

# “NEXT STEP”

## SUMMARY

“Next Step” is a recovery orientated rehabilitative approach which offers individuals unique packages of support that complements their formal psychiatric treatment and care.

Each package includes a range of interventions, from evidence-based therapies, provided by specialist mental health professionals, to consumer-led mental health recovery and self help programmes.

Consultation with each individual is crucial and capitalises upon abilities, strengths and provides a platform to develop new skills.

“Next Step” is a combination of the following:-

- Underpinned by recovery approaches including Recovery Star
- Unique programmes of rehabilitation
- Clinical Risk Assessment and Management
- Activities of daily living skills development (ADL) focus upon functionality
- Listening to our patients (surveys and 25 hours meaningful activity)
- Measurement of outcomes (including HoNOS)
- Patient consultation (CPA core standards/My future plan/My perfect week)
- Validated outcome tools used by each discipline

Our approach is under-pinned by a strong multi-disciplinary partnership with each patient. We believe that if we work together and place the individual at the centre of the rehabilitation process we would be able to define the “Next Step” of each individuals recovery process. Skills development and positive risk management within a professional framework is the ethos that drives our approach to individual packages of care and support. Each and every member of our multi-disciplinary team have a unique opportunity to positively contribute and enrich the lives of our patients.

“Next Step” is utilised within all of our hospitals. This includes all open and locked step down rehabilitation services, low secure services and our supportive flatlets.



## **Introduction and Background**

People have an intrinsic drive to be active and this is expressed through the activities and occupations that form the fabric of their daily lives. These activities and occupations change in response to such factors as age, responsibilities and interests. Adults require occupations that enable them to make a contribution to society and be rewarded for that contribution. Occupations form an important part of each person's personal and social identity; in the eyes of the world and in our own eyes we are largely what we do. (Recovering Ordinary Lives, COT2007).

Maintaining an acceptable and personally satisfying routine of activities that have meaning and value for the individual gives a structure to time, creates a sense of purpose and direction to life and enfolds the individual within a physical and sociocultural context, thus supporting feelings of identity, normality and well being, even in the presence of disease or disability, disorientation and distress. (Recovering Ordinary Lives, COT2007).

At Inmind we have developed a meaningful approach for all individuals we support/treat by ensuring that, in partnership with them, we agree the "Next Step" in their recovery and treatment. As an organisation our priority is to ensure that each individual is at the centre of their own recovery and that other factors eg; legislation and risk are managed respectfully to ensure a safe pathway of care.

"Next Step" ensures that each individual is at the centre of their own recovery and provides a multi-disciplinary structure to enable positive rehabilitation and recovery to occur within a meaningful and safe environment. A team approach is crucial to the success of each package of support.

## **Promoting Recovery**

Recovery is .....

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meanings and purpose in one's life as one grows beyond the catastrophic effects of mental illness. (Anthony, 1993).

Recovery has a number of different meanings within the mental health and substance misuse communities. There is no one definition of the term acceptable to all parties involved. We define recovery to include the following meanings:

1. A return to a state of wellness (e.g., following an episode of depression).
2. Achievements of a personally acceptable and meaningful quality of life (eg., following an episode of psychosis).

3. A process or period of recovering (e.g. following trauma).
4. A process of gaining or restoring something (e.g. one's sobriety).
5. An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis where the experience itself has intrinsic personal value).
6. To recover optimum quality of life and have satisfaction with life in disconnected circumstances (e.g. dementia).

Taken together, these six meanings suggest a broad vision of recovery that involves a process of changing one's orientation and behavior from a negative focus on a troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one's life. (NIMHE guiding Statement of Recovery – January 2005).

The recovery model makes the distinction between services provided to the person and the experience of the person. Recovery provides a new conceptual framework for modern rehabilitation practice. One of the biggest obstacles to the implementation of recovery-orientated practice has been the lack of clarity and agreement regarding what it really means in practice. "Next Step" is designed redress the balance.

A recovery orientated rehabilitation approach will complement treatment services. Programs are required promoting skills development maintenance and resilience. These will assist people function successfully in the environments of their choice, by increasing their capacity to manage their condition and its impact on their lives. As part of the broader umbrella of recovery we provide our patients with opportunities to experience meaningful occupations including work in all its forms, unpaid, voluntary, part time etc. (Hayward and Bland 2009). These programs include access to various consumer led recovery strategies including the Recovery Star.

"Through being exposed to others outside the secure environments, the process of maximising social inclusion can begin. By living successfully in services, individuals can work towards moving in to the community, and can help to reduce stigma and discrimination through example in their community. By reducing the need to be in the higher levels of security environments, people can increase the amount of control over their lives. By working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued life-style within and beyond the limits of any mental health problem". (NIMHE guiding Statement of Recovery – January 2005).

Our patients have their own views on what helps and hinders recovery. Here are a few examples from one of our low secure establishments.

### **Helps**

- Having people around to support me.
- Coping Strategies.
- Medication.
- Talking to people.
- Seeing happy faces.
- Activities.

## **Hinders**

- Not being able to read and write.
- Life.
- Past experiences.
- Nothing to do.
- Anxiety.
- Hearing voices.

## **Rehabilitation definition**

Rehabilitation interventions are the formal services that are provided to people with mental illness, while the person experiences an individual journey of recovery. Mental health practitioners and mental health services cannot create recovery for an individual, but ways of providing services can facilitate recovery.

Mental Health Services are often so concerned about people's symptoms that they fail to notice other things that are important in their lives. Only later, when many contacts have been lost, does our attention turn to "rehabilitation" and helping them to resume activities. The cost of this in terms of lost opportunities and the erosion of hope is incalculable.

Active intervention is required if the disabling effects of, for example, a schizophrenic illness are to be minimised. The balance between stimulation and overstimulation of the individual is a fine one, which cannot be clearly defined. Too much pressure creates stress and precipitates retreat into psychotic behavior, therefore, a full multi-disciplinary approach is essential to ensure continuity of recovery at a rate that is appropriate for the individual's needs.

A comprehensive rehabilitation assessment approach that supports self-determination and empowerment is essential for effective rehabilitation. Initial and ongoing assessment processes that actively involve the person and, where relevant, the family and the treatment perspective all contribute to a comprehensive approach.

Rehabilitation services are person centred. That is, the services for people are flexible and meaningful for the person and what they identify as important in their lives. Person centred services consider people's preferences, choices, life goals and roles in balance with their rights and responsibilities. They also consider people's culture, readiness, strengths, current and ongoing level of disability, variations in their level of disability, alcohol and other drug use, physical health and preferences regarding family involvement in their rehabilitation.

With increasing confidence and function a person may move from one-on-one activities with a mental health worker through to becoming integrated into the broader community.

Moving to engaging activities in the broader community may require the person to gain confidence by first engaging with services that are provided specifically for people with mental illness. In order to foster recovery and community re-integration, these specialised services need to interface with the community and promote opportunities for the person to engage with members of the wider community. Complementary strategies, such as community education, are also needed to reduce stigma and discrimination in the community and assist re-integration.” (Anthony 1993, Mental Health Commission 1998).

It should be recognised that progress in rehabilitation may be slow, often over a period of years, and will represent much effort on the part of both patients and staff. Relapse is also part of this recovery process and can be used as a stepping stone for developing insights and awareness.

## **Risk**

Almost all of the patients we care for will at some point, either in the past or present, represent a risk of harm either to themselves and/or to others. A critical part of the recovery process is therefore to help individuals to manage or contain their immediate risk presentation and work towards reducing any future likelihood of harm. Addressing immediate presenting risk behaviours is central to providing a safe therapeutic environment for the individual, other patients and staff. This can involve physical security (such as perimeter fencing, CCTV etc), procedural security, involving staff adhering to identified policies and procedures, and the strength of the individual relationships with key staff in their immediate surroundings (relational security). This allied to risk relevant therapeutic activities helps progress the “forensic” aspects of the individuals recovery programme.

Critical to the delivery of the above, is the systematic assessment of the individuals risk behavior. This not only allows appropriate risk management planning, but further support of the person through their recovery pathway. If delivered appropriately, this allows confident decision making about the readiness of the person for greater autonomy and independence, whilst at the same time minimising the likelihood of recurrence of previous risk relevant behaviours/offending.

Inmind place strong emphasis upon risk within the context of a multi-disciplinary assessment process. The Core Clinical Risk Tool (Sainsbury Adapted Clinical Risk Tool) is utilised to develop an initial and ongoing core risk management plan.

The various professional disciplines within the team will also utilise specific assessment tools as required by individual patients eg HCR20 and others listed within the “Department of Health Best Practice in Managing Risk: Principles and Guidance for best practice in the Assessment and Management of Risk to self and others in Mental Health Services (DOH July 2007).

## **Sainsbury Adapted Clinical Risk Tool**

This is a practical tool for guiding and documenting the integrated assessment and management of clinical risks in mental health services, by the gathering of information and analysis of the potential outcomes of identified behaviours. Identifying specific risk factors of relevance to an individual, and the context in which they may occur. This process requires linking historical information to current circumstances in order to anticipate possible future change.

The tool guides practice on risk management by providing a statement of plans, and an allocation of individual responsibilities, for translating collective decisions into actions.

## **The Health of the Nation Outcome scales (HONOS)**

In 1993, the UK Department of Health commissioned the Royal College of Psychiatrists' Research Unit to develop the original HoNOS which is for working age adults. The initial aim of HoNOS was to provide a means of recording progress towards the Health Of the Nation target "to improve significantly the health and social functioning of mentally ill people".

There are a number of HoNOS outcome scales including:-

- HoNOS – secure (for people within a secure environment)
- HoNOS – LD (for people with learning disability)
- HoNOS – 65+ (for people above the age of 65)
- HoNOS – ABI (for people with an acquired brain injury)
- HoNOS – Adults (for people between the age of 18 and 65)

HoNOS is the most widely used clinical outcome measure used by English Mental Health Services, which was developed to measure the health and social functioning of people with severe mental illness, as a means of recording progress towards the "Health of the Nation" target.

Minimum requirement is a rating made at start of each episode of care and at the end. Good practice would indicate that regular ratings taken prior to CPA reviews (six monthly) or when a major change in patient's mental status.

At Inmind we intend to roll out the appropriate HoNOS scale across all sites, commencing with our low secure hospitals.

## **Other validated assessment tools and outcome measures.**

Health Of The National Outcome Scales (HoNOS) and Sainsbury Adapted Clinical Risk Tool are only two of a wide variety of validated outcome measures. Some other examples of tools currently used or likely to be adopted by Inmind are:-

- Quality of Life (e.g. Lancashire).
- Therapeutic Alliance (e.g. Revised Questionnaire-HAq-II).

Multi-disciplinary teams at all of our hospitals are currently utilising appropriate measures locally.

## **Social inclusion**

People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

## **Next Step” definition**

“Next Step” Is a recovery orientated rehabilitative approach which offers individuals unique packages of support that complement medical psychiatric treatment. Each package includes a range of interventions, from evidence-based therapies provided by specialist mental health professionals, to consumer-led mental health recovery and self help programmes. Consultation with each individual capitalises upon abilities and strengths and provides a platform to develop new skills. Examples of consultation are as follows:-

- **CPA Standards**  
(Core standards identified within the Quality requirements for the NHS MH Contract) This enhances the patient experience of the CPA process.
- **25 Hour Activity**  
(National standard for NHS MH contract to ensure that individuals are offered meaningful activity). Each hospital within the Inmind Group has facilitated a consultation exercise to enable our patients to describe their definition of “a perfect day”.
- **My Future Plan**  
This is a written statement made by/or for each individual that we support regarding their preferred approach should they become unwell. It forms part of the care plan/crisis plan and contributes to the overall care pathway. This is a unique opportunity for our services to ensure that each individual is consulted in and is at the centre of all that we do, including management of risk.

- **Patient Involvement**

Patient involvement is at the centre of all that we do within all of our hospitals. Regular meetings, surveys, listening to the people we support, and all of the above initiatives add to an overall patient centred philosophy.

This will be provided by a full multi-disciplinary team with a clear focus on psycho social intervention and rehabilitation designed to develop living skills, confidence and self-management. Comprehensive assessment and monitoring will enable the multi-disciplinary team to tailor the rehabilitation programme to each individual's needs through provision of vocational courses and programmes which prepare people for meaningful activity and work. Each individual patient is unique in their rehabilitation progress. A variety of multi-disciplinary tools is used to evaluate this progress. The results are analysed by the Care Team and new goals are set for future development this maximizing the patients potential.

Skill development for people with mental illness is required in a number of different areas including self care, relating to others, and parenting, recreation participation, pre-vocational, and community access.

In general, programmes are required that promote self-determination and empowerment, re-learning and skill development, striving and growth, and coping and resilience. These will assist people to function successfully in the environments of their choice by increasing their capacity to manage their condition and its impact on their lives.

*Please see below example of the Next Step approach to assessments and development of functionality.*

## Functionality Assessment

**Name:**

**DOB:**

**Date:**

### **ADL Skills**

#### **1. Self Care**

<b>Activity</b>	<b>Independent</b>	<b>Supported</b>
Bathing		
Oral hygiene		
Dressing/Grooming		
Toileting		
Eating		
Self Medication		
Others		

**Comments:**

“ **Next Step**” can be broken down in to the following components:

### **Health & Safety**

The individual keeping healthy & safe delivered by the Multi-Disciplinary Team

- Psychiatry
- Psychology
- All the member of the multi-disciplinary
- Basic knowledge of Health & Safety
- Basic First Aid
- Basic Security
- Personal safety
- Use of fire extinguishers/fire blanket
- Knowing how to cross the road
- Anger management
- Coping strategies
- Medication
- Diet and nutrition
- Smoking cessation
- Alcohol and drugs misuse
- Annual Health Checks
- Well-being and recovery programmes
- Mobility and management of physical health
- Menstruation and sexuality

### **General Self Care & Home Skills**

Generally provided nursing and health care with input from the Multi-Disciplinary Team where necessary.

- Personal hygiene & grooming
- Appropriate dress – dressing/grooming
- Washing
- Use of relevant toiletries
- Keeping appointments
- Bathing
- Medication/self medication
- Toileting
- Oral Hygiene

- Diet & Nutrition
  - Knowledge of basic nutrition
  - Ability to follow written instructions
  - Use of basic kitchen equipment
  - Basic food hygiene
  - Defrosting and cooking frozen food
  - Ability to clear up afterwards
  - Washing and drying up
  - Evidence of safe storage practice/able to store food appropriately
  - Basic kitchen safety
  - Able to prepare meals
  - Cooking skills
  - Menu setting
  - Able to store food appropriately
  - Plan a shopping list
  
- Eating
- Housework/clean environment
- Balanced life style
- Self examination
- Sexual health
- Relaxation
- Cleaning
  - Able to buy cleaning products safely
  - Ability to use Hoover appropriately
  - Ability to use mop and bucket
  - Ability to dust/surface clean
  - Able to clean the kitchen
  - Able to clean the shower/toilet
  - Able to clean the living room/bedroom
  - Able to clean stairs/corridor
  - Able to report repairs required.
- Laundry/Change of linen
  - Able to use washing machine
- Shopping
- Ironing
- Changing plugs
- Decorating
- Using the telephone
- Making their own appointments
- How to access local services

### **Social Skills, Spiritual Needs and Significant Relationships.**

- Basic etiquette
- Ability to communication personal needs
- Appropriate interaction with other patients
- Appropriate interaction with staff/visitors
- Ability to exhibit self motivation
- Goal setting
- Time management
- Able to interact appropriately with others. Group interaction
- Culture
- Community access
- Psycho social interventions
- Recreational skills
- Maintaining boundaries
- Appropriate friendships
- Social anxiety
- Planning meetings
- Advocacy
- Comfortable in social situations
- Attendance at social activities
- Spends time in social area
- Ability to use assertiveness
- Ability to exhibit self esteem
- Attends a religious organisation
- Receives visits
- Maintain contact with people outside the unit
- Regular attendance at rehabilitation sessions
- Degree of participation within the sessions
- Attends at weekly community meetings

### **Skill Development and Occupation.**

- Finances
  - Maintains a bank account
  - Able to keep a budget
  - Manages finances
  - Abe to read and understand a bill
  - Able to fill in relevant forms
  - Appropriate use of post office/banks
  - Able to make bill payments
  - Able to account for weekly expenditure
  - Prioritising personal expenditure
  - Knowledge of help available
  - Knowledge on how to avoid debt
  - Ability to save money

- Shopping
- Meal preparation
- Cooking
- Education
- Employment
- Occupational skills
- Coping strategies
- Anger and anxiety management
- Awareness of personal safety
- Participates in the work scheme
- Participates in voluntary work
- Participates in paid work
- Follows an OT individualized programme
- Participates in community groups
- Attends College (current courses and studies)
- Attends sports activities in the community
- Understanding basic road safety
- Ability to use public transport safely
- Cognition:
  - Reading
  - Writing
  - General knowledge
  - Awareness of current affairs

## **Conclusion**

By promoting a recovery approach and working in collaboration with each individual we have a unique opportunity to provide a person centred package of support that is underpinned by consultation, diversity and multi-disciplinary working.