able to talk about their experiences with others. Since the first dedicated Kent Neuropsychiatry Conference in November 2016, which was a huge success, the teams are continuing to develop networks, and are now hoping to be hosting this conference on an annual basis. Neuropsychiatry has been a partner with the South London and Maudsley NHS Foundation Trust on CODES, a national trial monitoring the effectiveness of Cognitive Behavioural Therapy for non-epileptic seizures; and with Imperial College, London, on the AFTER trial to explore the use of a medication (Risperidone) in people who experience increased aggression after having suffered a traumatic brain injury.



# #LoveNHS

## #KMPTProud

## #JoinUs!

It's well known that recruitment within the NHS is a national problem. Here at KMPT, we are taking a closer look at how we can encourage more nurses to make mental health their vocation.

Earlier this year, we advertised a rotational nursing post within our inpatient care service. The post will offer successful candidates the opportunity to experience four 6 month placements providing a taste of working in a wide range of environments in Acute Mental Health, while working with a diverse range of professionals.

### The rotational post will cover:

**Acute Admission Ward** – Our acute admission wards provide inpatient care with intensive support for adult inpatients in periods of acute psychiatric illness. Candidates will be part of our innovative service as we work to develop our new 'Therapeutic Staffing' model of patient centered care. You can view our video about the therapeutic approach to care in our inpatient services on our website <https://www.kmpt.nhs.uk/information-and-advice/therapeutic-day.htm>

**Psychiatric Intensive Care Unit (PICU)** - PICU is for compulsorily detained patients of adult working age who are in an acutely disturbed phase of a serious mental disorder.

**Crisis and Resolution Home Treatment (CRHT)** - CRHT teams help those who are experiencing

mental health crisis, whom without support, would require hospital admission.

**Liaison Psychiatry Service** – Our Liaison Psychiatry provide an assessment service for patients aged 18 plus presenting at the general hospital with a board range of mental health and psychological problems.

Candidates are now lined up for interview and it is hoped that the initiative will continue to be developed and will reach across to our NHS partners in Kent and Medway.

Director of Nursing Mary Mumvuri said: "Allowing nurses to gain such experience within 24 months is a great opportunity for everyone. If successful, we hope to extend this to acute hospitals. Our nurses will gain greater experience in a physical health environment, while physical health nurses will gain mental health experience. It could provide opportunities for someone newly qualified, someone who wants to gain more experience or for the nurse who hasn't decided which area they want to work in."

At the end of the 24 months, a permanent role will be offered to the candidate to ensure we utilise the knowledge they have gained on the placement.

### Return to practice

The Trust also supports nurses returning to practice. We spoke with mum of three Siobhan Lowry who relocated to Kent from London and took up a post within the Trevor Gibbens Unit in 2015. She hasn't looked back.

"I studied for my nursing degree at 28yrs old. I was determined not to waste all that experience and knowledge and would return to nursing after having my children.

"I had already worked in mental health and am fascinated by people so joining KMPT was the right opportunity for me. I've received tremendous support from the Trust - from studying to ensuring the right work / life balance."

Siobhan has three children, her eldest is disabled and the two younger children attend a primary school in a picturesque Kentish village.

"We moved from London to Kent to provide a better environment for our children. My son is disabled and moving to a small village in the country has been fantastic for him. He walks the dog across fields and can just sit in the garden and enjoy his environment. I loved living in London but for us, moving to Kent has made a huge difference for us all."

**Thinking about joining us? Take a look at [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk) for more information.**



# MENTAL HEALTH MATTERS

## Find out how you can get involved in our activities

Mental health is everyone's business and we understand the importance of involving our local communities in our work. If you want to join us in making a difference, take a look at the groups available. You are welcome to join us and make a change with your valued contributions.

### Experts by Experience Research Group

The Experts by Experience Research Group are a team of patients and staff who meet regularly to discuss and plan research and surveys. The team also visit various community and inpatient sites throughout Kent and Medway to carry out these important surveys. The information provided is then used to help improve our services.

To find out how you can get involved contact 01227 812370



### PLACE

Patients and their relatives are needed to help in the Patient-Led Assessments of the Care Environment (PLACE). Input from relatives, carers, visitors or advocates makes a real difference and helps ensure that a patient's voice is the one that matters most.

If you can spare a few hours of your time contact 01634 335167.

### 15 Steps Challenge

First impressions count. The 15 Steps Challenge comprises a team of three who visit wards unannounced to determine the first impressions of a ward from a patient or carer perspective.

If you would like to be part of the team, contact [Teresa-Marie.Barker@kmpt.nhs.uk](mailto:Teresa-Marie.Barker@kmpt.nhs.uk)

### Patient and Carer Consultative Committees

These meetings are regular bi-monthly meetings for patients and carers to meet up and share experiences of accessing our services to support improvement in service delivery.

You can find an up to date list of the meetings and agendas on our website <https://www.kmpt.nhs.uk/get-involved/consultative-committees.htm>



### Volunteering

Volunteers play an important role providing additional services to our patients and supporting the Trust's work in a variety of ways.

People volunteer for lots of different reasons. You may want to use your free time in an enjoyable and positive way, to 'give something back' to a service which has helped you or someone you know, to share your knowledge and experience, to meet new people or to gain valuable experience for work or further education.

Our volunteers undertake a number of useful roles including gardening, helping in our café in Maidstone, helping with music therapy sessions, or creating wall murals to brighten communal areas. Whatever your talent I'm confident we can find a way for you to use it to help others.

Contact us on 01622 723210 or find out more at [www.kmpt.nhs.uk](http://www.kmpt.nhs.uk)



# Join us and make a difference

## We're recruiting general and mental health nurses, both Bands 5 and 6, NOW!

When you work for us you will:

- work with great people
- have support to maximise your potential
- have a positive impact on people's lives.

We provide the opportunity to work flexibly and a new hire bonus of £1200 for Band 5 and 6 nurses.

To learn more about us visit:

<http://www.kmpt.nhs.uk/work-for-us/>

All our vacancies can be viewed at: <http://jobs.kmpt.nhs.uk/>

or call our recruitment team on:

**01227 812349**