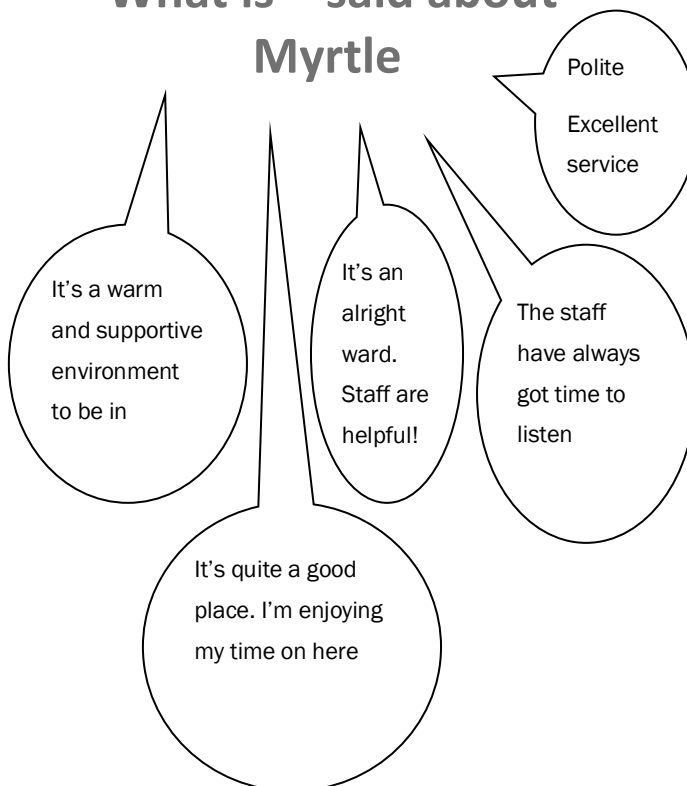


## What is said about Myrtle



## Our Ward Expectations

On Myrtle ward we expect staff and service users to respect one another and we promote pro-social behaviours, including in relation to television and music levels on the ward. We have a no bully zone and would expect anyone that has any concerns in relation to bullying behaviours, to discuss this with nursing staff or the management team.

Both staff and service users have a shared responsibility to ensure that the ward remains tidy and presentable at all times. We ask that everyone tidy after themselves during the day and at meal times

Service users have a responsibility to attend the Clinic when called for medication. Please be prompt so that the nurses can continue with their planned daily activities

It is an expectation on Myrtle Ward that you do not discuss sensitive issues regarding your care with peers. If you find that you have breached your own confidentiality, you should inform the nursing staff.

We promote a healthy routine, including promoting good sleep hygiene, attending to your own personal needs such as laundry, as well as a community meeting at 09:00 every morning to discuss the plans for the day. We would encourage service users to attend the community meeting to give their contribution to any discussions about the ward and to find out about the days' activities.

We also require that for your and others' wellbeing, that you are in day areas for at least an hour prior to leaving the ward for an activity so that nursing staff can check you are OK before you leave the ward.

# Myrtle Unit

Men's Service

## Information Leaflet



# What is SCALE



SCALE provides a framework that guides an individual's care pathway through the secure care service. It helps you and your care team to identify your needs and progress made across 8 core programmes from admission to discharge.

Progress may not always be easy and straightforward, and at times the journey in secure care may not result in an individual moving into the community but to another setting which is better suited to their needs. However SCALE will help you and your team to be clear about what needs to be done and when this needs to be done to ensure you make the best progress possible.

## There are 8 SCALE intervention programmes :

- Mental health & associated distress
- Psychological wellbeing
- Risk reduction
- Substance use
- Home & care environment
- Physical health and wellbeing
- Family & relationships
- Community integration & life skills programme

## Myrtle Unit PHILOSOPHY

**Our aim is to strive for excellence in meeting the individualized and holistic needs of our service users**

## Myrtle and SCALE

### **S STAGE—STABILISATION/ CALMING THINGS DOWN**

You may have been admitted to a secure hospital in crisis and may feel uncertain about your future. This will make it difficult to take full control of your mental health and wellbeing. At this stage you will need support to remain safe and help to regain control of your life.

#### **Interventions at the S stage:**

- Acute groups—providing structure and group activities
- Risk management e.g supervision of higher risk activity
- Help coping with admission to hospital and the reasons behind this
- Providing physical health support and education, as well as full examination
- Developing relationships at a ward level

### **C STAGE—COLLABORATIVE RESPONSIBILITY/ GETTING BACK ON TRACK**

As you begin to recover the first thing is to understand how you came to be in hospital and what steps are needed to help you move forward. It will be important to work with your named nurse and team to agree the next steps of your plan

#### **Interventions at the C stage:**

- Continuing risk assessment and management at a ward level
- Help developing core coping skills
- Developing relationships within the hospital community
- Substance awareness and psycho-education relating to this
- Maintenance of optimum physical health and wellbeing
- Discussion around needs and goal setting

### **A STAGE — ACTIVE INTERVENTION/ DOING THE WORK**

By this stage you will have an agreed treatment plan. Your programme and goals will depend on the needs you have agreed with your team. Progress you make will be discussed in your CTM/CPA reviews.

#### **Interventions at the A stage:**

- Learn new skills: e.g. budgeting, self care.
- Risk reduction e.g. Anger management, Index offence, Violence reduction work
- Supporting relationships with family & friends
- Building positive relationships through residents council
- Graded and adapted opportunities to participate in creative occupations