



Secure Care Services



Carer Information Pack





Welcome to Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) Secure Services

This information pack has been created to:

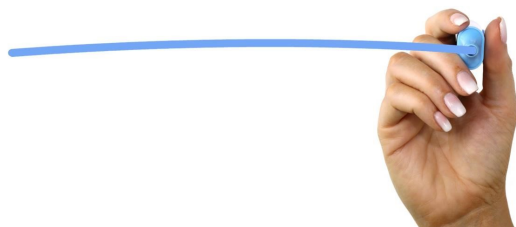
- provide you with key information and contacts you may find useful
- explain the path that the person you are providing support for will take in order to recover
- break down all parts of the treatment they will receive and who will be looking after them

When a family member or friend has to be admitted to any hospital it can be a daunting time, we hope this information will help you navigate the different pathways that your loved one will take in their recovery journey.

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 re-

DUTY OF CARE



fers to the level of physical security that is provided. Your loved one will have been referred to one of our services by a doctor who currently cares for them, once this has happened a team of staff from one of our services will visit them to assess their current care and treatment needs.



If they require care in one of our hospitals, the decision will have been based on this assessment of their mental health needs and the level of physical security that is required to keep them and others safe whilst they receive this treatment.

The assessment will usually last between one and two hours and will be carried out by a doctor and a nurse. They may also be seen by other members of staff, such as a Psychologist or Occupational Therapist, dependent on their needs.

These professionals will want to talk to your loved one about a range of things such as how they are currently feeling, what led them to be in the place they are currently in, their family history, any illnesses they may be experiencing and how they feel about coming to our hospital, the more information the staff can gather, the better. All the information given to us will be kept in strict confidence and will only be shared with the person who referred them to us (the doctor who currently cares for them), and the team who carry out the assessment.

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





Caring for carers

As a service, we at Birmingham and Solihull Mental Health NHS Foundation Trust are keen to engage with families and carers to provide you with support.

We recognise that family and carers play a key role in supporting people living with mental health conditions. You play a pivotal role in the lives of our service users. Your engagement can significantly improve their chances of recovery, this helps in reducing length of stays in hospital and delays in the transfer of care. We know that family and carers involvement provides much needed support to service users which would also contribute to the prevention of relapse.

It is estimated that there are approximately six million families and carers in the United Kingdom, of whom about one and a half million are caring for a relative who is living with a mental health condition.

What is a carer?

A carer may be a relative, a friend or someone who provides care and support to a service user, usually unpaid.

A carer is often the person that knows the service user the best and therefore it is recognised that their support would greatly improve the wellbeing of the service user. In most cases carers don't choose to become a carer; it just happens and they get on with it; if they did not do it, who would, and what would happen to the person they cared for?

Though it is a patient's right to choose who and what information will be shared with anyone identified as their carer, it is important to remember that the sharing of information between staff and a carer is vital to the care and treatment of our service users.





Confidentiality

The importance of sharing information

Information sharing is an important part of working collaboratively with service users and carers. All professional staff are bound by professional codes and laws to protect those they care for, if these codes are not met and laws are not adhered to the consequences can be very serious, and so balancing the limits of confidentiality of service user's rights and carer's interest can be a complex process. Even though this is the case, we do not want this to be an excuse for not sharing necessary information with you as carers. We are well aware that to be able to best support and care for loved ones, carers need to be supported and kept well informed.



What if the person being cared for wants to withhold Information from their carer?

Service users do not have the right to prohibit staff from engaging with a carer or giving them general information, advice and support. Staff are able to talk about information that is already known by you as their carer, however please be aware that staff cannot disclose information to carer's without the service users' consent. As is good practice, we check the service users' views on a regular basis as to what information they would like to be shared with a family member.



What about carer confidentiality?

There may be occasions when you as a carer share information about themselves that you do not wish the service user to be made aware of, hence you too have a right to their own confidentiality. When a carer does not wish for certain details to be shared, they are encouraged to clearly make this request.



Tamarind Centre — Where are we located?

The Tamarind Centre is located in the east of the city and provides care for up to 89 men who come from the centre, north and east of the city and surrounding West Midlands area.



Postal address:

Tamarind Centre, 165
Yardley Green Road,
Bordesley Green,
Birmingham B9 5PU

Main reception telephone number:

0121 301 0502/0503

Getting here by public transport

The following transport lines have routes that pass near Yardley Green Road: Buses 17, 28, 28a, 73

Wards at Tamarind Centre

We have seven wards within the men's service at Tamarind Centre - 1 intensive care ward, 2 admission wards, 2 rehabilitation wards, and 2 wards that provide specialist care.

Sycamore, Intensive Care Unit (ICU) - provides care for up to 8 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 - this ward provides care for 12 men who require care and interventions for complex disorders relating to their personality.

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



Tamarind facilities:

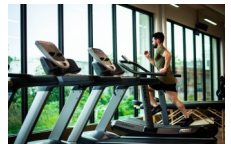
A range of facilities are available to support recovery;

- Cafeteria
- Shop
- Therapy Department
- Astro turf sports area
- Leisure and activity space
- Workshop
- IT Room
- Multifaith room
- Gym and external multigyms
- Transport to support leave
- GP service
- Dental suite
- Visiting rooms with family friendly facilities



Each ward has it's own facilities including;

- Laundry room
- Day area
- Quiet lounges,
- Courtyards with outdoor gym facilities available
- En suite bedrooms.





Additional medium secure services in BSMHFT are placed in two locations:

Ardenleigh



The postal address is:

385 Kingsbury Road
Erdington
Birmingham
B24 9SA

Main reception telephone number:

0121 301 4400

Ardenleigh is in the north of the city, and 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.

CAMHS - The forensic CAMHS at Ardenleigh is a 20 bedded, mixed gender unit for young people up to the age of 19. We provide assessment, treatment and care for young people who are experiencing complex mental health difficulties and pose a significant risk to others and who may also present a risk to themselves.

Reaside



The postal address is:

Reaside Drive
Birmingham Great Park
Rubery
Birmingham
B45 9BE

Main reception telephone number:

0121 301 3000

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



In addition to medium secure facilities we also have a low secure unit.

Hillis Lodge



The postal address is:

Hillis Lodge
201 Hollymoor Way
Northfield
Birmingham
B31 5HE

Main reception telephone number:
0121 301 1401

Hillis Lodge is a 14 bedded low secure unit situated near Northfield in Birmingham. It is a service for adult males who are moving along their care pathway towards less secure conditions, usually from medium secure care.

At Hillis Lodge the aim is to encourage , engage and support individuals through:

- a recovery-based programme, reflecting a persons
- a focus on individual needs
- service users and staff working together as a community
- treating each other with respect, dignity and equality
- using a least restrictive practice approach
- motivating individuals using a strengths based approach to risk and recovery
- maintaining links with family and local community in preparation for discharge

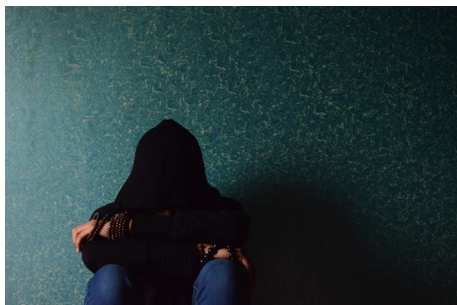


What happens once someone is admitted?

We realise this will be a stressful time for both service users and their friends or relatives; however we will work to make the situation as smooth as possible.

Once the person needing our care is admitted to a secure hospital they will be met by staff in the secure entrance area and then searched. This may involve using a metal detector, a personal rub down search or a change of clothes search to ensure that they do not have on their person anything that could pose a risk to them or others.

All property brought to the unit will also be searched, if any contraband items are brought in they will be removed from the person's possession and stored safely.



Any items that are deemed illegal will be disposed of and we may have to involve the police if necessary.

There is a limit on how many items a patient can have in their room at any one time. This is for security reasons and also due to the small amount of storage space available on the wards. Therefore there may be occasions when we will ask family members if they can take items away for safe keeping if the service user is in agreement.

They will be shown around the ward and the facilities. If they have missed a meal we can provide a snack until the next meal is available and they will be offered a drink.

Once a person is admitted it is highly likely that they will be detained in hospital under a section of the Mental Health Act. A nurse will be on hand to go through any questions when they arrive and explain the section and their rights under this section.

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



Mental Health Act (MHA) Sections

As mentioned, when your loved one is admitted, it is highly likely that they will be on a section of the MHA. The section they are on will determine how long they will be required to stay in hospital. Some sections can be extended if needed, depending on the progress of the patient. 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 they are in hospital to receive treatment and therapy. Their Consultant Psychiatrist, the hospital managers or the Mental Health Review Tribunal can decide when they can be discharged.

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

Section 48/49 (Remand prisoners) - They are here for assessment and to receive treatment. The Ministry of Justice have to approve their admission and discharge. There is the possibility that they could be sent back to prison. Their section will change when their 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 their discharge. Any leave outside the hospital, has to be authorised by the Ministry of Justice.

Section 3 - This is a treatment order. They will be required to stay in hospital for up to six months to receive treatment. Their Consultant Psychiatrist, the hospital managers or Mental Health Tribunal can decide when they can be discharged. This section can be extended.

Section 2 - If they are on this section, they are here for an assessment period for up to 28 days. Their Consultant Psychiatrist, the hospital managers or the Mental Health Tribunal can discharge them.

If they are unclear or need more information about any of the above sections service users are encouraged to speak to the Consultant Psychiatrist caring for them.



The Clinical Team

Your friend or relative will have been allocated a team of people who will be responsible for their care and support for the duration of their hospital stay.

The team will consist of:

- Doctors
- Psychologist
- Social Worker
- Ward based nursing staff
- Community Nurse
- Occupational Therapist
- Pharmacist
- Administrator



On the ward they 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 their 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 on-going



Psychology

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



OT Engagement activities

Often OT (Occupational Therapists) will participate in ward based activities, facilitation of leave and in cooking sessions to allow our service users to gain familiarity and build a therapeutic relationship with them.

Individual Psychologist therapy sessions

Individual therapy offers 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 our psychologist will talk to service users 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 are responsible for monitoring Service Users' mental health and have a duty to feedback any noticeable changes 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 are on hand to promote the recovery model of care and to support service users in achieving this. The nursing team are 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 wards 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:



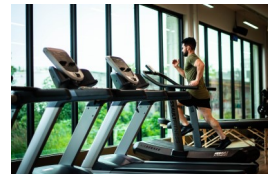
Education and Work

- 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 & maintenance, communication & interaction skills, daily routines and balanced occupations, cognitive development, interests and hobbies, motivation & 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 are offered on either a group or individual basis. Interventions are planned by service users recovery pathways.



Community Psychiatric Nurses (CPNs)

The service operates a community follow up model that attempts to transfer after care to local mental health services when possible. This ensures that the majority of service users do not remain with a forensic service long term, unless absolutely necessary.

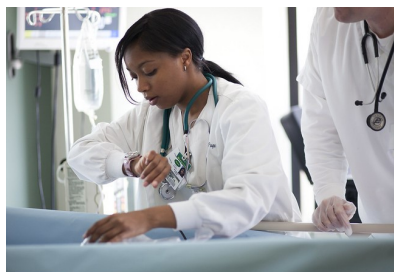
The CPNs work closely with the clinical team, social worker and significant family members to ensure that community links are maintained. CPNs may also undertake therapeutic work in collaboration with psychology, facilitate rehabilitative leave whilst the service users are inpatients.

The CPNs are also responsible for carrying out some of the pre-admission nursing assessments of people referred to the service, and they are involved in the court diversion rota.

Social Workers

Social workers aim to reduce the risk to the service users and others by managing the social factors that may contribute to their difficulties. Social Workers offer guidance and support to both service users and their families/carers. They can assist Service Users in addressing any social concerns they may have including issues such as finance, housing, caring responsibilities or addressing problematic social dynamics.

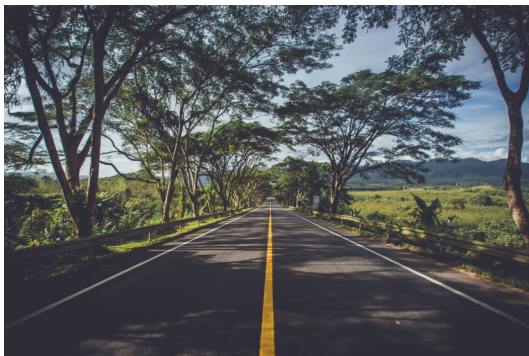
Social Workers work both within the hospitals and but also in the community to coordinate resources to ensure the welfare of the Service Users prior and throughout their moving from the secure setting.





Pathways from Secure Services - Moving on

A personalised pathway will be developed with your loved one. Their clinical team will work with them to decide the most appropriate pathway. This may include the local community mental health team. We aim to support them to identify their needs, and work with them on reducing their risk, to enable them to safely move back into the community.



When deciding on appropriate care pathways, a number of things will be considered before decisions are made:

- Their views and opinions
- The views of the family/carer with service user consent
- Their individual strengths and needs
- Requirements of other agencies e.g. Ministry of Justice, Multi-Agency Public Protection Agency (MAPPA), National Probation Service, decision of Mental Health Review Tribunal
- Appropriate location
- Where and how their identified needs will be met
- Any specific skills and experience of staff required

Moving on from secure services will be different for each individual, it may include moving to high or low secure services, community accommodation or in some cases, return to prison.

It may be appropriate to be discharged back to the family home or their own home with support from their clinical team and voluntary services.

We provide a community follow up service where required. This may be delivered in partnership with the local mental health service, the probation service or any other agency required ensuring they can live safely and as independently as possible after being discharged.



Healthy Eating and Healthy Living

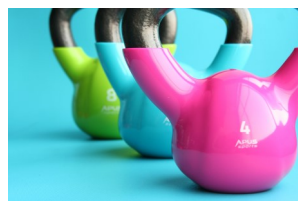
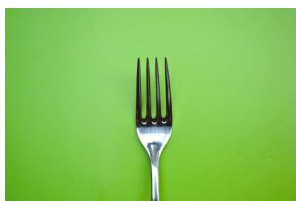
Our Trust takes the health and wellbeing of your loved one, our service user very seriously because people with enduring mental health conditions are more susceptible to certain health problems like weight gain, diabetes and respiratory conditions.

A physical health assessment will usually be carried out within 24 hours of admission.

Your loved ones nurse, doctor and GP will discuss their nutritional intake with them and provide them with any support required, by providing a tailored food and exercise plan to meet their needs

They will be offered support sessions either 1:1, in groups or with family and carers involved in order to help them manage their diet. They will be encouraged to speak to their key worker if they are interested in attending any sessions.

Throughout the year there are regular walking groups and sports tournaments arranged which all service users are encouraged to attend if possible.



The Eatwell Guide

The Eatwell Guide provides you with an overview of foods required to promote a balanced diet (see next page for a picture of The Eatwell Guide). This is something we would encourage both you as a carer and our service users to keep in mind when making meal choices to promote better health.



Check the label on packaged foods

Each serving (100g) contains

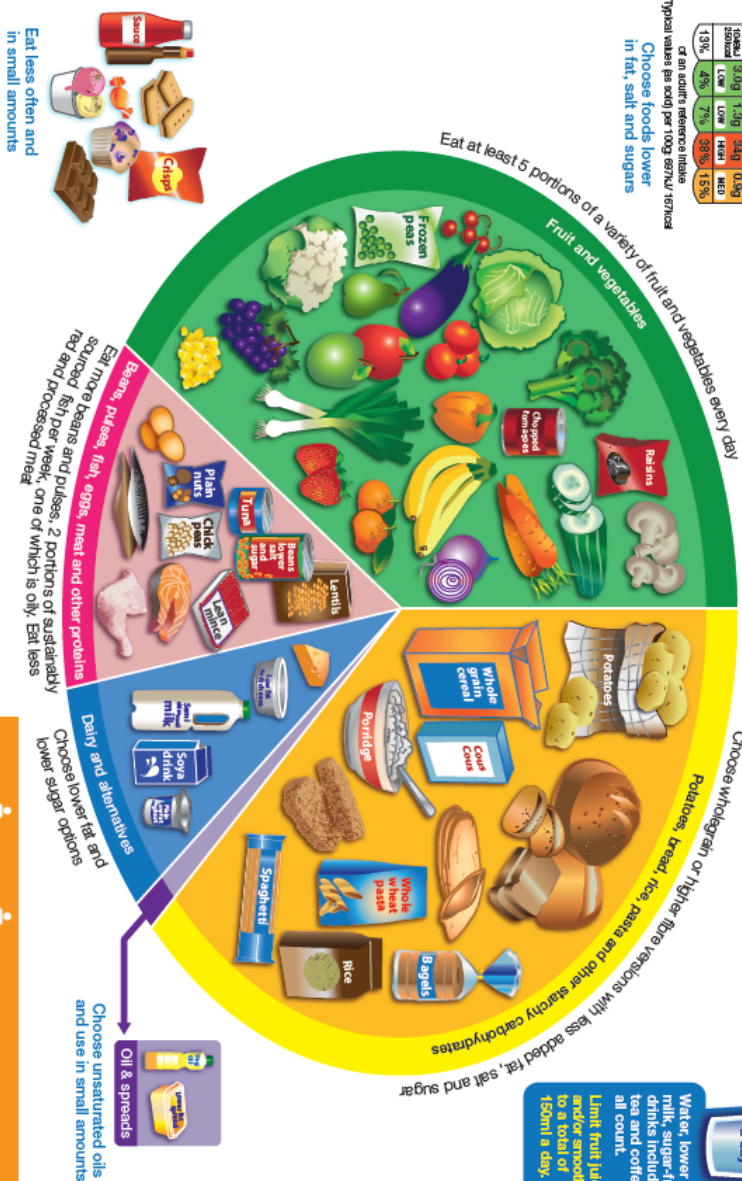
Energy	Fat	Saturated fat	Salt
2500kJ	9.0g	1.5g	3.0g
600kcal	18%	30%	60%
Low	Low	High	High

of an adult's reference intake
Typical values per 100g per 100g energy reference

**Choose foods lower
in fat, salt and sugars**

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



6-8 a day

Water, lower fat milk, sugar-free drinks including tea and coffee all count.
Limit fruit juice and/or smoothies to a total of 150ml a day.

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS



Forensic Intensive Recovery Support Team (FIRST)

FIRST is the name of the forensic community outreach service. It is a community team aimed at delivering high quality care that supports service users to avoid admissions where possible, as well as commit to avoiding any delays in treatment that may prevent a service user from leaving hospital in a timely manner.

The FIRST service is also committed to bringing individuals back to the West Midlands who have in the past had to be moved far away from their family, friends and local communities.

The FIRST service will predominantly work in the community with service users but will also work with service users during their inpatient stage of their pathway to support their transition back to home or a less restrictive environment.

Who are the FIRST?

The team consists of:

- medical staff
- community psychiatric nurses (CPNs)
- psychologists
- support time recovery workers (STRW)
- social workers
- occupational therapists
- substance misuse workers
- peer support workers
- administration staff

Each of the team members brings a different set of skills to the team. This means that the team can offer a more varied range of options to service users to ensure that they can maximize their strengths and get the support they need at the right time. This will enable them to maintain and continue their recovery.



The FIRST team will have strong links with local communities and resources and will be able to work with these organisations to support individuals.

How will carers, families and friends benefit from FIRST?

- Service users' discharge will be at the right time for them and will avoid any possible delays.
- The FIRST will try to keep service users closer to home and their local communities, and in the least restrictive setting.
- You will be supported to be able to access a carers assessment and sign-post you to resources that can support your wellbeing.
- The team aims to make the journey of each service users through secure care seamless, working across pathways and organisations to support their recovery.
- The team have strong links with local community services/resources and we will help you find practical advice, education or other identified needs that will help you to support your relative or friend.
- There is an out-of-hours on-call service which can be utilised 24 hours a day, 365 days a year. Both you and your relative or friend will be given the details of this service.

The postal address is:

FIRST
Community Service Building
Reaside Clinic
Reaside Drive
Birmingham Great Park
Birmingham, B45 9BE

Main reception telephone number: 0121 301 3077/3039



Visiting the Tamarind Centre

We recognise that for our service users, maintaining contact with their family and friends can be an important factor in their recovery.

You can visit any day of the week between the following times;

Morning visiting: 09.00hrs – 12.00 hrs

Afternoon visiting 13.00hrs - 17.00hrs

Evening Visiting 18.15 hrs -19.15hrs



Visits are to be booked at least a day in advance.

To book a visit please telephone the ward, making them aware of the date and time that you would like to visit. They will then check with reception to ensure that a room is available to meet your requirements, and then confirm your request (at times this may require them to call you back). Please note, as the Tamarind Centre only has two visitor rooms, there may be a high demand for bookings at certain times of the day.

All visitors without exception must be approved by the clinical team and this may take some time. Therefore, well in advance of booking a visit your friend or relative will need to give the nursing staff the name and contact details of anyone they want to be an approved visitor.

You or any visitors who come to the Tamarind Centre will need to bring photographic ID to show before they can be allowed in the building for a visit. Young children are able to visit our service users with the approval of the person with parental responsibility, this may take a little longer to arrange, so please be patient with us during this process.

All our visiting facilities are based off the wards as visitors are not allowed on the wards. However there is one exception which is Sycamore, the Intensive Care Unit (ICU). The reason for this is that the service user may be very unwell and it could increase his anxiety to move him off the ward for a visit.



All visitors will have their bags searched and may be subject to further searches if there are any concerns. Lockers are provided in the reception area to store contraband items that cannot be taken into the visit. These items can be collected at the end of the visit. If a visitor has been found to be in breach of our contraband rules on a number of occasions their visits may be suspended until a discussion takes place at the Multidisciplinary Team meeting (MDT).

Please note visitors will not be allowed to bring in food items that need to be heated or stored in a fridge. Home cooked foods can be brought in and eaten during the visit, but cannot be taken back to the ward. We encourage our patients to maintain a healthy life style whilst here and therefore request that any visitors do not bring in sugary drinks or snacks high in fat or sugar (see the Healthy Eating Healthy Living section for further details).

When visiting, please take a look at the list of prohibited items section of this pack and carefully consider what you bring to the hospital.

ICU Procedure for Child Visiting—Sycamore Ward

- The visit in all cases must be in the best interest of the child.
- They would take place in the visiting rooms (off the ward) not the normal on ward visiting area.
- Initially visits would take place with 3 staff escorting, one of whom will stand outside of the room and have visual contact of the visit throughout the duration. Escort levels can be dropped to 2 staff after MDT approval and successful initial visits. It cannot go below 2 escorting staff
- Visits would be maximum of once every 2 weeks
- It would require CTM approval- it should be for those who are almost ready for acute or who are on the acute ward waiting list.
- Where possible Skype sessions should be facilitated first to monitor the SU behaviour with the children.
- Normal procedure for approved child visits requiring social worker assessment.
- A specific care plan would be put in place regarding child visits.
- An assessment of the service user would be carried out prior to agreeing child visits

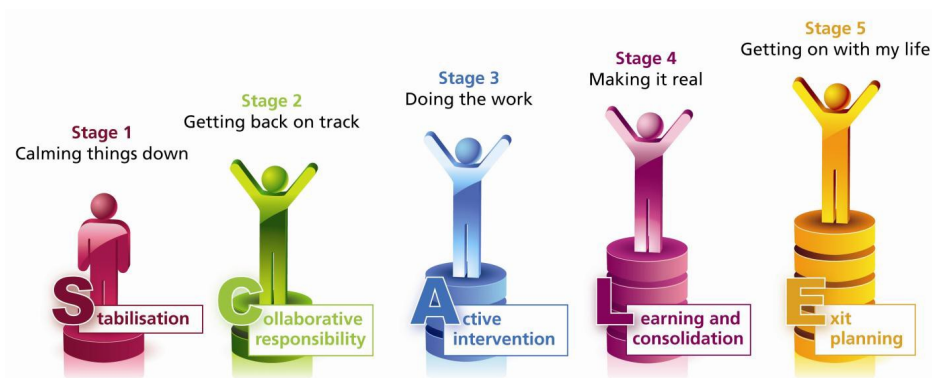




Secure services model of care: The SCALE pathway

What is SCALE?

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



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 them and other Service Users and support them in regaining control of their life.

Collaborative responsibility: Getting back on track

At this stage service users 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 them to get to know their Clinical Team and how they can access help and support.



Active interventions: Doing the work

By this stage service users will have an agreed treatment plan which supports them in actively completing the necessary work to achieve their goals. The pace of the work is matched to their 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

Service users will demonstrate their progress by developing a safe lifestyle, which includes increasing freedoms and autonomy. This stage focuses on them making personal choices in terms of their 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 your loved one to develop a safe life outside of hospital, whilst acknowledging restrictions that may be imposed by the Ministry of Justice, or other agencies

Service User feedback

“It’s nice to see where you stand and how much progress you are making while in the system “

Service User feedback

“Really beneficial tool to help me understand the pathway I am on during my discovery and recovery journey. Before it I was travelling a bit blind”

Forensic Intensive Recovery Support team (FIRST)

This is a multidisciplinary team enabling service users to receive their care in the community once discharged.

Its recovery focused with intensive therapeutic interventions which enables individuals to identify and address any unhealthy patterns of living.



A-Z of common terms

This A-Z list contains some common terms that you may come across whilst being in contact with the service.

Advocate - An advocate is someone who acts on behalf of the patient. For example, if the patient has had difficulties with benefits or services, they may find that an advocate can help solve these problems.

Carer - As defined by the Carers Trust: A carer is someone of any age who provides unpaid support to a family member or friend who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Care pathway - An approach to managing a specific disease or clinical condition which identifies early on what treatment and care is required, along with the possible outcome.

Care plan - After an assessment has been carried out, the care team will provide a written plan, setting out the patient's needs and risks.

Care Programme Approach (CPA) - This system co-ordinates the healthcare needs for people with mental health problems.

Clinical Team/Multi-disciplinary team (MDT) - A group of professionals who provide care and treatment to your relative/friend.

Dietitian - Dietitians work with people to promote nutritional wellbeing, prevent food related problems and treat disease.

Nursing staff - You may meet many different people who work as part of the nursing team including qualified staff such as; ward managers, team leaders and staff nurses.

Psychiatrist - Psychiatrists are qualified doctors who diagnose and treat patients with mental health conditions.



A-Z of common terms continued...

Psychologist – Psychologists bring psychological theory and practice to help solve problems or bring about improvements for individuals, groups and organisations.

Responsible Clinician (RC) formerly known as RMO (Responsible Medical Officer) - This is the person identified as having 'legal responsibility' to lead the team in the decision making relating to the care and treatment of a patient. It is usually a psychiatrist but can be another professional who has undertaken the approved training

Social Worker - Social workers work to a set of national standards which shape the way they work with patients and carers. They advise carers on how to keep in contact with their relative/friend and can act as a link person. They can request an assessment of the carer's needs on admission and on a continuing basis as part of supporting the care and treatment plan of the patient. This is done by the local area team. Social workers help carers understand who provides the care and treatment for the patient and how to contact them. Social workers talk to carers about their hopes and concerns for the patient and, with the permission of the patient, will talk to carers about their progress and treatment. They take the lead in ensuring carers are involved in care planning, treatment and discharge arrangements as far as possible. They explain to both the patient and carer what the patient's rights are. The social worker will form links with local authorities, probation services and other agencies that may have looked after the patient in the past. They also share any information they collect about the patient with the patient's clinical team. Social workers write reports in relation to the patient for tribunal hearings to review the patient's detention, and for use in clinical meetings. In addition, they have responsibilities in the safeguarding of children and vulnerable adults - particularly in regard to seeking and responding to carers' views about services as well as the views of children.



Most Common Mental Health Illnesses

Though the list of diagnostic categories below is not an exhaustive list of all the terms you may hear used it does list the most common mental health illnesses:

Psychosis

Psychosis is a feature of a serious mental illness. It is the term used to describe symptoms where a person experiences the loss of a sense of reality, and the ability to distinguish between what is real and what isn't is seriously affected. Symptoms of psychosis include delusions and hallucinations.



Schizophrenia and allied illnesses

Schizophrenia is one of the more common serious mental health conditions. Features of Schizophrenia may include what are termed as positive and negative symptoms.

Positive symptoms – these may be things described as being additional features to their life, this could include delusions, hallucinations, difficulty thinking and extreme confusion.

Negative symptoms – these may be aspects of a person's personality which are suppressed leading to them becoming withdrawn, lacking interest in life or neglecting themselves and because of a lack of insight these ones do not accept they are unwell and therefore do not want to accept any help.



Bipolar Disorder

Bipolar Disorder, previously called Manic Depression, is a serious mental illness that affects about 1 in every 100 people. People with Bipolar Disorder have severe mood swings that last for weeks or months. They may experience symptoms such as low mood (depression), high mood (mania), or mixed moods such as feeling depressed but restless.

Personality Disorder

Personality disorders can affect how a person feels, thinks and behaves. Due to a person's extreme outbursts of emotion or volatile behaviours, a person's life can be severely disrupted.

Borderline Personality Disorder

This is the most commonly diagnosed personality disorder. Borderline personality disorder is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, issues with self-harm, difficulty managing emotions and behaviour, and a pattern of unstable relationships.

Schizoaffective Disorder

When someone is diagnosed with this disorder they typically display symptoms from both schizophrenia and bipolar disorders. A person may experience symptoms from both disorders at the same time or within a few days/weeks of each other. There are different types of Schizoaffective disorders.





Diagnosis

Treatment for mental illness

When a person becomes unwell, it is likely that they will be treated by their GP in the first instance. If the GP or another healthcare professional caring for your loved one feels that more specialist help is necessary, they may be referred to a local psychiatric service to receive treatment in a hospital as an in-patient.

Treatment will be detailed in the form of a care plan which outlines all treatment options taking into consideration the persons individual needs. This should be put together with the full involvement of your loved one if possible, and as their carer you should also be asked for your views.

The details below outline so of the possible treatment options:

Medication

Medication is often the first option used to help alleviate some the symptoms of the illness, this can sometimes be a combination of different medications. With the right medication, improvements can be seen fairly quickly but it could take some weeks before any long term improvement is seen.



It may be that the prescribed medication does not work straight away and so alternatives may be given. It is also important to note that in some cases a person may need medication for a very long time to help to keep their symptoms at bay and that the person should not stop taking their medication unless they are told to by their doctor even if they feel their symptoms have gone.

Side Effects of Medication

As with all medication, those used to treat ones with mental illness can have physical side effects. Common side effects experienced include:

- weight gain
- muscle spasms that cannot be controlled
- constipation or bladder issues
- sexual problems (reduced sexual drive or sexual functioning)



Who can I contact/Important Information

Ward name:.....

Ward telephone number:.....

Ward Manager:.....

Ward Carer Lead:.....

Named Nurse/Keyworker:.....

Responsible Clinician:.....

Social Worker:.....

Psychologist:.....

Occupational Therapist:.....

Next CPA (Care Programme Approach) date:.....

Next Mental Health Review Tribunal:.....

Any other up and coming dates:.....

.....

.....





Useful contact information:

In an emergency:

Always call 999 if someone is seriously ill or injured, and their life is at risk.

NHS 111, by dialling 111 - open 24 hours

Samaritans on 116 123 - open 24 hours

SANELINE on 0845 767 8000 - open 1pm - 11pm every day



Birmingham Carers Hub - can offer advice on generic carers support groups
0333 0069 711
<http://www.birminghamcarerscentre.org.uk>

The Carer's Trust Solihull - can offer advice on generic carers support groups
0121 788 1143
<http://www.solihullcarers.org>

Home Group - organise many of Birmingham's local carers support groups. Contact them to find out where your nearest group meets. Tel: 0300 304 5530

BSMHFT Lead for Carers Sandra Baker – sandra.baker3@nhs.net

Recovery for All - <http://www.bsmhft.nhs.uk/service-user-and-carer/recovery/>

Patient Advice and Liaison Service (PALS)

Telephone: 0800 953 0045 Text: 07985 883 509
<https://www.bsmhft.nhs.uk/service-user-and-carer/customer-relations/pals/>
PALS is open Monday to Friday 8am to 6pm (excluding bank holidays)



Useful Websites

BSMHFT Website

<https://www.bsmhft.nhs.uk/>

NHS Choices – advice on health conditions and services

www.nhs.uk

Carers Toolkit – developed by NHS England in partnership with University of Central Lancashire

www.england.nhs.uk/wp-content/uploads/2018/05/secure-carerstoolkit-v2.pdf

NHS Carers Direct – a national NHS website

www.nhs.uk/carersdirect

National Carers Association – useful information for all aspects of being a carer

www.carersuk.org

The Carers Trust – a national charity aimed at carers

www.carers.org

Young Minds – a national charity focused on young carers

<http://www.youngminds.org.uk>

Mental Health Foundation – the UK's leading charity concerned with both mental health and learning disabilities

www.mentalhealth.org.uk; www.learningdisabilities.org.uk

Mind – a national mental health charity

www.mind.org.uk

SANE – a national mental health charity

www.sane.org.uk

Centre for Mental Health – an independent national mental health charity

www.centreformentalhealth.org.uk

Rethink – a national mental health charity

www.rethink.org

Care Quality Commission (CQC) - the health service regulating body ensuring services are meeting national standards

www.cqc.org.uk



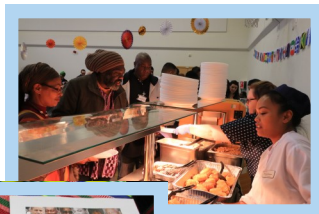
Carer Meetings and Events

Friends and Family Events

We hold 3 friends and family events during the year:

- One in the spring
- One in the summer
- One in the winter

Each event is hosted by a different team including the nursing , psychology and occupational therapy teams.



Black History Events

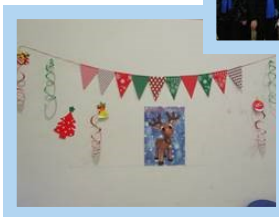
We also host an annual Black History event in October of each year.

World Mental Health Day

World Mental Health Day is always celebrated usually alongside another celebration during the year.

Other events

Other events are arranged throughout the year including various sports tournaments, and charity events.





Notes

[illegible]



**Birmingham and Solihull
Mental Health**
NHS Foundation Trust



SMOKEFREE

We are a smokefree trust

www.bsmhft.nhs.uk

Main switchboard: 0121 301 0000