

CONNECTED

Summer 2016



Listen Up!
Tune in, Switch on
Listening makes a
big difference

Matthew Scott
talks mental health

Right balance
physical / mental health

Single Point of Access
one-stop-shop

We have been listening to some very interesting people to bring you our first, new style magazine, Connected.

Partnership working, innovation, openness, respect and excellence – KMPT’s values – are all reflected throughout this issue and these values are also at the core of our Listen Up! campaign.

Reaching out to someone you are worried about and just making time to listen to what they’ve got to say can be a real life saver. In this issue, our new Chief Executive, Helen Greatorex, gives her views on the importance of listening, see page 3. Our staff also share their views, see page 18.

We welcome any feedback on our new publication so, let us know your thoughts by getting in touch.

Communications@kmpt.nhs.uk or write to us at:

Communications team
Farm Villa
Hermitage Lane
Maidstone, Kent ME16 9PH
Phone: 01622 724100

SEE INSIDE:

Single Point of Access	5	Treating physical and mental health	20
Matthew Scott, Police and Crime Commissioner	6	Bringing arts into healthcare	24
Peer-supported Open Dialogue	8	Mental health triage	26
Eating disorders	10	Liaison psychiatry	30
Introducing Louis Coelho	12	Fire setting research acclaim	33
A new staffing vision	14	Mother and infant mental health	35
Listen Up!	16		

Connected magazine:

Editor: Christina Shaw

Deputy Editor: Kelly August

Contributors: Emily Turner, Emma Heard

Photography: Alexa Kelly

Design coordination: Jane Pilkington

Design: madcreative

Cover: photograph taken at the Portland Art Museum and supplied by Susan Bein, Portland, Oregon.



KMPT Chief Executive, Helen Greateorex

**Listen up!
Tune in,
switch on...**

WELCOME

I am honoured to have been asked to share my reflections on the importance of listening for our first ever edition of the new style Connected.

I have spent the whole of my working life (30 plus years) in mental health services and have seen over that time the most enormous and positive changes. Gone are the old asylums, such as Friern, where I did my training, and gone too are lengths of stay counted in years rather than days. Lots of aspects of care have improved beyond recognition and that's to be celebrated. But, there is much, much more to do, and at the top of that list for me is listening.

Listening to what our patients and service users tell us, listening to what their loved ones and carers tell us, and using that to shape and flex the care we provide is absolutely essential if we are to drive up the quality of services and achieve the best possible standards of care.

Hearing and responding to what people share with us about their experiences, and always, always putting the patients at the heart of what we do is essential. I joined the Trust on 6 June and one of the most impressive things I have noticed in all my contact with staff across the Trust, is how focused they are on making sure that we put patients first, always.

I have seen even in a short space of time here in KMPT, lots of examples of staff listening and responding, improving what we do, based on what people tell us. One of the most significant developments that has been created as a result of what people tell us, is our new Single Point of Access, SPoA for short. You can read more about this exciting, new one-stop-shop on page 5.

Through SPoA and our other services we are committed to putting listening at the top of our agenda and we hope you will join us to help spread the word.

**Helen Greateorex,
Chief Executive**



Some of the team: (From top left, Dayo Baro, Sami Sharma, Chris Philpott, Heather Johnston, Emma Valentine and Portia Sharpin

SINGLE POINT OF ACCESS

One of the most talked about improvements during meetings with patients and carers was the creation of a one-stop-shop, where anyone requiring support could receive help and advice by calling a dedicated number.

After much research looking at best practice, particularly the service set up by Northumberland Tyne and Wear NHS Foundation Trust, our Single Point of Access, or SPoA, was launched on 4 April 2016.

The service is available 24hrs, seven days a week, including bank holidays.

Anyone needing mental health advice and support can contact the SPoA, no matter where they live in Kent and Medway. They can talk directly to a clinically trained professional who will discuss their needs and support them on their journey to wellness through KMPT. SPoA provides a quick and simple route into the referral process, so that the right care from the right team is received.

Service users who have used the SPoA have been asked for feedback on the service. From this research we know that:

- 82% of those surveyed thought their call was answered promptly
- 88% said that staff members introduced themselves and

explained the process they would be taken through

- 82% said they were kept informed about 'what will happen next'
- 82% of those surveyed said they were treated with dignity and respect by staff members at all times
- 82% said that they felt their views about the help they needed was listened to.

On call with Sinead Witts

Being prepared for the unexpected is one of the key aspects of being a call handler with the SPoA team: "Suicidal tendencies (either thinking or planning), distress caused by financial hardship, or problems caused by addiction are just some of the many issues that I have dealt with since working with SPoA in the last three months," said Sinead who feels reassured that there are always trained clinicians around and fellow team members to give guidance.

The career move has been a big change for Sinead, who has been used to working in the more structured environment of Sittingbourne Memorial Hospital, but the change has been a welcome one. She explained: "It is good working as part of a really close, yet big team. There is always someone



to turn to when I need advice and I generally feel that I am able to offer the caller sound support.

"The key is to really listen to what the caller is saying before making an assessment. I then identify triggers as well as checking on the caller's safety. Depending on the nature of the call, I will advise that a clinician will call them back or, in extreme circumstances, the clinician will take the call from me."

Sinead describes herself as a happy, upbeat person with an abundance of empathy: "You do need certain qualities to succeed and have to be strong to cope. Even if I am able to make a positive difference to just one person's life it will be a job well done."





Matthew Scott at work in Bluewater Shopping Centre

MENTAL HEALTH IS PRIORITY FOR NEW KENT POLICE AND CRIME COMMISSIONER

On 6 May, Kent elected **Matthew Scott** as the new Police and Crime Commissioner to set out policing priorities and hold Kent Police to account. From a policing family, Matthew studied public policy at university and has worked as a night shift worker, baker and office manager for a local MP. We chatted to him in the first week of his new role and asked him why he has made mental health support a priority.

While campaigning you said that mental health is something you care deeply about, why this is so important to you?

“Mental health and policing is such a big issue. A quarter of police time in Kent is spent dealing with cases involving mental health and yet we know that a police response is not always the right way to help those suffering mental health problems.

“I come from a policing family where my father is a retired chief inspector and my brother is a serving sergeant. I know what they go through in the line of duty on a daily basis and understand how policing works and what resources are needed to get the job done. I also have an understanding of what the public needs from the police too, having worked with victims of crime and survivors of abuse, as well as holding public officials to account.”

Why do you want to improve the interaction with the police for people with mental health problems?

“When someone is experiencing mental health problems, they can be extremely vulnerable and they need to feel safe and protected. The situation can be exacerbated when the police try to help, as they look official in uniform and are often accompanied by blue lights and sirens. Using Section 136 of the Mental Health Act, when police take people from a public place to a place of safety, such as a police cell, can also exacerbate the feelings and concerns of a vulnerable person.

“When a police officer responds to someone with mental health problems, they will often spend a considerable amount of time with them even though a crime hasn’t been committed. I want to focus on getting people the right response and that police time is used effectively.”

How are you going to provide the right police response?

“I want to undertake a review to understand why and how the police is becoming more involved in mental health and look at some of the pilot schemes in operation.

“We already work closely with KMPT with a mental health triage scheme pilot in our force control centre. This has a team of mental health professionals on hand to help respond to calls that are more about mental health than crime. We also have trained counsellors from mental health charity Mid-Kent Mind in the control centre too as part of another project. Early indications show these are working

well and saving police resources while giving the best response to the person in need.

“Police officers also need skills to help people with mental health problems and I’ll be looking at mental health general awareness, training and placements for police officers.”

What will the review on mental health and policing involve?

“I believe that the public benefits when agencies work closely together. That’s already happening with KMPT and I want to develop more partnerships like that.

“I’m putting together a list of organisations that want to be involved, such as the NHS, charities, parent groups, and others. Also, it’s vital that we hear from people who are experiencing mental health problems too, so we understand the challenges they face and how they feel about the methods we use to support them.

“Once I’ve conducted my initial review, we’ll put together a report to show the full picture of what is happening in Kent around policing, criminal justice and mental health.”

How will you work with KMPT in the future?

“Once KMPT’s new Chief Executive Helen Greateorex has settled into her new post, I would like to have a conversation with her about mental health and policing. I want to make sure we both understand the challenges together and how the police, criminal justice system and NHS interact around mental health.”

What have you done to raise mental health awareness during your first week?

“I’ve talked to the Superintendents Association, Police Federation and Kent Police’s senior leadership so they know mental health is top of my agenda. I’ve also had early discussions about putting the review together.

“As part of Mental Health Awareness Week, we took part in a national Twitter chat with the College of Policing’s lead on mental health, Inspector Michael Brown, or @mentalhealthcop on Twitter. We shared views about the challenges we face and our plans. You can find the conversation by searching for #pandmh on Twitter.”



What do you hope to achieve within four years?

“With 24% of police time spent on dealing with mental health cases in Kent at the moment, I want police officers to have more time for visible policing on the streets. At the same time it’s important that vulnerable people, particularly when their safety is at risk, get the right response and support.”

You can follow Matthew Scott on Twitter @PCCKent or visit his website www.kent-pcc.gov.uk.



TALK, TALK, TALK – AND LISTEN CAREFULLY...

Giving everyone the opportunity to talk is the basis of Peer-supported Open Dialogue (POD). The approach involves consistent family and social network meetings where members of the patient's family or peer group meet with a team of mental health professionals in their own home, to talk and listen.

The approach, pioneered by Professor Jaakko Seikkula, is already used in Finland and is credited with increasing the number of people who return to work or study within two years, despite significantly lower rates of medication and hospitalisation compared to treatment as usual.

Here in the UK, Dr Russell Razzaque, Consultant Psychiatrist, North East London NHS Foundation Trust, has worked closely with Professor Seikkula and other mental health colleagues to whisk up a national interest in implementing POD. The response has been fantastic and along with Avon and Somerset and Nottinghamshire, we have committed to setting up POD services.

KMPT has embraced open dialogue with open arms - not only staff but carers and patients too. Led by Executive Medical Director Dr Catherine Kinane, POD has gone from strength to strength.

Speaking about the project, Catherine said: "Ambassadors Jane Hetherington, Yasmin Ishaq and Dr

James Osbourne have spear headed the project from the ground up. It has been absolutely fantastic to see such a positive reaction nationally. With our second cohort of students now going through training, the benefits of POD are really cascading throughout the Trust."

Just last year KMPT held its own POD conference which attracted professionals from across the world. It was an emotional day as delegates heard from a family who is receiving open dialogue from the Trust. The family spoke with true emotion, one commented: "The professionals were not the experts in the room, my son was the only expert...we wouldn't be here now if it wasn't for open dialogue – the outcome could have been very different."

The POD training here in the UK has been developed by Dr Razzaque, Val Jackson and Assistant Professor Mark Hopfenbeck, Research Fellow from Gjøvik University in Norway, overseen by the founding directors - including Professor Seikkula. Over 130 clinicians have attended so far and have reported exceptional experiences - many describing it as transformational.

The course will now be delivered as a regular annual one year diploma with London South Bank University.

To deliver and keep a register of those who can practice in this way, Russell, Val and Mark have

established the Academy of Peer-supported Open Dialogue (APOD*). The purpose of APOD is to maintain standards and quality for all those who qualify for membership as a result of completing the diploma. We are delighted to announce that the Trust's Jane Hetherington, Dr James Osbourne and former Trust colleague Yasmin Ishaq have been now been appointed as members of the Board for the Academy.

APOD will continue to drive peer supported open dialogue by talking and ensuring practitioners are listening.

“

"The professionals were not the experts in the room, my son was the only expert..."

**APOD is a 'not for profit' organisation. All funds raised go towards the establishment and promotion of Peer-supported Open Dialogue in the NHS, and internationally.*





EATING DISORDERS

In a world of 'fat shaming' and Photoshop, it's no wonder that eating disorder services across the country have seen an increase in the number of referrals they receive year on year.

Anorexia has the highest fatality rate of any mental health illness and a staggering 1.6million people in the UK are affected by an eating disorder.

A review in 2014 of KMPT eating disorder services saw unacceptable waiting times offset with a continuing, growing need. Unacceptable in any health service, but for the team who see these men and women in desperate need of help – it was something they couldn't allow to continue.

Eighteen months on, the team has transformed its structure and dramatically reduced waiting times while continuing to ensure everyone has access to the help they need.

Service Lead, Sarah Hodge helped to identify key areas of change including the need to increase community care while encompassing the patient's family, friends and carer into their therapy at an early stage.

"Admitting a patient into hospital is always a last resort, but in many cases it's a very false environment. As an inpatient, you are in secure setting which is closely monitored and doesn't allow the patient to freely make their own lifestyle choices without staff involvement. Our patients need to be able to have the support in the community to be able to continue to live their life, making their own decisions but with the knowledge that the help and support is always there. By including family from the beginning, they are integral to the patient's care network. There is also an added sense of security in knowing that support is there beyond the services we provide."

Sarah added: "All of this work ties together with the rest of Trust's services by implementing important initiatives such as Triangle of Care, Family Inclusion Project and the Carers Charter."

Of course the changes have had an impact on the existing team but they have already seen the improvements and have worked hard to achieve such significant results. Two new nurses will soon join them, completing a service with extensive experience who have in-depth knowledge of the county.

Of course partnership working is vital and the team is keen to pull on all resources available to them to ensure the right outcome for their patients. This includes BEAT (beating eating disorders) a national eating disorders charity. For the future, they would like to work more closely with schools as they believe early intervention is key in identifying those who need help.

"School nurses often see people much earlier than GPs and can identify young people who could be helped with early intervention. Kent and Medway has an increasing student population who are a high risk area so it is important we are able to link with as many partners as possible."

With the team going through so many changes, one thing remains consistent - their desire to help.

Anorexia has the highest fatality rate of any mental health illness and a staggering 1.6million people in the UK are affected by an eating disorder.

“Being so active helps, although Janet is always on my mind. I am just trying to take one day at a time.”

LOUIS COELHO - CARER

Being part of, and involved in several groups and activities for carers has kept Louis Coelho going during the most upsetting and unsettled period in his life.

Louis remembers 4 May 2011 as if it were yesterday as this is when he and his wife Janet were given the shattering diagnosis that Janet had the early stages of vascular dementia.

The pair have been married for 42 years and throughout their marriage Louis had held a number of demanding jobs while Janet had chosen to remain at home. Janet had been receiving treatment for depression prior to Louis taking early retirement in June 2008. They were both looking forward to the future and were planning to enjoy more time together.

In May 2013, the reality of his wife's deteriorating condition became apparent and it became increasingly difficult for Louis to look after her in their family home. After more than five years as Janet's main carer, she was placed in respite care in August 2013 and has been away from the family home ever since.

Through reaching out to KMPT, Carers FIRST and Alzheimer and Dementia Support Services (ADSS), Louis found the help and support he needed. He explained: "Just over two years after the diagnosis I was in the Jasmine Centre discussing how KMPT could help. I was extremely reluctant to let her go and live apart from me and still haven't come to terms with us living separate lives. I am able to visit her on a regular basis and spend hours in her company but going back home by myself and leaving her there, even though I know she is in the best possible place, is so difficult."

Louis is encouraged that Janet still recognises him and that they can have long conversations and share memories together: "The first care home that she was in really didn't suit her and she wasn't herself, this one, a private care home, means that I have to do a 30 mile round trip every time I visit, but it's worth it. I did my own research to find the best care and visited 53 homes – visiting three of the homes twice. I am happy that she is well cared for and in many ways she seems so much better than when she was admitted. Sometimes I start

to wonder whether it would be possible to bring her home but I am told that it would be a total shock to her system if she had to deal with everyday situations such as putting the washing machine on or cooking dinner."

To help combat the loneliness Louis has thrown himself into volunteering as a carer rep on several KMPT committees and panels, including the recruitment and selection stakeholder panel, which played an important part in the recruitment process for the Trust's new Chief Executive and Executive Director of Nursing and Governance: "I like to think I am giving something back to the organisation and it is also good to meet so many different people," said Louis.

As well as his involvement at KMPT, Louis is a Carer Champion for Carers FIRST, a member of ADSS, involved in various activities with Healthwatch Kent and on the Carers Trust awards panel for carers special events: "Being so active helps, although Janet is always on my mind. I am just trying to take one day at a time."







A NEW HEALTHCARE STAFFING VISION

In 2015, an initiative to improve staffing within inpatient wards was piloted and the therapeutic staffing model was born.

The therapeutic staffing initiative has transformed the way the Trust shapes delivery of its services within its inpatient units. This new way of working has established teams of mixed expertise from nursing, healthcare administrators, therapists, psychiatrists and psychologists – each person bringing their individuality and expertise to the team. Whilst individuality is celebrated, one thing remains consistent - each person has at their heart an abundance of dedication and enthusiasm to embed improved services for those who really need it.

We spoke to Occupational Therapist (OT) Ashleigh Wright on how therapeutic staffing has helped her develop her role within the Trust.

Ashleigh Wright

23 years of age, Ashleigh Wright joined the Trust straight from Canterbury Christ Church University after qualifying as an OT. Her expectations of a traditional OT post were turned on their head after the Trust introduced therapeutic staffing across inpatient wards.

“I joined KMPT in a traditional OT role with the expectations of being involved in a separate OT team, planning and managing my

own timetable. With only one OT on each ward, we were sometimes limited with therapeutic time. Clearly this wasn't great for the patients and something needed to change.

“Therapeutic staffing was piloted late last year. I assumed I would lose some of those protected parts of the OT role as we were expected to integrate much more into the nursing team and complete more generic tasks. I was unsure if this was for me and how it would impact on the importance of therapy within recovery.

“It wasn't long before I realised that in fact my role was enhanced by the change. I began to learn much more from my colleagues as we were working much closer together, collaborating in a positive and more therapeutic way!

“Changes have been made since the beginning of the pilot as we recognise how things can be improved. The biggest change for me - my role now 'belongs' to the team and the ward. I have also gained a lot of new skills which I would not have experienced as a traditional OT. Comparing to life as a traditional 9-5 OT (when I was a student), I can see that I did not get a realistic overview of the ward environment. I would miss meal times and self-care opportunities, family visits and weekends when there was not the pressure to adhere to clinical appointments. I also missed high risk times on

the ward, which greatly influences the ward dynamics and helps us to understand why patients may be feeling or acting in a certain way.

“There have been a lot of new staff and new roles throughout the change which have required time to understand and integrate into the current team. Everyone has been receptive.

“The impact has been felt across all members of the team with nurses commenting that they have more time to spend with patients now they are sharing core ward tasks with other staff.

“On Sapphire ward, we are working together as a team to achieve therapeutic staffing. We are communicating and working through any issues we have - as a team.

“I'm enjoying being part of the pilot and it has enhanced my skills but it remains important to maintain professional identity. Work is ongoing to help us achieve this with regular group supervision and support. It's important for us all but especially as a lot of us newbies are young and newly qualified. I value this and being able to seek support and reassurance from my fellow OTs is important.

“I am mindful that I do not want to lose my OT focus and I look forward to continuing my professional development within the Trust.”



Listen up!
Tune in
Switch on

ARE YOU LISTENING?

Do you really listen? Are you sure? Listening is the most important way we communicate with each other; in fact everyone spends 60 per cent of their communications time listening and yet we only retain 25 per cent of what we've heard!

Listening leads to better understanding and it is only through truly understanding what you are hearing that the right action can be taken.

KMPT is focussing on the importance of listening through the Listen Up! campaign. It will illustrate how KMPT as an organisation is putting listening at the top of its agenda to engage with its staff, patients and carers. It will tackle this in three ways:

1. Involving KMPT staff to ensure that they are listening in order to provide first class patient satisfaction and experience
2. By making sure that patients know we are here to listen to them

3. By building carers confidence in KMPT so that they are reassured that people they care for are at the heart of everything we do.

We feel that as an organisation we are already pretty good at listening but want to be even better! We want to reach out and listen to those people who may need our help but have not made contact with us already through our events, committees and forums. We want to enlist the help of those who we regularly engage with so that we can make new connections.

We are delighted that Healthwatch Kent has agreed to support our campaign. With their help we hope to be able to improve so that we are not only the biggest provider of mental health services in Kent and Medway but one always striving for the highest standards of excellence.

For more information visit
www.kmpt.nhs.uk/listenup or
follow us on Twitter @kmptnhs
#listenup!





healthwatch
Kent

your
voice
counts

Come on board
and have your say

and Medway
NHS
you

On Hire from
London Bus Export Co.
www.bus.uk.com

KMPT Chief Executive, Helen Greatorex with Healthwatch Kent Chief Executive, Steve Inett

'EAR WE ARE!

Working in many different areas, our staff appreciate the value of listening in a variety of ways. Meet some of our staff who have shared their views.

Glen Cook, Employee Relations Team Manager

I think there is a reason we have two ears and one mouth, and I think that it is because we do twice as much good by listening to people as we do by talking ourselves. The best way to understand people is to listen to them.



Emma Heard, Communications Assistant

It is important to understand that everyone has a voice because everyone is equally important. At KMPT we are all cogs in a wheel so we all work together to help each other move in a joined up way. We need to listen to each other to understand the direction.



Ian Marks, Legal Services Coordinator

Listening to clients is their way of telling me how I can help them achieve the things they want and I need to listen carefully because in my line of work accuracy is crucial.



Nigel Jacobs, Family Inclusion Project Lead

So often people listen in order to get their own point across, rather than truly hear what someone else is saying. Listening is crucial to being therapeutically collaborative. The KMPT training initiative to increase staff's ability to include families and carers in the recovery of their loved one has listening to everyone at its core. When staff, carers, families and clients truly hear each other new collaborative relationships develop, in which new possibilities emerge for recovery.





Guy Powell, Care Programme Approach Compliance and Development Manager

It is important to listen to service users as only they are truly able to tell us their needs, goals, wishes and preferences. Their most important needs may not be what we think they are.



Bob StClair-Baker, Senior Therapy Technician

Listening is central, in fact pivotal when giving good patient care. It is a two-way process and we need to be there listening from the start.



Teresa Barker, Assistant Director, Acute Service Line

Listening to staff, patients and their families is critical in helping us to deliver the right service, in the right place, at the right time.



Nikki Oatham, Trust Lead for Psychological Practice

The words and the music matter, but it's how we dance together that really counts". In my clinical work I think of the 'dance' as being about how we communicate and demonstrate to the person coming to us for help that we genuinely do care to 'know' about their struggles, hopes and strengths. Of course I make mistakes, get my dance steps wrong at times, but a genuine apology for my 'clumsiness' seems to go a long way if the person feels I am doing my best to listen, hear and understand.





“There is a clear distinction between ‘mind’ and ‘body’ and poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can have a negative impact on physical health.”

Mental Health Foundation

IN THE BALANCE – A FOCUS ON PHYSICAL AND MENTAL HEALTH

We’re all talking about it and it’s a well-known fact that physical and mental health go hand in hand. Even the Royals are getting in on it by launching the ‘Heads Together’ campaign as 2017 Virgin Money London Marathon’s Charity of the Year. The Duke and Duchess of Cambridge and Prince Harry are spearheading the campaign to end stigma around mental health while also helping to promote the iconic running event.

Strategically, an independent Mental Health Taskforce has written a report for NHS England (February 2016) that takes a five year forward view on mental health. Of its 33 recommendations, two directly

relate to improving physical health outcomes in people with mental illness, with a further 12 recommendations touching on the parity between physical and mental health.

So there is a great deal of work going on throughout the UK to get conversations going and to make things happen, but how is KMPT taking the physical – mental health balance forward?

Dianne Tompsett was the first physical health nurse to be employed at KMPT. Since then we have a further eight physical health nurses on inpatient wards and two are currently going through the

recruitment process with the aim of having a physical health nurse on every ward. With dedicated nurses on hand, it’s easier to identify and treat physical health needs but, of course, physical health is everyone’s business. Mental health nurses and health care workers also know the importance of physical health and the teams work together to ensure risks are identified as early as possible and plans are in place all the time they are in contact with our services.

But it’s not all about health checks - where’s the fun in that? Many of our patients undertake healthcare without actually realising it.



Tai Chi

An ancient Chinese art is benefiting many patients who are experiencing mental health issues. A series of simple, relaxing techniques are being used by occupational therapists throughout KMPT in a variety of situations. These techniques have been adapted from the traditional martial art, Tai Chi, which was brought to the Trust over 20 years ago by Tai Chi teacher and Occupational Therapist, Neil Benton. Since then interest has grown and Neil has simplified the form so that staff can use it as part of occupational therapy (OT).

An easy to follow manual, produced by Neil, gives staff step-by-step photographic guidance

on the techniques. Using Tai Chi throughout KMPT is so successful that the OT team have had letters from former patients who have gone onto study Tai Chi independently when they have finished their treatment or have left the ward.

He explained: "The beauty is that it is so simple; it is nice because it works on breathing and balance. It is low key, low level and low impact; even those with physical limitations can take part. It works muscles using elegant, soft and smooth movement. For older adults it can help prevent falls as it improves balance and mobility and the biggest plus for everyone who does Tai Chi is that it makes people feel good!"

Most other types of relaxation are carried out in a darkened room and usually in a room with other people and the first thing participants are told to do is to clear their minds, which, in those circumstances, can be impossible. With Tai Chi, the focus is on the next sequence.

Leonie Down is the Occupational Team Leader covering Foxglove, Fern, Samphire and Bluebell wards on the St. Martin's site in Canterbury. She said: "Staff are using the techniques either as relaxing activities or as part of another activity. The techniques support mindfulness, help people feel grounded and help patients focus on something practical and physical."

IN THE BALANCE – A FOCUS ON PHYSICAL AND MENTAL HEALTH

Walking

In Maidstone, 62-year-old Keith is a member of Maidstone Health Walks. This is part of the 'Walking for Health' initiative which was established in 2000 by charities Ramblers and Macmillan Cancer Support. A keen walker, Keith trained to become a Volunteer Walk Leader in 2010. Every week he meets up with other service users, the Activities Co-ordinator, Sally Witts, and Peer Support Worker, Tracy Gibbons, for a 30 minute walk around the site of the old Oakwood Hospital and through the neighbouring countryside and woods.

Keith, who is a resident of our Tonbridge Road unit, a mixed gender inpatient adult mental health rehabilitation unit situated in Maidstone, said: "Walking helps to calm my mind and is the best thing you can do for physical fitness. Walking also helps you to socialise as you can talk whilst you walk, I have met lots of friends."

Archery

Terry Pankhurst, Technical Instructor at The Beacon in Ramsgate, uses his national archery qualification after training with the Grand National Archery Society (GNAS) to teach others the joys of archery.

He uses his skills and expertise to deliver 'recovery through activities'

group work. The groups are part of a nine week rolling programme aimed at promoting health and wellbeing through activities to provide service users with the opportunity to learn self-care skills and to give them some of the necessary tools to help get back to work and to help with their recovery.

Target archery is the most popular form of archery, in which members shoot at stationary circular targets at varying distances. Terry said: "Archery helps group members take their mind off their illness. It uses a lot of concentration, breathing is important and how you stand affects the flight of the arrow."

Keen archer and service user David said: "The archery allows me to control my symptoms, because I forget about them and have to concentrate on what I'm doing. If I miss a target it makes me try harder."

“

“Walking helps to calm my mind and is the best thing you can do for physical fitness. Walking also helps you to socialise as you can talk whilst you walk, I have met lots of friends.”





Football

National statistics show that over three million people in the UK aged over 60 have depression. To combat this growing epidemic, there are now over 600 walking football groups in the UK for men. Walking football is a non-contact sport, designed to help people keep an active lifestyle despite their age and following retirement. It is a slower paced version of football but allows men to make friends, stay healthy and remain active. The Charlton Athletic Community Trust works in collaboration with KMPT to provide regular activity programmes; one of which is football. Dave, who regularly attends football sessions said: "When I first started this activity I felt very anxious about

meeting new people but once I got into it my focus was purely on the game and making friends just happened naturally. I feel much fitter and don't tend to dwell so much on what is worrying me."

Stretching techniques

Carley Tomlin is a staff nurse based at the Trevor Gibbens Unit, a medium secure care (assessment, treatment and rehabilitation) for men and women. She said: "We hold morning stretch groups to help patients to get physically active. The stretch group aims to improve motivation and increase levels of activity through basic exercise. Even staff take part, it sets you up for the day ahead."

“

“We hold morning stretch groups to help patients to get physically active. The stretch group aims to improve motivation and increase levels of activity through basic exercise.”



TABLO – BRINGING THE ARTS INTO HEALTHCARE

There is a plethora of research and evidence that suggests the use of ‘the arts’ can have a profoundly positive effect on people’s mental and physical health and wellbeing. The use of the arts can also have a positive improvement in healthcare and also improve staff retention and professional development.

What are ‘the arts’? Well it’s not adult colouring books, although they are a fantastic way of reducing stress and a great wellbeing tool. No, the arts, also called fine arts, are modes of expression that use skill or imagination in the creation of aesthetic objects, environments, or experiences that can be shared with others (Britannica).

Traditional categories within the arts include; literature (poetry, creative writing etc), the visual arts (painting drawing, sculpture etc), the graphic arts (painting, drawing, design etc), the plastic arts, the decorative arts and the performing arts; although this list is not exhaustive.

TABLO is a European Commission funded project, involving seven countries, to develop an e-learning course of vocational training which will help integrate arts into every day physical and mental healthcare when working with people who have long term conditions. Staff from the Trust join a combined team of 116 people from Cyprus, Italy, Denmark, Romania, Spain and Slovenia - bringing together

expertise from a wide group of cultural settings.

In 2015, representatives from all the countries involved, spent two days at the Trust working through the logistics of the project. There is a great deal of work yet to do before the project concludes in 2018, but the team is determined to bring together the breadth of international experience available to develop this high quality course.

KMPT project lead and Deputy Director of Nursing, Donna Eldridge, said: “This initiative would not have been possible without EU funding and each partner is key to developing this innovative project.”



Here in Kent, our own therapists; which range from music therapists, art therapists and occupational therapists, are getting together to put their stamp on the venture which will feed back into our European partners. A number of workshops are to be held over the next few months to look at a range of therapeutic approaches to set target groups and conditions. Feedback will be shared among the partners and all suggestions will be considered for the final e-learning package; which will not only be available for professionals but for anyone who wants to learn more about working with people who have long term conditions and introducing the arts into their everyday life.

Donna added: "The e-learning resource will be made available in two forms, one as a clinical toolkit and secondly, for anyone who wants to use the arts as a therapy or activity for someone with a long term illness. We hope that by making this available to a wider audience more people will see the positive impact this type of therapy can bring."

The e-learning package will be available for both trained therapists and untrained people, and will be made available throughout the UK and Europe. As part of this project there will be testing points over the next couple of years ensuring that therapists and staff are involved in the development but also that it is fit for purpose.

To learn more about the project visit www.kmpt.nhs.uk/tablo or <http://tablo-project.eu/>

You can also follow the project on Facebook @tabloerasmusproject



Co-funded by the European Union
This project has been funded with support from the European Commission. This publication/communication and all its contents reflect the views only of the author and the European Commission and UK National Agency are not responsible for any use which may be made of the information contained.



Erasmus+

WORKING TOGETHER FOR BETTER MENTAL HEALTH CRISIS CARE IN KENT

Sitting at the heart of Kent Police's 999-control centre is a team of mental health professionals who are running the Mental Health Triage Scheme to help people experiencing a mental health crisis in a public place.

The scheme aims to reduce the number of police detentions under Section 136 of the Mental Health Act and provide a smooth transition between police and the NHS for those with mental ill health. It is run by Kent Police and KMPT, and funded by clinical commissioning groups across Kent and Medway.

We spent a nightshift in the control room to get to know the people running the scheme and how it works.

The mental health triage scheme at kent police's control centre

The Mental Health Triage team includes a clinical support worker, who gives support and advice over the phone, and a community psychiatric nurse, who can travel to someone if they are having a mental health crisis in a public

place. They are based in the control room on Thursday, Friday and Saturday between 6pm and 4am.

The team starts each shift by calling crisis teams at mental health units to assess crisis bed capacity. If bed capacity is low, they let the control centre's duty inspector know so they can warn 999 and 101 call handlers.

The duty inspector flags 999 and 101 calls that are mental health crisis related to the triage team and the clinical support worker will talk to the person in crisis on phone. If the incident is serious or escalating, the team will decide if a community psychiatric nurse needs to visit in person.

If a nurse is needed, they will decide a care plan with the police and the person in crisis when they arrive at the incident. If the person needs to be taken to a place of safety under Section 136 of the Mental Health Act, the nurse will talk to mental health units to see if they can be admitted. If possible, they will check if the person can return home and be treated there by a local crisis team. Using a police cell is only considered if the person is exceptionally violent.

The scheme launched last December for six months and has worked so well, it is due to relaunch with an expanded service that will include the South East Coast Ambulance Service.

The six-month pilot has been analysed and data shows that peak demand times are Sunday, Monday and Thursday between 4pm and midnight, so the relaunched service will switch to these new times.

Call out: feeling low in Folkestone

While we were there, a police officer from Folkestone rang the triage team worried about the welfare of someone who had called after feeling low. The person was alone, didn't have any family immediately nearby and had requested mental health assistance. The clinical support worker on duty talked to the person in crisis and felt that a community psychiatric nurse needed to travel to Folkestone. The nurse left the control room and drove to wait with the person in crisis until a family member arrived to give support.



THE TEAM

BEHIND THE SCENES

Inspector Wayne Goodwin, Kent Police's Mental Health Liaison

Mental health is something deeply understood by Inspector Wayne Goodwin. He is one of the few police officers to speak openly about his personal mental health experiences, which range from ritualistic OCD behaviours to depression. He's an advocate for MIND and the Time to Change campaign and is in his first year of training to become a counsellor.

Wayne says: "When someone is experiencing a mental health crisis in a public place, often the police are called and are the first to attend. They can use Section 136 of the Mental Health Act to take the person to a place of safety if they feel the person is at risk or needs care. Police will take them to a mental health unit or a police station only if the person is exceptionally violent, as we accept that a police cell is not an appropriate place for someone experiencing a mental health crisis.

"People experiencing a mental health crisis can be detained in a police cell for 72 hours but is a cell the right place to put someone who is very unwell? Sometimes they might sit in a police car or an ambulance instead of a cell for hours too while we try and help them as best we can, which is also not ideal. It's important that the police can identify those with mental ill health quickly so they can be referred to the right service and get the care they need.

"Working with other organisations now to improve our response to 999 and 101 calls involving mental health is timely, as police use of Section 136 will be restricted with the new Policing and Crime Bill, which goes for royal assent next April. The bill will also shorten Section 136 detention time from 72 hours to 24 hours.

"We know already that police involvement in a mental health crisis can be unhelpful and unwelcome. A recent independent online survey of 100 people with lived experience of mental health crises found that nearly 50% said police involvement was harmful and 84% would prefer for the police not to respond.

"There are plans in place to provide alternative places of safety in Kent and Medway that the police will be able to take those in crisis to, if the person agrees. These will be similar to the Sanctuary in Manchester, which is a calm, comfortable space with two members of staff who give support after the initial crisis."

Brenda Brown, KMPT Clinical Support Worker

"The Mental Health Triage Scheme helps us offer a smoother transition between the NHS and the police for people in crisis. Having mental health professionals at hand takes the pressure off police and helps the person in crisis too, as we can make referrals and can speak in a way they understand.

"When I started this role, I was really surprised how many calls the police handle that relate to mental health. People experiencing a mental health crisis or episode can find it very difficult to self-diagnose and recognise what is happening to them. Being able to talk to a professional rather than a police officer means we can be that guiding hand to explain why they are feeling unwell, offer expert advice and reconnect them with coping strategies if they have already been receiving care from us."

Michael Hutchinson, KMPT Community Psychiatric Nurse

"People experiencing repeated mental health crises are likely to have lived with chaos and trauma from an early age. They are often without the regular support networks that so many take for granted, such as family and friends. The NHS and police are always there and we are their stability. We build therapeutic relationships with patients by getting to know them on the phone or when we visit so we can advocate on their behalf. Working so closely with the police means I can see how much they do to help people experiencing mental ill health and it's impressive."



Mandy Wetherill, KMPT Community Psychiatric Nurse

“Mental health is such a social problem and can be triggered by housing or financial difficulties, which means it can impact so many people across a wide range of groups. We need to take responsibility for our part and work closely together with other organisations. We welcome the new Kent Police and Crime Commissioner’s focus on mental health, as it is such a high profile issue for all working in the NHS and police.”

Mental health support For those in custody

The Criminal Justice Liaison and Diversion Service, based in Maidstone, helps identify people who have mental health, learning disabilities or substance misuse

issues when they enter the criminal justice system.

The service aims to prevent people reaching crisis point, reduce reoffending and improve health. It covers custody suits and courts and teams are available seven days a week between 8am and 8pm.

When someone is arrested and taken to custody, they will be asked questions by the custody sergeant to see if there is a history of mental health or self-harm. Those with mental ill health, or have shown worrying behaviour while in custody, will be flagged so the service can support them or refer for treatment to other services, such as social care or addiction support.

The service also covers vulnerable people, such as the homeless, veterans or those with housing or financial difficulties.

Mind’s first national pilot with the police

The Mental Health Triage Scheme isn’t the only mental health initiative run from Kent Police’s control centre. The Kent Police and Crime Commissioner, Mind and Maidstone and Mid-Kent Mind have funded a new innovation project to help frontline response to calls involving mental health. Mental health wellbeing workers from Maidstone and Mid-Kent Mind provide support and advice to those in crisis and can make referrals to other services or write letters to GPs. They are based in the centre Tuesday and Saturday, 4pm to midnight.

If you need mental health advice please contact our Single Point of Access: 0300 222 0123

THE BIGGER PICTURE - MENTAL HEALTH ASSESSMENTS IN AN ACUTE SETTING

There is not only a close correlation between physical and mental health but a blurring of boundaries too; often the treatment of a physical condition is not the total solution – this is where the psychiatric liaison team step in.

Made up of a team manager, a consultant and several nurses, the liaison team work closely with hospital staff, social and community workers to quickly understand both the physical and mental health needs of the patient. In Kent and Medway there are teams working in all seven hospitals. Jo Clarke is Liaison Team Manager for the Maidstone area. A qualified mental health nurse, Jo was one of the original KMPT staff who was involved in setting up psychiatric liaison in Maidstone just over a decade ago and remains just as passionate about the service today.

Based at Maidstone and Tunbridge Wells Hospitals, Jo works with consultant, Laurence Potter and five mental health nurses; Sarah Murray, Sarah Comfort, Jo Peters, Mandy Adams and Naz Ramjanally. Together they take referrals from the entire hospital although many come from Accident and Emergency and older people's wards.

When I spoke to Jo she had just returned from one of the wards where an elderly lady had been admitted with a urinary tract infection. The infection had caused her to become confused and ward staff felt that this aspect of the condition could be seen as mental illness and had sought advice from Jo. After a discussion it was established that the deliria was not mental illness but a temporary symptom of the infection: "Much of our work involves teaching other staff about mental health and, as various situations such as this, arise we are constantly asking ourselves; 'Is there an opportunity to educate our colleagues today?'" said Jo, adding: "Parity of esteem is a big consideration and it works both ways. Knowing that the team and I can make an enormous difference to patient experience and satisfaction is reward in itself. We are continuously striving for the best outcome."

After half an hour spent with the team, listening to them on the phone and seeing the breadth of activity that they deal with, what shines through is their care, dedication and commitment as well as the bond they have achieved through working so closely

together: "We always do our very best and share tasks; there are no boundaries and we get involved in everything. We laugh a lot and care about each other. The door is always open and hospital staff know that they can pop in at any time to ask our advice."

It is clearly not an easy job though and requires a great deal of patience. Jo explains: "Hospital staff who are used to treating physical conditions cannot be expected to always think in terms of possible mental issues associated with a case. It is our role to look at the bigger picture."

Within KMPT, Dr Kirsten Lawson drives the agenda and sets the strategic direction: "Future plans include potentially running clinics and looking at how KMPT can work with colleagues in acute hospitals and primary care to make mental healthcare not just 'as good as' physical healthcare but to be thought of as 'part of' physical healthcare. Historically these have been provided in very separate environments, however this is no longer acceptable clinically or affordable financially. Getting the basics right is vital with everybody having a willingness to



Jo Clarke, Naz Ramjanally, Mandy Adams, Laurence Potter

take a 'whole person perspective', something we pride ourselves on in Liaison."

Feedback is important to the team who got some really good compliments through the Friends and Family test. Visitors are always welcome and colleagues working for organisations such as the Clinical Commissioning Groups are encouraged to visit, assess the process and report back. Jo said: "Our aim is to continuously improve

our service. We are always mindful that we are a mixed team, coming from various organisational cultures and adhering to different visions and values. However, the process works extremely well and is a big, positive step towards patient satisfaction."

Nick Sinclair who is the General Manager for Acute and Emergency Medicine at Maidstone and Tunbridge Wells Hospital said: "Psychiatric Liaison is an invaluable

service that helps our staff better understand the needs of some patients that may require more than general medical assistance and who could have both physical and mental health problems. The Liaison team give advice and talk through the best approach or treatment for patients, on an individual basis, to make sure the best possible care is provided."



Friends and Family Test



You can now complete the Friends and Family Test online.

Help us to get it right

www.kmpt.nhs.uk/friends-family-test



Dr. Lona Lockerbie, Professor Theresa Gannon and Andy Danton

STUDY INTO DELIBERATE FIRE SETTING GETS NATIONAL RECOGNITION

KMPT's Forensic Services research team has just clinched a second prestigious award for their work on a specialist intervention developed for individuals who have a mental disorder or personality disorder with history of deliberate fire setting.

The Economic and Research Council's Outstanding Impact in Society Award was presented by Kelvin Hopkins MP to the joint KMPT and University of Kent team on Wednesday 22 June 2016.

Criminal fire setting costs the UK £40million per year with 65 casualties each week.

This award is the second accolade for the team in a matter of months as they recently received a prestigious Impact through Knowledge Exchange Award as part of the University of Kent's Innovation Awards 2016.

Working with staff from the Centre for Research and Education

in Forensic Psychology (CORE-FP) at the University of Kent, the forensic team's project is for the development, implementation, and evaluation of the Fire setting Intervention Programme for Mentally Disordered Offenders (FIP-MO).

The annual ESRC Celebrating Impact Prize is an opportunity to recognise and reward researchers whose work has made a real difference to society or the economy.

The prize is awarded to ESRC-funded social science researchers who have achieved impact through outstanding research, collaborative partnerships, engagement or knowledge exchange activities.

Forensic and Specialist Services Director, Lona Lockerbie said: "We are very lucky to have two excellent psychologists from the University work with our service one day a week and I am thankful to them for all of their hard work and inspiration on this project.

The service has been recognised for its national best practice regarding fire setting research for some time now and these awards are very welcome and prestigious endorsements."

Criminal fire setting costs the UK £40million per year with 65 casualties each week.





MOTHER AND INFANT MENTAL HEALTH

There is currently a lot of national focus on the mental health of pregnant women and new mums thanks to celebrities sharing their stories and soap storylines. Lots of charities have taken this as an opportunity to highlight how common disorders such as postnatal depression are, and how important it is that families receive the right support.

KMPT has provided a specialist mother and infant mental health service (MIMHS) for 15 years, with highly specialist psychiatrists and clinical nurse specialists who have extensive training and experience in working with mums and babies. This includes women with a history of mental ill health, who are at increased risk of becoming unwell again when they have a baby, and mums who have developed mental illness for the first time.

The MIMHS team work closely with families and in partnership with maternity services, health visitors and social services to support both prevention and recovery. When we recently asked families about what difference the service has made to them they told us that they particularly value having specialist support to make informed medication choices during pregnancy and breastfeeding, being visited at flexible times, and being fully involved in the joint planning of their mental health and maternity care. They said they have felt more confident about managing their own mental health, and bonding with their babies.

As well as seeing families themselves MIMHS provide specialist training and advice to other professionals working with mums impacted by mental illness, and work with policy makers

and commissioners to advise on how services for these families could be further developed. To assist in this, we established a perinatal mental health work network across Kent and Medway in 2015, where we are working with commissioners, specialist professionals, and mums who have been unwell to raise awareness and seek opportunities to jointly improve services.

KMPT has provided a specialist mother and infant mental health service (MIMHS) for 15 years, with highly specialist psychiatrists and clinical nurse specialists who have extensive training and experience in working with mums and babies.

One area we are keen to focus on is peer support. Mums have told us that they'd like more opportunities to meet others who are experiencing mental health problems and mums who have now recovered. Within the network we are trying to see if support groups can be established in each area. At KMPT we are also currently looking at funding opportunities to employ recovered mums as specialist peer supporters within our own MIMHS team.

You can keep track of the MIMHS team and the progress of the perinatal mental health network on our website www.kmpt.nhs.uk



Join us and make a difference

We're recruiting

There are many **great benefits available to you** when you work for us including a great working environment, strong support from your manager and flexible working options - as well as a £1200 new hire bonus for frontline band 5 and 6 nurses.

To see the benefits of working for us visit:
<http://www.kmpt.nhs.uk/work-for-us/>
and view our vacancies <http://jobs.kmpt.nhs.uk/>
or call us on

01227 812349