



Partnerships in Care

Where better comes together

Clinical therapies

Meadow View

A low secure service for men with mental illness
and/or personality disorder



Meadow View
Dog Kennel Lane
Gainsborough
Lincolnshire
DN21 5UD

Where better comes together

How can we care better for people with mental health problems?

How can we achieve better efficiencies for the mental health system?

The questions are not simple, and neither are the answers.

It's about the right combination of people, disciplines, clinical expertise and ideas.

It's about curiosity, intelligence and openness to new ways of confronting difficult issues together.

It's about involving the patient and their family as part of the solution.

It's about working collaboratively with commissioners, policy makers and our peers within the professional community.

It's about all the kinds of partnership implied by 'Partnerships in Care'.

'Better comes together'
only if each one of us
does the best for the
people in our care, every
moment of every day.

Where better comes together

The right combination

Partnerships in Care (PiC) is the largest independent provider of specialised, secure and step-down care across the UK with hospitals across many regions. With 30 years' experience and expert teams, we help patients, residents and commissioners find the right care pathway and treatment for the best possible chance of a stable and safe life in the community.

PiC care pathways:

Mental disorder

We provide care for people with mental illness and/or personality disorder across medium secure, low secure, locked and open rehabilitation units, supported and community living, as well as emergency admissions in our acute, PICU and HDU services.

Learning disability

We care for people with a broad range of neurodevelopmental disorders including learning disability, autism spectrum disorders and other conditions, across medium secure, low secure, locked and open rehabilitation, community and supported living services.

Acquired brain injury & progressive neurological conditions

We care for people with acquired brain injury and progressive neurological conditions across locked, transitional and open rehabilitation, community living, respite care and stroke services.

Child and Adolescent Mental Health Services

We provide Tier 4 inpatient and residential services for young people with a range of needs, including secure, complex psychiatric disorders, learning disability or neurodevelopmental disorders, attachment difficulties, self-harming behaviours, and acute, severe or enduring eating disorders. Ofsted-approved education is provided for all young inpatients.

Trauma and Addiction

Safe and supportive residential and wellbeing outreach follow up treatments for people with alcohol or drug addictions and also for people who require treatment for post-traumatic stress.

Meadow View



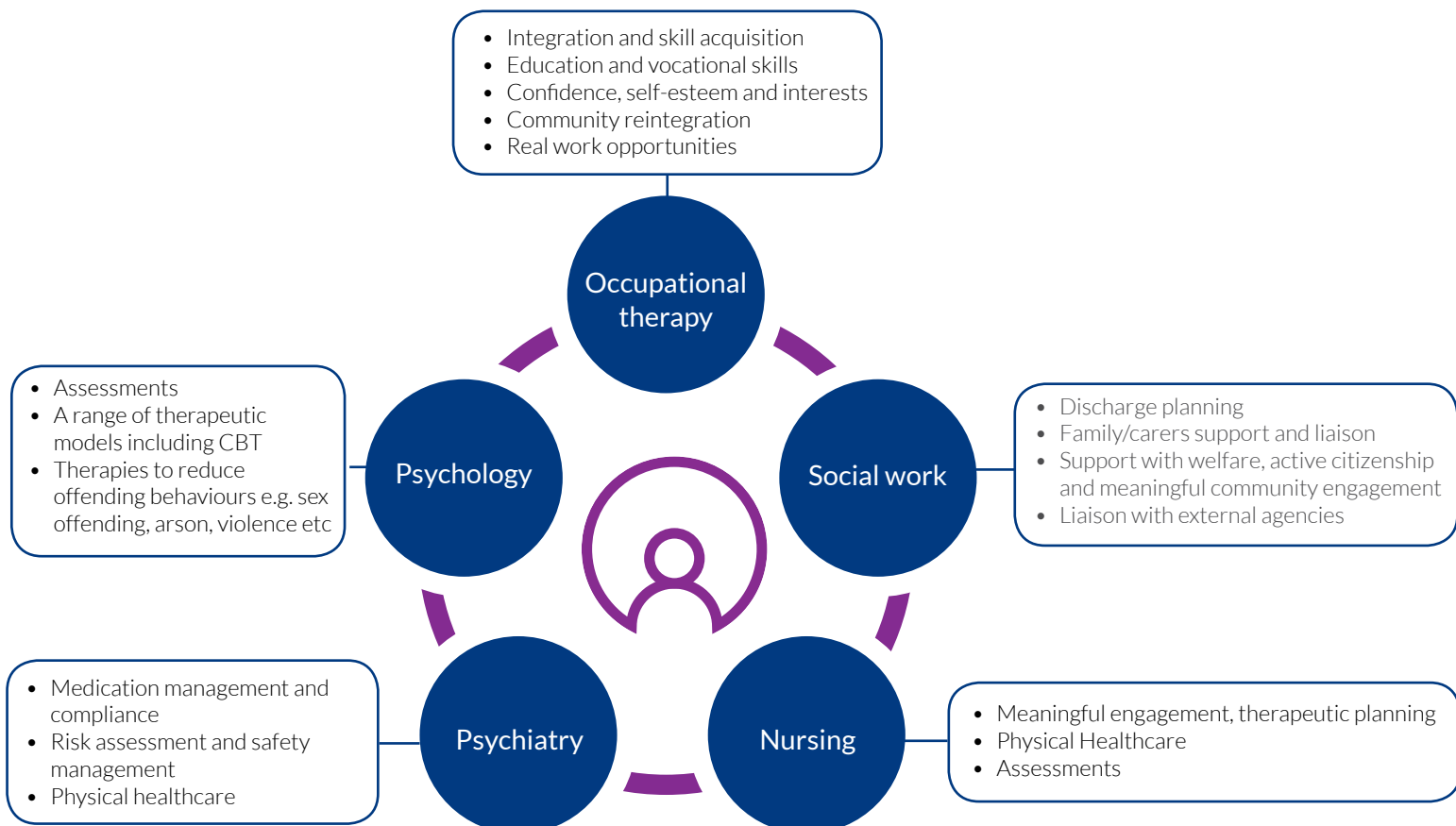
Meadow View is part of the PiC East Midlands region which provides a full treatment pathway for people with mental illness. Meadow View is a low secure service for men with mental health and/or personality disorder. The service provides a focus on learning new skills, embedding these in everyday life, progressing to maintenance of skills necessary for community living, as well as reducing risk behaviours and promotion of health and quality of life. There is a continued emphasis on the rights of patients, their quality of life and promotion of independence that enhances the patient experience and prepares them for community living.

The service has 28 beds across two wards:

Cedar Ward is a 14 bedded ward for men who require stabilisation and support to decrease their levels of challenging behaviour.

Ash Ward is a 14 bedded ward providing continuing care and preparing the person to move further along the care pathway or to community living.

A partnership of people



* CBT – Cognitive behavioural therapy

Clinical programme at Meadow View

The following is an overview of some of the treatment programmes available at Meadow View. This list is representative of current treatment needs and is therefore not representative of all the treatment that can be offered at the service. As each patient's recovery pathway is formulation – led, additional therapies will be provided according to need.

Pre-Admission	Why am I here?	Assessment	Treatment				Moving On
		Reaching a shared understanding	Stage I: Stabilisation	Stage II: Engagement & Awareness	Stage III: Choosing Change	Stage IV: Maintaining Recovery	
Referral to PiC East Midlands by Commissioning Team	Initial 48 hours after admission to the service	Completion of initial assessment phase, which could include assessment of:	Stabilising risk & developing relationships	Thinking about self and difficulties:	Offence-focused treatment	Consolidation and relapse prevention	Discharge planning & liaison step-down provider / community teams
Interview and Assessment completed	Orientation and initial risk management phase	Collaborative Risk Assessment (eg, HCR-20 v3; RSVP)	Risk Awareness	Coping Skills Programme	Sex Offender Treatment Programme (SOTP)	Skill generalization	
Report provided complete with detailed risk assessment and individualised formulation based treatment plan	Negotiation of individualised, formulation based care plans	Psychosocial History	Moving Forwards (motivational programme)	Schema-Informed Therapy	Anger Management	Revision of high risk treatment needs	
		Mental Health Needs	Social Problem Solving	Behavioural Approaches	Substance Misuse Programme	Relapse prevention skills	
		Interpersonal Functioning	Living with Psychosis	Trauma interventions	Arson Treatment Programme	Analysis and development of external support network	
		Personality Disorder	Relationships Programme	Community skills assessment.	Promote independence and responsibility taking		
		Neuropsychological Functioning	Self-Esteem Programme	<i>(Other interventions provided depending on clinical need)</i>	<i>(Other interventions provided depending on clinical need)</i>		
		Collaborative formulation of treatment needs	> Further assessments (according to clinical need) Ongoing collaborative risk assessment & formulation >				



Clinical programme at Meadow View

The therapy and treatment aims to optimise each patient's psychological, occupational and social wellbeing through both individual and group work, and is tailored to meet the needs of each patient to support them to move on to a safe and appropriate community placement as soon as possible.

The multidisciplinary team (MDT) at Meadow View follow the guiding principle of RAID (Reinforce Appropriate, Implode Disruptive; Davies, 2013) which works by reinforcing appropriate behaviour and only attending to inappropriate behaviour when it is uncaring or unsafe not to do so. We also use Recovery Star to support patients in planning their recovery.

The treatment programme comprises of:

Assessment - to identify the needs of the patient.

Formulation - to identify the most appropriate therapeutic intervention for each individual.

Intervention - to provide individual and group MDT led interventions central to the individual's pathway of recovery by encouraging and supporting the development of independent living skills within the unit and the community.

Clinical therapies at Meadow View

Stage 1 Stabilisation – Risk Awareness

1-2 hours per week
Led by: Psychology

This is a psycho-educational programme designed to help patients to better understand the nature of risk (in general as well as their specific risks) and to help them to begin to plan their recovery pathway. Sessions can be delivered in a group or individual basis and help patients to understand some of the concepts outlined in standard risk assessment tools, such as the HCR-20 v3 and START.

Stage 1 Stabilisation - Moving Forwards

1-2 hours per week
Led by: Psychology

Moving Forwards is a motivational programme designed as an introductory group to encourage patients to think about change in a psychological way. The programme introduces patients to the Stages of Change model and helps them to begin to think about their thoughts, feelings and behaviours.

Stage 1 Stabilisation - Social Problem Solving

1-2 hours per week
Led by: Psychology

Stop & Think! is a social problem solving therapy designed originally for people with personality difficulties to help improve social functioning. The programme helps patients to develop their appropriate problem solving skills by guiding them through a simple 6 step system, thereby replacing maladaptive problem solving skills learned prior to their offence. Stop & Think! targets the patient's current problems, and by doing so, teaches the skills to reflect on options and to evaluate progress.

Stage 1 Stabilisation - Living with Psychosis

1-2 hours per week
Led by: Psychology

'Living with Psychosis' is a Cognitive Behavioural Therapy-based programme designed for patients with a range of psychotic symptoms. The 10 session programme provides psychoeducation to help the patient to better understand their symptoms and diagnosis, as well as CBT based strategies to help them manage them, and the stress/anxiety that often accompany them.

Stage 1 Stabilisation - Relationships Programme

1-2 hours per week
Led by: Psychology

The Relationships Programme is designed to help patients to understand differences in types of relationship, to reflect on, and build upon, their interpersonal skills, and to consider how to deal with conflict and support seeking in prosocial ways.

Stage 1 Stabilisation - Self-Esteem Programme

1-2 hours per week
Led by: Psychology

The Self-Esteem Programme is a CBT-based treatment programme that aims to help patients to enhance their sense of self-esteem and self-efficacy. The sessions focus on both explorations of factors that may influence self-esteem, but also the development of skills to help patients to challenge their self-critical thinking.

Stage 2 Engagement and Awareness - Coping Skills Programme

1-2 hours per week
Led by: Psychology

The Coping Skills programme comprises a multidisciplinary approach to the teaching of core skills to aid the management of emotional states. Both modalities aim to develop the patient's support network and skills in managing difficult emotions using cognitive behavioural and dialectical behavioural techniques.

Stage 2 Engagement and Awareness Schema-Informed Therapy

1-2 hours per week
Led by: Psychology

Schemas are described as the core beliefs that we may hold about ourselves, other people and the world around us, which are maladaptive and can impede a person's recovery. Schema Informed Therapy can be offered primarily to those patients with traits / diagnosis of personality disorder to help them to identify and take control of their triggers and to help reshape their cognitions.

Stage 2 Engagement and Awareness - Behavioural Approaches

1-2 hours per week
Led by: Psychology

All patients will receive Positive Behavioural Support (PBS) plans, developed by the patient in collaboration with the MDT. Psychology will provide input and consultancy into these. In addition, in line with PBS and the RAID approach, patients may also benefit from additional behaviour plans/charts, as well as functional assessment of behaviour (including the collection of behavioural data).

Clinical therapies at Meadow View

Stage 2 Engagement and Awareness - Trauma Interventions

1-2 hours per week

Led by: Psychology

Where patients have a history of trauma, and where it is deemed important to do so, trauma-focused interventions will be provided. Consideration will be given to the sequencing of this work, as some may benefit from it at the beginning of their pathway, with others towards the end (e.g. after the development of appropriate coping skills).

Stage 3 Choosing Change - Substance Misuse Programme

1-2 hours per week

Led by: Psychology

The Substance Misuse Programme is a structured cognitive behavioural treatment programme that aims to help individuals to break the cycle of addictive behaviours (e.g. alcohol & drug misuse) that may be related to their offending behaviour. The programme can also target other specific addictive behaviours relevant to the patient's individual treatment needs. The programme is delivered across four modules.

Stage 3 Choosing Change - Sex Offender Treatment Programme

1-2 hours per week

Led by: Psychology

The Sex Offender Treatment Programme (SOTP) comprises five core modules of group work and/or individual therapy. The programme is delivered using cognitive behavioural principles, but with the addition of aspects of DBT and schema-focussed therapy. The interweaving of treatment modalities is intended to help patients to easily build upon their skills based therapies (e.g. schema; DBT). The SOTP, like many other therapies offered, is delivered on formulation-led principles.

Stage 3 Choosing Change - Anger Management

1-2 hours per week

Led by: Psychology

Anger Management draws from aspects of both CBT and DBT in order to help patients to understand their anger and triggers, perspective taking, and the development of new skills to aid self-regulation.

Stage 3 Choosing Change - Arson Treatment Programme

1-2 hours per week

Led by: Psychology

The Arson Treatment Programme broadly focusses on communication, anger expression and management, victim empathy, coping skills, and ultimately to help the patient to better understand their risk triggers and to manage relapses.

Stage 4 Maintaining Recovery

Led by: Psychology

Individual work at this final stage of a patient's recovery pathway typically focuses on supporting the patient to generalise skills learned in therapies and the collaborative development of relapse prevention plans. We are dedicated to facilitating discussions with rehabilitation and community teams at the earliest opportunity to ensure the smooth transition of a patient from our service at Meadow View to either step-down or community based services.

Life skills and education

Led by: Occupational Therapy

The occupational therapy programme incorporates activities and programmes which promote independence and transferable skills to be utilised in conjunction with other treatment programmes. Patients will learn interpersonal and intrapersonal skills, participate in real work skills and educational programmes aimed to meet personal needs.

Pharmacotherapy

The use of psychotropic medication is carefully reviewed and audited with reference to the current state of evidence based practices and the patients physical healthcare needs. This is based on the detailed diagnostic formulation, discussions with the MDT and input from the patient and families.



Physical Healthcare

All patients are registered with local healthcare services. A GP runs a clinic at Meadow View on a weekly basis and the Physical care co-ordinator will assist with physical healthcare monitoring. All patients undergo a baseline physical assessment and are monitored as appropriate. Annual physical health reviews are carried out and patients are encouraged to engage in interventions to promote healthy lifestyle, engaging in exercise and dietary advice.

Evaluating clinical effectiveness

The MDT utilise a range of assessment tools which monitor the patient's progress informing the care and treatment plan formulation to ensure intensive, person centred and timely treatment aimed at working towards a safe and sustainable discharge.

- **HCR-20**
(Historical Clinical Risk Management)
- **START**
(Short Term Assessment of Risk and Treatability)
- **HoNOS**
(Health of the Nation Outcome Scale)
- **My Shared Pathway**

Social Worker support

The Social Worker will support the patient with all welfare, active citizenship and meaningful community engagement. They will liaise with the family/carers, supporting the patient and family in communication and visitation including child visitation. Additionally, the social worker will liaise with external agencies and support the patient in preparation for discharge.

Therapeutic facilities

“I’m learning new skills for the future. I really look forward to my work days.”

Meadow View has a range of on-site facilities which are utilised as part of the intensive care and treatment programme:

- Rehabilitation kitchen
- Gym
- Activity room
- Multi-faith room
- Computer room
- Quiet room
- Grounds

Community interaction and Real work opportunities

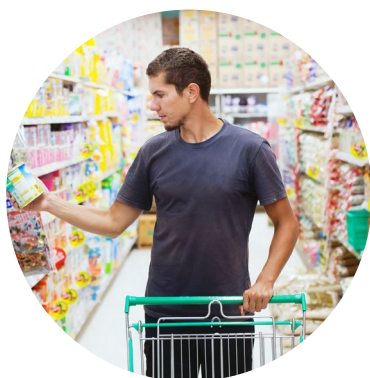
Community interaction

Meadow View believes that access to the community and opportunities for social interaction outside of a hospital setting are a key part of recovery.

Patients are encouraged to access courses at local colleges, attend local leisure centres and attend other community based activities.

Real work opportunities

When appropriate in their care pathway patients will be supported in developing their skills for future employment, including developing CVs, using the internet and computers and taking part in voluntary work.



John's* story

Background

While in the community, John had been using a range of illicit substances and drinking alcohol to excess. These led him to experience hallucinations and delusions and he stopped taking care of himself. Due to his mental ill health, he also became assaultative towards members of the public, and as a result, he was arrested, and remanded to prison.

After receiving a preliminary diagnosis of Drug Induced Psychosis, he was then referred to Meadow View, where he could access the appropriate treatment for his mental ill health and offending behaviour.

Coming to Meadow View

Once admitted to Meadow View, John was assessed by his Responsible Clinician and prescribed medication to help with his symptoms of psychosis. After a short period, John's mental health began to improve and he was able to engage in a range of assessments with the Psychologist and Occupational Therapist, including collaborative risk assessment and treatment needs formulation. The nursing team were able to provide John with support on the ward and to support him to commence his Section 17 leave, including home leave.

The initial assessment process then advised John's psychologically-focused treatment around his coping skills, problem solving and substance misuse. While completing his psychological treatment, John also continued to engage with the Occupational Therapy team to develop his work and life skills (such as cooking and plastering) while also utilising his Section 17 leave to attend the local gym and recovery meetings.

Looking forward

John's clinical team worked closely with his community team to ensure that he was able to feel supported throughout his discharge plan. John was able to be involved in planning his discharge and successfully moved out of the service and into the community.



“The Occupational Team really helped me to develop my life skills”

** Patient's name has been changed to protect anonymity*

Our values

These are our values. What we believe in.
What you can count on.

Valuing people

Respecting our staff, patients, their families and communities

Caring safely

Caring safely for ourselves, our patients, our customers and communities

Integrity

Uncompromising integrity, respect and honesty

Working together

Working together with everyone

Quality

Taking quality to the highest level

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