

Psychological Therapy Services Annual Report Jan 2022- Dec 2022

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1. Core Purpose of Psychological Services.

Psychological services provide evidence based psychological assessments and interventions to patients within The State Hospital with the aim of improving psychological distress and reducing risk. Psychological practitioners are involved with patients throughout their recovery journey. A patient's therapeutic journey starts during their psychology admission assessment, the outcome of which involves generating a psychological formulation to be discussed with the wider clinical team regarding the patients underlying psychological mechanisms which are maintaining and contributing to, their difficulties and identifying areas for psychological intervention. Each patient has an identified clinical psychologist who is responsible for their overall psychological care and treatment and who ensures that their psychological needs are being met. The psychology service has a wide skill set of psychological practitioners who deliver psychological interventions to patients. A range of psychological interventions are available which address underlying needs related to offending, risk and mental health.

Psychological services are responsible for planning, coordinating and delivering both group and individual therapeutic interventions and ensuring that these are delivered in a safe and timely manner and in line with evidence base and best practice guidelines. Psychological interventions are resource-intensive in a high secure setting due to the long term and intense nature of the therapies being delivered. Highly trained and experienced psychological practitioners deliver group treatments, with some intensive group programmes taking over a year and a half to deliver (e.g., Life Minus Violence, MBT). Individual therapy is specifically aimed at addressing the unique underlying psychological needs relevant to individuals. Psychological practitioners are trained in a wide range of psychological models and approaches.

Risk assessment and management is a vital element of patients care and treatment at The State Hospital. Psychological practitioners are responsible for the completion of structured clinical judgement risk assessments and risk management plans and reviewing these, at the minimum, on a yearly basis with clinical teams.

Service development, research and attendance at organisational meetings are also core elements of psychological practitioner's workload.

2. Psychological Staffing Resource as at 31.12.22

Job Title	Actual WTE.	Budget WTE	Comments
Specialist Nurse practitioner	2.0	3.0	1 vacancy
Advanced Nurse practitioner	3.0	4.0	1 vacancy
Consultant Nurse	0.5	0.5	
Assistant Psychologist	2.0	4.0	2 new assistants starting on 16.01.23
Trainee Clinical Psychologist	4.0	4.0	2 currently on placement.
Clinical Psychologist	2.5	4.0	1 vacancy, 1 maternity leave and 2 part time hours.
Principle Clinical Psychologist	1.0	1.0	
Health Psychologist	1.0	1.0	
Consultant Clinical Psychologist	1.54	3.0	1 Acting up and 2 part time hours.
Consultant Neuropsychologist	0.2	0.2	
Acting Head of Psychology	1.0	1.0	Head of Psychology commencing post in January

The current headcount for psychology therapy services is:

3 Consultant Clinical Psychologists
 1 Consultant Neuropsychologist
 1 Consultant Nurse
 1 Principal Clinical Psychologist
 1 Health Psychologist
 2 Clinical Psychologists
 5 Nurse Therapists
 2 assistant psychologists
 2 Trainee Clinical Psychologists

Over the last annual review period there have been a number of changes in the staffing complement of psychological services. A new head of psychology will be joining the service in January 2023 and we have several vacancies as shown in the table above. It has proven difficult to recruit to the 8a clinical psychology post and this reflects the national picture of difficulty recruiting to psychology posts. We have though been pleased to welcome our new Consultant Nurse and new Health Psychologist over the last year.

Consultant Nurse

A new Consultant Nurse joined the Psychological Therapies team in April 2022. They will manage a caseload of patients for individual and group therapy and will chair the Nurse Therapist group and co-chair the Relational Aspects to Care group. They will also sit on the Research Committee, Nursing and Allied Health Professionals Advisory Committee, Digital Inclusion Group, EHealth Subgroup and the UK High Secure Service Racial Trauma and Anti-racism group. Facilitating reflective practice groups within the hospital, mentoring staff through the New to Forensics: Essentials of Psychological Care programme, and delivering short training courses will also be part of their role. An active part in supporting the development and implementation of the new Clinical Model and developing the nursing workforce through establishing Psychological Services Link Nurses will also be part of their role.

Health Psychologist.

In October 2022, we welcomed our first Health Psychologist to the team. This post will focus on the physical health and wellbeing of patients, achieving this through the design and delivery of a new health psychology service that will sit within the wider psychological therapies department.

The planned health psychology service will be diverse and matched to the specific needs of the patients who reside within the State Hospital. The postholder will provide leadership and strategic input across the wider hospital, utilising behavioural science and psychological expertise to advise and provide consultancy to improve the physical health of patients. The aim of this work is to create a physical and social environment at the State Hospital that is supportive of physical health, and provides patients with the opportunity and capability to live in a way that enhances their health, and is in line with their health related goals and values.

There will be a broad scope to this role including providing training regarding behaviour change skills and psychological aspects of long-term conditions to staff. Ensuring these are implemented to enhance routine care through ongoing coaching, supervision and skills practice. A consultancy model will be implemented within the health centre, whereby advice and expertise will be provided to the practice nurse and general practitioners regarding psychological management of long term conditions, and if deemed appropriate, support will also be provided to health centre staff to conduct low-intensity interventions for physical health.

The postholder will also hold a caseload of patients who will be seen either 1:1 or through group work for health psychology intervention/therapy. The support offered to patients through direct work is relevant to a wide range of health conditions and psychological difficulties associated with physical health, and will be tailored to the patients' formulation and within the context of the mental health care plan.

Throughout the development and implementation of the health psychology service, outcome measures and impact will be monitored and reported on.

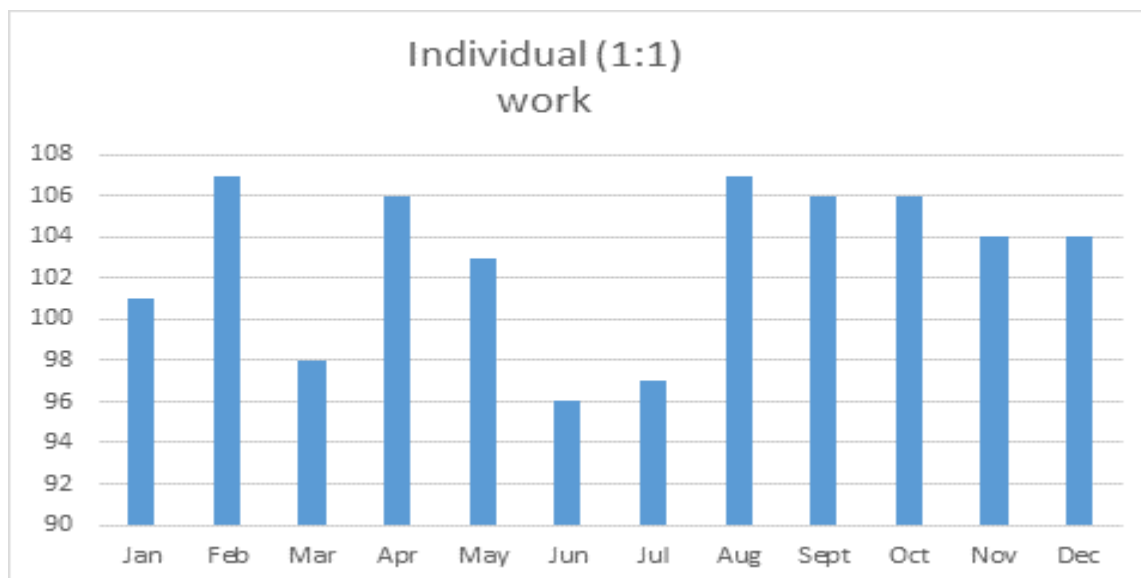
3. Summary of Core Activity for the last 11 months.

3.1 Group Therapies in last year.

Group	Start date	End date	No. Patients
Mentalisation Based Therapy	October 21	Ongoing April 23	4
Life Minus Violence	December 21	Ongoing July 23	6
Awareness and Recovery	February 22	April 22	6
Awareness and Recovery	June 22	September 22	8
Connections	August 22	May 23	6
Healthy Living	September 22	Ongoing	6

Over the past year there has been 6 therapy groups with 36 patients engaged in these therapies. These groups range from Low Intensity Interventions which focus on forming the basic therapeutic skills and understanding which will then enable patients to go on to undertake High Intensity and then Specialist Psychological Interventions which are provided in either a group or individual basis. In relation to the running of psychological groups, there have been several challenges in this last year. At the beginning of the year Covid 19 restrictions were still in place which impacted patients' ability to attend groups due to wards being in isolation. Furthermore, due to separate issues around the use of the tribunal suite, the Psychological Therapies Service group rooms in the Skye Centre were being used for tribunals and court proceedings meaning that groups were often cancelled, sometimes at short notice, to prioritise these legal proceedings. Additionally, due to staffing shortages within the nursing department, there were several cancellations of psychological groups for several weeks running to redeploy psychological therapy staff to the wards.

3.2 Individual based therapeutic work in last year.



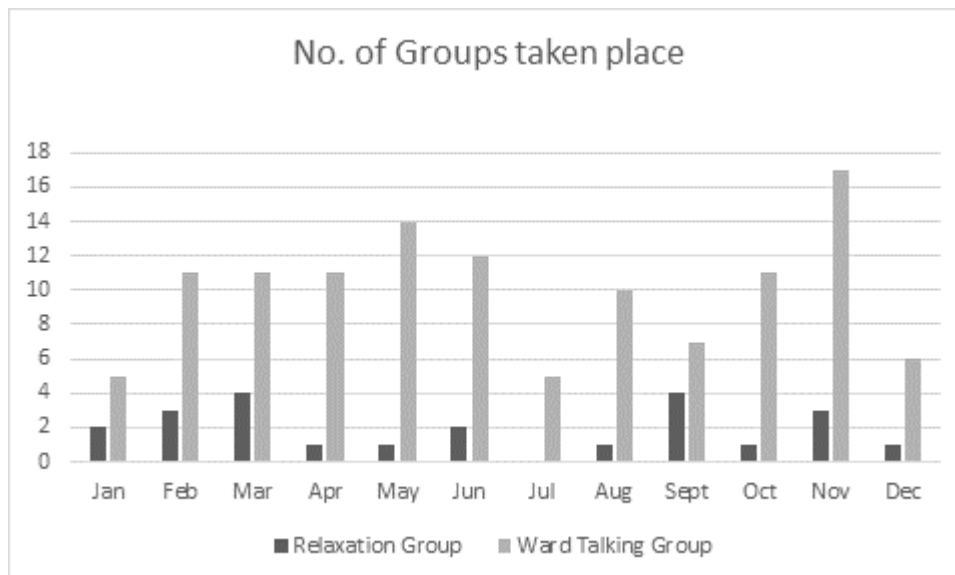
The above graph shows the number of referrals for individual pieces of work undertaken with patients over the last year. Frequently patients are engaged in both group and individual work. Individual work can take the format of individual sessions as part and in addition to their group therapy programme, or one to one psychological interventions addressing separate issues pertaining to mental health or risk. For patients with very complex needs they may receive more than one session of psychological intervention a week, however appointments are usually on a weekly basis. Appointment times of sessions are between 30 – 60 minutes. These figures will also reflect that a patient may have multiple referrals for psychological work at any one time. The majority of patients are receiving individual interventions and this has remained constant over the

year. The dip in June and July is due to annual leave of therapists and relocating psychology staff to the wards.

The table below shows the total number of sessions delivered by psychological therapies staff with years 2017-2021 for comparison. There is a significant increase this year from 2020 and 2021 as would be expected but we have not returned to pre-pandemic levels. There are a number of reasons for this including staffing pressures.

Table 3: Annual Activity Levels- Clinical Sessions: Group and Individual Interventions						
	2017 (yr)	2018 (yr)	2019 (yr)	2020(yr)	2021 (yr)	2022 (yr)
No. of individual sessions	3695	3088	3410	1154	1275	2119
No. of group sessions	214	200	218	102	142	129
No. of Ward Talking Groups	351	340	324	139	162	123
Total clinical sessions	4260	3628	3952	1395	1579	2371

3.3 Talking Groups and Relaxation Groups over the past year.



The above information shows the number of talking groups and relaxation groups which took place over the last year. Talking groups and relaxation groups are open to all patients and can vary each week in the number of patients who attend. For these groups to run it can take 2-3 members of psychology staff to facilitate each group.

3.4 Organisational work.

Members of psychological services contribute to many of the organisational service developments and committees, include co-chairing The Mental Health Practice Steering Group and Relational Approaches to Care group. Individuals in the department are also members of the Physical Health Steering Group, Supporting Healthy Choices Implementation Group, Clinical Forum, Child and Adult Protection Forum, Healthy Working Lives group and Trauma Informed Care. HCR-20 training is carried out by two members of psychological services twice yearly and psychological staff deliver mandatory VRAMP training to registered nursing and AHP staff. Psychological practitioners also provide teaching to the Clinical Psychology Doctorate courses at Edinburgh and Glasgow Universities.

4. Comparison with Last Year's Planned QA/QI Activity

Planned Activity	Progress	Update
Recruit to full PTS capacity in order to deliver the work plan in this report, ensure resources available for PTS therapy delivery	Ongoing	There have been some challenges with staff leaving for other posts and the difficulty in recruitment of qualified psychologists. New staff have joined the department, as outlined above, and two assistant psychologists and the head of service are starting in January 2023.
Recruit Health Psychologist	Completed	Commenced post October 2022.
MAP, NES, health psychology motivation training to increase positive health behaviours and increase to two health psychology trainees to focus on health and obesity reduction agenda.	Ongoing	Health Psychologist to take forward health agenda on MAP. Further trainee health psychologists will be considered once health psychologist established in post.
Life Minus Violence to deliver continuous high-intensity violence programme and provide two LMV programmes simultaneously	Partially completed	The Life Minus Violence programme commenced in December 2021 with 6 patients and is due to run until July/August 2023. Due to the high intensity of the programme and resources required it has not been possible to provide two groups simultaneously.

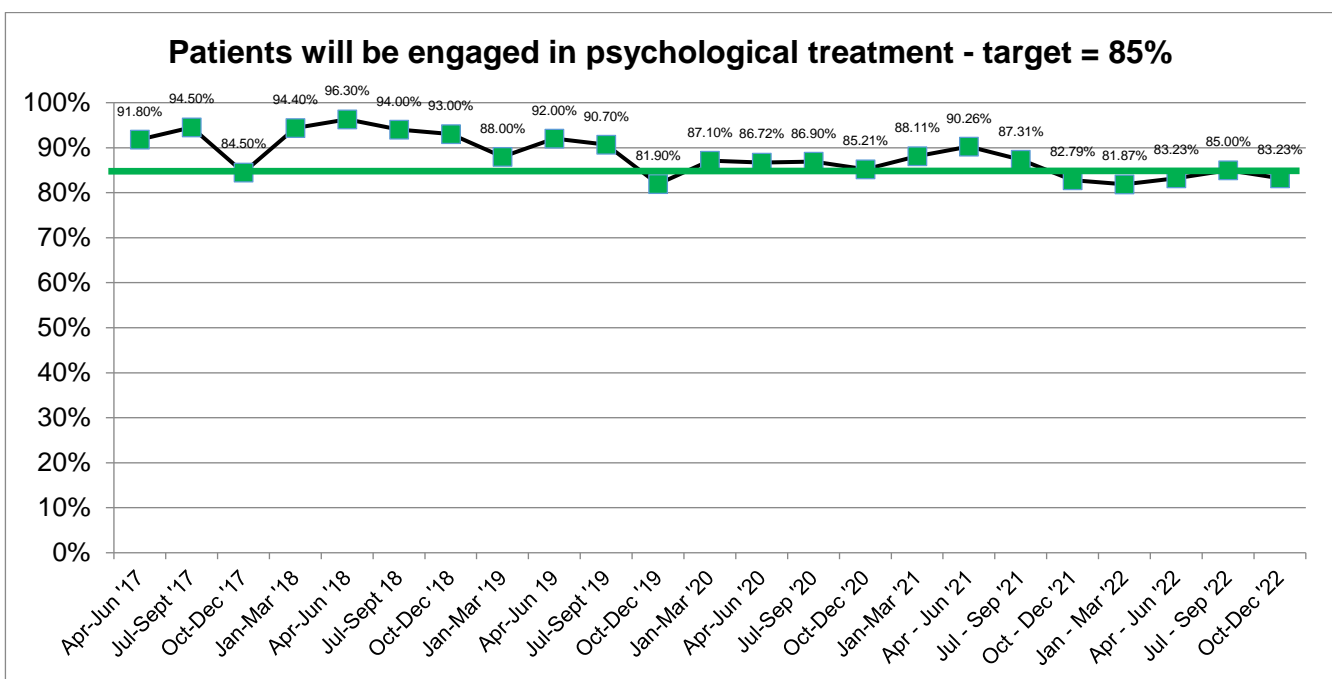
Trauma-Informed Care containing two elements (1) TSH staff training on NES Trauma-informed care and (2) Complex Trauma Therapeutic Group work pilot	Ongoing	The focus over the last review period has been on delivering trauma training to staff. Training dates have been agreed with heads of departments and added to the organisational training plan from January 2022 to March 2023, with eight level 1 training sessions planned and seven level 2 training sessions planned in this period. So far to date three level 1 trauma informed practice sessions have been delivered and one level 2 trauma skills practice training session has been delivered.
Neurodevelopmental Neurocognitive training plan	Ongoing	NDD pathway working group established
Sexual Harm Service To adapt and implement Moving Forward 2 Change (MF2C) programme in the State Hospital.	Ongoing	Ongoing representation at the national Moving Forward 2 Change group which is leading the revision to the national programme delivered in both custody and the community to those who have committed sexual offences. This is with a view to implementing the programme at The State Hospital.

5. Performance against Key Performance Indicators

The Local Delivery Plan (LDP) targets for the psychological therapies are:

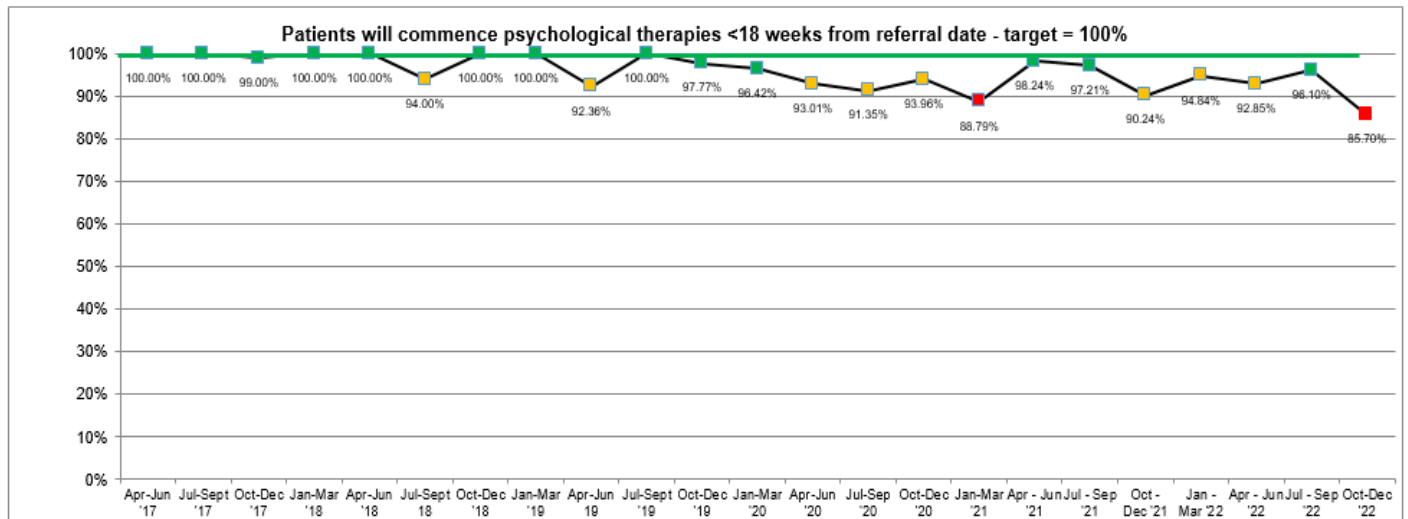
- **85%** of patients will be engaged in psychological treatment
- **100%** of patients will commence psychological therapies in less than 18 weeks from the referral date.
- **80%** attendance by clinical psychologists at annual and intermediate reviews.
- **100%** attendance by Psychological Therapies representative at annual and intermediate reviews.

5.1. 85% of patients will be engaged in psychological treatment.



Over the review period the performance indicator that 85% of patients will be engaged in psychological treatment has largely remained constant. At the start of the year the number engaged in psychological therapies dipped due to a combination of factors including, for example, that psychological groups were not able to commence due to Covid restrictions and also patients completing individual treatment, however this figure has returned to normal variation in recent months.

5.2. 100% of patients will commence psychological therapies in less than 18 weeks from the referral date.



On occasions when patients have waited longer than 18 weeks to commence psychological therapies this has generally been due to the patient being involved in other therapies and delayed in entering specific treatments due to time overlaps and being unavailable. It can also be due to referrals being made for groups which do not coincide with the group commencement date.

- Twenty-one patients have waited longer than eighteen weeks for engagement in at least one of the interventions however:
 - Eighteen patients were involved in other therapies and therefore were delayed in entering specific treatments due to time overlaps (thus individual availability issue, not therapy availability issue).
- There are three patients waiting to engage in a psychological intervention to which they were referred. With the current referral process it is inevitable that some patients will have to wait for the completion of one group before the commencement of a new group. The variation between October and December is also due to planned therapy groups commencing in the New Year. The service plans to explore referral processes for groups in the coming year.
- In January 2023 we have a Making Healthy Changes group commencing with 8 patients and a Looking After Yourself group commencing with 8 patients.

5.3. Attendance at Annual and intermediate reviews.

- 80% attendance by clinical psychologists at annual and intermediate reviews.

- 100% attendance by Psychological Therapies representative at annual and intermediate reviews.

Psychology VAT completion December 2022

Hub	Arran n=4	Iona n=2	Lewis n=5	Mull n=13	Total n=13
% completion	75%	100%	96%	100%	91%

Attendance at Annual and intermediate reviews.

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	KPI target
Psychologist	88%	90%	58%	46%	52%	47%	45%	62%	47%	50%	44%	62%	80%
Psychological Services	94%	100%	88%	85%	71%	88%	67%	85%	71%	71%	64%	77%	100%

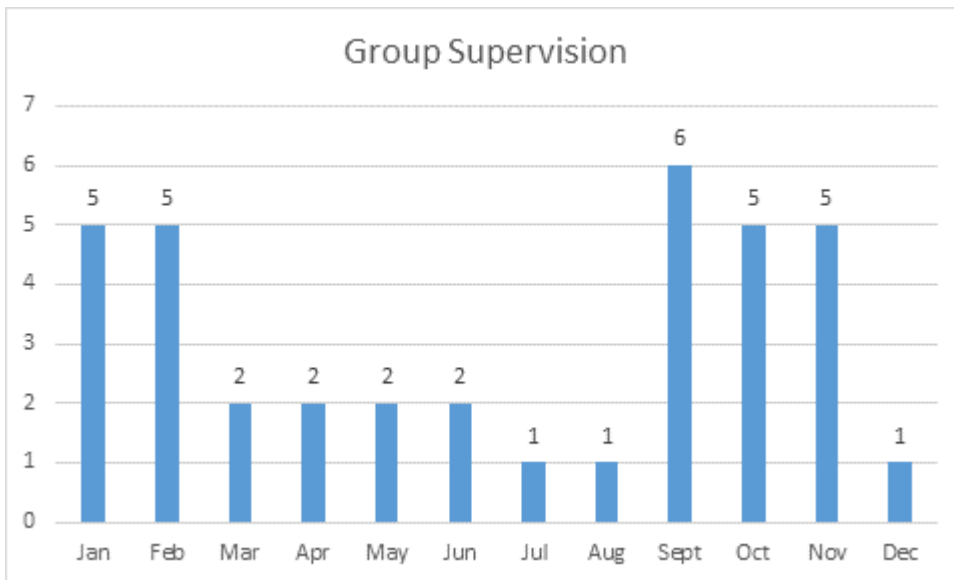
During the course of the year a new method of ensuring that our VAT forms are completed each month at hub psychology meetings was introduced. This has had a positive effect on our completion rates. The vacancies/absences within the psychology department, particularly of clinical psychologists has reduced the percentage rate of the psychologist’s attendance at annual and intermediate reviews. Other members of the psychology department would attend the reviews, however some vacancies in our nursing and assistant posts have also affected the percentages this year.

6. Quality Assurance Activity.

All clinical psychologists are registered with the Health and Care Professions Council (HCPC). Nursing staff within psychological services retain their nursing registration and are either working towards or are members of the British Association for Behavioural and Cognitive Psychotherapies (BAPCP). These registrations require continuing professional development and training undertaken this year by members of the psychology service includes Mentalisation Based Therapy, Safety and Stabilisation Training, Autism and Trauma Informed Approaches.

Assurance activities such as monitoring of VAT figures, auditing of clinical formulations and risk assessment and management plans completion are regularly reviewed. Outcome measures in therapies and group therapies are administered.

Clinical Supervision is an essential part of quality assurance and service delivery. The number of group supervision sessions provided by psychologists to all staff engaged in delivery of psychological therapy groups are shown below.



7. Quality Improvement Activity

7.1 Psychological referral form on Rio.

The accurate recording and managing of data is an important aspect of ensuring that we have the correct figures to feedback quality assurance and key performance data. In order to improve recording systems an improvement project of creating a psychological referral form on Rio was completed.

Psychological referral form on Rio

Previously psychology referrals to treatment, waiting times and patients seen for therapy were recorded on an outdated database and resulted in much of the data being collected manually which increased the likelihood of inaccurate data being recorded and presented. A project team reviewed current practices, the data required to be collected and considered ways in which current systems could be utilised to increase the accuracy and ease of this data collection. Working with our IT colleagues, it was agreed that the psychology data could be collected using Rio and a psychology Rio referral form was created. This would allow referrals to treatment to be made electronically with an added functionality of recording the wait time for this treatment to begin. The project team met regularly to understand the objectives and potential solutions which could meet these. A new electronic referral form is now being piloted across the site, with processes in place to enter pre-existing data onto this system. All group therapy and individual treatments will now be recorded in this manner, with therapy sessions being recorded through the Rio timetable. This will allow the psychology department to not only accurately record all therapies taking place but will also monitor trends and waiting times.

7.2 Neurodevelopmental Pathway

Neurodevelopmental Pathway

In response to the Barron report's recommendation that a needs analysis of neurodevelopmental disorders be conducted, members of the Department proposed to the Clinical Governance Committee that a short life working group (SLWG) be established to provide recommendations on a neurodevelopmental pathway for the State Hospital. This was supported by the committee with the following terms of reference. To identify: required measures and disciplines to whom the pathway should be applied, timeframes, reporting, performance indicators and staff training requirements. The working group was also tasked by the committee to establish, from existing sources, the prevalence of neurodevelopmental disorders in our patient cohort and the number of assessments for these.

The SLWG was formed in September 2022, chaired by the departments' Neuropsychology Lead. To date, the committee has met regularly, collating and agreeing a response on all points. Information regarding assessments is awaited from the wards. The final report is currently being compiled.

8. Stakeholder Experiences.

It is important that psychological services receive feedback from patients regarding their experiences of their therapeutic interventions; what benefits they have found from engaging in psychological therapies and what they would like to be different or improved. It is also important for carers' views to be considered. Below is the written feedback received from one of the psychological groups currently running - Life Minus Violence - and from a patient currently engaged in one to one therapy. We are very mindful that best practice would be to ask an independent reviewer to collect feedback and in the future we would hope to use the expertise of the Person Centred Improvement Team (PCIT) to help collate feedback. The information below however was volunteered by patients who wished to express their views.

8.1 Feedback from Life Minus Violence (LMV) Group Participants.

We as a group have learned a variety of coping strategies to combat possible aggressive situations. Strategies like positive self talk, positive peers, catastrophising etc. We have also learned useful insights into our thinking patterns, like fleeting thoughts, fixed beliefs, emotions. Group facilitators are very helpful in the way they deliver the content of the course. They teach us to use what we are being taught in our everyday life. They are also available if we are struggling and come to see us to discuss the matter. All in all, LMV is a game changer in our lives already.

The life minus violence programme has helped me cope when in high risk situations that I've been in. It makes me think outside the box, looking in. I've learned to challenge unhelpful thoughts and rationalise thoughts or emotions which are negative ones and turn them in to positive ones. I have learnt to break down the negative thoughts and think why am I thinking that way and put positive thinking in and out of my mind. LMV programme has given me the tools to help me see high risk situations and to look at life in a different light. Going to the gym and out for walks, clearing my head out, thinking in a positive way, rationalise whatever negative thought that is going through my mind. Coming to Carstairs hospital has been a blessing in disguise, listening to staff giving me good advice about how my life would be better in the long run has done me wonders. Hopefully everything I have learnt from the LMV programme and hear in the hospital will help me in the future to cope with life's difficulties and helping me believe in myself. I

can and will do have a good life out in the community. That's what I've learned from the Life Minus Violence Programme.

8.2 Feedback from a patient about their individual psychology work.

How Psychology Helps Me.

I find psychology helps me understand my diagnosis and the behaviours I can display at times. Psychology helps me realise where I have gone wrong in my life and how I can change things for the better.

What benefits I get.

I have learned new coping skills and I know how to regulate my emotions now without using violence. I feel I am a better person since I have completed various psychological therapies. I also now have a clear understanding when it comes to my intense emotions and I can deal with the same.

How I Use My Skills

I have learnt to re-direct my anger or vent same in a safe and quiet space. I feel that keeping myself busy helps me. I am more pro-active rather than re-active. I find writing things down helps me gather my thoughts on a daily basis and I find doing my reflection notes helps me break down my stressors. I also listen to music. I also use my skills by speaking to staff. I also understand my own behaviours and I work on them when I require to. I also can deal with my stress more appropriately now.

8.3 We are also aware of feedback from carers which was provided to the PCIT. This related to concerns raised that psychological interventions had been cancelled and that there may be delays in risk assessments being completed due to psychological therapies staff being asked to provide cover for wards. This feedback was responded to and all therapies and risk work were recommenced. Multiagency discussions remain ongoing regarding staffing and opportunities for psychological therapies to support other services while being mindful of the need to continue to deliver a high quality psychological service.

9. Planned Quality Assurance/Quality Improvement for the next year

Theme	Leadership	Target	Evaluation
Staffing	Head of Psychological Services	Recruit to full PTS capacity in order to deliver the work plan in this report, ensure resources available for PTS therapy delivery	Line management, SMT and CG oversight By June 2023
Physical health agenda.	Health Psychology / Iona Consultant Psychologist	Programme of work which health psychologist to be involved in to be commenced with clear objectives and outcomes.	Audit, Feedback from other services, Patient feedback. By July 2023
Neurodevelopmental. Neurocognitive	Consultant Neuropsychologist	Neurodevelopmental pathway completed with aligned training plan.	CGG oversight By May 2023

pathway and training plan.			
Trauma-Informed Care	Psychology Service	TSH staff training on NES Trauma-informed care.	Evaluation of training. Training dates tbc.
Sexual Harm Service	Head of Psychological Services and Iona Consultant Psychologist	Implement Moving Forward Making Changes (MFMC) in collaboration with National Steering Group.	Outcome measures identified in national programme. Ongoing monitoring by National Steering Group August 2023
Psychological group therapies.	Psychology Service	Yearly planner of projected group therapy delivery including planned start and end dates to aid treatment planning.	February 2023

10. Next Review Date.

The next review date will be January 2024.