

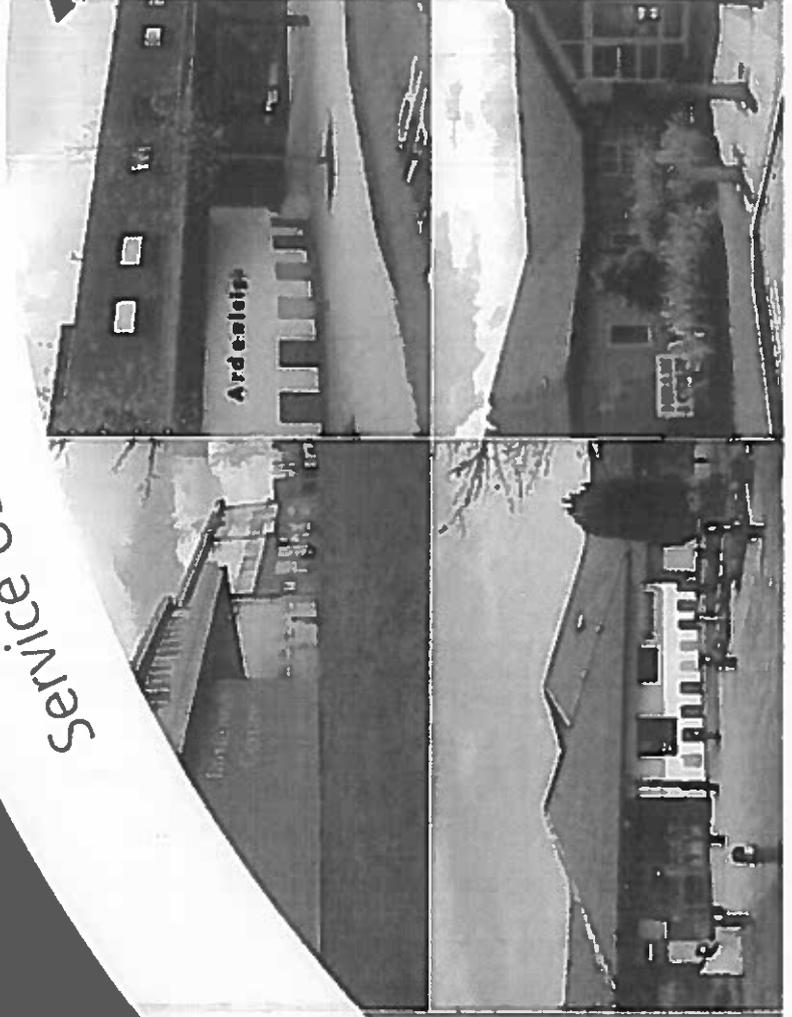


NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

Website: www.bsmhft.nhs.uk
Main switchboard: 0121 301 0000

Secure Care Service!

Service User Information Pack



SMOKEFREE
We are a smokefree trust



Welcome to BSMHFT medium secure services

This booklet has been created to explain the path that you will take to get well. It has been written and designed by service users who have already walked the path you are about to walk. It breaks down all parts of the treatment you will receive and who will look after you. When being admitted to any hospital it can be a daunting time, this booklet is here to help you get through the time and start your road to recovery.

What are medium secure services?

Our medium secure services (sometimes referred to as medium secure units or MSUs) sit within a range of mental health services that are either non-secure or secure. Secure units are low, medium or high-secure and this refers to the level of physical security that is provided.

Why have we come to see you?

You will have been referred to one of our services by a doctor who currently cares for you. A team of staff from one of our services will be visiting you to assess your current care and treatment needs. If you require care in one of our hospitals, the decision will have been based on this assessment of your mental health needs and the level of physical security that is required to keep you and others safe whilst you receive this treatment.

The assessment will usually last between one and two hours. The staff who come to see you will be a doctor and a nurse. There may also be other staff who come to see you, dependent on your needs such as an psychologist or occupational therapist.

They will want to talk to you about a range of things such as how you feel at the moment, what led you to be in the place you are currently in, family history, any illness you experience and how you feel about coming to our hospital. It is helpful if you can give the staff as much information as possible. All information you give to us will be kept in strict confidence and will only be shared with the person who referred you and the assessing team.



Once the assessment is complete, if you require admission, we will arrange this as soon as possible. Sometimes if we do not have a bed available and you need urgent care we will find you a bed in another hospital offering similar care.

Where are we located?

The medium secure services in BSMHFT are placed in three locations:

Ardenleigh in the north of the city, houses the medium secure services for adult women from the West Midlands region. There are three wards, Coral, Citrine and Tourmaline, providing care for up to 30 women with a range of support services.

The postal address is:

Ardenleigh, 385 Kingsbury Road, Erdington, Birmingham, B24 9SA.
Main reception telephone number: 0121 301 4400.

Reaside Clinic in the south of the city provides care for up to 92 men from south of Birmingham and surrounding areas of the West Midlands. There are seven wards, Severn, Blythe, Avon, Trent, Dove, Swift and Kennet with a range of support services.

The postal address is:

Reaside Clinic, Reaside Drive, Birmingham Great Park, Rubery,
Birmingham, B45 9BE.
Main reception telephone number: 0121 301 3000.

Tamarind Centre is located in the east of the city and provides care for up to 89 men from the centre, north and east of the city and surrounding West Midlands area. There are seven wards, Acacia, Hibiscus, Lobelia, Myrtle, Cedar, Sycamore and Laurel.

The postal address is:

Tamarind Centre, Yardley Green Road, Bordesley Green,
Birmingham, B9 5PU.
Main reception telephone number: 0121 301 0500





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Wards at Tamarind Centre

Wards

We have seven wards within the men's service at Tamarind: one intensive care ward, two admission wards, two rehabilitation wards, and two wards that provide specialist care.

Sycamore Intensive Care Unit (ICU) provides care for up to eight men who require a higher level of support in a structured environment.

Hibiscus and Myrtle offer 12 beds on each ward for men in the acute phase of recovery. There is the opportunity to access off ward facilities and other therapeutic and recreational activities.

Acacia and Lobelia offer 15 beds to men who require rehabilitation leading to discharge to lower security, supported accommodation or the community.

Laurel provides care for 12 men who require care and interventions for complex disorders relating to your personality.

Cedar provides care for 15 men who require longer term care in a medium secure service.



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Tamarind facilities

A range of facilities are available to support recovery:

- cafeteria
- shop
- Therapy Department
- astro turf sports area
- leisure and activity space
- workshop
- IT room
- multi-faith room
- gym and multigym
- transport to support leave
- GP service
- dental suite
- visiting rooms with family friendly facilities.

Each ward has a laundry room, day area, quiet lounges, courtyards and en-suite bedrooms.





What happens when I am admitted?

We realise this may be a stressful time for you. We will work with you and support you with familiarising you to your ward environment.

Before you go to the ward you will be met by staff in the secure entrance area. You will be searched. This may involve using a metal detector, a personal search or a change of clothes.

Your property will also be searched. Any items found that you cannot keep (see contraband and restricted items leaflet) will be removed from your possession and stored safely. Any items that are deemed illegal will be disposed of and we may involve the police.

There is a limit on how many items you can have in your room. This is for security reasons and also due to the small amount of storage space available on the wards.

You will be shown around the ward and the facilities. You will be offered a drink and if you have missed a meal we can provide a snack until the next meal is available.

When you are admitted it is highly likely that you will be detained in hospital under a section of the Mental Health Act.

A nurse will go through any questions when you arrive and explain the section and your rights under this section.

You will be asked to sign a document to ensure you have understood what has been read to you. If you DO NOT understand what is being read to you please ask the nurse to explain them to you again. Interpreters are available if needed.



Mental Health Act (MHA)

Sections

When you are admitted it is highly likely you will be on a section of the MHA. Depending what section you are on will determine how long you will be required to stay in hospital for. Some sections can be extended if needed, depending on your progress. Here are some of the most common used sections:

Section 37 – This is a hospital order which has been directed by the courts. It means you are in hospital to receive treatment and therapy. Your consultant psychiatrist, the hospital managers or the Mental Health Review Tribunal can decide when you can be discharged.

Section 47/49 (Sentenced prisoners) – You are here for assessment and to receive treatment. The Ministry of Justice has to approve your admission and discharge. There is the possibility that you could be sent back to prison. If you are still here after your release date your section will change to a 37. You may need to remain in hospital for more treatment.

Section 48/49 (Remand prisoners) – You are here for assessment and to receive treatment. The Ministry of Justice has to approve your admission and discharge. There is the possibility that you could be sent back to prison. Your section will change when your court proceedings are finished.

Section 37/41 - This is a restricted hospital order. Only a Mental Health Review Tribunal or the Ministry of Justice can approve your discharge. Any leave outside the hospital, has to be authorised by the Ministry of Justice.

Section 3 – This is a treatment order. You will be required to stay in hospital for up to six months to receive treatment. Your consultant psychiatrist, the hospital managers or Mental Health Tribunal can decide when you can be discharged. This section can be extended.

Section 2 – If you are on this section, you are here for an assessment period for up to 28 days. Your consultant psychiatrist, the hospital managers or the Mental Health Tribunal can discharge you.





Contraband items for service users, staff and visitors

Due to the hospital being secure, we do not allow access to all types of items, this is necessary to provide a safe environment for everyone.

The following items are what we call contraband – this means items that should not be brought into the hospital under any circumstances. If you do have some of these items, they will be stored and you will not be able to access them while you are here.

- All computer-equipment / storage devices. This includes hand held computers, laptops and personal organisers and some games consoles.
- Mobile phones and SIM cards.
- Pirate DVDs / CDs.
- Some 18+ films and pornographic materials (would be subject to risk assessment by the clinical teams).
- Cameras / visual / audio recording devices.
- Laser pens / laser rings or any other laser devices.
- Explosives.
- Petrol or lighter fuel.
- Firearms / imitation firearms.
- Items that could be used as weapons subject to risk assessment by security / nursing staff.
- Alcohol.
- Illicit / illegal drugs categories A B C (including Khat).
- All types of needles.
- Matches / fire lighters.
- Blue tack / equivalent.
- Cling film / tin foil / cellotape.
- Neck lanyards.
- Pot Noodles or similar foil lidded products.
- Chewing gum.
- Cans of pop including energy drinks Red Bull / equivalent.
- Glass bottles.
- Scissors
- Wooden or metal coat hangers.
- Razors and razor blades.



Restricted items for service users, staff and visitors

The following items are restricted, this means that you can have access to these items whilst you are here but a member of staff must be with you when you use them.

- Over-the-counter medication, such as aromatherapy oils, vitamin tablets etc.
- Pornographic material as agreed by your clinical team.
- All toiletries and perfumes / aftershave (refer to property list).
- Lighters.
- All solvents (glue, butane gas, nail polish and remover).
- Canned or dried foods.
- Crockery and cutlery.
- Drink items must be in factory sealed plastic containers.
- High heeled shoes.
- Sewing / knitting equipment.
- Stringed musical instruments.
- Nail clippers.
- Hair clippers.
- Films of an explicit sexual nature / horror films.
- Aerosols.
- Bank cards and cheque books (to be kept in general office).
- Some games consoles.

This list is not exhaustive. Items can be added or removed at staff discretion.





Daily routines

Searches

Service users will be searched when entering the building at all times. All bags and coats are subject to search. Service user visitors will be subject to a search via a handheld metal detector. In the interest of safety ALL items brought into the hospital by visitors and service users will be checked by security liaison staff. Refusal to comply with searching procedures may lead to visitors or leave being cancelled.

Access to your property

There are restrictions on how much property is allowed in your room. When you arrive at the hospital, your property will be checked by staff and all items will be recorded on a property sheet. Contraband and restricted items will be kept in a locked area known as your sharps.

You will be advised to put all items of value, for example money, passport, driving license, into storage in the general office. You will be given a receipt for items stored in the general office.

Money

If you are transferring from another hospital or from prison, any money you had there will be transferred to our general office. You will be able to request money every day from you account. Your clinical team will need to agree if you require sums of money larger than the daily allowance. If you do not have any money and need any basic items such as toiletries or clothing we will provide these until you get some money. We will not be able to fund the purchase of cigarettes, tobacco or chocolate. We cannot give you a loan of money.

Giros, cheques and postal orders can be paid into your account. We can raise cheques for you but at least seven working days notice is required. Your family can also pay money into this account for you.

You may need to claim different benefits now you are in hospital. Your clinical team will be able to advise and help you with this dependant on your circumstances.



Phone calls and mail

Mobile phones are not allowed in any of our secure hospitals. There is a payphone where you can make and receive calls but we may need to monitor calls if there is a suspected risk to you or others.

You are allowed to send and receive mail. Staff will not routinely read your letters but all parcels you receive will need to be opened with a staff member present.

Where can I buy things?

There is a shop in the hospital, which sells a range of snacks, toiletries, soft drinks and other items. If you require clothing or larger items you can ask your friends or family to purchase these for you and bring or send them in. If this is not possible you will need to discuss this with your clinical team although it is not always possible to arrange, as staff cannot handle your money.

Leave

Leave is a vital part of your recovery, and usually takes place in stages. The first stage is escorted leave. This is where you will be escorted by a member of staff off the ward but within the hospital.

Leave will be granted through discussion with you and your clinical team. Leave will continue to progress throughout recovery. This may lead to a time where you will have unescorted community leave, but this is dependant on many factors such as your Mental Health Act section, diagnosis and social circumstances.

Before you can leave the hospital, if you are detained under certain sections of the Mental Health Act, your team may need to apply to the Ministry of Justice for permission.





Safewards

Safewards is a national initiative designed to help reduce the levels of conflict and containment within inpatient mental health units.

The Safewards model has 10 simple modules that have been clinically proven to reduce the number of aggressive incidents.

BSMHFT have committed to implement Safewards across its inpatient facilities as part of the reducing restrictive practices agenda.

Why can wards be unsafe?

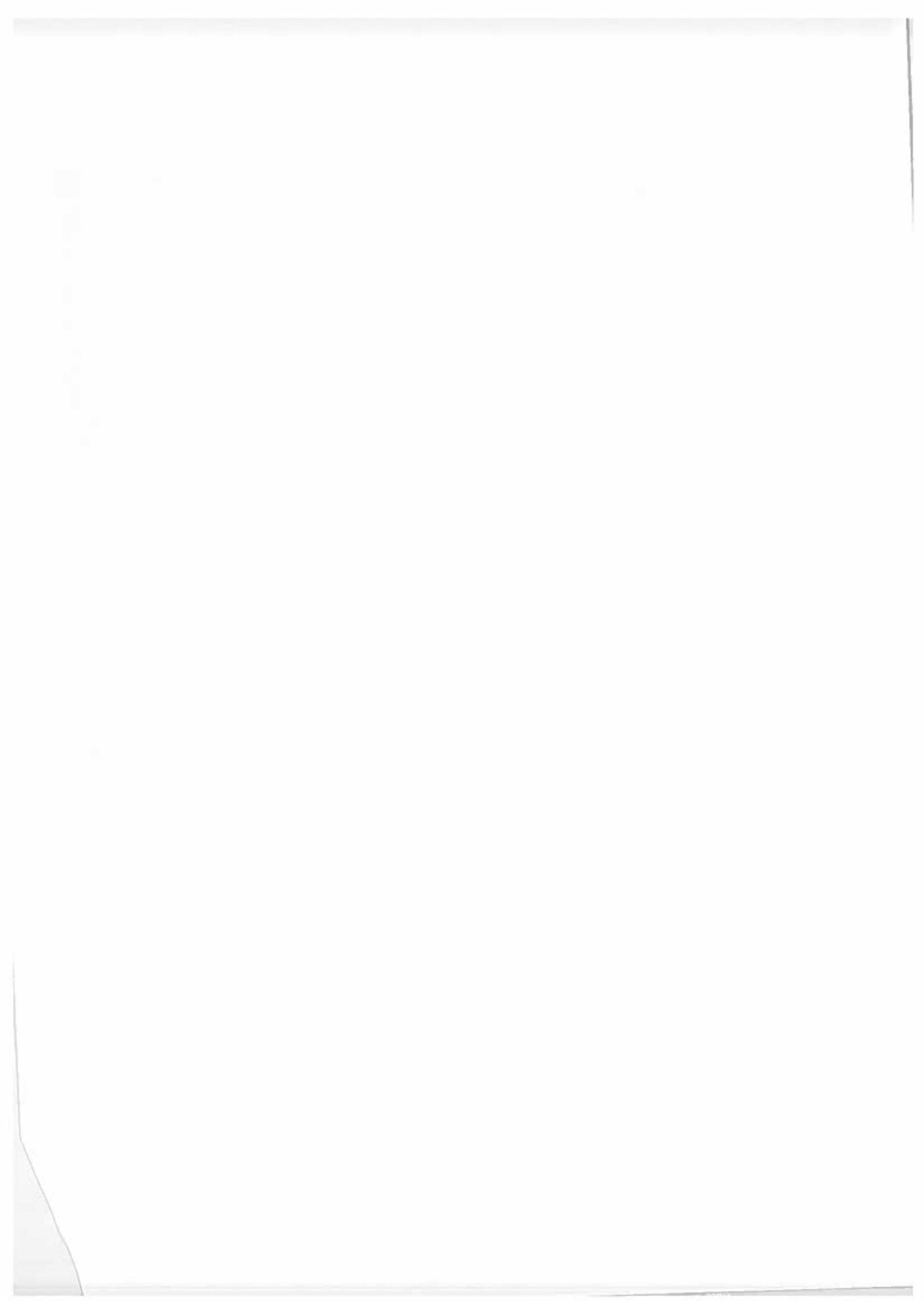
Inpatient wards are busy places and are different in their size and layout, where they are located and the resources that they have. Within Safewards, behaviours that service users may exhibit that pose a risk to themselves or others around are referred to as areas of 'conflict'. These behaviours may include: aggression, rule breaking, substance or alcohol use, absconsion, self-harm or suicide.

The actions that staff may take to manage 'conflict' are referred to as 'containment' strategies and may involve things such as: an increase in observation levels, PRN medication, restrictive physical intervention (restraint) or seclusion.

Module guide:

1. Clear mutual expectations
2. Soft words
3. Talk down
4. Positive words
5. Bad news mitigation
6. Mutual help meeting
7. Know each other
8. Calm down methods
9. Reassurance
10. Discharge messages





Who can come to visit me?

We recognise that maintaining contact with your family and friends can be an important factor in your recovery.

Your family and friends may visit you. However, all visitors must be approved by the clinical team and this may take some time. You will need to give the nursing staff the name and contact details of who you want to visit. Nursing staff will inform you of our visitors policy and visiting times.

When your visitors come they will need to bring photographic ID to show before they can be allowed in to see you. If you want young children to visit you, this can be arranged but may take a little longer to arrange and is subject to the person with parental responsibility agreeing. We have visiting facilities off the wards. Visitors are not allowed on the wards.

We ask that your visitors do not bring any items in which are contraband or restricted.

All visitors will have their bags searched and maybe subject to further searches if there are any concerns. If a visitor is in possession of a contraband item, a visit may be refused or ended altogether.

Your visitors will not be allowed to bring in food items that need heating or storing in the fridge. Home cooked foods are not allowed. We encourage you to maintain a healthy lifestyle whilst here and therefore request that your visitors do not bring in sugary drinks or snacks high in fat or sugar.

Service user experience

Staff will convey a service user-focused service that actively seeks the views of service users and we will involve you in the development of services and provide a high level of service user satisfaction.

Five areas that staff would define and aspire to deliver in the services are:

- safe high-quality and well-coordinated care
- being enabled to build therapeutic relationships
- clean and comfortable friendly place to be cared for in and for friends and families to visit.
- improved access to services and timely responses to needs being met
- better information and more involvement in their care.





Physical health

On arrival you will have a full physical health examination and assessment. The doctor and GP will talk to you about any treatment or advice required. Within our services we try to help you keep as healthy as possible. This includes offering help and advice on:

- smoking cessation
- healthy eating and healthy living
- exercise regimes
- therapeutic activities relating to physical health
- vaccinations.

Services available: GP, opticians, dentist, podiatry, nutritional advice from dieticians, and physiotherapists.

Please contact a member of the nursing or clinical team to discuss a referral.

Via the GP and your clinical team referrals can be made to specialists in the local general hospital for individual health needs.

The pharmacy team

The pharmacy team is made up of pharmacists and pharmacy technicians. Each clinical team has a clinical pharmacist working with them. Pharmacists specialise in medicines and give advice on this such as choice of medication, dose, side effects and whether tablets or liquids are available. Pharmacists are responsible for checking any prescriptions. The pharmacy team is also responsible for dispensing medication.

The pharmacy team can provide information on any medicines that are prescribed including written information.





See Me Team

The Service User Development Team is there to promote service user involvement in the day-to-day running of our service. They are key in supporting service users becoming involved in service user forum groups, participating in recruitment and selection panels and attending national and local user forum groups outside of the organisation. They can support service users by:

- ensuring access to information regarding user involvement
- opportunities in a wide range of services and at all levels
- encouraging and developing user-led group meetings
- representing users' views to the Trust and other providers.

Advocacy services

All service users are entitled to an Independent Advocate who will assist and support you with any issues you have in relation to your care. Building Community Advocacy is a completely independent service. If you would like to see the advocate, ask a member of staff to contact them.

Independent Mental Health Advocates (IMHA) provide support and information to ensure that you understand the Mental Health Act, rights and safeguards. You can get more information from your clinical team.





Customer Relations Service

Including compliments, complaints and Patient Advice and Liaison Service (PALS).

Comments, complaints and compliments

Contact our Customer Relations Team 8am to 8pm, Monday to Friday (excluding bank holidays).

Tel: FREEPHONE 0800 953 0045

Our Customer Relations Team is there to help when you need advice, have concerns, or don't know where to turn. They can help when you may need someone for on-the-spot help advice and support.

Don't forget that if you have concerns about the service you are receiving, please initially discuss them with you care team, who will try and resolve them as quickly as possible.

Alternatively, you can contact our Customer Relations Team on the number above and they will be able to advise and assist you.

If you feel you wish to make a formal complaint please fill in a complaints form and post into the complaints box, or give it to a member of staff to post for you.

Please remember we always welcome your compliments and comments. These are valued and will help us to review and improve our services.





Your clinical team

You will have been allocated a team of people who will be responsible for your care and support whilst you are in hospital. You may have already met some members of your clinical team.

Your team will consist of:

- doctors
- psychologist
- social worker
- ward-based nursing staff
- community nurse
- occupational therapist
- pharmacist
- administrator.

On the ward you will have members of the nursing team who will act as a key worker and co-worker. These staff will be responsible for planning and organising your nursing care.

Medical staff

The medical team consists of consultant psychiatrists who are doctors trained in the field of forensic psychiatry. There are also junior doctors and senior doctors who assist the consultants.

The roles of the medical team are:

- assessment of referred patients
- medication management
- addressing physical health concerns in partnership with the GP
- addressing mental health concerns
- assessing and managing risk
- coordinating a programme of rehabilitation back into the community
- referral to appropriate services
- responsible for producing regular reports
- assessment of court and legal proceedings and providing
- support to you whilst this is ongoing.



Psychology

The psychology team offer a number of evidence-based therapies and psycho-educational programmes tailored to suit the needs of each service user.

Engagement activities

Often psychologists will participate in ward based activities, facilitation of leave and in cooking sessions to allow you to gain familiarity and build a therapeutic relationship with them.

Individual therapy sessions

Individual therapy offers you the opportunity to discuss issues that are personal and require more intensive one to one discussion. The sessions will focus on a range of sessions such as emotional instability, family and relationship difficulties, mental health and risk reduction work. There are many different approaches to this type of therapy and your psychologist will talk to you about how this will progress.

Group therapies

There are a wide range of therapies available. Group therapies are selected to suit the needs of the current service user group.

Recommendations for therapies are made through the clinical team and encouragement is given to attend. Groups are often led or co-facilitated by other disciplines such as occupational therapy, social workers and nursing staff.





The nursing team – proud, professional, progressive

BSMHFT nursing is focused on the therapeutic relationship – a caring collaborative partnership with the service user grounded in respect, sensitivity, acceptance and trust. The integrity of the person, family, community and culture is respected and valued.

The nursing team offer 24-hour support to all service users. They can provide various levels of supportive observation in order to maintain safety and wellbeing. The nursing team is responsible for monitoring service users' mental health and have a duty to feedback any noticeable differences including improvements in mental health to your clinical team.

Each service user will be allocated a key worker who is responsible for negotiating a plan of care. The aim of this is to set meaningful goals with the service user, in order to encourage progress and build skills as part of a structured rehabilitation programme.

The nursing team is on hand to promote the recovery model of care and to support service users in achieving this. The nursing team is responsible for monitoring mental wellbeing, observing any side effects of medication and encourage healthier living practices such as improvements in hygiene, diet and activity levels.



Occupational therapy – life skills and integration

Occupational therapists are part of the clinical teams and provide services across ICU, acute and rehabilitation units as well as delivering services within a therapy centre and the community. The team consists of occupational therapists, technical instructors, therapy support workers and activity workers. The therapeutic interventions offered by the Occupational Therapy Service are organised into four intervention strands.

Education and work:

- wood workshop
- horticulture
- basic Skills – literacy, numeracy and IT
- internet.

These interventions offer:

- development and maintenance of skills
- qualifications in conjunction with local colleges
- work roles.

Life and social skills:

- Interventions including domestic living skills, community living skills, self-care and maintenance, communication and interaction skills, daily routines and balanced occupations, cognitive development, interests and hobbies, motivation and engagement.

Leisure and recreation:

- a range of sports and creative activities.

Health and wellbeing:

- promotion of health lifestyle with the use of engaging in actions.

The interventions offered on either a group or individual basis. Interventions are planned by service users recovery pathways.





Secure services model of care: the SCALE pathway



Stabilisation: Calming things down

Service users admitted to secure services can be in crisis and many feel uncertain about their future. This can result in service users being unable to take full control of their mental health and wellbeing. At this stage we will ensure the safety of you and other service users and support you in regaining control of your life.

Collaborative responsibility: Getting back on track

At this stage you will be assisted in developing a joint understanding of where you are in your life, where you want and can go, and how to get there. These conversations are tailored to each individual with the aim of developing a joint understanding. The work also enables you to get to know your clinical team and how you can access help and support.

Active interventions: Doing the work

By this stage you will have an agreed treatment plan which supports you in actively completing the necessary work to achieve your goals. The pace of the work is matched to your capabilities. The hard work is acknowledged via the care programme approach (CPA) and where applicable via reports to the Ministry of Justice and tribunals.





Learning and consolidation: Making it real

You will demonstrate your progress by developing a safe lifestyle, which includes increasing freedoms and autonomy. This stage focuses on you making personal choices in terms of your values, interests and preferences.

Exit planning: Getting on with life

This stage focuses on the transition between hospital and community life. This is a time of increasing opportunity for you to develop a safe life outside of hospital, whilst acknowledging restrictions that may be imposed by the Ministry of Justice, or other agencies.





Treatment and intervention programmes

In order to provide the most effective treatment and care, secure services are organised into eight intervention programmes to address both clinical and quality of life concerns. Each programme will support you across the care journey to meet your individual goals identified in your agreed treatment plan.

Where possible, you will be supported throughout by the same clinical team.

Four clinical programmes

1. Mental illness and associated distress programme

High quality and evidence-based psychiatric and psychological treatments are provided to alleviate the symptoms of mental ill health. All treatments follow national guidelines and are monitored closely to ensure maximum benefit.

2. Psychological wellbeing programme

In order for you to develop meaningful and safe lifestyles, individual vulnerabilities related to past experiences and current emotional and behavioural difficulties are addressed. A full range of evidence-based psychological treatments are provided individually and in groups, at a pace that is right for you.

3. Risk reduction programme

Specific risk reduction programmes actively address factors related to historical and present risks. The programmes are designed for you to access in a stepped manner, so that you can demonstrate increasing self-management of risk. The programmes are modular so this can ensure you address a range of risk concerns.

4. Substance misuse programme

A specialised substance misuse programme, combines an evidence-based treatment approach adapted to secure care settings. The programme is delivered in individual and group formats.



Four quality of life programmes

1. Home and care environment programme

This programme focuses on providing a safe and enabling care environment to maximise the range of positive interventions. It is acknowledged that high quality therapeutic relationships are required to ensure effective delivery of treatments and that also, for a period, the hospital ward is home for you.

2. Physical health and wellbeing programme

This programme addresses the delivery of a consistent approach to promoting physical health with varied physical activities provided. This programme is supported by groups to help you improve your health with a theme of prevention and self-management. This programme targets those individuals with a greater need i.e. those with existing long term physical health conditions or injuries and provides education and treatment from a range of professionals.

3. Family and relationships programme

This programme supports all positive relationships. Active work focuses on enabling you to develop healthy interpersonal skills and, if necessary, address conflict. It acknowledges that maintaining family relationships is of great importance and is a focus throughout the care journey.

4. Community integration and life skills programme

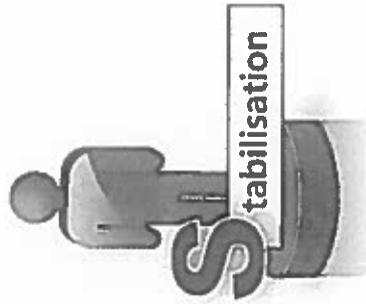
A wide ranging programme to support you to develop skills and abilities to participate in meaningful activities whilst both an inpatient and following discharge into the community. This programme focuses on education and preparation for employment to both build confidence and skills to achieve structure, a balanced routine, increased responsibility and the ability to fulfil chosen roles.



A fresh start...

Stage 1

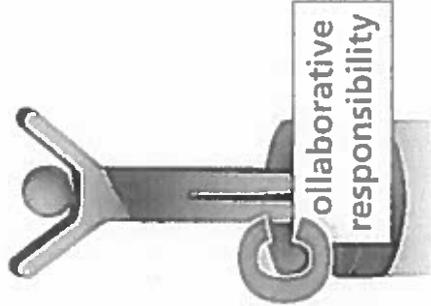
Calming things down



Stabilisation

Stage 2

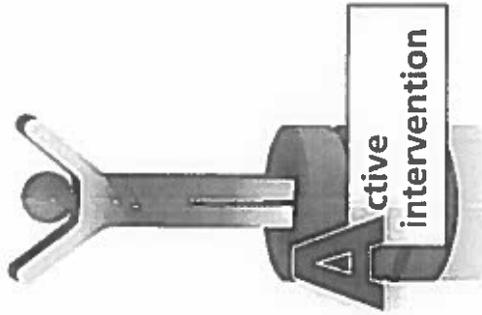
Getting back on track



Collaborative responsibility

Stage 3

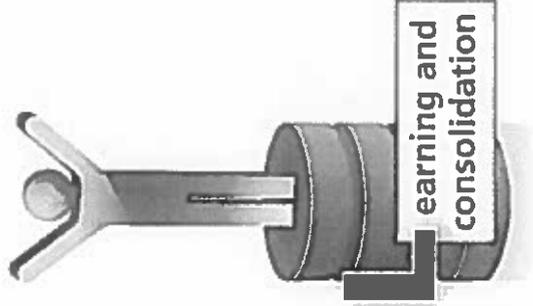
Doing the work



Active intervention

Stage 4

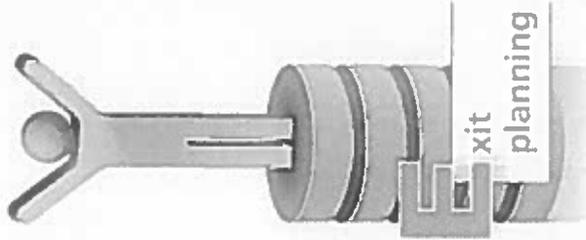
Making it real



Earning and consolidation

Stage 5

Getting on with my life



Exit planning

Core clinical programmes

- Mental illness and associated distress
- Psychological wellbeing
 - Risk reduction
 - Substance misuse

Quality of life programmes

- Home and care environment
- Physical health and wellbeing
 - Family and relationships
 - Life skills and community integration

