



NWW

New Ways of Working
In Mental health

Enhance, Include, Evolve

**New Ways of Working
For
Allied Health Professionals**

**Supplement C – Examples of Good Practice/Innovation
October 2008**

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	10694
Title	New Ways of Working in Mental Health: New Ways of Working for Allied Health Professionals
Author	CSIP/NIMHE
Publication Date	October 2008
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs , Medical Directors, Directors of Nursing, Directors of HR, Allied Health Professionals, GPs, SHA AHP Leads
Circulation List	Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, NHS Trust Board Chairs, Voluntary Bodies
Description	This best practice guidance sets out what new ways of working (NWW) means for allied health professionals (AHPs). It describes the key drivers and how AHPs can and do contribute to NWW to support delivery of patient centred care.
Cross Ref	NWW Final Report 2005 NWW for Everyone 2007
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Roslyn Hope Director, NIMHE National Workforce Programme c/o NIMHE North East, Yorkshire and Humber Development Centre Genesis 5, Innovation Way Off University Road Heslington York, YO10 5DR email: roslyn.hope@csip.org.uk
For Recipient's Use	

Contents

Page

Examples of Good Practice/innovation

C1	Introduction	1
C2	Education and training	2
C3	New Roles	5
C4	System reform	12
C5	Working in teams	18
C6	Good practice/innovation proforma	22
C7	Glossary	24

Key to abbreviations

AT	Art Therapist
D	Dietitian
DT	Dramtherapist
E&R	Education and Training
MDT	Multidisciplinary Team
MT	Music Therapist
NR	New Roles
OT	Occupational Therapist
PT	Physiotherapist
SLT	Speech & Language Therapist
SR	System reform
WT	Working in Teams
wte	whole-time equivalent

C1 Introduction

This supplement of the report gives examples of innovative practice from AHPs nationwide. The aim being to reflect the range of work in which AHPs are currently involved, in terms of service development/change and positive practice in mental health care for service users and carers.

The NWW AHP committee requested that examples be collected not only from individual professions, but also to try to capture examples where change has been affected across and between professional boundaries.

Many examples collected, indicate a new way of adapting services and strengthening the input from service users/carers in clinical practice. The results are displayed here in the context of the themes of the four project groups (Education & Training, New Roles, System Reform and Working in Teams). It is recognised that some examples may relate to more than one theme.

Much can be learnt and shared from colleagues in other professions. This collection indicates the depth of commitment from the allied health professions to the continuing evolution of mental health services that properly reflect the needs and demands of service users and carers including promoting equality and reducing discrimination.

All examples included indicate only a part of the information submitted by clinicians and contact details are provided to allow those requiring further up to date details, to make contact and request some of the richer history.

This work was undertaken as part of the National Institute for Mental Health England (NIMHE) work-stream on New Ways of Working (NWW). The examples cover a range of client groups, primary and secondary care, third sector and include a number from Scotland and Wales.

Within the timescale of the work it was not possible to quality assure the examples submitted. The examples cover a continuum of new ways of working so that some services will recognise examples that they have already incorporated and other examples that are leading edge. It is for individual services to determine which ones are the most useful and relevant to their service needs.

Many thanks to all who contributed to this process.

C2 Education and training

E&T 1 MDT

Bridging the Gap

To improve the understanding that staff working in physical rehab therapy have of mental health issues affecting older people, especially dementia and depression.

This understanding and knowledge better equips staff to provide physical rehab to older people with mental health needs. Study day with sessions on Dementia, person centred care and depression. Dementia session led by mental health Occupational Therapist, and Depression session by consultant nurse in older people's mental health.

Contact: Sara.nash@derbyshirecountypct.nhs.uk

E&T 2 (MDT)

Joint services training, coordinated with service users

Provision of multi-disciplinary shared mental health training across Leicestershire and Rutland. Training delivered by a pool of service users, carers and workers in partnership with services directly and indirectly involved in wellbeing and mental health.

Contact: Rebecca Pritchard 0116 2253691

E&T 3 (OT)

Training pack to educate support workers and rehab assistants

Driven by the North Central London Occupational Therapists in response to requests from support workers and rehab assistants to receive training on 'enabling'. To educate on principles of enabling; task analysis and promoting independence in activities of daily living; The aim was to provide a training resource pack for qualified senior Occupational Therapists to deliver training to support staff on core competencies in promoting independence for service users, and work with therapeutic boundaries utilising concepts of enabling.

Contact: Vanessa.Papas@candi.nhs.uk

E&T 4 (SLT)

Multidisciplinary research group, investigating issues of dysphagia in adult learning disabilities and aging/dementia.

The development of a relevant evidence base is essential, and having this led by AHPs (specifically SLT) is a new way of generating the evidence required. The project aims to help inform professionals and carers, in order to improve understanding of the difficulties faced by this client group, and the best ways to support clients and carers

The project work is ongoing and is working to develop a tool that looks at quality of life for clients and how dysphagia impacts on this. The project is running between Newcastle and Edinburgh, and is about to extend to Pittsburgh, USA.

Contact: Hannah.crawford@cddps.nhs.uk

E&T 5 (DT)

Dramatherapy and mental health service user involvement workshop.

The workshop aimed at examining how dramatherapy could support and facilitate 'user involvement' in mental health services. It offered a practical and creative workshop to a group of mental health service users whereby they were given the opportunity to express and communicate aspects of their experience of mental ill-health and services through a dramatic performance. It introduced an innovative and creative approach to 'user involvement' that made use of drama and theatre to ultimately raise awareness, facilitate a dialogue and contribute to change in health care practice. The workshop culminated in the creation of 'Call for Rescue', an interactive play entirely developed and performed by mental health service users, which offered an empowering experience. The project was part funded by the Peter Slade fund, (British Association of Dramatherapists) and

supported by Mind in Harrow, (Voluntary sector). The play was performed at the Central and North West London Foundation Trust's Nursing conference in June 2007 to highlight aspects of the users' experiences of mental health care. The play is now to be included in the Trust's training and induction programme.

Contact: Jefiacques@aol.com

E&T 6 (PT)

Aromatherapy for clients on the dementia ward to improve sleep patterns.

Staff were having difficulties settling clients to bed, and patients had poor sleep patterns on an older persons mental health organic ward. Staff were trained in hand massage, and understanding of aromatherapy, under supervision from the physiotherapist.

Contact: Anne.wilson@aintree.nhs.uk

E&T 7 (AT/MT/DT/DMT)

Research and Development Specialist – Arts psychotherapies

The drivers for this post and its role, has been the need to practice evidence based treatments and awareness that there is not a huge evidence base for most psychotherapies. There is therefore a need to gather an evidence base. To achieve this it was necessary to have a therapist with the knowledge and experience of both the clinical work and research, to act as a bridge between these two very different ways of thinking and working. This post was established in 2000 and is part time. The benefits of the post have been the development of a workforce that is very research aware and an increase in research activity.

The post holder aims:

- To facilitate research and promote a research culture in the arts psychotherapies (AsPs) in order to establish an evidence base for best practice in line with the National Service Framework.
- To engage with national researchers with a view to the Trust's AsPs being part of larger research projects and to build an archive that would be available to the AsPs and the wider Trust and others from outside the Trust.
- To keep up to date with current research and cascade this information to the AsPs across the Trust to ensure best and most up to date practice and a high quality service .

The arts psychotherapies (AsPs) staff from four professions, work in all areas and with all service user groups across the Trust. The service is now engaged in a national research project, the largest of its kind in the world, looking at the efficacy and cost effectiveness of art therapy for people with schizophrenia. Therapists are more willing to engage in research, as they know they will have advice and full support throughout their project

Contact: vicky.morrison@awp.nhs.uk

E&T 8 (SALT)

SALT Student Training – Life Story Work.

This Joint Stockport Mental Health Services and the University of Manchester project aims to radically increase the number of Speech and Language Therapy students that have had placements in mental health, but also to use their presence on the unit to enhance the assessment and care process. For SLT students to attend a student placement in older people's mental health specifically to engage in 'life story work' with people with advanced dementia and challenging behaviour.

Contacts: Jackie Kindell and Laura Brierley 0161 419 6064

E&T 9 (OT)

Collaborative working with UK Centre for Outcomes Research and Education.

Occupational Therapists in Gloucestershire Partnership NHS Foundation Trust have been actively working in partnership with academic colleagues at the UK Centre for Outcomes Research and Education. The aim is to deliver evidenced based practice *and* to generate evidence for practice through the development of a research culture in the mental health practice setting. To date the therapy team has developed care pathways of specialist occupational therapy in mental health and have taken part in research studies to evaluate the use of standardised OT assessments.

Contact: Jane.Melton@glos.nhs.uk

E&T 10 (MT)

Music Therapy in forensic settings.

The Lead Clinical specialist in Arts Therapies Rampton High Security hospital, music psychotherapist has developed time-limited cognitive analytic music therapy: an integration of cognitive analytic psychotherapy and psychodynamic music therapy designed for treatment resistant personality disordered offenders.

Following completion of a pilot project at Arnold Lodge medium secure unit, the next stage is at the planning stage to implement a formalised research project at Rampton and in collaboration with other medium secure facilities. The research protocol is registered as Kings College London as a doctoral project through the health services research department the institute of psychiatry.

Contact: Stella.Compton-dickinson@nottshc.nhs.uk
or Stella.Compton@iop.kcl.ac.uk

C3 New Roles

NR 1 (PT)

A comparison of Postural Stability and Pilates as a treatment for chronic low back pain in a mental health population.

Clients were invited to attend 10 sessions of a validated postural stability programme. The Oswestry low back pain disability questionnaire (ODQ) was used as an outcome measure. This showed good outcomes for those who completed the course. This was contrasted with a course based on the pilates approach, 100% more clients completed the course and ODQ scores were improved

Contact: victoria.welsh@awp.nhs.uk

NR 2 (OT)

Vocational Assessment in mental health.

The Mental Health Occupational Therapy service and its wide range of partner agencies aim to enable and support service users to identify their vocational aspirations and to become vocationally active, supporting their ongoing recovery and enabling them to follow an integrated care pathway leading to economic activity, self development, skill acquisition and social integration. The work involves the development of a vocational assessment pack that has been designed in partnership with voluntary and statutory agencies and with service user involvement. It is available in hard and electronic form and is a user held vocational profile, which acts as the “baton” the service user, carries between services and agencies thus assisting communication, reducing duplication and repetitive assessment and empowering the service user in their recovery.

Evidence supports that those service users involved in vocational activity require less frequent appointments with consultants, use services more effectively, report improved wellbeing and rely less on “traditional” mental health services.

Applies in CAMHS, adult and mental health services for older people.

Contact: mary.pakes@cardiffandvale.wales.nhs.uk

NR 3 (OT)

Development of clinical specialist posts.

New AHP Clinical Specialist Occupational Therapy post was developed to provide mental health Occupational Therapy input to the physical community rehabilitation team. This was to respond to the needs of patients, predominantly elderly, with mental health as well as physical problems to ensure partnership working, seamless care and to broaden the referral base to include patients who have mental health difficulties, who would otherwise have been excluded from the community rehabilitation team.

Contact: Helen.tilley@derbyshirecountypct.nhs.uk

NR 4 (OT)

Job Retention Pilot Study.

To develop and evaluate a model of service that can be rolled out across Scotland that assists people in employment experiencing mental health problems to return from sickness absence or maintain the worker in their post. Occupational therapist working in the title rehabilitation consultant is allocated cases from the evaluators. They meet the client and assess their perspective, meet with the clients' manager for their perspective and analyse job tasks. Finally, they formulate an appropriate action plan incorporating perceived “reasonable adjustments”, and support the client in re-engaging with their worker role.

Contact: a.hynie@nhs.net

NR 5 (PT)**Physiotherapy into the CMHT (Older Person Services)**

Physiotherapists working in the community are able to access their patients quicker, assess, diagnose, and initiate treatment quicker, preventing physical and mental deterioration in the patients' condition. Because the physiotherapist knows which resources are available, they are able to provide the appropriate intervention at the first point of contact, rather than waiting until the patient has deteriorated and will require far greater input at a later stage.

Contact: Anthony.Hegarty@wlmht.nhs.uk

NR 6 (OT)**Employment Pathway.**

- To provide a comprehensive range of services to facilitate service users in achieving their vocational/occupational aims.
- To identify, recognise and make best use of the range of skills available within the area, both within mainstream resources and local statutory / voluntary sector mental health provision
- To have a clear pathway and efficient access to the specific services available to meet individual need, and provide access to useful and meaningful CPA documentation – originally the information being sent through did not highlight the employment needs individual were being referred for.

Contact: emma.dallorzo@covwarkpt.nhs.uk

NR 7 (OT/MDT)**Crisis Resolution MDT treatment in the community.**

To reduce inpatient beds and admissions. This is provided for by a 24hrs a day, 7 days a week multi-disciplinary service with the aim of working intensively with service users in the community during a mental health crisis. Comprehensive assessment influences treatment plans of the individual and their carer(s) and is paramount to successful crisis resolution and home treatment. Cardiff & Vale crisis recovery & home treatment teams are also supported by crisis housing.

The occupational therapists involved in the crisis teams and the crisis recovery unit have a multidisciplinary role and a profession specific role, looking at function and vocational rehabilitation, depending on the acuity levels of the service users.

Contact: Sheila.Sainsbury@cardiffandvale.wales.nhs.uk

NR 8 (PT)**Physiotherapy, Massage Therapy and Exercise therapists working as one team, helping MH clients to manage their physical health needs.**

This enables the physiotherapists to concentrate on utilising their core physiotherapy skills and allows clients to receive treatment / intervention from the best professional group to deal with their physical need. Age range covered is mainly working age adults and older people's services. However, some specialist services are also covered - Eating disorders, Alcohol units, Deaf services, Forensic services and Children's services.

Contact: diane.pullin@swlstg-tr.nhs.uk

NR 9 (OT)**OT in STAR (Support, Advice, Training and Rehabilitation) Project.**

The STAR project is a 16-week programme for clients interested in undertaking vocational activities ranging from voluntary work, education and employment. The programme includes a work preparation group (covering goal setting, planning, problem solving and work place issues), work assessment and individual emotional support. The client group is adults of working age (16-65+) with acquired brain injury.

Contact: Wendy.Griffiths@cardiffandvale.wales.nhs.uk

NR 10 (OT/MDT)

“Staying Stopped”

Service User Workbook of Relapse Prevention – Substance Misuse, written by a member of the occupational therapy team. A pilot study undertaken in 2006, with 25 members of the MDT (medical, nursing, OT, social work) from the three locality teams of the Community Addiction Unit Cardiff and Vale NHS Trust.

Early feed back is that in some instances the workbook has been popular with service users and key workers. Key workers have found it useful not only as a tool in its entirety, but also as a 'photo-copiable' resource, to use topic by topic according to need.

Contact: chris.sampson@cardiffandvale.wales.nhs.uk

NR 11(OT)

Occupation to Facilitate the Recovery Model – an alternative to traditional “day services”.

Service redesign aims to develop a person's occupational identity as they recover their mental health in order for them to establish a healthy balanced lifestyle, supportive of their future mental health. Also, to develop profession specific occupational therapy assessments and interventions that are evidence based and outcome measured. The adoption of the 'recovery model' ensures provision of a variety of activities across the three key performance areas of self-care, leisure and vocational activities. Each client has an action plan with measurable goals incorporated into the CPA review system that involve a suitable mixture of individual and/or group work interventions facilitated by the Resource Team.

Contact: Louisestewart@DerbysMHService.nhs.uk

NR 12 (MT)

The practice of music therapy for adults with mental health problems; the relationship between diagnosis and clinical method.

A survey-based research project WAS carried out across five established music therapy clinical centres in Europe designed to answer the main question: 'How are different approaches and techniques of music therapy defined in adult psychiatry, for people between 18-65 years old, which link diagnosis to treatment?' The research design includes statistical and qualitative analysis. Main findings show that music therapy centres in the study variably define what they do and why they do it, linked to diagnosis. Outcomes show that reasons for this are linked to training and clinical judgement. Specific findings show that there are some distinct differences between techniques used for psychotic disorders and non-psychotic disorders. Techniques involving symbolic thinking are more prevalent for non-psychotic disorders, for example. Outcomes also show a prevalence of use of approaches drawing on psychoanalytic theory with a strong emphasis on techniques of free and structured musical improvisation for all diagnoses. The study concludes that there is a need for further research and changes in attitude towards music therapy training, in order to more clearly define music therapy treatments for adults with mental health problems. In particular, one main finding showed that composed song is used predominantly with people with schizophrenia and this is linked to the need for structure and organisation, which helps with disorganised thought.

Contact: h.odell-miller@anglia.ac.uk

NR 13 (OT)**Dementia Advice and Support Programme (DASAP)**

Run as an out-patient programme within the Day Hospital by Occupational Therapy and Nursing staff, to provide early intervention to recently diagnosed dementia clients.

The programme provides a six-week programme of advice/education and support to both clients and carers. It was designed to fill the gap between the early diagnosis of dementia and the formal engagement of Older Peoples Mental Health Services in the future. The project allows the team to engage with the people most affected by a dementia diagnosis at a much earlier stage. This approach has provided greater customer satisfaction and in turn greater staff satisfaction.

Contact: Cathryn.smith@derbyshirecountypct.nhs.uk

NR 14 (PT/OT)**Dealing With a Feeling/Body Awareness Therapy groups.**

The aim of this project is to investigate relevance of Body Awareness Therapy (BAT) to young adult men with Learning Disabilities, Personality Disorders, and possible offending history. The group aims to help members understand their emotions, recognise associated physical/physiological feelings, thoughts and behaviours, identify triggers, and identify maladaptive and adaptive coping skills.

The 'Dealing with a Feeling' (DwaF) group, aims to help improve interpersonal skills. The 'Body Awareness Therapy Group' (BAT) aims to increase body and self-awareness and develop trust and cooperation.

Service users have developed social and communication skills. Members of the group have shown improved insight and awareness and are able to give and receive feedback while developing trusting and supportive relationships with each other and with staff. The physiotherapy and occupational therapy combination has made best use of professional skills.

Contact: Hilary Haynes 01604 616251

NR 15 (OT)**Occupational Therapy in Newcastle Memory Clinic: A Developing Role.**

The work aimed to demonstrate the potential role of occupational therapy in a new area of service delivery, illustrating, through the practical application of professional theory, how the occupational therapy process might dovetail with the existing Memory Clinic pathway to enhance multidisciplinary working for the benefit of service users. Newcastle Memory Clinic provides early diagnosis of memory problems in later life. The team is made up of Consultant Psychiatrists and other medical staff, Psychology and Community Psychiatric Nursing staff. The project to evaluate Occupational Therapy's potential involved dedicating a Senior OT for a minimum of two sessions per week. Service users have gained from timely access to OT assessment and intervention, without the need for referral on to other services. They have also been afforded attention to personal/social/environmental issues that may not have been considered as part of the Memory Clinic's diagnostic function. Early OT intervention can help those with degenerative conditions to establish effective strategies and routines, thereby promoting wellbeing and enabling them to overcome the functional effects of their illness.

Contacts: chris.ormaston@ntw.nhs.uk
vicki.ogilvie@ntw.nhs.uk

NR 16 (AT)**Kids Company in Secondary school providing Arts Therapies to Adolescents with behavioural and emotional difficulties.**

The project is aimed at secondary school pupils from 11 – 17 years in age who are failing to thrive in school and are in danger of exclusion. Kids Company provides a therapeutic space and early mental health promotion to address and explore problems before they get too severe. The aim is for the young people to gain in self-esteem and confidence to enable them to access the curriculum. It is an advantage to offer this therapeutic work outside the Health Service as an extra support in school. This way young people can be helped directly within the Education system and their needs picked up sooner rather than later. The therapeutic work is done by four art therapists, one dramatherapist, one dance movement therapist & one counselling psychologist running both individual and group sessions.

Contact: wilson@hopton.plus.com

NR 17 (OT)**Integration of Occupational Therapy within the Community Outreach Team. Service for clients with complex severe and enduring mental health difficulties.**

Evaluation conducted with support of Clinical Effectiveness department. Evaluation method incorporated into patient data gathering, based on both short and long-term goal achievement.

A service user questionnaire and staff questionnaire were also conducted. One whole time senior Occupational Therapist was funded via 'Change and Innovation' for a 2 year secondment. (Appointed December 2004, ending in June 2006.)

Benefits and value of integrated Occupational Therapy within this team were recognised, and core funding is now in place to sustain the Senior Occupational Therapy post and service to this client group.

Service User Questionnaire developed by post holder and carried out; reflecting client confidence in being able to achieve goals and that input has been beneficial to future function. Support levels and approaches facilitate engagement and achievement. Client confidence and expectations have been raised.

Contact: Dauidsanders@fife-pct.scot.nhs.uk

NR 18 (OT)**Development of specialist Occupational therapist role within female forensic learning disability unit.**

Developed with the unit managers to encourage greater use of activity on the ward and promote use of this to develop skills in clients, promote interaction, independence and inclusion.

Contact: caroline.jones@tney.northy.nhs.uk

NR 19 (OT)**'We Can'- development of Occupational therapy lead service to access education.**

Working in partnership with adult education and local FE colleges to develop understanding of barriers to accessing education, deliver stepping-stones to education, including discreet groups and advice, for any service users from the adult and older peoples service. Co-ordinating meetings with a range of agencies across health, housing, work, education, voluntary and community sectors, which work with people with mental health problems, to share information, identify unmet need and promote joint working to improve existing services or develop new ones.

Current projects include support into mainstream sports and fitness activities, and information and advice events for people with mental health problems

Contact: angie.turner@cpt.cornwall.nhs.uk

NR 20 (OT)**Men cooking for one-Back to Basics.**

Course run by the former county Durham and Darlington Priority Services NHS trust, in partnership with the Workers education Authority (WEA) and the Leadgate Community Centre, targeted at working aged men who lived locally and identify needs that would be addressed by the aims of this course. The course was aimed primarily at users of secondary mental health services, and members of the local community were also encouraged to attend. Main drivers for the project were the modernisation agenda, Social inclusion, Health Promotion and NICE guidelines around healthy living and life styles.

Contact: Helen.collinson@cddps.nhs.uk

NR 21 (OT)**Flexible Working, that utilises evidence from service users and colleagues to bring about innovative change within Occupational Therapy practice.**

To investigate the impact of therapists working extended hours, initially between 8am and 8pm, leading to the development of evening groups, i.e. evening cooking groups and weekly relaxation sessions in inpatient rehabilitation unit for adults with severe and enduring mental health problems, within the continuing care and recovery service.

Contact; claire.patten@leedspft.nhs.uk

NR 22 (OT)**CAMHS Infant Mental Health Worker**

To develop a model of practice for a CAMHS therapist working in the area of Infant Mental Health within the local community linked to a local Sure Start service. The service aims to preserve the emotional well being of infants and prevent longer term mental health issues in children by providing early intervention at the pre-natal and postnatal stages. The role incorporates direct clinical contact with vulnerable parents and children under the age of five (although predominantly they are three and under) in order to minimise the risk to children of developing mental health difficulties.

Contact: Lorraine.Robinson@leicspart.nhs.uk

NR 23 (PT/OT)**AHP's as case co-ordinators**

Occupational therapists and physiotherapists in mental health services for older people undertake care coordination where they are identified as the most appropriate clinician to provide most care for a particular service user. Other team members may still be involved with that service user to meet their identified needs.

A protocol has been agreed that when the clinician is no longer involved with a service user from a clinical basis they will pass care coordination duties on to another relevant team member through allocation. This reduces unnecessary visits from multiple team members to individual service users, but ensures that individual clinicians still have time available to provide their core skills for multiple service users.

Contact details: catherine.pope@nottshc.nhs.uk

NR 24 (D)**Essence of care benchmarking-Nutrition.**

Operating in the older people's inpatient service. Involves identification of nutritional risk and relevant care plan interventions to resolve nutritional issues.

Project aims to ensure all inpatients are screened for malnutrition and other nutritional problems, so that ward staff can offer appropriate first line nutritional intervention, improve nutritional intake of all patients and benchmark progress in meeting the criteria for the seven factors involved in the nutrition section of the essence of care.

Contact details: Helen.wiseman@leedsmh.nhs.uk

C4 System Reform

SR 1 (AT)

Art Psychotherapy: Building Bridges.

The development of an in to out patient art psychotherapy service within Adult Mental Health. Partnership working putting in place individual and group art psychotherapies that are applicable across in, out and day patients, designed for people with a wide range of mental health and psychological difficulties many of whom have severe and enduring conditions.

Contact: Jane.dudley@swlstg-tr.nhs.uk

SR 2 (OT)

Allotment Project.

To engage with clients who do not have interest in current ward activities – typically young males with drug/psychosis type difficulties.

To successfully grow vegetables and plants and to encourage social inclusion.

Develop allotment with clients on ward as planners, diggers, weeders, pruners etc.

To actively use clients' interest and knowledge to develop and demonstrate successful garden to other allotment plot-holders.

Contact: Lindsay.kerr@aapct.scot.nhs.uk

SR 3 (AT/DT/DMT)

Art & Movement in the Community.

How can contact and engagement with art in the community support the rehabilitation process in therapy for patients with enduring chronic schizophrenia? Encourage patients with enduring and chronic illness to engage in a therapeutic process through innovative approaches.

A time limited project to explore the potential benefits of therapeutic interventions combining work in hospital and in the community.

Explores how this can enhance the rehabilitation process in preparation for discharge into the community.

Contact: Aleka.loutsis@wlmht.nhs.uk

SR 4 (D)

Clients with eating disorders:-A solution focused approach to nutrition intervention and recovery.

To ascertain if solution focused methods can be used in conjunction with psycho-education to accelerate progress with changes to eating behaviour and weight. Clients are offered individual treatment sessions with the Dietitian, the treatment employs solution focused philosophy and techniques, in conjunction with psycho-education methods

Contact: ann.fennell@smhsct.nhs.uk

SR 5 (OT)

Assertive Outreach & Rehabilitation Team Fishing Group.

Main aim is one of social inclusion. Fishing is the largest participation sport in U.K. Clients value the role of anglers, as an identity unconnected with illness.

To offer a means of engaging those that are 'hard to engage', reject other service provision or have long-term difficulties with occupation.

Many members value returning to an activity that they participated in before the onset of their illness. Also facilitates connections with family, as often clients fished with dads or siblings as youngsters.

Contact: David.Jarrott@swlstg-tr.nhs.uk

SR 6 (PT)

End of life care for people with learning disabilities and Dual Diagnosis.

Developing systems and approaches in services for people with learning disabilities who are aging. In particular, those with dementia and those who require end of life care. To improve the quality of life for adults with learning disabilities (and their carers), for those who may be facing life limiting/life threatening illnesses or bereavement. To raise awareness of the issues with partner organisations, providers and carers thus creating a more informed workforce and support network.

Contact: Lynn.Gibson@nap.nhs.uk

SR 7 (OT)

Healthy Lifestyles Group.

The group was offered to clients who attended Chester le Street Home Treatment Team and rehabilitation clients who resided within an in-patient unit. The clients were known or referred to the Occupational Therapist by Home Treatment Team staff or rehabilitation staff.

Aims of the project were to; support group members to loose/ maintain weight, to educate group members to eat more healthily, to encourage group members to increase their activity levels, to increase group members self esteem, to encourage a healthy balance of activities in peoples lives and to create a supportive environment in which to discuss medication and well- being.

Contact: Hayley.lkin@cddps.northy.nhs.uk

SR 8 (PT)

Mental Health Football

Using football as a vehicle for social inclusion and engagement, particularly with those service users in hard to engage groups such as asylum seekers. Regular football session at Barnsley FC Academy with occasional matches against staff, other mental health teams from the region (Sheffield, Doncaster, Cheadle) as well as occasional tournaments (Millwall, Sheffield)

Contact: roderick.newsome@barnsleypct.nhs.uk

SR 9 (OT)

The Development of Enhanced Day Therapy (EDT) Services within a Recovery Model

This is part of a wider service redesign project within the 5 Boroughs Partnership NHS Trust, addressing mental health provision. The EDT teams include Occupational Therapists, CBT Therapists and Psychologists, and form part of Resource Recovery Centres (RRCs). The function of the EDT service is to provide a comprehensive range of therapies and support services that promote service user choice in relation to therapy and activity.

Local Drivers:

- High bed occupancy rates
- Service users reported concerns about a lack of choice concerning therapeutic intervention whilst in hospital, and issues connected with obtaining and maintaining meaningful activity when in and out of hospital.
- Maximising the benefits from New Ways of Working, by identifying the specific contribution and added value of different professional roles
- Inequality in service provision across the Boroughs
- History of difficulty recruiting OT staff to posts that were professionally isolated. i.e. only OT post in a team.
- Levels of unemployment for service users with psychotic conditions 93%-96%.

- The need to develop a 'whole systems approach', bringing together the work-streams relating to the development of Crisis Resolution/Home Treatment Teams, Early intervention services, Assertive Outreach services, Access and Advice services, in-patient, community teams and a range of occupational and psychological therapy provision, within a context of enabling Social Inclusion and promoting wellbeing and recovery.

Contact: Beccy.Richardson@5bp.nhs.uk

SR 10 (PT)

Weight Management Programme; Adult Mental Health

To help clients manage their weight gain due to a variety of factors, including side effects of medication. Clients taking anti-psychotic medication are able to lose weight if they are prepared to change their exercise and eating habits, with corresponding improvements in self-esteem.

Run by Senior Physiotherapist and Exercise Specialist with input from Dietician, Pharmacist, Psychiatrist, Psychology, nursing and leisure centre staff.

Contact: roderick.newsome@barnsleypct.nhs.uk

SR 11 (OT/MDT)

Assistive technology devices loan and demonstration service for elderly people.

To assist clients and carers to make informed choices about buying assistive technology devices. In the north of the county, a pilot project was set up after gaining £5,000 from the endowment fund to purchase a range of standalone assistive technology devices. These devices are used for demonstration and loan to enable clients to try them out before purchasing their own. The project represents something positive to offer carers who may be feeling desperate on receiving diagnosis of dementia-type illnesses. In the south of the county, the service is confined to demonstration purposes until the result of the pilot is evaluated.

Contact: Liz.crosbie@BLPT.nhs.uk

SR 12 (OT/MDT)

Modernising services in a rehabilitation and recovery setting

Consultant Occupational Therapist leading with colleagues to develop and deliver a formula driven approach incorporating theory, evidence and best practice using a biopsychosocial framework where the importance of an individual's social and functional recovery and its contribution to wellbeing is understood. A key area has been changing ward round into team formulation meetings.

Contact: Simon.hughes@tney.northy.nhs.uk

SR 13 (PT)

'Tone Up, Feel Good' integrated health and exercise for people with depression: Elderly Mental Health Service.

Weekly group held for 1.5 hours, over 8-12 weeks, with 6-8 clients. Mood levels on a Visual Analogue Scale (VAS) chart recorded at intervals during programme i.e. on arrival, after breathing exercises, after mini circuit and at end of session. All exercises can be completed at home with no special equipment. Once completed, clients can progress to monitored, graded use of pedometer to increase outdoor activity.

Hospital Anxiety and Depression scale (HAD) and subjective comments also used.

Contact: Kate.gardner@aintree.nhs.uk

SR 14 (AT)

Addressing the Emotional and Mental Health Needs of Adults and Young People with a Learning Disability via Art Psychotherapy.

Research shows that people with learning disabilities are more likely to experience an episode of mental illness during their lives than the general population. The Art Psychotherapy Service has focused on reducing these health inequalities.

Traditionally the Art Psychotherapy Service offered only individual therapy, which resulted in substantial waiting times. This project stemmed from the Head of the service's decision to make innovative changes, in order to tackle the prevalence of mental health issues for those with a learning disability, this is 25-40%, compared to 25% in the general population. The project has focused on improving both access and choice for people with a learning disability living in Salford. The aims of the project are:

To develop a triage system whereby clients are seen more quickly and can be redirected to other services if more suitable

To extend treatment choice, including the introduction of a variety of groups that address the differing needs of clients

To improve access to the service, through use of healthy living centre rather than day centres for people with learning disabilities

To engage in preventative work with staff from day services by providing therapeutic art groups which promote good mental health.

Contact: andrea.chadwick@salford.nhs.uk

SR 15 (AT)

Combining two posts within a CMHT

Half the post is as an art psychotherapist working with the CMHCT and the other half is as a generic worker engaging in the same work as any other member of the team. The two posts are clearly delineated.

The art psychotherapy post was 0.5wte. There was a 0.5wte vacant generic post available in the Team. The therapist would be able to have full time work and the team would gain an experienced professional to help with generic teamwork. The benefits have been that the team have a better understanding of how the art psychotherapist works and the therapist is fully integrated into the CMHT. The art psychotherapist was able to take a different perspective on case managing several chronic patients who had 'burnt out' other CMHT approaches, and was judged to be very successful with three of these. Art psychotherapist was more visible/accessible to the Team, because she was present for more hours.

Contact: nadija.corcos@awp.nhs.uk

SR 16 (AT)

Asian women's art therapy group

Approached by local community organisation to run a group specifically for Asian women for a period of six weeks. The project aimed to provide an opportunity for vulnerable women to express their anger about things that were happening in their lives and who had no other outlet.

Contact: Marian.Liebmann@awp.nhs.uk

SR 17 (AT)

Outpatient Studio Art Psychotherapy Group.

Adult Psychiatry. Within an outpatient setting to be able to offer art psychotherapy to patients not normally seen as suitable for a psychotherapeutic approach or group therapy due to the severity & complexity of their mental illness and psychological presentation. The twice, weekly group enables people to relate to symbolic material through their image making, and provides the potential for beginning to make and learn about group relating. Helping patients get a deeper understanding of their psychological difficulties with an emphasis on the non-verbal exploration of underlying unconscious processes through image making.

The Outpatient Art psychotherapy Group, accepts a maximum of 14 patients. A median group allows for face to face contact, a membership that can get to know each other and it also allows a sense of 'community'. A smaller group for many people such as with paranoid presentations, or significant experiences of trauma can be 'too' intimate as can individual therapy. A median group can offer an appropriate & 'comfortable' alternative, as well as offering on going review of progress.

For many seen in this group words have never been enough or words have not been able to be found. The discovery that there is another expression and a way to be with others without needing or having to speak or account for oneself can be hugely empowering for some

Contacts: jane.dudley@swlstg-tr.nhs.uk
lene.rasmussen@swlstg-tr.nhs.uk

SR 18 (MT)

Direct access to Music Therapy:

Therapists in North Westminster are soon to pilot a direct access to music therapy scheme specifically targeted to meet the needs of service users who engage on the ward but who drop out of therapy once back at home. It is widely acknowledged that enabling service users from black and ethnic minorities, especially young black men, to feel comfortable coming to traditional psychological therapy settings is hard. This new initiative meets both the social inclusion and access agenda as we are going to run sessions in a local arts centre. We are also aiming to circumvent the long referral and assessment procedures for entry into day services, service users will co-instigate the process with their music therapist at discharge CPA from the ward and with the agreement of the team.

Contact: anna.maratos@nhs.net

C5 Working in teams

WT 1 (DT/AT/MDT)

Working together as Psychological Therapies.

The work involves the psychology (3 Staff), psychotherapy (2-3 staff: wte of 1.5 - 2), art therapy (4 staff involved: wte 0.5 -1) and dramatherapy services (3 staff involved: wte approximately 0.5). One person from each team attends the psychological therapies forum fortnightly where referrals are discussed to enable the most appropriate form of therapy to be offered, reducing repeated assessments. One person represents all the psychological therapies at each MDT meeting, saving on duplication of staff time. This has made referral easier for the CMHT who no longer have to make the decision of which therapy but can refer to the forum for “psychological therapy”.

Contact: Clare.hubbard@hertspartsft.nhs.uk

WT 2 (MDT)

'The Moving Forward Toolkit'

The 'Toolkit' is a customisable folder containing self-assessment, self-planning/goal setting tools and a journal of progress - plus additional information/tools, as user/services require. It is *provided* by the team but *owned* by the client, facilitating recovery model approach, feeding into CPA and clinical recording.

The toolkit is able to travel with client to other services.

The Toolkit is a vehicle for a recovery orientated approach. It is the process that it fosters which is the goal of the project – not merely the completion of the documents.

The documents are only a physical manifestation of this process.

For further details, see entry in the Care Services Improvement Partnership (CSIP) 'virtual ward' web site <http://www.nimhe.csip.org.uk/virtual-ward.html>.

Contact: steve.deckett@hertspartsft.nhs.uk

WT 3 (PT)

Weight Wise Group

An eight week programme with main aim of changing Lifestyle with regard to diet and exercise, and help patients control their weight whilst on psychotropic medication. Group was co facilitated by Physiotherapists and Dietician; pharmacist was invited to give one session. Psychologist helped with facilitation of the first and last session with regard to motivation

Contact: lilian.mapeza@beh-mht.nhs.uk

WT 4 (OT/MDT)

Occupational Functioning integrated care pathway.

The pathway has been developed with multidisciplinary input. It was initially developed for a rehabilitation and recovery service. The pathway helps us to articulate our role as Occupational Therapists more clearly, and was developed from work with working aged adults who experience psychosis and have social and functional needs; however, it appears that the pathway may be applicable to other areas.

Contact: Simon.hughes@tney.northy.nhs.uk

WT 5 (OT/MDT)

Resource Therapy; Occupational Therapy within adult community mental health teams.

Movement of traditional day hospital and day centre based services to a new model that emphasizes hope and recovery and fully embraces the principles of social inclusion. Occupational Therapists working in Adult Community Mental Health Teams are all part of the resource Therapy Teams, providing a range of services to service users in the locality. Resource Therapy philosophy is to offer flexible therapeutic programmes to enable clients to manage their mental health. The system also includes an emphasis on partnership within the community, the involvement of service users, and social inclusion.

Contact: Annie.heining@southessex-trust.nhs.uk

WT 6 (SLT/AT/MT)

Community homes health team, for young people's and forensic service

Providing a multidisciplinary service to 123 beds at six sites in NW England, the service aims to identify the incidence and nature of the needs in respect of mental health, developmental disorders, learning disabilities, and the impact of severe and traumatic life experiences in young offenders and looked after children placed out of area. The objectives are: to assess these needs, and provide intervention as appropriate to share the findings with all multi-agency professionals involved (eg Social care, Education, Youth justice System), To contribute to planning for the young person's future, and to make appropriate onward multi-agency referrals.

Clinicians provide appropriate multidisciplinary intervention during the young person's stay, including Speech and Language therapy, art therapy and music therapy.

The service also provides training for the Unit and Education staff, to enhance the quality of care, improve behaviour, and empower further professional development for all concerned.

Contact: paula.whelan@5bp.nhs.uk

WT 7 (SALT)

Speech and language Therapy service as part of a multi-disciplinary team working with people with Huntington's disease.

To assess and manage eating, drinking, swallowing and communication needs in clients with Huntington's disease, as part of a designated MDT team.

Contact: valerie.stead@lcrpct.nhs.uk

WT 8 (AT)

Joint Therapy Project combined Art Psychotherapy group and individual Psychotherapy for people with personality disorder.

The aims of the project were to engage and stabilise clients, pilot a combined treatment approach over 9 months, disseminate good practice and establish the viability of future work in this area.

Three Art Therapists, two of whom co-facilitated an Art Therapy group and two Adult Psychotherapists both of whom provided individual sessions were involved in the project. The scope was to provide service for adults of working age who had a complex presentation of mental health problems and personality difficulties. Clients benefited from the parallel process of teams coming together to think about their needs and struggles, while the benefit for the organisation has been the creation of a Personality Disorder Consultation Service consisting of leads for both Psychotherapy Psychology and Art Therapy.

The team has continued the combined working with the creation of the "managing your relationships programme", based on the Mentalisation based treatment of Bateman and Fonagy.

Contact: Richard.whitaker@sabp.nhs.uk

WT 9 (AT/DT)

Parent/child music and dramatherapy sessions for pre-school children.

The aim is to focus therapeutic sessions upon the relationship between parent/child and their attachment/relational issues. Seeing young children diagnosed with autism for individual sessions, may have a limited impact on life outside the sessions. as parents may have felt excluded and children had trouble separating from parents.

Thus, weekly sessions are offered to child/parent (and siblings) together and sessions are recorded on DVD, one therapist feeds back/links with parent to review the recordings and think about the impact of the sessions. Following sessions, one parent said, "I feel closer to "b" in so many more way now"

Two or three therapists are in the room facilitating play between child/parent/sibling(s).

The aims for the project was to allow parents to practice attentive listening, interact and respond to their child, allowing their child to lead the play, being careful not to take over or direct the activity.

The sessions encouraged nurturing touch, built confidence in parenting skills, and aimed to develop positive parent-child relationships

Contact: Jill.Moass@sabp.nhs.uk

WT 10 (AT)

'Art Psychotherapy Acute Mental Health Group Programme Evaluation'

The written evaluation outlines the first three Art Psychotherapy groups piloted across three Learning Disability Acute Mental Health wards over a period of 15 months as part of a multidisciplinary rotating group programme delivered by Art Psychotherapy, Drama Therapy, Psychology, Nursing & Occupational Therapy.

The project encouraged multidisciplinary working, and co-facilitation of groups and Increased the number of patients accessing therapeutic interventions through the multidisciplinary, therapeutic Group Programme.

Contact: debbie.mccoy@nap.nhs.uk

WT 11 (AT)

Art-based Information Prescriptions

Oxleas Foundation NHS Trust in partnership with Tate Britain undertook a pilot project aimed at producing art-based Information Prescriptions. Service users and carers used visual images as a way of communicating their experiences. Art therapy was used a a tool for psychological engagement and the management of risk. It is now an established programme for service users and carers to promote health and well-being in a sustainable way.

Contact: neil.springham@oxleas.nhs.uk

C6 Good practice/Innovation proforma

The following proforma was used to collect examples of good practice/innovation and was based on the proforma originally used by the NWW in Primary Care workstream.

NWW FOR ALLIED HEALTH PROFESSIONS EXAMPLES OF INNOVATIVE PRACTICE.

1.	Title of Good Practice Project or Work <i>Note: area or service to which it pertains, and what it is about</i>	
2.	What were the drivers for the project or work?	
3.	What were the aims of the project or work?	
4.	What is the scope of the project or work? <i>Note: population or area covered ,number of practices, organisations, number of staff involved, and if possible brief outline of team/s involved</i>	
5.	Please describe the project/work (please feel free to attach further information)	
5a	Which client/service or age group does it involve?	
6.	Please describe the lessons learnt to date: We would like examples of common themes, such as how to overcome barriers, suggestions for quick wins, suggested levels for workload, and staffing mix, success factors, evidence and evaluation.	
7.	What have the benefits been? For the organisation For the team For the service users/carers	

8.	<p>What have the challenges / threats or difficulties been? 'Warts and all' (including things which were tested and did not work).</p> <p>How have the challenges been addressed</p>	
9.	<p>What would the hardest critics say?</p>	
10.	<p>Has the work been written up in any form? Please attach a copy. <i>We are particularly interested in new ways of working of existing staff, new roles developed and training and educational implications.</i></p>	
11.	<p>Please give details of funding / investment</p>	
12.	<p>How have service users and carers been involved?</p> <p>What have been the impact and outcomes for service users</p>	
13.	<p>Would you be willing to share your experiences with others? (Include a vignette of your study and provide your email contact details)</p>	

<i>Completed by:</i>	
<i>Role</i>	
<i>E-Mail & Physical address</i>	
<i>Contact Tel.</i>	

C7 Glossary

10 ESC	Ten Essential Shared Capabilities
AC	Approved Clinician
AHP	Allied Health Professional
AMHP	Approved Mental Health Practitioner
APMT	Association of Professional Music Therapists
ASW	Approved Social Worker
BAAT	British Association of Art Therapists
BADth	British Association of Dramatherapists
BDA	British Dietetic Association
CCTA	Creating Capable Teams Approach
CHRE	Council for Health Regulation Excellence
COT	College of Occupational Therapists
CPD	Continuing Professional Development
CSIP	Care Services Improvement Partnership
CSP	Chartered Society of Physiotherapy
DH	Department of Health
DNA	Did Not Attend
DoL	Deprivation of Liberty
ECtHR	European Court of Human Rights
KSF	Knowledge and Skills Framework
HEI	Higher Education Institute
HPC	Health Professions Council
MCA	Mental Capacity Act
MDT	Multidisciplinary Team
MHA	Mental Health Act
MHAHPAG	Mental Health Allied Health Professionals Advisory Group
MHRT	Mental health Review Tribunal
MPET	Multi-Professional Education and Training
NICE	National Institute for Clinical Excellence
NIMHE	National Institute for Mental Health England
NMET	Non-Medical Education and Training
NOS	National Occupational Standards
NWW	New Ways of Working
PEC	Professional Executive Committee
PCT	Primary Care Trust
RC	Responsible Clinician
RCSLT	Royal College of Speech and Language Therapists

REC	Research and Ethics Committee
RMO	Responsible Medical Officer
SfH	Skills for Health
SHA	Strategic Health Authority
SIFT	Service Increment For Training

Collaborative work between the following organisations:



Care Services Improvement Partnership **CSIP**

***National Institute for
Mental Health in England***



THE CHARTERED SOCIETY OF PHYSIOTHERAPY