

EDITORIAL

Julia Barton Head of Learning and Development,
PHT

Welcome to this special **Mental Health** edition of Bite Sized Best Practice. There have been a number of serious untoward and critical incidents relating to mental health recently and many staff have asked for support to develop their confidence and skills in treating and caring for patients with mental health issues. This edition provides a fascinating insight into some of the initiatives to improve the patient's experience of acute care when they have a mental health issue. Innovative partnership working has been the key to success in progressing these projects and we are confident they will yield considerable improvements.

Raising awareness and tackling stereotypes about mental illness concern staff as well as patients, relatives and carers. Brian Griffiths details some alarming facts about stress in the workplace and indicates possible avenues of support. We are grateful for the interesting articles submitted by our PCT colleagues, which provide information about a number of key projects.

On **10th October, 2006** the Trust is holding a **Mental Health Awareness Day** to coincide with World Mental Health Awareness day. Come and visit the stands in QAH and SMH receptions between 10am and 3pm to find out more and watch out for leaflets on patient menu trays. A new annual **Mental Health Best Practice Award** will be launched, as well as a dedicated **Mental Health Online Resource** for staff, with links to external organisations and sites as well as tools and guidance to assist staff in their practice.

We hope you find this edition stimulating and inspiring. If your clinical area has already undertaken projects to improve patient experiences in this area, do let us know and don't forget to apply for the MH Best Practice Award.

Developing partnerships to improve practice

Mary Golden Nurse Consultant, Adult Mental Health Services,
Portsmouth City Teaching PCT

There is a great deal of anxiety, and lack of understanding about mental health and mental illness. Many of us will have a mental health problem at some stage in our lives that will need specialist support. Individuals with mental health problems may become physically unwell at various times of their lives and require good physical health care too, while people who become physically unwell can often develop mental health problems.

In Portsmouth we have recognised the need for our services to work more closely together in order to support both these aspects of patient care. Acute trust staff are often anxious about giving care to someone with a mental health or substance misuse problem. Similarly, individuals needing to spend time in one of the mental health admissions units at St James Hospital may have physical health care needs that the mental health practitioners may not feel able to meet.

Following discussions between Julia Barton, Head of Learning and Development at PHT and Mary Golden, Nurse Consultant, Adult Mental Health Services, Portsmouth City Teaching PCT, there is now a very active and enthusiastic working group, involving practitioners from both organisations, looking at ways to collaborate and improve practice. Staff from the mental health services will be working with staff from PHT to improve their skills and confidence when caring for people with mental health problems. Staff from PHT are helping to improve the knowledge and skills of staff in mental health around physical illnesses. It is hoped that this work can also be extended to include the needs of individuals with learning disabilities.

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DEALING WITH MENTAL HEALTH PROBLEMS:

WE ALL HAVE A ROLE

Brian Griffiths Occupational Health Nurse/Health Promotion Specialist,
Occupational Health Department PHT

The Health & Safety Executive (HSE) state that 1 in 5 people say that their workplace is too stressful; a total of 13.4 million working days were lost in 2001 due to stress and depression; 1 in 4 people will suffer with a mental health problem in any one year. Stress is often seen as a major factor in poor mental health and the HSE defines it as: "The reaction people have to excessive pressure or other types of demands placed upon them. It arises when they worry they can't cope".

What can we do as individuals?

We need to take individual responsibility for our own health by recognising pressure at home and work. Managing those pressures can then reduce the risk of them getting out of control and causing stress.

Factors which may cause pressure at work:

- ♥ Physical conditions: Noise, vibration, poor lighting, poor ventilation, poor workstation
- ♥ Job design: Inconsistent management, conflicting demands, repetitive work, under use of skills, unrealistic time pressures, unclear responsibilities, lack of breaks, poor training, lack of job control
- ♥ Work relationships: Poor communication, lack of support, isolation, bullying, harassment, threats of violence
- ♥ Work organisation: Change, new technology, poor promotion prospects, excessive workload, long hours, unclear reporting lines

To relieve pressure on ourselves as individuals we can highlight work issues to managers and colleagues. Being assertive can be difficult and may in itself cause pressure. However, standing up for our own health and tackling difficult issues brings positive health benefits.

What can the team do to help?

Often people suffering mental health problems may be stigmatised, and many may not recognise the symptoms in themselves or accept this as a genuine illness. As members of a team we can give guidance and support. Understanding that mental ill health is a genuine illness which may require treatment may

reduce stigma for the individual.

Symptoms associated with mental ill health might include: lack of concentration, poor sleep, poor appetite, unclear thought processes, poor eye contact, exaggeration of emotions, tearfulness, negative attitude, lack of self-esteem, tiredness, poor attention span. Individuals may display some of these symptoms, or indeed they may compensate for how they are feeling and start to become hypersensitive and demonstrate an exaggerated alertness.

The manager's role

Managers have a duty of care for their staff to be vigilant, recognising ill health and making appropriate management referrals. Occupational Health Department or Counselling Services help to manage stress while conflict might be resolved with support of the Counselling service, Human Resources or Union Representatives. The Health and Safety Department can be consulted on physical factors.

The organisation's role

The organisation has a duty of care to follow Health and Safety at Work legislation and part of that duty is to:

- ♥ Risk assess for stress
- ♥ Work in partnership with employees and their representatives to help reduce stress
- ♥ Provide an indicator with which stress management can be measured

The HSE provides guidance for employers and PHT has the following support mechanisms in place:

- ♥ Staff Counselling Service
- ♥ Occupational Health Department
- ♥ Human Resources
- ♥ Union representatives
- ♥ Health & Safety Department

Conclusion

Mental ill health is a real illness. It cannot be seen like a broken arm, but it is very real for the person experiencing it, and needs to be recognised and treated with understanding and support.

THE MODERN MATRON ROLE AND ACTION LEARNING SET

Graham T Poulter Clinical Matron, Adult Mental Health Inpatient Care,
Portsmouth City Teaching PCT

Adult Mental Health (AMH) has a total of 5 units with 73 admission beds for the city of Portsmouth for Residential Care. All of these units are very busy and quite complex to manage. The managers were receiving only ad hoc supervision and it was felt that a Modern Matron providing an action learning set (ALS) could be the ideal method to fill this identified gap in supervisory practice. One of the objectives was to provide senior nurses direct access to peer support, which was evidence based, was facilitated by a senior clinician and provided learning outcomes with clear actions to be made by all participants.

In January 2005, the PCT appointed its first Modern Matron in AMH inpatient care which was a new way of working in line with the new direction of the Department of Health. The Modern Matron, with a wide governance role, is a highly visible clinician who works at ward level, free from the constraints of

operational management, and free to support all staff grades in clinical practice.

The ALS was introduced to provide the needed supervisory support. It has been running for some time with an agenda that is set prior to the meetings with protected time for all unit managers. The ALS provides a confidential and supportive environment where senior nurses can explore their practice and that of their peers in privacy. Senior nurses value this as their role sits between senior operational management and ward level politics and practice. They often have to be mediator to all - a very difficult task. The ALS provides a forum for debate where they are able to explore these dilemmas with peers and with the guidance of a senior clinician. The ALS runs monthly and will be reviewed on an annual basis. This is in addition to individual supervision that unit managers have and is evidence of positive practice in an ever-busy AMH service.

DELIBERATE SELF HARM AND OLDER PEOPLE

Andy Tysoe Modern Matron, Elderly Mental Health, East Hampshire PCT

Older people account for a relatively small number of attendances at Accident and Emergency departments in the NHS for deliberate self harm. However, compared with working-age adults, the intent that accompanies the act of self harm in older people is generally higher and is more likely to result in an admission to a general hospital bed than a self harm event of a working age adult.

Currently, working age adults have timely and appropriate access to the Deliberate Self Harm (DSH) team based at the Accident and Emergency department at QAH, who will assess people who self-harm, when medically fit, between the ages of 16 – 65. Over 65's have a different pathway, which involves the treating doctor filling out a referral and faxing it to the appropriate locality consultant at the Older Persons Mental Health (OPMH) Service, who will then decide on a course of action, including a medical assessment by a psychiatric liaison doctor.

Many government papers and proposed service models have highlighted the need for integrated mental health services to be available and accessible to all service users, irrespective of age. With this in mind, a successful business case has resulted in a half-time post being added to the DSH team to include the over-65's in the service as well. Extending the team will:

- ♥ Support equal access to services
- ♥ Reduce inappropriate admissions to PHT, by providing comprehensive assessment and care planning within A&E
- ♥ Provide a screening process for all referrals and signposting as appropriate
- ♥ Streamline services and assist PHT by simplifying referral routes

OPMH Services for Portsmouth City are currently working closely with the DSH team to allow the service to go live for older people by the end of October 2006.

BEST PRACTICE

MENTAL HEALTH CHAMPIONS DEVELOPMENT PROGRAMME

Sandra Cameron Team Leader, Mental Health Liaison Team, Adult Mental Health, Portsmouth City Teaching PCT

In response to incidents and to requests for training and support a Mental Health Champions programme has been developed to meet the needs of those caring for patients with mental health issues. The programme is being coordinated by Sandra Cameron Team Leader, Mental Health Liaison Team, who has been seconded for two days per month to get the programme off the ground.

The aim of the programme is to improve the provision of care for individuals with mental health issues using QAH, SMH and RHH and to support staff through a structured education programme.

The programme will comprise morning taught sessions on a wide range of mental health topics, open to anyone to attend. Afternoon Action Learning Sets (ALS) will be offered for champions only. This will enable champions to initiate change in the workplace and gain deeper personal and group learning through facilitation and reflection.

Some of the many benefits will be: improved patient care; reduced staff anxiety when dealing with patients or others who have mental health issues; increased likelihood of identifying risk earlier and ensuring people get the care they need as soon as possible; and stronger links between two trusts providing care within the same geographical area.

The programme starts at the end of October and the champions will be registered nurses working across every area of PHT including medicine, surgery, gynaecology, orthopedics and many more! This will enable them to become torchbearers for mental health within their clinical areas.

PLANNED RELAPSE PREVENTION PROGRAMME FOR OLDER ADULTS WITH RECURRENT DEPRESSION

Felicity Fincham Clinical Psychologist, Older Persons Mental Health, Fareham and Gosport PCT

The Older Persons Mental Health Service in Fareham and Gosport is planning a prevention programme with the aim of reducing relapse and recurrence of depression, and thereby reducing readmission to hospital and improving quality of experience and perception of control of sufferers and their families.

The programme will be facilitated by a clinical psychologist, a community mental health nurse and a psychiatric consultant with contributions from other members of the multidisciplinary team as appropriate. It will encompass identifying early warnings; developing psychological approaches with a demonstrable role in relapse prevention (CBT based); role of life-style in promotion and maintenance of wellbeing (e.g. activity, exercise, diet and sleep, relationships) and role of medication.

Immediate relatives will be encouraged to participate, as well as persons with previous episodes of depression. The programme will be based on group work within a mental health day hospital setting. The Psychology Service will audit the programme.

Communication or collaboration with anyone who has offered or plans to offer a similar service would be welcomed. Please contact Felicity Fincham on Tel. 01329 286321 or email felicity.fincham@ports.nhs.uk

CONTRIBUTIONS SOUGHT

- What good ideas have you put into practice in your work area?
- What stories do you have of small changes that make a big difference to patients?
- What have you learnt through your experience that you are willing to share with others?
- Have you discovered any useful websites that others should know about?

Please contact Fran Lamusse or any member of the editorial team with your contributions or suggestions for content.

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