



Allied Health Professionals Supporting Wellbeing and Recovery in Mental Health

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About this suite of case studies

This suite aims to support local health and social care systems in improving the mental and physical health of children, adolescents and adults with mental illnesses, with practical examples of where AHPs are supporting implementation and delivery of the [NHS Long Term Plan](#). Mental health recovery is a key area where demonstrable impact of AHP services will be of direct benefit to people, populations, and the wider system delivery.

These case studies may be useful for anyone who is involved in decision-making for services for mental health – whether this be providers of services (including NHS, charity/third sector and local authorities) looking to innovate and become increasingly effective, or commissioners seeking to enhance outcomes and value-for-money for their mental health spend.

This collection offers a curated range of innovative solutions offered by the AHPS who are working with people with mental health conditions to put solutions in place so they can live as well as possible for as long as possible. Whilst it not an exhaustive collection, it is intended to showcase a range of opportunities for spread of adoption to improve the mental health and wellbeing of our diverse population groups.

Chapter 1:

Bridging the gap between mental and physical health

Case study 1

Making Every Contact Count in Central North West London (CNWL) Mental Health Occupational Therapy services – A trust-wide project

Central and North West London NHS Foundation Trust

People with serious mental illness (SMI) represent 5% of the total population, but 18% of total deaths and face a significantly higher premature mortality rate than the general population ([Royal College of Occupational Therapy, 2016](#)). Four key lifestyle areas which providers must target are: alcohol, smoking, unhealthy eating and inactivity ([Public Health England, 2016](#)).

Occupational therapists are skilled in delivering health promoting interventions and taking a solution-focused, behavior change approach ([Public Health England, 2015](#)). The Mental Health Occupational Therapy Services across CNWL developed a trust-wide approach to [Make Every Contact Count](#) (MECC), which involves providing opportunistic advice and enabling conversations with service users in order to promote healthier lifestyle choices. The introduction of goal-setting tools and activities, delivered by MECC Champions supported the aim to improve peoples' health and wellbeing.

An 'easy read' pictorial prompt card showing the four MECC lifestyle priorities (physical activity, healthy eating, sensible drinking and smoking cessation) was designed, which was used to identify what areas people needed to improve upon as part of a healthy conversation. Each occupational therapist/occupational therapy support staff member e.g., Activity Coordinators and Fitness Instructors worked with people to set life-style goals of their choice and follow a behaviour change support pathway to help them achieve their goals.

Impact

23 MECC Occupational Therapy champions supported people throughout their new pathway.

An evaluation of 213 people accessing the new intervention demonstrated positive changes in behaviour in the following categories:

- 83% improvement in healthy eating
- 76% improvement in physical activity
- 75% improvement in smoking cessation
- 72% improvement in sensible drinking

Overall, 79% (307/387) of the analysed goals set by people were either fully or partially achieved, demonstrating the effectiveness of the goal-setting pathway towards achieving improved physical health.

For further information, please contact: Lucy Cook, Service Manager / Head of Mental Health Occupational Therapy, lucy.cook@nhs.net

Case study 2

The development of a specialist outpatient physiotherapy service to increase access and experience for those with mental health illness

Birmingham and Solihull Mental Health Trust

Research shows there is decreased access to physiotherapeutic care for service users in mental health ([Hemmings and Soundy, 2020](#)). People accessing outpatient musculoskeletal and neurological physiotherapy report poor experiences due to clinicians' lack of specialist mental health knowledge and skills to address the holistic needs of this population, as well as short appointment times and lengthy waiting lists.

An outpatient physiotherapy service for musculoskeletal and neurological issues was developed, provided by a mental health physiotherapist within a specialist community mental health setting. Referrals were accepted directly from community mental health teams, health instructors and transitions from inpatients. A biopsychosocial model of care was provided to ensure the complex needs of people accessing the service were met. Flexibility was provided over appointment times with up to one hour available for those requiring greater input. Goals were set with service users to promote people centred care and these were considered when analysing outcomes. The set up allowed for integration between mental health and physiotherapy services.

Impact

21 people between January-September 2019 accessed 6 sessions of outpatient physiotherapy, which resulted in 95% (20/21) partial and 53% (11/21) full goal attainment.

Survey responses reported a 92% (12/13) physical health benefit and 77% (10/13) positive effect upon mental health.

92 % (12/13) felt motivated to attend and 54% (7/13) said they would not have felt confident attending physiotherapy outside of the specialist mental health service, stating they 'felt safe within this service' and 'able to attend no matter how depressed or in pain' due to the methods of practise and awareness of mental health.

This highlights that when mental and physical health are considered alongside one another, outcomes and experience can be improved.

For further information, please contact: Laura Hemmings, Physiotherapist and Teaching fellow, L.Hemmings@bham.ac.uk

Case study 3

Occupational Therapy Led Mental Health Reablement

Hertfordshire Partnership University NHS Foundation Trust (HPFT)

A Quality Improvement approach was used to design a Mental Health Reablement Framework, as a way to deliver improved health and wellbeing outcomes for people during a one-year pilot. Additional proposed benefits included reduced need for Care Coordination allocation, Long Term Support Worker allocation and discharge from the Community Mental Health Service (CMHS).

People accessed reablement over an 8-10 week period, whereby recovery was promoted through supporting people to become more physically active, increasing their daily routine with more social interactions/activities, increasing their confidence and improving their self-management skills, all focussed around what really mattered to them.

Each individual and group interaction was focussed on supporting people to overcome barriers and engage in meaningful participation, to achieve goal attainment. The groups incorporated input from local partners as taster sessions, encouraging people to sign up for community classes, volunteer or become a member of various schemes. This helped reinforce that recovery is more meaningful when self-driven rather than service given.

Impact Between October 2018-19, 79% (30/38) of people completed the reablement programme. Of those 63% (19/30) have been discharged from CMHS care and 33% (10/30) remained under the service for outpatient review only and/or completion of work with employment specialists or other therapists. Due to engagement in the programmes, those who were initially identified as requiring long term support did not require this and only 3% (1/30) of people have required allocation to a Care Coordinator. Staff involved report an increase in job satisfaction, due to utilising their professional skills and reasoning more and through evidencing the value of their part in peoples' recovery journey. This has also led to increased staff recruitment and retention.

“My biggest achievement has been going from a daily mood of hopelessness, pointlessness, apathy and dissatisfaction to feeling/believing that life is actually ok – that I do have something to offer, I can rebuild my life and I can mix with people successfully and enjoy being around people”. (10 weeks with 14 hours of support)

“The reablement project has helped me develop my assessment and intervention skills to the point I have just achieved a promotion to a role were I will be helping to introduce reablement to a new enhanced primary care service. I am excited to be using it to help to divert service users away from needing secondary care. “

Tina, Advanced Occupational Therapy Practitioner

For further information, please contact: Theresa Bailey. Professional Lead Adult Community Services Occupational Therapy. theresa.bailey4@nhs.net

Chapter 2

Therapeutic inpatient settings

Case study 4

The Implementation of “A Weight off Your Mind” A Nutrition and Body Mass Index Clinical Link Pathway in an Inpatient setting

Dietitians at Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

“[A Weight off Your Mind](#)” was launched in January 2018 to address the growing concerns regarding excess weight in people with mental illness. It is well recognised that people with a mental illness are more likely to die earlier from preventable illness, with observed obesity rates as high as 40-52% for people with serious mental illness (SMI) ([Bradford and Mairs, 2014](#)) .

Nutrition screening has historically been a challenge in mental health settings, and screening alone is insufficient to address nutrition issues. The St Andrew’s Healthcare Nutrition Screening Instrument ([SANSI](#)) was introduced, a validated tool relevant for the setting. Additional interventions were also introduced to ensure that staff do not just screen for under/over nutrition but also feel confident to have conversations about weight and intervene in line with the [Making Every Contact Count](#) agenda.

Solution

A Nutrition and Body Mass Index Clinical Link Pathway for people in an inpatient setting was developed via a workshop, supported by staff training presentations. Following training, the pathway was piloted across four inpatient sites (including children and young people, adult learning disabilities, adult mental health and older people’s mental health wards) before being rolled out to all inpatient services in the Trust (excluding the eating disorders wards) due to the impact demonstrated via evaluation.

The pathway includes recovery-focussed interventions and service users are encouraged to take control of their own weight management plan by choosing interventions from 6 categories:

1. Information
2. Dietary Change and Education
3. Physical Activity and Exercise
4. Psychological Interventions
5. Signposting
6. Pharmacology

One of the key reasons behind the successful implementation in TEWV has been the emphasis on co-production with people accessing the service and carers working alongside healthcare professionals.

Impact

The pathway has exceeded expectations for its quality improvement targets and has received positive feedback from staff and people accessing the service. Between October 2018 and March 2019, Body

Mass Index recording increased from 83% (39/47) to 98% (46/47) and nutrition screening increased from 28% (13/47) to 85% (40/47). People with an intervention plan to address under/overweight increased from 40% (14/35) to 77% (27/35) with several people achieving healthy weights when they were either underweight or overweight/obese.

Early evidence from pathway roll out has shown that nursing staff have been able to sustain the improvements from the pathway after the project support has been withdrawn.

The success of the pilot has meant this approach is now used across the organisation on all inpatient wards (except eating disorders) with a total bed number of 762. The pathway interventions have also been adopted by the Sustainability and Transformation Partnership for the North East and Cumbria's Physical Health and Severe Mental Illness workstream. This will help people from across the North East region reduce their risk of early death from preventable illness.

For further information, please contact: Jo Smith, Professional Head of Dietetic Services:
jo.smith13@nhs.net

Case study 5

Mile a Day; My Way

Dietitians at Midlands Partnership NHS Foundation Trust (MPFT)

The 'Mile a Day; My Way' was launched in June 2018 by the Dietitian and Sports Instructors, following inspiration from the 'Daily Mile' schools initiative, which encourages children to walk a mile a day. This approach is a sustainable program to incorporate physical activity into the daily routine of people within the Hatherton Centre, a medium secure unit, by encouraging them to walk a mile a day, reducing the amount of sedentary time. Routes have been mapped to include all levels of leave including ward gardens, Hatherton garden and around the grounds of St Georges Hospital.

Impact

21 people at the Hatherton Centre signed up at the initial launch event. For those taking part, this resulted in:

- An increase from 20% (4/21) to 90% (19/21) of people including walking as part of their daily activity
- 100% (21/21) of people walking at least one mile per week
- 2 people achieved a marathon milestone certificate within the first month
- 25 '10 mile' certificates were achieved within the first 2 months

A random sample of peoples' weight over the past 12 months shows that all those included in the sample who participated have lost weight, compared with non-participants in the sample who gained weight.

The Mile a Day has made it socially acceptable to walk laps around the garden, demonstrating a significant change in the unit culture.

Walking the Mile a Day has now become a regular part of the ward routines in the Hatherton centre, with only occasional support from the AHP team required to ensure this is sustained.



For further information, please contact: Nicola Rudd, Advanced Dietitian

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Case study 6

Reducing the need for restrictive intervention on a female adult acute inpatient ward

Occupational Therapists on Waveney Ward, Norfolk and Suffolk NHS Foundation Trust (NSFT)

Restrictive practices are more likely to be used with people who display behaviour that challenges, and include physical restraint, chemical restraint and seclusion ([Department of Health, 2014](#)). NSFT is committed to reducing restrictive practice and participated in the Reducing Restrictive Practice (RRP) collaborative - a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS England and Improvement in partnership with the Care Quality Commission.

Waveney Ward is a 17-bed inpatient ward for females experiencing acute mental illness, and before taking part in the project, the average monthly use of restrictive practices was 42, with some months reaching into the 60s.

The overall aim of the RRP collaborative was to reduce restrictive practice (measured by number of restraints, seclusions and rapid tranquilisations) by 33% on Waveney ward by April 2020.

The initiative involves implementing innovative methods at ward-level working with leading mental health quality improvement experts and coaches and service users and focussed on 5 key areas:

1. Leadership and learning culture
2. Co-production
3. Person-centred care
4. Prevention and predication (creating a safety culture)
5. Environment and staffing

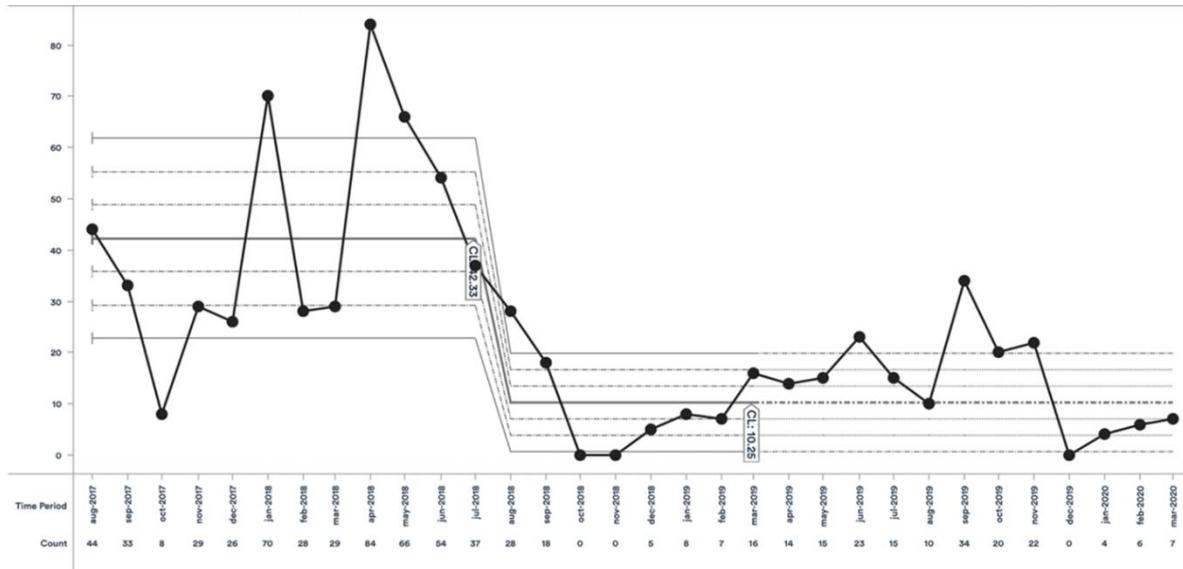
The Occupational Therapist was a key part of this multidisciplinary team achievement, through application of core therapeutic skills and enhancing competencies of other staff to positively impact people accessing the services. This was achieved through upskilling and empowering the wider multidisciplinary team to run therapeutic activities, which led to an increase in meaningful occupational choices for people on the ward.

Occupational Therapists are also highly trained in recognising the impact of environments and restrictions and how these may be addressed. The Occupational Therapist had a key role in involving people on the ward when making changes which included the introduction of welcome boxes and activity boxes contributing to an accessible ward environment.

Results

76 per cent reduction in the use of restrictive practices from an average of 42 per month to 10 on Waveney Ward

Figure 1. Aggregate data chart of physical restraint, seclusion and rapid tranquillisation incidence



There was also a reduction in staff burnout and consequently, reduced sickness rates, with staff describing Waveney Ward as a “generally a happier place to work”.

People on the ward have commented that the activities “give me a time to unwind a little” and have thanked staff for “making my time here be as good as it can be”.

For further information, please contact: Emma Softley, Senior Occupational Therapist, Emma.L.Softley@nsft.nhs.uk

Chapter 3:

AHPs improving access and engagement with therapeutic mental health interventions

Case study 7

Exploring a Speech, Language and Communication Pathway and a Dysphagia Pathway in Adult Mental Health Inpatients: identifying unmet need

Nottinghamshire Healthcare NHS Foundation Trust

Access to Speech and Language Therapy services is variable within Adult Mental Health (AMH) services across England. In Nottinghamshire, a Speech and Language Therapist was commissioned to provide input into AMH acute inpatient wards across 3 hospital sites, consisting of 7 wards and 129 beds. This included direct clinical contact, workforce development and consultation, resulting in:

1. The development of a speech, language and communication pathway
2. Development of a dysphagia (swallowing difficulties) pathway
3. Developing other staff to understand and recognise communication needs that are often described as ‘invisible’ or ‘hidden’

Dysphagia (swallowing difficulties) is higher in adults with mental health diagnoses, but often goes undetected ([Regan et al, 2006](#)), resulting in increased risk of aspiration pneumonia, choking, malnutrition, dehydration and weight loss, all of which can contribute to morbidity and mortality([Smithard et al, 1996](#)) .

Communication is central to our ability to learn, to work, form and maintain relationships and to participate in society. Communication needs are often described as ‘invisible’ or ‘hidden’ ([Bishop, 2013](#)), therefore the role of SLT in identifying and providing therapeutic intervention is critical in providing high quality care to people with mental health conditions.

72 people with a range of mental health diagnoses were referred to Speech and Language Therapy between Sept 2017- August 2018:

- 71% (51/72) of referrals were for input in relation to communication needs
- 18% (13/72) were for dysphagia
- 11% (8/72) were for combined communication and dysphagia needs

“Working with a ward based Speech and Language Therapist has been a revelation to me after many years working in healthcare. It has helped me to change my approach to communicating with individual patients to facilitate improved engagement and therefore it has improved access to physical healthcare” **Staff Member A**



Impact

Input from Speech and Language Therapy increased individuals' ability to engage in verbally mediated therapies, through the provision of communication guidelines and joint working with other professionals, in line with the [Accessible Information Standard](#). Of the individuals seen for communication input, 81% (48/59) presented with social communication needs and 51% (30/59) presented with difficulties in relation to understanding and processing verbal information, highlighting a significant barrier to therapeutic interventions such as talking therapies.

Speech and Language Therapy input for people with dysphagia resulted in a reduced risk of choking and negative health consequences associated with aspiration.

100% of staff who completed communication and dysphagia training demonstrated increased knowledge, confidence and skills in supporting individuals, therefore enabling earlier identification and management to minimise the associated risks. This has been evidenced whereby one ward recognised that 88% (22/25) of people presented with communication needs.

The service is now delivered as business as usual, providing input into AMH acute inpatient services.

For further information, please contact: Gemma Douthwaite, Highly Specialist Speech and Language Therapist gemma.douthwaite@nottshc.nhs.uk or Vicky Romilly, Lead Speech and Language Therapist, Vicky.romilly@nottshc.nhs.uk

Case study 8

Speech and Language Therapists improving access to therapeutic mental health interventions in CAMHS; developing emotional literacy skills

Nottinghamshire Healthcare NHS Foundation Trust - Children and Adolescents Mental Health Services (CAMHS): Secure Children's Home

Young people are referred to CAMHS to address a myriad of complex issues, and it is unlikely that these issues will be devoid of emotion. Emotions map onto our life experiences and influence our decisions; they help us to build and maintain relationships and recall/share our history. Individuals require the vocabulary relating to emotions, an understanding of how emotional states are observed and how they feel in order to discuss them. Knowledge and insight of these elements is termed 'emotional literacy.'

An intervention was designed to develop young peoples' emotional vocabulary in a way that would support them to develop their emotional literacy skills. This included language building activities (e.g. Venn diagrams), language expansion tasks (e.g. mood diaries) which encourages practical application of vocabulary to scenarios, story writing and reflection discussion on individuals' daily interactions, using colour coding of emotions and [blob trees](#).

This provided a foundation to explore real incidences of elevated emotion, such as self-harm, managing challenging behaviours, managing excitement about a visit or apprehension about attending court. This led to the discussion of regulation of emotions, mental health and social problem solving.

Impact

The evidence-based intervention resulted in young people developing their emotional literacy skills. 100% (21/21) of young people developed a basic understanding of the difference between thoughts, feelings (emotions), bodily sensations and 100% (21/21) gained an understanding of positive and negative emotions. 72% (15/21) were able to describe five or more complex emotions and 100% (21/21) were proficient in utilising the Blob Tree and the colour coding system.

This allows for identification as to whether a young person is utilising the skills learnt beyond their SLT intervention, and whether this is enabling them to better engage with other therapeutic interventions on their treatment programme.

“X can be clearer about how she feels now. Sometimes she can even talk about her feelings before she resorts to self-harm which means we can provide the right support at the right time and avoid her needing to rely on this coping mechanism (self-harm).” Staff member A.

For further information, please contact: Contact: Katie Hyde – Highly Specialist Speech & Language Therapist Katie.hyde@nottshc.nhs.uk Tel: 0115-917-0010

Case study 9

Dramatherapy as a route to engaging in Mental Health services

Aspire – Leeds Early Intervention in Psychosis Service (Inspire North)

Dramatherapy, part of the Leeds Early Intervention in Psychosis service, provides trauma informed care to foster access to conventional treatment pathways, such as talking therapies in people aged 14-65 with a first episode of psychosis. Approximately 20% of people accessing the Psychosis service were identified as having communication problems that make engagement in standard treatment pathways, like talking therapies difficult. Unrecognised and untreated, individuals can be isolated and the service can waste resources offering inappropriate interventions.

Feedback was collated 2012-14 to refine a model of individual and group Dramatherapy that is most effective for this group of people. See www.nice.org.uk/sharedlearning/dramatherapy-in-early-intervention-in-psychosis.

“Dramatherapy” can sound intimidating, therefore a range of introductions to Dramatherapy were developed to support the most anxious, including a leaflet with peer quotes, peer support and drop in meetings with the therapist around medical appointments.

People attend a “taster” without commitment. They are in control of all aspects; they decide who attends, the frequency of appointments and duration (up to an hour) and the activities. They are free to watch others, share experiences, or work in private if they prefer. Starting with 1:1, goals are reviewed after 4 sessions with the aim of progressing to a group, with attendance of “dress rehearsals” supported by peers with experience to aid this transition.

Impact

Between 2015 and 2020, 142 people had a taster session. Of the 122 who engaged, 45% used less than 6 sessions before either progressing to mainstream services or pursuing their goals in their own community. Previously this would not have been possible due to communication issues. This increased access to psychological therapies is an example of successful delivery of phase one engagement in trauma informed therapy. 39% completed dramatherapy in a group setting and 16% engaged in longer individual therapy.

The service is inclusive; of those who declared their ethnicity or disability, 32% were from BAME communities and 17% had a disability. Individuals attending dramatherapy demonstrated significantly improved social and occupational functioning, as evidenced by a mean increase of 13.4 points on the 100 point [SOFA](#) (Social and Occupational Functioning Assessment) scale.

People accessing the service have taken on other roles in the organization, including interviewing staff, volunteering and supporting other people to attend Dramatherapy. One person is running a voluntary sector art group.

“Talking therapy can be centered around the problem, it can feel negative and I didn’t want to sit and talk about everything that was wrong. Dramatherapy was more about doing, it was communicating in a fun and empowering way.”

“I never knew there was such a thing as communication without a single word. Speechless communication has given me confidence in my real life”

Dramatherapy allows people to engage at their own pace, on their terms and to experience success early on, without necessarily having to talk. It improves their ability to reflect, to communicate their thoughts and feelings. This in turn improves their relationship with the service and helps personalise their care.

For further information, please contact: Contact: Louise Combes, Dramatherapist
louise.combes@commlinks.co.uk

Case study 10

Unheard Voices – creative arts exhibition

Occupational Therapists at Dorset HealthCare University Foundation NHS Trust

Occupational Therapists focus on using activity to enable people to develop and maintain skills and gain purpose and meaning to their use of time. Using these skills, and the knowledge about the value of creativity, occupational therapists used the Trust’s Wellbeing and Recovery Partnership to work alongside people accessing mental health services, and their families and friends, to develop a creative arts exhibition named “Unheard Voices”. The aim of this exhibition was to capture and celebrate the creativity of the people living in Dorset who have accessed and continue to access mental health services, providing an opportunity to express their thoughts and views on mental

health through creative media. This exhibition highlighted the voices of those who do not feel able to voice their views through usual communication channels using the theme:

Mental Health Services in Dorset:

How was it for you?

How is it for you?

How would you like it to be?

The Unheard Voices exhibition was open for seven weeks at Bournemouth University and featured 81 individuals' items of creative art, including dance, film, photographs, woodwork, acrylic, oil and water colour paintings, poems, textiles, drawings and mirror art. All submissions had a supporting narrative to further express individuals' experiences of mental health.

Impact

The exhibition was a huge success. It inspired people and gave them permission to talk about mental health through creative means, breaking down the perceived barriers within mental health. It provided an opportunity to promote better understanding of mental health for those with limited knowledge as well as enabling people in positions of power and influence to view mental health in a different way, supporting them to influence the future planning of mental health services. The partnership working and exhibition itself has been transformational as a vehicle for challenging and changing views of mental health, and consequently moving mental health forwards as a high priority on the Dorset Public Health agenda.

*"My personal experience within the Mental Health Department has mostly been a lonely one. Hard to access when deemed 'well enough' and pretty much left to it 'when not'. The world has many levels and many colours, it can swallow you up and spit you out, but I've made it this far so I'm gonna keep going. I like this picture a lot. So many different terrains, from melted ice caps revealing black volcano ash to the icy lagoon below with green moss cliff tops and a touch of snow. ALL beautiful, ALL telling a story and ALL blending their experiences together making a stunning piece of scenery." **Narrative from Exhibitor B***

Next steps

The Unheard Voices Exhibition is to work in partnership with large businesses in developing a tour across Dorset to continue to form links with the public about mental health awareness and starting off important conversations related to this area. The team around the Unheard Voices exhibition has been invited to form part of an Arts, Health and Wellness Festival within Dorset to make creative arts more accessible to everyone for them to explore this as part of keeping themselves mentally well.

Future plans are to expand the exhibition to include a wider remit including the prison population and homeless and develop a website to enable all creative work to be put on line in a digital format to enable a larger population of people to access.

For further information, please contact: Jenny Stickney, Advanced Occupational Therapy Practitioner, STRIVE, Jennifer.stickney@nhs.net, Becky Aldridge, Chief Executive Officer, Dorset Mental Health Forum, beckyaldridge@dorsetmentalhealthforum.org.uk, Hannah Jenner, Occupational Therapist, STRIVE, Hannah.jenner@nhs.net

Chapter 4. Crisis management

Case study 11

Taking 'A BASIC STEP' in ambulance mental health assessment

Paramedics at North West Ambulance Service (NWAS) NHS Trust; Cheshire and Merseyside West Sector

NWAS is committed to improving care delivery to those in mental health crisis and have developed a tool to enable all frontline staff to have the capability to record a structured mental health assessment. Initially, a tool was developed that included risk factors relating to people who presented with self-harm, however, this has now been expanded for use in all mental health presentations. This aims to directly improve the delivery of safe, effective and patient centred care.

Solution

A frontline Senior Paramedic Team Leader, supported by the trust Mental Health and Dementia Lead, developed the **BASIC STEP** tool that captures all the relevant components that make up a mental status examination and risk factors associated with self-harm, suicide or welfare concern; in a format that is easy to recall and use in the dynamic and often difficult pre-hospital arena.

<p>BASIC STEP</p> <p>Behaviour</p> <p>Appearance</p> <p>Speech</p> <p>Insight</p> <p>Cognition</p> <p>Safeguarding</p> <p>Thought</p> <p>Emotional state</p> <p>Plan</p> <p>(perceptual disturbance)</p>	<p>Not only was this developed to positively impact people in mental health crisis, it also increases ambulance staffs' awareness of mental health presentations and gives them additional skills in decision making.</p> <p>Impact</p> <p>Training on using BASIC STEP was offered to teams (not mandated) in the West sector of the Trust between October and December 2018, with 46% (104/224) staff uptake. Pilot go-live with the tool took place between January and March 2019.</p> <p>Clinical performance indicators are measures which focus on people receiving the right care, at the right time, in the right place. A significant improvement was observed from 0% (0/8) to 90% (9/10) compliance with these measures between October 2018 and March 2019 in people who presented with self-harm and were non-conveyed.</p> <p>During the pilot, a total of 120 case notes were audited for people who had a mental health presentation and were conveyed. The BASIC STEP tool was used in 78% (94/120) and relevant risk factors were documented in 83% (100/120) of people, ensuring they receive the right care at the right time, in the right place.</p>
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A 10% (12/120) random sample during the pilot phase shows staff who used the BASIC STEP tool spent an average of 27minutes 14 seconds on scene compared to 35 minutes 8 seconds on scene in

those who did not use the tool, also a 10% (12/120) random sample, demonstrating opportunities for improved efficiencies as well as improved care.

Staff feedback was also positive, with 79% (31/39) completing the survey expressing they would like the BASIC STEP tool as a standardised mental health assessment.

“The tool is covering all the key areas that you would need to make a decision, and a narrative around risk can be much more informative than a grading if mental health is not your background”.

**Mental Health Services Manager,
North West area.**

If only the call taker could have asked me these questions they may have understood me better’; Person with history of anxiety

This is demonstrative that improvements can be made to the way we provide a mental health response for people in crisis and paramedic leadership is central to this.

For further information, please contact:

Darren Earley Senior Paramedic Team Leader Darren.Earley@nwas.nhs.uk

Gill Drummond Mental Health & Dementia Lead NWAS NHS Trust Gill.Drummond@nwas.nhs.uk

Chapter 5

Supporting individuals to live well in the community

Case study 12

Lifestyle Matters Programme: an occupational therapy led approach to healthy ageing in the community

Surrey and Borders Partnership NHS Foundation Trust

Older people with severe and enduring mental health difficulties, combined with changes in later life/ageing frequently experience social isolation and reduced engagement in activities of daily living that enhance their wellbeing. This has a significant impact on their overall quality of life, contributing to factors related to reduced life expectancy of this population.

Solution

The occupational therapists explored how to implement the [NICE](#) recommended Lifestyle Matters Programme (an occupational approach to healthy ageing) with people accessing the Community Mental Health Team with functional mental health conditions.

The programme was adapted to enhance the effectiveness and capture the outcomes. It was facilitated by two occupational therapists over 20-weeks, including 3 mandatory and 8 optional modules (chosen by people accessing the service) focusing on both mental and physical well-being.

Results

96 people have benefited from the programme. The [Model of Human Occupation](#) screening tool demonstrated that 70% (67/96) of the participants had an increased expectation for success, 69% (66/96) were able to develop their routine and 64% (61/96) were able to improve their problem-solving skills.

The Occupational Self-Assessment showed that 56% (54/96) felt more able to relax and enjoy themselves, 55% (53/96) felt they were able to use their skills more effectively and 55% (53/96) of participants felt more able to accomplish what they set out to do.

Key themes from the participant's evaluation questionnaire were a sense of control and choice, belonging and identity, as demonstrated in the following quotes:

"It has been helpful to share with others who have also struggled, and this has provided me was a sense of not being alone."

"Being made to feel like a person instead of just a number."

"The new me is optimistic."

Learning points

The results from this intervention demonstrate that Occupational Therapy led programmes successfully enable participants to increase sense of belonging and enhance participation and connection with their community. These factors are highly impactful in improving health and well-being at an individual and population level.

For further information, please contact: Christina Long, Lead Occupational Therapist – christina.long@sabp.nhs.uk

Case study 13

An Arts Therapies pathway for people with personality disorder

Central and North West London NHS Foundation Trust

The North West London Arts Psychotherapies Service has been running an arts therapies programme within Brent since 2013. This was originally set up to address treatment gaps within the borough for people with personality disorder underpinned by the latest evidence-based approaches and [NICE](#) guidance for Personality Disorder.

The programme involves a three-phase stepped-care model: an individual arts therapies assessment and co-produced formulation; a 12-week arts psycho-education group; followed by an 18-month music or art psychotherapy group (with individual support).

The majority of service users are case managed solely by the arts therapies service in partnership with local GPs.

Impact

The arts therapies programme forms a major part of the complex emotional needs/ personality disorder care pathway within the borough, routinely receiving referrals. Stakeholders report that the programme “has been invaluable in helping us to manage very difficult to engage patients who have chronic problems which are often unresponsive to medication”.

Between 2014-2020, more than 80 people accessed a 12-week psycho-education group. Outcomes for the 12-week psycho-ed group show a reduction in service users’ symptoms of depression, anxiety and increased psychological flexibility, measured using patient rated outcome measures [AAQ-II](#), [PHQ-9](#) and [GAD-7](#).

Between 2014-2020, 43 people have accessed the 18-month programme. Of those where meaningful data is available, 65% demonstrate a reduction in symptomology on the [Borderline Personality Disorder Zanarini Rating Scale](#), 74% show a reduction in disability and improvements in functioning on the [Sheehan Disability Scale](#) and 73% show an increase in psychological flexibility on the [Acceptance and Action Questionnaire](#). 88 % were self-

harming or had suicidal ideation at the point of referral, which reduced to 25% following treatment completion. 66% had presented to accident and emergency and/or experienced one or multiple hospital admissions leading up to referral, which reduced to 9% following treatment completion.

59% of people completing the arts therapy treatment pathway had transitioned from secondary to primary care, which was particularly significant for multiple individuals who had been accessing secondary care for a number of years.

Where there are full data sets, participants showed on average a 37% reduction of their symptoms; 31% reduction in the disabling impact of their condition; 19% increase in their psychological flexibility; 75% reduction in levels of self-harm and suicidality; 42% reduction in the use of acute services and 83% reduction in the use of secondary care services.

For more information contact: Paula Hedderly, Service Manager, North West London Arts Psychotherapies, brentartstherapies@nhs.net and Jorge Camarena, Clinical Lead Art Psychotherapist, brentartstherapies@nhs.net.

Case study 14

Open Space Postnatal Dramatherapy

Bath and North East Somerset (B&NES)

Investment in perinatal mental health care for mothers who need specialist support during and following pregnancy should be available to benefit an additional 24,000 women per year, in addition to the extra 30,000 women getting specialist help by 2020/21 ([NHS England, 2019](#)).

Up to 25% of women experience some level of mental health need during or after their pregnancy, with a large proportion of these women require support for mild to moderate issues. Lack of access to services to support mental health recovery in the perinatal period can have a significant impact on the individual, their children and their families ([NHS England, 2018](#)).

Solution

As part of the Perinatal Emotional Wellbeing Partnership (PEWP) in Bath and N.E Somerset (B&NES), a therapeutic programme in the form of Dramatherapy-led Open Space Postnatal Group has been developed.

Women attend a 12-week programme that involves group discussion as well as creative activities to help them express complex feelings. Sessions cover a range of issues concerning the perinatal period such as pregnancy, birth trauma, body image, family relationships and support network.

The use of creative arts in the groupwork enables these women to share and work through traumatic experiences in a more distanced, controlled way, at a time when they often feel overwhelmed and out of control of their lives.

Impact

Improved pathway working and moving from third sector funding to an NHS funded intervention has resulted in increased referrals and improved service continuity for women accessing the service.

Between September 2018 and 2019, 23 women attended dramatherapy. 19 women completed The [Edinburgh Postnatal Depressions Scale questionnaires](#) (EPDS) to measure individual impact of attending. The scores in 100% (19/19) of women at the start of the group indicated the presence of postnatal depression, whilst at the end of the group 79 % (15/19) of women's scores demonstrated either low or no concerns of postnatal depression. 100% (19/19) of women demonstrated a significant improvement in the symptoms following dramatherapy.

*"Meeting every week with others in the group has helped my anxieties and low mood a lot - given me a purpose...its been really helpful to creatively work through my issues. This course has played a big part in 'saving' me. " **Person A attending dramatherapy***

*"I feel much stronger and more capable...the objects enabled me to process things in a more insightful way. The service is fantastic and I think it should be mandatory....I could not recommend it highly enough!" **Person B attending dramatherapy***

This demonstrates that women with moderate mental health needs benefit from postnatal group work, gaining emotional support from each other. It tackles social isolation & stigma and offers effective mental health support for mothers who are often falling through gaps in statutory services and are vulnerable to their mental health deteriorating further.

For further information, please contact: Domini Hooper, HCPC Registered Arts Therapist (Drama), dominihooper@gmail.com

Case study 15

Kent & Medway Recovery & Wellbeing College

Kent and Medway NHS and Social Care Partnership Trust

The Recovery and Wellbeing College pilot was initiated, driven and progressed by the AHP Leadership Team at Kent & Medway NHS and Social Care Partnership Trust (KMPT Secondary Mental Health), with wider AHP involvement clinically and supporting delivery. This was a partnership project, collaborating closely with Kent Adult Education (Community Learning & Skills), Turner Contemporary Art Gallery and smaller scale locality providers.

The college offers educational courses to support mental, physical and emotional wellbeing in shared learning environments in the community. It supports people to identify and build on their own strengths and make sense of their experiences. This helps people to feel hopeful and become experts in their own wellbeing and recovery.

Solution

Robust, high quality health and wellbeing education was delivered in accessible community learning environments. People with learned (clinical) and lived expertise of health challenges co-produced all aspects of Recovery College activities, including co-design and co-facilitation of all courses.

A criteria free, self-enrolment process was created; open to all interested parties who could benefit – people directly accessing the service, family, friends, carers and staff. All the courses were reviewed and moderated to ensure a strengths-based approach and recovery values were embedded throughout.

More information, the current prospectus and a promotional film can be accessed here <https://www.kmpt.nhs.uk/about-us/recovery-and-wellbeing-college/>

Impact

During the whole academic year 2018/19 a total of 356 people self-enrolled onto Recovery College courses. 17 new courses were co-designed, covering a range of diagnosis specific and generalised wellbeing courses, with 77 courses delivered across 36 weeks.

Improvements in mental wellbeing were reported across the whole project, as demonstrated through an 11.8% increase in Short Warwick and Edinburgh Mental Wellbeing Scale ([SWEMWBS](#)).

38% of people were accessing secondary mental health services at the time of enrolment, with 57% never having accessed these. This data demonstrates success in providing a bridging service which can support people at different points in their recovery journey.

We applied [SWEMWBS](#) outcome data to the [HACT Social Impact measurement Tool](#) *. The total cost of the second two terms (Jan-July 2019) was £73,593. The total Social Value Impact was **£238,806**, showing a highly significant cost benefit for our investment.

* The HACT (2014) Social impact measurement tool uses the Short Warwick Edinburgh Mental-Wellbeing Scale, and wellbeing valuation, to calculate social impact and value for money from an intervention.

The Recovery College serves both primary and secondary care communities, therefore a joint funding partnership across primary and secondary care networks is key to success. It provides holistic support for those with multiple health conditions, with emphasis on mental health needs, therefore mental health courses will continue, but also plan to expand to support physical health and long-term conditions. The Recovery College model has enabled effective, valuable, high quality health and wellbeing education during the first academic year in the pilot locality. Focussing on co-production and bringing together diverse expertise and delivery partners has delivered high impact, with minimal additional expenditure. Doing more, creatively, with what we've got, is a cost effective and invaluable blue print for sustainability. High quality education will be key in promoting self-care and addressing ill-health prevention to reduce capacity issues in delivering the NHS Long Term Plan.

For more information, please contact: Pam Wooding (KMPT Recovery Practice Lead) at pam.wooding@nhs.net or call 07920500989

Chapter 6

Education and employment

Stable employment is a major factor in maintaining good mental health and is an important outcome for recovery for people with a mental health problem. For people being supported by secondary mental health services, there is a 65% employment gap compared with the general population ([NHS England, 2019](#)). AHPs are recognised as being among the principal groups of professionals who can make accurate functional capacity assessments, intervene through vocational rehabilitation activities as part of treatment and recovery and advise colleagues, the individual and the employer on reasonable adjustments for rapid and successful return to work ([AHPs into Action 2017](#)). As well as supporting people to retain and gain employment in the community, AHPs support people on their journey to employment whilst in inpatient facilities, preparing them for transition into the community upon discharge.

Case study 16

Bright Bean Café

Occupational Therapists, Dorset HealthCare University Foundation NHS Trust

A pop up café, run by people accessing forensic secure services and those accessing general adult mental health service at St Ann’s Hospital was opened to provide opportunities to develop occupational skills and to enable development and maintenance of relationships.

Forensic Occupational Therapists partnered with a local coffee bean company who agreed to provide machinery and beans for the pop up café, and to deliver a bespoke barista training package for people at St Ann’s Hospital to access prior to them working at the café.

Throughout training and working at the café, the occupational therapists support a graded approach to commencing work and support people at St Ann’s Hospital to effectively run the café for paying customers.

Jobs at the café include taking orders, grinding coffee, milk preparation, serving customers, managing money, recording orders, banking, managing the accounts, ordering more supplies.

Trained individuals work at the café a minimum of once a week, with a maximum of two working at any one time. As individuals become more experienced and skilled working at the café they have the option of engaging in advanced barista skills training.

Results

The café has provided work opportunities for people in the forensic secure unit and those on the general adult mental health wards, supporting development and maintenance of skills and improving opportunities and possibilities for employment post discharge from hospital. It has also provided an environment for people at St Ann’s, the staff and visitors to buy a drink on site, supporting the development and maintenance of relationships. The café generates sustainable income revenue to cover the continuous running costs.

Between January and October 2019

“Teaches you new skills that you can use in the outside world.”

Person A working at the café



- 34 people have attended barista training
- 2 people have attended advanced barista training
- 14 are currently working on the café
- 1 person has gained paid employment following working at the café

"I would like to feedback on the positive influence the bright bean café has had on our patients. I met one patient, recently discharged, in the grounds and enquired why they were in the hospital grounds. Proudly and with a smile the response was that they had come to work!"

Staff member A

"I want to carry on working at the bright bean."

Person B working at the café

Next steps

The development of paid roles within the café is planned, alongside extending the opening hours and developing further coffee carts and cafes.

Additionally, stronger links with a local coffee saloon have been made, aiming to create a pathway of employment from Bright Bean Café to paid employment in a high street coffee shop.

For further information, please contact: Maria McDonough – Senior Occupational Therapist, Dorset Forensic Service maria.mcdonough@nhs.net and Jenny Stickney – Advanced Occupational Therapy Practitioner, STRIVE Jennifer.stickney@nhs.net

Case study 17

Improving qualification attainment and employment through vocational opportunities in Secure Services

Occupational Therapists at Hertfordshire Forensic Service Recovery Team – Hertfordshire Partnership University NHS Foundation Trust

The aim was to extend vocational opportunities for people in secure Forensic inpatient settings. Traditionally people in these settings with offence-related histories have struggled to access vocational opportunities and ultimately work whilst in and following discharge from services. People with a confirmed Mental Health diagnosis as well as a learning disability encounter further access challenges. The Recovery Team under the management of the Lead Occupational Therapist acknowledged the need to explore ways to begin to equip people with skills to support work related occupations and providing opportunities to practice these whilst in medium and low secure units.

Solution

Recovery College sessions were developed to include CV writing, interview skills, goal setting, keeping safe in the community and sleep hygiene. Individuals were also provided with opportunities to undertake National Qualifications in Mathematics, Food Hygiene Certificate and YMCA Lifestyle management qualifications. Building on this, opportunities were created to access local colleges and resources for learning through collaborative working with Local Adult education colleges and employment tutors.

Links with community resources for volunteering opportunities in work related settings such as gardening, woodyard, cleaning and catering enabled people to develop and utilise their skills. People in the secure inpatient settings worked with the occupational therapy team to deliver a regular charity fundraising stall by planning, produce making and selling activities related to this. The Occupational Therapist also created opportunities for peer tutoring/peer mentoring within the sessions.

Impact

One person is now in paid employment in the organisation they worked as a volunteer.

Between, March 2017 and December 2019, there has been a total of 35 educational achievements as outlined below:

- 27 Level 1 YMCA Qualification in an Introduction to Lifestyle Management
- 1 Mathematics Entry Level 2
- 5 Mathematics Entry Level 3
- 1 Mathematics Functional Skills
- 1 Level 1 Plumbing and working towards Level 2

Feedback from people accessing the services:

96.47% of people were able to identify at least one aspect of positive learning they would take away from the courses they attended

100% of people stated that the course they had attended had met the identified learning aims

98.82% of people stated they would recommend the course they attended to others

21 people identified how the use of peer tutors/others to share their experiences had been particularly useful

82 people stated they had found the use of different media or practical group/individual exercises particularly useful in their learning/course satisfaction

"It gave me more confidence in talking to people and handling money again"

"I learnt valuable budgeting skills when planning what we could make with the funds available"

For further information, please contact: Lisa Ford Occupational Therapy Lead for Forensic Services: Lisa.ford6@nhs.net



Case study 18

Occupational Therapy led Individualised Placement Support

Kent and Medway NHS and Social Care Partnership Trust

Our aim is to support people with complex mental health needs to achieve their employment goals with hope, optimism and confidence. Our service moved away from a traditional, sheltered, unpaid voluntary workshop approach to an evidenced-based individual placement support (IPS) model; enabling people to secure competitive paid work.

We created a specialist occupational-therapy led Vocational rehabilitation team, embedded within the community mental health teams. The team champions paid employment as a realistic goal for clients and works closely with third party providers of employment services to enhance the step down of care from secondary to primary care services. The team is led by an Occupational therapist with a background in human resources and comprises of six Vocational specialists; four are Occupational therapists, one has an MSc in health psychology, and one is a job retention expert. Additionally, there are three job taster programme coordinators who support people to undertake the Trust’s job taster programme and five new IPS Employment Advisors.

The services include:

- Rapid job and education retention support
- New employment support for the unemployed
- Job taster programme within the Trust
- Group intervention e.g. ‘Thinking about work.’
- Delivery of Recovery and Wellbeing College courses – finding employment and remaining well at work
- Support and education to employers and training providers
- Individual employment plans are used to inform GP fit notes
- Education to professionals to refer appropriately and promote realistic goal planning
- Educating Trust staff to enhance their understanding to enable them to provide some support without specialist intervention.
- Collaborating and referring to third party providers.
- Hosting Occupational therapy student placements

Results

Between April 2018 and August 2019 our approach led to the following outcomes:

New employment	116
Job retention	182
Total:	298

*‘Without their help, I honestly believe I would not be here today. I am so grateful that you came into my life. Thank you.’
Service User A.*

Additionally, during this time, the team has supported 78 people to progress into training/education and 39 to undertake work placements.

Adopting the IPS approach has resulted in individuals feeling a positive link between employment and self-worth and experiencing a reduction in mental health symptoms such as anxiety. Individuals are more confident in managing their mental health at work and employers report an increase in confidence in managing employee's mental health needs. These elements have led to a reduction in some hospital admissions and reduced pressures on community mental health teams as well as having a significant impact on the economy with individuals entering new employment and improved job retention.

For further information, please contact: Jeanette Freeman, BSc (Hons) Occupational therapy, specialist practitioner and Vocational rehabilitation lead on - 07880 004438 or email - Jeanette.freeman1@nhs.net

Chapter 7. Eating disorder services

Case study 19

Eating Disorders Conference: a preventative, early intervention approach for eating disorders within schools

Dietitians at The Royal Free London NHS Trust Intensive Eating Disorder Service: Children, Adolescents Mental Health Service (CAMHS) in association with the Royal Free Hospital Children's School

The prevalence of eating disorders is increasing in children nationally and locally. Dieting is a common problem in teenagers, although we know that dieting can be a risk factor in disordered eating and progression to eating disorder ([Patton et al, 1990](#)).

Schools find supporting children diagnosed with eating disorders challenging, especially if a number of young people are actively dieting or copying peers and, showing signs of disordered eating or progressing to a full eating disorder. We are aware that we see the 'tip of the iceberg' in a specialist eating disorder CAMHS service.

The aims of this partnership approach were three-fold:

1. To help schools to recognise the complexity of the food environment : London has the highest rate of underweight of any region in England, obesity and weight stigma (including weight based bullying), children living in food poverty and arriving in school hungry, managing food allergy anaphylaxis risks, managing parental concern around fussy eating, supporting children with complex health conditions and diet.
2. For schools to consider aspects of healthy eating beyond what we eat, to include *how* we eat (frequency of regular eating, role modelling of staff and students)
3. To enable schools to support students diagnosed with eating disorders

Solution

Talks and workshops were provided on the following topics:

1. Introduction to Eating Disorder
2. A Teacher's Perspective
3. Normalising Eating in School
4. Supporting Young People in School

The talks and workshops were a collaboration between dietetics, psychology family therapy, psychiatry, psychotherapy nursing and teaching. The event benefited from a whole team approach including therapeutic care workers.

Impact

The event was well attended with more than 80 delegates from across multiagency organisations in North Central London. 65 delegates completed a feedback form and scored 96% of the sessions attended as either very useful or somewhat useful.

Comments from delegates were positive overall but also reflect the diverse needs of the audience and the population served. Examples of issues raised include early recognition of eating disorders and how to prevent an epidemic in schools, how to promote healthy body image, safeguarding (eg. parents wanting their child to have weight loss surgery abroad), cultural considerations for different attitudes to food, parents' attitudes to food and the impact this has on their children, binge eating, over eating and supporting/raising awareness for less well known eating disorders.

Paediatric eating disorders is frequently seen as a highly specialist clinical area with treatment managed by hospitals. With the drive towards community treatment of eating disorders schools are becoming increasingly involved in either directly supporting young people in addition to witnessing disordered eating behaviours. All delegates valued the opportunity to share ideas. The eating disorder team and the RFHCS work together very closely, but this reinforces our joint commitment to being proactive and solution focused on the food and weight environment and how we approach eating disorders (diagnosed and subclinical) in diverse children.

For further information, please contact: Rebecca Fisher, Lead Paediatric Dietitian, rebeccafisher@nhs.net

Case study 20

Elective refeeding pathway for eating disorders

Dietetics at East London NHS Foundation Trust in Bedfordshire and Luton

Nutritional intervention, including refeeding and weight restoration is an important component in the treatment and recovery of eating disorders and the Dietitian is therefore an essential member of the multidisciplinary team ([O'Connor et al, 2019](#)).

Children and adolescents with eating disorders requiring refeeding and medical stabilisation can be admitted to paediatric wards if medically unstable, unable to comply with community-based interventions or the family are no longer able to care for their child at home. However, if it is decided that they need a specialist eating disorders admission they often have to wait on the general paediatric ward for access to a specialist bed. Waits can be up to 12 weeks, and once transferred to a specialist bed, the average length of stay is around 16 weeks per admission. Long admissions, paired with specialist beds often being out of area and hundreds of miles from home significantly impacts on the young person's life, relationships, and access to their usual education.

Intervention and impact

An elective admission refeeding pathway was introduced, whereby individuals are admitted to the general paediatric ward to start on a refeeding protocol under the guidance of a Dietitian and Paediatrician, prior to becoming severely physiologically compromised and requiring emergency admission to a specialist unit. Acting earlier in a person's pathway, as opposed to at crisis point has allowed for a safe, structured approach to refeeding, with clear benefits to the individual. When completing an elective refeeding protocol in a paediatric hospital setting, the length of stay can be as short as 5-8 days, but up to 2-3 weeks as clinically indicated, with individuals being discharged home directly, resulting in a reduced overall length of stay from 16 weeks to 5-8 days.

In addition to the significant impact on the young person's quality of life, this pathway delivers significant cost saving implications of up to £108,000 per admission (based on 16 weeks in a specialist unit at a £3,500 per day compared with 8 days elective admission on the general paediatric unit at approximately £500 per day).

For further information, please contact: Sarah Fuller, Advanced Specialist CAMH Eating Disorders Dietitian, East London NHS Foundation Trust sarah.fuller@nhs.net.

Case study 21

Step Up to Recovery Eating Disorders Service

South London and Maudsley NHS Foundation Trust

The aim of the Step Up to Recovery Eating Disorders service is to reduce the need for admission to hospital and support those leaving hospital to maintain the gains made into their home environment. Many individuals referred to the Step Up service have severe and enduring difficulties with eating, needing inpatient admissions. Individuals are often ambivalent about working towards full weight restoration, instead signing up to stabilising their weight and physical health and improving their quality of life.

Solution

The Step Up to Recovery service is an Occupational Therapy led eating disorders intensive day service for adults over 18 years old. It commenced in 2011 and is staffed from 8am-8pm Monday-Friday.

Since 2015, the service has been led by an Occupational Therapist (OT) enabling the ethos of the service to be underpinned by occupational therapy and occupational science theory.

Each individual receives occupation-focused and occupation-based therapy assessments and interventions to promote recovery.

Interventions include group based or 1:1 sessions, that look at life roles, routines, motivation and developing life beyond an eating disorder, practical discussions and support, individual goal setting and review of an individual's own environment.

Impact

In 2019, 21 people accessed the Step Up service, with 10 Step down admissions and 11 from outpatients.

Step Up reduces the need for admission to hospital and supports people to transition to normal life after a hospital admission. Individuals are prepared for independent living, gaining the ability to cook and eat in order to maintain their recovery. Individuals also benefit from developing opportunities in a variety of work, study, social networks, whilst also supporting families to prepare for their role in helping maintain recovery. As a result of accessing Step Up, people have significant reductions in symptoms of anxiety and depression and difficulties experienced relating to work and social activities.



An example below demonstrates the impact an intervention can have on an individual. *A pseudonym name has been used to protect the identity of the individual.

Case example

Asha* was admitted to Step Up from an inpatient eating disorders unit, where her length of stay was 440 days. She accessed Step Up was 54 days and attended for four hours per day, five days per week.

With support from the Step Up to Recovery Occupational Therapy-led service, Asha* has gained weight whilst connecting with her life roles and valued occupations. She has remained in family life and her role as a mother, whilst meeting her own needs. She gained an increased ability to self-manage and maintain physical and mental well-being whilst being involved in the community rather than hospital. This has enabled increased participation in valued occupations in the community and improved her satisfaction and ability to eat socially with friends and family. This intervention has also prevented further disruption to her life roles as a result of a shorted length of stay and prevented readmission.

“Before Step Up I was in inpatient for 15 months – my life was just the ward. I felt completely disconnected from my children and family and friends. I had no life outside the hospital ward. The eating disorder was the only thing that mattered. I didn’t see a purpose in living – I was just existing.

If you ask me now, then I think the support is good on Step Up. I am made to feel “normal”. I find the groups helpful as it’s not all about the eating disorder – we talk about other aspects of life.

I am very close and involved with my children now. We spend time talking and I have re-connected with my love of nature and gardening. Sometimes I have hope but I take it day by day. If I’d stayed an inpatient I would still be in exactly the same place. Step Up is more holistic and taps into my life beyond the eating disorder – more healthy things. I don’t feel like a patient now.” **Gail*, who accessed the Step Up Service**

For further information, please contact: Mary Cowan, Clinical Specialist Occupational Therapist
Mary.Cowan@slam.nhs.uk