North East London NHS
Mental Health NHS Trust

steps

Successful Team Engagement in inpatient Psychiatric Services

A Positive Practice Handbook

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Contents

This research was commissioned and financially supported by the National Institute for Mental Health in England (NIMHE) Acute Care Programme. Hard copies of this handbook are available from NIMHE regional development centres. It can also be downloaded from: www.virtualward.org.uk as can the full research report. This research is also published as an article in the Journal of Psychiatric Intensive Care (2007).

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Foreward

Enlightened services and practitioners have for some time recognised that proactive engagement with people at risk is far more effective than over-reliance on traditional defensive formal special observations. The 'special obs' approach was often experienced as intrusive, unpleasant and unrewarding for patients and staff alike.

A balanced approach to managing risk is required. There is increasing evidence of the positive outcomes associated with engagement in therapeutic initiatives. However, a big problem has been changing attitudes, overcoming resistance and addressing the reasons why staff were reluctant to move to more therapeutic and effective care interventions.

This document has captured positive practice in action from inpatient psychiatric units and helpfully sets out ideas to improve the quality of services. Readers will benefit from the identified good practice which is a blueprint for ensuring safety is maintained whilst enabling sensitive care, personal responsibility, better staff and service user rapport and increased job satisfaction.

This guidance also provides a very helpful 'Action Plan' that will enable services to undertake a stocktake of their current standards and plan improvements. All clinical leaders and service managers should ensure this guidance is made available to frontline staff and service user representatives. Thus ensuring that it is used to inform discussions and care planning decisions at ward meetings, reviews and handovers. Acute Care Forums will find it valuable to assess how their own services measure up against the positive practice and will need to encourage and support frontline staff in making improvements.

We are grateful to all of the services, practitioners and service users who have been generous in sharing their ideas and experiences. In particular we wish to record our appreciation to Stephen Pereira, Kate Woollaston and their colleagues for their efforts in producing this very helpful guidance.

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Introduction

Therapeutic engagement is an intervention that aims to empower the patient to actively participate in their care and involves healthcare professionals spending quality time with patients.

"Engagement is not the prerequisite of highly trained staff and is not necessarily 'therapy'; it is simply what some staff would recognize as caring, the development of empathy or just 'being with' rather than 'looking on'."[1]

The lack of therapeutic engagement on inpatient wards and the underlying causes for this has been well documented. These include the amount of nursing time spent on formal observations and administration tasks, staffing levels, high occupancy levels and the increasing acuity of patients being admitted.

This project was commissioned by the National Institute for Mental Health in England (NIMHE) Acute Care Programme in order to gain a greater understanding of how these difficulties can be addressed and how the process of therapeutic engagement is successfully achieved and maintained on psychiatric wards.

NIMHE acute care leads in each regional development centre were invited to nominate inpatient wards that they felt were providing a very high standard of care, particularly with regard to engagement. From this selection a steering group identified seven 'positive practice units' that would be suitable for inclusion in the study.

Representatives from the multidisciplinary teams (MDT) who worked on these units took part in focus groups, which discussed the practices employed on these units to engage patients.

The focus groups were recorded and then transcribed to produce a data set. Thematic analysis was used to code the data and raise themes. The themes that emerged from this analysis were:

1. Respecting patients
2. Empowering patients
3. Staff being 'available'
4. Engagement-focused observation
5. Homely environment
6. Good team dynamics and multidisciplinary team working
7. Nurses and nursing assistants feeling empowered
8. Support and information available from outside sources
9. Therapeutic work
10. Good interface between services
11. Embracing change

From these themes a set of realistic and sustainable strategies for **Successful Team Engagement in Inpatient Psychiatric Services (STEPS)** were identified. These **STEPS** will be helpful for frontline staff and managers who are keen to improve their inpatient service to increase both patient and staff satisfaction.

This report will now discuss each of these themes, using direct quotes from the data to illustrate and support them. For a summary of the positive practices associated with each of these themes please refer to page 16.

1 *Bowles, N., Dodds, P., Hackney, D., Sunderland, C. & Thomas, P. (2002).* Formal observations and engagement: a discussion paper. Journal of Psychiatric and Mental Health Nursing, 9, 255-260.

steps 1

Respecting patients

Many of the participants made references to treating patients 'normally' and as 'individuals'. This was closely linked to there not being a 'them and us' culture among staff and patients.

Collaborative working between the staff and patients appeared to be grounded on the power differentials between the two being broken down. This was achieved by staff being open and honest with patients and using appropriate language when talking to them. Also valuing patients beliefs, even if they appeared to be irrational or psychotic. The participants believed that this led to mutual respect and trust, which facilitated engagement.

"Within this unit there is not a 'them and us' culture…there's not lip service paid to the service user involvement whatsoever, there is a true partnership working on this unit with service users. That has been the key and fundamental to all the changes we have put in place."

"Making sure you speak to patients as people, not speaking down to them and respecting what they say to you even if there are not really spiders climbing up the wall etc. By acknowledging that they think spiders are climbing up the wall, not belittling what they are saying to you."

steps 2

Empowering patients

This theme is in a sense the actualisation of theme one. It is concerned with patients being involved as much as possible in their own care and also contributing to the running of the ward. Many of participants spoke about the value of their work being patient-centred. They described using a collaborative approach for care planning and assessing risk. For example the nurses advocated writing care plans with patients.

"The care plan should be written in the patient's own words, it should be recorded by the person identified to have that problem…service users and nurses can have very different agendas, and want very different things. It is about finding that common ground that we all want…It has helped nurses to engage with patients in a very meaningful and in a very real way. "

In concordance with this, other nurses described how it was pointless to write care plans that patients did not agree with, as this results in resistance and the non-fulfilment of goals. Similar principles were applied to risk assessments and some of the nurses spoke about the benefits of doing risk assessments with patients. The nurses felt that this helped the patients to feel empowered and produced a more cohesive risk assessment. However, the nurses clarified that this should only be attempted when patients are well enough to comprehend what is happening.

"It is a good thing for them to actually know what the risks are…as they get better we ask to do the risk assessment with them…so they know and have input into their own risk assessments. You say to them…"this is what I think; what do you think your risks are? what do you think your risks are of abuse?", etc. If they disagree I ask "what are your reasons for disagreeing or agreeing?" and we will go through with it together."

The participants promoted the patients contributing more meaningfully to ward rounds. Nursing staff described how helping patients prepare for ward rounds, for example by facilitating patients writing a list of their concerns.

All of the units involved in the focus groups reported holding a meeting at least once a week. Patients can make suggestions for activities or request resources and also raise any complaints. Significantly, minutes are taken at these meetings and then passed on to the ward manager. At the next meeting feedback is given to the patients.

"We have patients meetings, which is a good way to find out what our clients want as well. Quite often we use that as an opportunity to motivate patients to suggest activities."

The participants also talked about the importance of giving patients responsibilities. They believed that if they supported patients in taking responsibility for themselves and the ward environment/activities, then patients would feel empowered and respond positively. This idea is linked to theme five and is discussed further in this section.

steps 3

Staff being 'available'

The participants spoke of staff being accessible to patients and generally spending a lot of time with patients. This seemed to be applicable to staff from all disciplines. There were references to the nurses' office door 'always' being open, doctors having time for patients and health care assistants being with patients 'all the time'. The participants stated that this enabled staff members to form positive therapeutic relationships with patients, in which the patients felt valued and considered.

For the nurses in the focus groups, being 'available' seemed to literally mean having time to spend with patients, as well as being present and approachable on the ward.

"We do have a really good relationship with our patients, they do approach us if they need to, they are not afraid to speak to us. We always make time for them even if we are in the midst of chaos we tell the patient we will be with them in a minute and we don't forget that."

Some of the nurses mentioned the standard of having three key-working sessions a week with their allocated patients. These sessions last about 30 minutes and were used to discuss the patients' issues and concerns. Non-structured time was also valued and many of the participants spoke of the importance of staff just spending time with patients.

"Helping them with mundane things like washing and things, like that, basic and simple things that mean a lot to people."

The staff spending non-structured time with patients was closely linked to them having what they described as 'impromptu one-to-ones' and 'informal chats' with patients. These were reported to be beneficial as they enhanced therapeutic relationships and made it possible to gain a greater understanding of the patients' mental states. The participants identified that it was often unqualified staff that took on this role and highlighted that it was thus important for them to play an active role in MDT staff discussions and receive adequate training. This point is elaborated on in themes six and seven.

"Well you're building a relationship up, so you are approachable, often they will come to us first before going to a nurse. They will approach us, because we are out there with them and we have that trust and that relationship."

Many of the participants felt that escorting the patients off the ward was essential. The nurses spoke about short walks acting like one-to-one sessions and longer trips being used to meet patients' needs, for example going home to collect belongings. A few of the focus groups also mentioned having a pool car and taking patients on trips at the weekends. The nurses commented that all these types of escorted leave enable the patients to cope with being on a locked ward and therefore reduces the risk of patients going absent without leave.

"On a Saturday if it was quiet I used to take 3 or 4 of them off up the High Street for a coffee or something or just sit in the park in the summer, just for an hour or so or even go shopping."

steps 4

Engagement-focused observation

The practice of observation was discussed at length in the focus groups. There was a general belief that formal observation practices were not productive and had negative effects on the patients' feeling of autonomy and their relationships with staff. The theme that emerged from this discussion centred around staff engaging with patients rather than 'just' observing them. For example, the participants described using increased observation levels (obs) to facilitate one-to-one sessions, which often involved patient-led goal setting. They also mentioned using this time to engage the patient in activities that were meaningful for them.

"He engaged quite a lot by doing activities, rather than staff just sitting there and watching him, they actually did things with him, things like playing pool together, or a board game or watching a DVD together."

"Part of our Observation Policy is that every patient who is on obs has a one-to-one every shift. They are a priority for us and should be getting quality one-to-ones every shift."

There seemed to be a universal standard of keeping formal observations to a strict minimum, to the extent that it was usual for the participants to testify that only one or two people had been on increased observation levels in the last two to four months. One ward had abolished the practice of continuous observation all together.

"It is quite rare for us to have someone on increased obs, I can't think of the last time we did. It is very rare and has to be done for a very good reason. Someone would have to be quite high risk."

The participants explained that by using other positive practices that increased engagement the need for formal observation was diminished.

"I think if you are engaging with patients and you are walking the ward, you are talking to people, you are developing a bond it actually massively reduces the risk of violence and aggression and people move on quicker so you have got more time to do it. If you tend to be very risk alert and constantly covering your back you are actually doing yourself a disservice because bad things will happen because you are not engaging with patients."

In the event of patients needing to be put on higher observations the participants thought that the patients should be informed of this and someone should explain to them why this is necessary and what it will entail. In particular the patients should be given a clear idea of what they need to do to be taken off increased observations.

The participants stated that their observation polices did not isolate patients. For example patients on increased observations had access to occupational therapy (OT) activities and were able to spend time off the ward. This was achieved through an allocated staff member accompanying the patients where they wanted to go.

"When we have someone on a very high level of obs we still allocated staff to take, particularly the youngsters, down to the games room in the evening to play snooker to get them off the ward for a change of environment."

steps 5

Homely environment

The participants tended to talk about two important factors that helped to create a pleasant ward environment. The first was having the maximum availability of facilities within practical constraints. The second was having 'nice' furniture, crockery and décor, etc.

"We have had the whole ward decorated, painted, new flooring everything. It was lovely, it is a nice environment I think…it is actually quite nice, it's quite bright and clean."

The participants felt that the implementation of these ideas resulted in the ward being a 'homely' environment. They felt that this environment was conducive to a relaxing atmosphere and had a therapeutic effect on patients. In addition they reported patients treating the ward with respect, as if it were their home.

The participants also spoke about the empowering effect of the patients having the maximum availability of facilities. In some units this included having 24-hour access to the smoking room and kitchen. The participants expressed a belief that if patients were given the right to decide when they slept, ate and smoked they would with assistance find a routine that suited them. They also indicated that this had a positive effect on staffs' relationships with patients. In the following extract a nurse describes this process:

"I said "we'd like you in your bed at night, because then you'll get some sleep and that's a lot better for you, but no-ones going to chase you into bed, if you can't sleep you get up" and he said "so I can come in here for a smoke through the night" and I said "you can come in here for a smoke anytime you want, you can go in the kitchen and get yourself something to eat anytime you want" and he was over the moon about it."

Similarly, in the following extract a service user explains how this worked for her:

"When I was told "you go to bed" invariably I could not sleep, I kept coming out and was told to go back to bed. When I was allowed to stay up all night if I wanted, you do that a couple of nights in a row and then you go to bed quite happily."

The participants also described how patients could have access to a range of activities throughout waking hours rather than just 9-5 Monday to Friday. This is strongly related to theme nine and will be discussed further in that section.

"Our room in the OT Department; it's open all the time and we can put specific activities in there if they request it. We put colourings out as well and the relaxation rooms can be open at any time."

"We have the dining area where patients can play snooker, table tennis and the piano and stuff like that, but there are organised activities."

"It is not just ward based, the grounds out the back have some flat land where we can engage the ward (patients) in perhaps football games."

steps 6

Good team dynamics and multidisciplinary team working

In all of the focus groups the significance of team working and its effect on engagement with patients was discussed.

"Engagement very much depends on us as a team and whether we are successful as a team or not."

The participants described a number of elements that were important in creating good team dynamics and MDT working. One such element was the team having a 'shared vision' or 'philosophy' on patient care.

"It is about your staff team, it is about sharing the same philosophy. You have got to be looking in the same direction."

"The nurses here all have a shared vision. They are all basically here because they want to nurse and they are motivated by that."

"The most important thing without a shadow of a doubt is about staff attitude and about staff approaches, because you could take everything else away, chuck it all out of the window, what you're left with is people just being generally kind and decent, you would actually be providing a quite good service."

Within this framework there was an acceptance of differences of opinion and the need to make decisions through compromise.

"We do have difficulties at times and disagreements but this healthy. It is important we are able to communicate with each other if someone has a difference of opinion. It is very important to be able to sit down and talk about it and find the right balance."

However, the participants also acknowledged that unanimous decisions could not always be reached. They accepted that situations occasionally warrant decisions being made by one person. In these circumstances the participants agreed that it was essential that all the team members follow the approved plan to ensure cohesive care and minimise 'splitting' of professionals.

"There are times when the nurse in charge has to make that decision and stick with it and everyone has to follow it."

"I think it is important from a nursing assistant's point of view that whenever a decision is made there is just one line that we follow because it could be confusing if we were not sure after a discussion what come out of it, which line are we following."

"We probably see things differently when we have a difficult situation but we have to stand back and all make the same decisions…I think it is important the patient knows we are working as a team. If they think they get on with someone better than the other, and they try to split us up, and they are successful it is never going to work."

Interestingly, whilst delivering a consistent approach the participants reported being able to maintain a sense of professional and personal identity, accepting that individual team members had different strengths and skills. For example, there was an acknowledgement that nursing assistants often took on a reassuring role on the ward.

Similarly the psychiatrists had an understanding of how patients might experience them (for example as powerful and intimidating) and were sensitive to the impact this could have on patients' engagement with them. The participants described how the psychiatrists on the units overcame these difficulties by utilising other staff members interactions with patients and working collaboratively with them.

"As doctors we get good feedback from the occupational therapists (OT) sometimes… (patients) will engage more with the OT and tell the OT what their thoughts are."

There was also a sense of flexibility regarding 'duties'. The participants described everyone 'mucking in' regardless of their prescribed duties. Moreover, there appeared to be a flattening of professional hierarchies, in which all members of the MDT were treated as equals and were able to communicate as such.

"The consultants are very approachable, they are not holier than thou, you can phone them up and they will listen."

"(The ward clerk) has ended up doing dinners and stuff, you know she gets pulled in to do lots of different things…we have all got a bit of blurring of roles really."

In conjunction with this the participants reported having excellent communication within the MDT. This included nurses informing team members not based on the ward of any developments and having regular MDT discussion regarding patients.

"Things can change quite rapidly, as an OT I am not on the ward as much as the nursing staff are, so obviously they can keep up to date with what is going on."

"We discuss and brainstorm patients' care and we all participate in this from the charge nurse to health care assistant and that can be quite beneficial in actually brainstorming a care plan."

"The nursing team (has) become a lot stronger and they (have) became more empowered as a group and more likely to challenge what is coming in and out of ward round and the medics and other professions."

Another important aspect of good team dynamics that the participants spoke about was being supportive. They described a culture in which they were 'protective' of each other and formal supervision was provided.

"I think everyone does try to work together on the ward. It is a very busy ward and everyone is quite supportive. If somebody is looking stressed, it is go and have 5 minutes or whatever."

"If you feel low the rest of the team picks you up, that is the way we work and that is how we get through it."

The nurses and nursing assistants reported that all of these practices resulted in them feeling empowered, the associated benefits of this will be explored in steps seven.

steps 7

Nurses and nursing assistants feeling empowered

As mentioned in theme six the nurses and nursing assistants often reported feeling empowered. This appeared to be mainly due to: the flattening of professional boundaries, support from the MDT and regular training.

"A few years ago Doctors said this is how we do it, whereas it is now more of a shared thing. We actually sit down and jointly discuss what appropriate level of observations is required."

"We do have teaching sessions and I think that is very beneficial to qualified and unqualified nurses, I think we do learn a lot and we have discussions after the teaching sessions, which we all find really useful."

The nursing staff believed that feeling empowered had a positive effect on their relationships with patients, as patients had more respect for them.

"We are a strong team and we don't back down easily. Patients see this and think we are fighting their corner. For years I said to clients "I am here to help you" but I don't think they saw that when they were falling apart and we were putting them on obs and things like that, they see that when they hear you giving your best shot for that patient."

In addition the nursing staff reported feeling valued and their needs being taken into consideration. For example a few of the focus groups mentioned flexibility around working hours. They believed that feeling happier at work contributed to a pleasant ward environment and improved their level of engagement with patients.

"(The ward manager) will very often do everything in her power to be flexible on working times if it can fit in with schedules and things…a happy staff team makes service users feel happy because it is a good environment to be in and they can go and talk to staff."

"I think generally the attitude, like how you approach patients with a bubbly personality saying in a way, you are a happy person, you are happy to work here, you are happy to help a person, of course it will help to engage with patients. Our attitude is very important."

steps 8

Support and information available from outside sources

The participants spoke about utilising outside sources of support and information. In particular the participants emphasized the value of service user representatives spending time on the wards and speaking to patients. The service user representatives in the focus groups felt that patients could relate to them, the other participants were in agreement with this.

"I think patients appreciate it, sometimes they are frightened if they have never been on an acute ward before (the service user representative) says I know exactly how you feel I've been through it. That was helpful for them."

"People respect (the service user representative) and she manages to get across a lot of information that we can't get across."

Importantly, the participants also reported that service user representatives aid engagement with other staff members as they enabled patients to anonymously communicate issues to professionals.

"I (a service user representative) can go down there and just sit there and talk to everyone and they will tell me things that are maybe worrying them, but that they might not necessarily talk to anyone else about. I would say to them "do you want it brought up as an anonymous thing?"

The participants felt that service user representatives were also beneficial to the ward as a whole, as they gave a different perspective.

"The (service user representative) is also fundamental. I have to say that she makes my job (as ward manager) a hell of a lot easier because we meet regularly. (She) will tell me what is wrong and what needs to be improved and we will discuss how best we can do it."

The participants also valued the use of other outside information and support services. For example they spoke about Advocacy Services and the benefits of advocates being present at ward rounds, to support the patients.

"The Advocacy Service is useful as well. If you find someone cannot speak for themself and finds the ward round too daunting an advocate can help."

In addition the participants mentioned the importance of attending to needs identified by patients. It was observed that this often involved addressing difficulties that were not directly related to mental health problems. Some of the participants described using the Citizens Advice Bureau to facilitate this.

"We try (to) sort out any issues they have as well, bills, pets. Housing is a big issue as well and benefits. On site we actually have a Citizens Advice Bureau we can send them along to so they can get help."

steps 9

Therapeutic work

Therapeutic work appeared to be a major part of life on the best practice units. This included individual and group work. Many of the units had ward based OTs and the participants were enthusiastic about the impact this had on the ward environment and the patients. They felt that OT activities helped increase patients' engagement with all professionals by decreasing patients' boredom, stress and aggression levels, whilst elevating their mood.

"If you provide some sort of structure to the day, by doing some things on the ward it does relieve some of the stress and boredom. This increases engagement between patients, OT and staff; it makes a whole lot of difference."

However, it was not just OTs who facilitated groups. The participants described the benefit of other professionals being involved in groups as well. There was a lot of discussion about nurses facilitating groups and the therapeutic value of this.

"We have started a lot of nurse and OT led groups; things like healthy living, weight management and are looking at anger management and anxiety management."

"A lot of it is trying to explain about medication; what we try to do is have (the psychiatrist) come along, the pharmacist and all sorts of people…To help people understand their illness and medication and the reason why."

The participants described a wide variety of groups being run on flexible programmes driven by the patients' needs and requests. As the following quotes illustrate, the participants were keen to discuss the many groups which took place on the units and gave the impression that they found facilitating the groups enjoyable and rewarding.

"We have Relaxation Groups, Cooking Groups, Art Groups all sorts of Art Therapy Groups, Social Groups, Quizzes, Pampering Groups, we have an aromatherapist we have our own gym instructor."

"Groups are anything from chocolate tasting, tea tasting, relaxation, more recently there has been a tiger moth display, newspaper groups."

Groups were not the only therapeutic work done on the units. The participants described facilitating individual work, which was influenced by different therapeutic models.

"It is about education, it is about support and getting an idea of difficulties people are facing, to try and prevent this revolving door kind of scenario where community issues have led to their admission, we must look at that and see what their own personal coping strategies (are) and see if they can come up with something and be able to manage a little bit better."

steps 10

Good interface between services

Many of the participants described the units providing facilities and services for discharged patients. This included groups that were open to discharged patients, which were designed to help smooth, the transition into the community.

"I do a women's group; one which is for inpatients and outpatients who have an arrangement to come onto the ward after discharge so they can still come to that group."

A few of the staff teams mentioned having polices which enabled former patients to visit the wards at anytime. The participants were enthusiastic about these policies, which they felt aided engagement because patients felt secure knowing they could have contact with the ward if they needed it. One staff team reported that having a 24-hour open door policy had reduced their bed occupancy, length of stay and 'revolving door syndrome'.

"We have a 24-hours a day Open Door Policy…they can come in at 4 o'clock in the morning, they can phone at 4 o'clock in the morning and that usually stops a lot of people from falling down and having to come back into hospital, because they have got that contact."

"We also have an Out of Hours Service where people come in when they are feeling unwell and I think that does often nip it in the bud, we can keep an eye on people, and we can see if they are relapsing."

"It also helps people close to discharge as well who have been here a long time because it means they realise if they get to the stage where they feel they need to just pop in, they can do it. Actually having that as an option you don't actually necessarily use it all the time. You might do when you first go out because it is very hard to go from being an inpatient to being outside on your own, it is a huge step. If you know you can always come back and just sit for a few hours then go off again it makes that transition a lot easier."

The participants also spoke about the benefits of working collaboratively with other services. This included utilising the knowledge and skills of professionals within those services and communicating successfully with them. This was reported to have a positive impact on engagement as it enabled the staff team to work more effectively with patients.

"From a psychiatric intensive care unit (PICU) point of view (this ward) has been very good in looking at problems that could be arising and rather than leaving things until they escalate to a point where admission can't be avoided. Quite often they will phone us up and say can you come and have a chat with one of our patients, come and look at what interventions we can use to prevent PICU admission."

Where PICU admission could not be avoided the participants described visiting patients to maintain a therapeutic relationship.

steps 11

Embracing change

All of the best practice units seemed to share the philosophy that 'change' is a good thing and should be embraced. Many of the participants spoke about the importance of acting on staff and patients suggestions, for example by trying out new ideas and practices. Having this philosophy links into themes two and seven, which are concerned with patients and staff being empowered, which leads to increased engagement.

"We have tried a lot of things even if we have not carried them on we are always willing to give anything a go. This ward is exceptionally good at change, we are not averse to change, all our staff will say give it a go, see if it will work, if it doesn't oh well, what have we lost. We have tried allsorts, different shift patterns etc."

"The activities programme does change as well, when people want to do things. A recent example was cake and sweet making, that was requested and we had a go at doing that."

The participants also discussed the value of continuously striving to improve their services. There seemed to be an agreement between the focus groups that the unit needed to be constantly evolving otherwise the routine would become boring for staff and patients, resulting in people becoming complacent.

"We don't stand still, we don't say, ok we've achieved this, this is working well, we are still looking to take this forward. Because if you stand still then you just should get out of nursing then, because you become stale."

"I'll never be satisfied and I don't think anybody is ever satisfied, we would always want more. The day you're satisfied with the service you provide, you might as well go home, you can always do better."

Discussion

The participants involved in this project felt that engaging with patients had a positive effect on patients' well-being and staff morale. Interestingly, some of the innovative practice described in the focus groups tended to mirror that which is documented in the Star Wards project[2]. The similarities between these projects reflect vibrant ward cultures that have an optimistic view of inpatient care. The pioneering practice described in them appears to be grounded in being empathic, which leads to respecting and empowering patients. There is also an ethos of valuing and supporting staff.

The units employed in this research seemed to embrace collaborative working between staff and patients, which was evident by patients being involved as much as possible in their care. The presence of service user representatives and advocates was reported to be helpful in facilitating this process and resulted increased patient satisfaction. The participants also described how spending unstructured time with patients enabled the development of strong therapeutic relationships.

Importantly, staff having pleasant interactions with patients, through for example the implementation of an activity programme, appeared to have a reciprocal effect on both staff and patients mood/behaviour. The participants in the STEPS project also thought it was possible to promote staff well-being by allowing staff flexibility in their working hours, acting on their suggestions and providing regular training and clinical supervision.

The participants described how staff being excessively 'risk alert' and overly concerned with administration tasks can act as a risk factor, as staff are less likely to be engaging with patients. The focus groups identified that by employing positive practices that increased engagement, risk was diminished and thus the need for formal observations. Consequently, staff had more time to spend with patients.

The nurses in these units were enthusiastic about having 24-hour access policies, which allow ex-patients to 'drop-in'. However, some nurses may be worried about being inundated with visits from ex-patients. This could become problematic if these patients needed to be followed-up and nurses may be apprehensive about the extra work such policies would involve.

Inherently, there is a tension between establishing a therapeutic environment and risk management. This tension needs to be discussed at length by the MDTs working on individual units to enable decisions to be made regarding what is appropriate for that particular unit. However, lack of resources and practical constraints may restrict staff autonomy.

On the units involved in this research there was a general philosophy of making the best of what was available through creative thinking. This enabled the creation of a therapeutic environment and a dynamic ward culture. This was indicative of all the participants being extremely motivated and having a 'shared vision' of patient care. This appeared in the most part to consist of being generally caring, enthusiastic and embracing 'change'.

2 *Janner, M. ed. (2006).* Star Wards. London: Bright. Available from: **www.brightplace.org.uk**

Positive practice guidance

on strategies for Successful Team Engagement in inpatients Psychiatric Services (STEPS)

1. Respecting patients

- Patients should be thought of as individuals and their care tailored accordingly.
- Staff should be as open and honest as possible with patients regarding all aspects of their care.
- Staff should try to empathise with patients. This may include acknowledging and valuing patients' beliefs, even if they appear irrational or psychotic.

2. Empowering patients

- Patients should be involved as much as possible in their own care. This should include writing their care plans with staff and being involved in their own risk assessments.
- Staff can enable patients to prepare for ward rounds, by helping them to write down their concerns and questions beforehand.
- Patients could be encouraged to contribute to the running of the ward; this might include patients being given responsibilities.
- The ward should have a patient meeting at least once a week. Minutes should be taken at this meeting, which are given to the ward manager, who then provides feedback.
- There should be a patient suggestion box on the ward at all times, so that patients can make anonymous comments.

3. Staff being 'available'

- Some nursing staff should be present and approachable on the ward 'floor' all of the time. It is also useful for the rest of the MDT to spend lots of time on the ward and be close at hand should patients want to meet with them.
- Nurses should have three key working sessions a week with their allocated patients, in which they discuss their needs and concerns.

- It is valuable for all members of the MDT to spend non-structured time with patients.
- It should be priority for staff to be available to facilitate patients having escorted leave.

4. Engagement-focused observation

- Observations should be kept to a strict minimum.
- Patients should be informed if they are placed on higher observations, someone should explain to them why this is necessary, what it will entail and what needs to happen for the observation level to be decreased.
- When a patient is on an increased level of observation they should have a one-to-one with a staff member every nursing shift.
- Staff should try to engage patients who are on increased observations in activities that are meaningful for them. For example, helping them with their washing or playing pool.
- Staff should facilitate goal setting with patients aimed at decreasing their level of observation.
- Patients on increased levels of observations should still have access to occupational therapy, psychology and be able to spend time off the ward.

5. Homely environment

- There should be the maximum availability of facilities within practical constraints.
- The furniture and crockery on the ward should be kept to a high standard.
- Wherever possible the kitchen and lounge room should be open 24-hours a day. If it is decided at any point that these rooms should be closed, this should be reviewed regularly.
- Patients must have access to a garden.
- It is important for patients to have access to therapeutic activities outside of 'normal' working hours.

6. Good team dynamics and multidisciplinary team working

- The team should have a shared philosophy on patient care, which is displayed on the ward and in the ward office.
- Staff should have a consistent approach when dealing with individual patients.
- Ideally the staff team should accept and utilise different individuals' strengths and skills.
- There should be a flexibility regarding MDT duties.
- It is imperative to have good communication between all members of the MDT.
- There should be a flattening of professional boundaries, in which all team members are treated as equals and able to communicate as such.
- Managers should promote a culture where staff try to understand and support one another.
- Supervisors and mangers should be mindful of the possibility of staff suffering from burnout. If they suspect that a staff member is struggling, they should discuss this with them fully and try to find ways to remedy the situation.

7. Nurses and nursing assistants feeling empowered

- The doctors should value the nursing staffs' opinions.
- There should be regular training for nursing staff.
- Nursing staff should feel valued and supported by the rest of the MDT and managers.

- There should be flexibility around working hours. This should include regular discussions regarding shift patterns and the trying of new methods.
- Wherever possible nursing staff requests regarding working hours should be accommodated.
- There should be opportunities for nursing staff to support each other, both formally and informally. For example there could be a staff support group and recreational activities organised.
- Nursing staff should receive regular clinical supervision. Nursing staff should be informed that the aim of this supervision is to support them and reflect on their practice.

8. Support and information available from outside sources

- Service user representatives should be invited to spend time on the unit.
- Patients should be able to communicate anonymously with professionals. This could be directly through an outside source, such as an advocate or service user.
- Advocates should spend time on the ward.
- Advocates should accompany patients at ward rounds.
- Patients need to have access to the Citizens Advice Bureau.

9. Therapeutic work

- Individual and group therapy must be available.
- Ideally the unit should have a ward based OT.
- Nurses should be encouraged and supported to facilitate groups.
- Members of the MDT, for example doctors and pharmacists should be invited to take part in some groups.
- A wide variety of groups should be run on a flexible programme driven by the patients' needs. Within this it would be helpful to have some groups which were 'fun-based', that the patients requested.

10. Good interface between services

- It is helpful if some of the groups on the units are open to discharged patients.
- Former patients should be able to visit the ward.
- There needs to be good communication between services. It is extremely useful if staff teams from different services can meet face-to-face regularly to discuss their services and clients.
- Staff on inpatient wards can consult with PICU staff regarding patient care approaches to prevent patients being admitted to PICUs.
- Members of the referring ward team can visit patients who have been transferred to a PICU in order to preserve the therapeutic relationship.

11. Embracing change

- Suggestions by staff and patients should be welcomed and acted upon.
- All members of the MDT should always be striving to improve their service.

Action plan

	Positive Practice	Score out of 10	Action required to improve	Who is responsible	Review date
1	Patients write their careplans with staff				
2	Patients are involved in their risk assessment				
3	Staff help patients to prepare for ward rounds by meeting with them beforehand and writing down any concerns/questions they have.				
4	There is a patient meting at least once a week. Minutes are taken and the ward manager provides feedback to these.				
5	There is an anonymous patient suggestion box on the ward				
7	Nurses have three keyworking sessions a week with their allocated patients				
8	Patients are informed if they are placed on higher observations and someone explains to them why this is necessary, what it will involve and what needs to happen for them to be decreased.				
9	Patients who are on the highest levels of observations have a one-to-one sessions each nursing shift. This should include facilitating goal setting aimed at decreasing the level of observation.				
10	Patients on increased levels of observations still have access to occupational therapy and are able to spend time off the ward				
12	Furniture and crockery on the ward are kept to a high standard.				
13	The kitchen and lounge room are open 24-hours a day.				
14	Patients have access to a garden				
15	Patients have access to therapeutic activities outside of 'normal' working hours				

Action plan

Positive Practice	Score out of 10	Action required to improve	Who is responsible	Review date
16 The team have a shared philosophy on patient care, which is displayed on the ward and in the ward office				
17 There is regular training for nursing staff				
18 There is flexibility around working hours				
19 Nurses requests regarding working hours are accommodated				
20 There is a staff support group				
21 All staff receive regular clinical supervision				
22 Service user representatives spend time on the unit each week				
23 Advocates spend time on the unit each week				
24 Advocates accompany patients to ward rounds				
25 Patients have access to the Citizens Advice Bureau				
26 Individual therapy is available				
27 The unit holds therapeutic groups				
28 The unit has a ward based occupational therapist				
29 Nurses facilitate groups				
30 Doctors and pharmacists facilitate groups				
31 There are 'fun-based' groups suggested my patients				
32 Some of the groups on the unit are open to discharged patients				
33 Former patients are able to visit the unit				
34 Staff visit patients if they are transferred to a PICU				
35 There are opportunities for staff to make suggestions and these are acted upon				

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Therapeutic engagement is an intervention that aims to empower the patient to actively participate in their care and involves healthcare professionals spending quality time with patients. This project was commissioned by the National Institute for Mental Health in England (NIMHE) in order to gain a greater understanding of how this process is successfully achieved on psychiatric wards. The aim was to develop positive practice guidance on how to achieve and maintain therapeutic engagement with inpatients.

steps

Successful Team Engagement in inpatient Psychiatric Services

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