

TRUST

Matters

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The Mental Capacity Act

The Mental Capacity Act comes into force in April 2007. It puts the individual who lacks capacity at the heart of decision-making. The Act puts a strong emphasis on supporting and enabling the individual to make his/ her own decisions.

The Mental Capacity Act will affect the way you work. It will apply to everyone who works in the health and social care sector and who is involved in the care, treatment or support of people over 16 years old who may not have the capacity to make some decisions. The inability to make a decision could be caused by psychiatric illness, a learning disability, mental health problems, a brain injury or a stroke.

People affected by the Act, such as doctors, nurses, dentists, psychologists, occupational, speech and language therapists, social workers, residential and care

home managers, domiciliary care workers, support workers (including those who work in supported housing), and other health and social care workers need to know about the changes it makes.

The Act makes it a requirement that an **Independent Mental Capacity Advocacy Service (IMCA)** is in place to help people who lack the capacity to make important decisions about serious medical treatment and/or changes in accommodation.

An advocate must be available to those people who have no family or friends whom it would be appropriate to consult about these decisions.

An IMCA may also be instructed for adult protection cases and care reviews of people lacking capacity.

How is the Act being implemented in Suffolk?

In Suffolk, the Mental Capacity Act is being implemented by a Local Implementation Network with representatives from key organisations in Suffolk, including the County Council, NHS Trusts, the Police and voluntary and independent sector providers.

The Network is responsible for appointing an IMCA service and disseminating information about the Act to staff who work with people who may lack capacity.

To find out more about the Act, including training opportunities for staff, please go to www.suffolkas.org/page.php?26

Alicia Giles-Stewart
Planning, Development and Policy Manager,
Adult and Community Services, Suffolk County Council.

The Trust has appointed **Ian Meek** as Team Manager for **The Suffolk Early Intervention into Psychosis Team**. Ian will lead on the development of the Team and recruitment of a multi-disciplinary staff group is under way.

Laurence Morgan has been appointed as an Associate Non-Executive Director to provide additional financial support to the Non-Executive Directors. Laurence is currently employed by Johnson Controls as a Senior Commercial Analyst. In addition to his commercial finance knowledge he brings an understanding of staff management, change management and employment law.

The Chairman, Dr Hugh Davies, welcomes Laurence's appointment as further strengthening of the Board's commercial outlook.

Trust Board Public Meetings are on **26 April, 26 July, 25 October**. All start at 2.00pm in the Board Room, Suffolk House, Ipswich.

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- Our website - Keep an eye on it!
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Suffolk Support Services employee goes 'Walk-About'

Graham Hart
(Programme Officer with the NPfIT team at Crown House) will be walking from **John o'Groats to Land's End during Spring & Summer 2007**. Graham left the Trust on 16 March and started the walk on 25 April.

All proceeds are in aid of **Methodist Relief and Development Fund and Children in Need**.

For more information and to make your on-line donations please visit www.miles4money.co.uk or email graham@miles4money.co.uk

Graham needs your support... and the charities need your money... so take a look now!

Thank you.



Substance Misuse Services Make Strong Progress

Over the last few months, the Trust's Substance Misuse Services have been working exceptionally hard to develop services, and to improve performance. These efforts are now starting to bear fruit.

The Trust manages four teams providing support to people with substance misuse problems; two community teams [The Community Drugs Team (CDT) in the East and West Suffolk Drug Advisory Service based in Bury], the Junction Day Programme in Ipswich, and the Drug Intervention Programme [which works in Suffolk's police stations and Norwich Prison].

Robert Nesbitt, Director of Community Engagement and lead director for the service commented, "Six months ago, we knew that staff were working very hard, but our performance statistics just didn't reflect this hard work. Over recent months we have concentrated on improving performance on our key target [12 week retention in treatment] and we have seen our position in the national league table leap from 71st to 46th. If we're able to make this same move again, we would be one of the top 10 providers in the country. In our START team, which is a police station based arrest referral service, we have also seen fantastic results and we're now one of the best performing teams in the region."

The improvements are all the more impressive given the additional pressures put on the teams with the sad deaths of the women last December, but the service has been boosted by the appointment of Lee Harnden as Service Manager, on secondment from the National Treatment Agency, and by Jon Cullum's secondment to lead the Drug Intervention Programme, freeing up Allison Chaplin to concentrate on the commissioning part of her role. Robert Nesbitt also paid tribute to Sue Green and the other administrative staff within the service, who have been crucial in supporting all of the teams. "There is still an enormous amount of work to do" Robert commented, "but at our Service Study Day on 21 March, called "Meeting The Challenge", I was impressed by the commitment of staff to continue to find new ways of working and by the enthusiasm and openness to new ideas. The Modernisation Programme will be vital in embedding the changes we have already made [such as the improvements in the clinic system in the CDT] and in exploring new ways of working and staff will be at the centre of these changes."

Disclosure of Information in the Public Interest (Whistleblowing) Policy



What is 'whistleblowing'?

Most people will have heard of 'whistleblowing' from the high-profile cases reported in the media. Put at its simplest, whistleblowing occurs when an employee or worker provides certain types of information, usually to the employer or a regulator, which has come to their attention through work. The whistleblower is usually not directly, personally affected by the danger or illegality. Whistleblowing occurs when a worker raises a concern about danger or illegality that affects others, for example members of the public.

How is the Employee Protected?

If the employee has reported the allegedly illegal activity, he or she is protected. The employer cannot retaliate against the employee, fire the employee or mistreat the employee for whistleblowing. This does not mean that after whistleblowing, the employee cannot be fired for any reason. The employer can continue to treat the employee like any other employee. But the

employer cannot treat the employee differently because of the whistleblowing.

How should the procedure be implemented?

A procedure is useful only insofar as it is followed. One problem is the reluctance many employees feel to 'snitch' on colleagues.

Despite often showing great courage and determination, whistleblowers are not necessarily popular with their colleagues, particularly where the disclosure threatens people's jobs. Human Resources Advisers have a duty to support whistleblowers that act in good faith and it is in the long-term interests of the organisation that they should do so. Managers may need training to ensure that matters brought to their attention are resolved in line with the policy and in a way which will cause least damage to the organisation.

Suffolk Mental Health Partnership NHS Trust's Directors and Senior Managers fully support this Policy and request that it is communicated to all employees.

Further information and advice: Department for Trade and Industry <http://www.dti.gov.uk/> Public Concern at Work <http://www.pcaw.co.uk/>

Welcome to Paula Kerr, new Non-executive Director

The NHS Appointments Commission has announced that Mrs Paula Kerr is to join the Trust as a non-executive director with effect from 1 April 2007 to 31 March 2011. She was previously a non-executive director with Bedfordshire and Hertfordshire Strategic Health Authority.

Mrs Kerr is an independent consultant in business development and marketing, specialising in health care. Her clients include private, public and voluntary sector organisations. Prior to this she gained extensive corporate experience working in the

pharmaceutical sector in UK and international marketing. She has served as a trustee on the board of a charity for homeless young people and worked as a volunteer in a nursery for children with special needs. Mrs Kerr holds a Master's degree in health management.

On her appointment, Paula said "I am delighted to have this opportunity to contribute to the work of the Trust. I have gained an insight into specialist mental health services through my NHS, academic and voluntary experience. This will help me to play my part in ensuring that service users

and carers are kept at the centre of all decisions made by the Board".

Dr Hugh Davies, Chairman of the Trust, welcomed the new appointment adding that it would strengthen the Board in preparation for Foundation Trust Status.

As part of her induction, Paula will visit a variety of services and looks forward to meeting staff, service users and family carers.



Inpatient services	Workforce Development	Corporate services	Substance misuse
Community services	Specialist community services	CAMHS	Criminal justice

OUTLINE BUSINESS CASE [OBC]

At the April 2007 Trust Board meeting, the Board members received an update on the Outline Business Case [OBC] which included the announcement of the Preferred Option for the delivery of Modernised Mental Health Services in Suffolk.

The following is an extract from this Board paper:

In November 2006 Suffolk Primary Care Trust [PCT] gave formal support to the OBC developed by Suffolk Mental Health Partnership NHS Trust. Suffolk PCT identified a number of key issues, which had to be addressed before they were able to support the submission of the Outline Business Case to the Strategic Health Authority for approval to move to the next stage of developing the Full Business Case [FBC]. In addition to the issues identified by the PCT, there were a number of other variables which influence the final options. These variables include:

- The publication of a joint strategy for Commissioning Mental Health by Suffolk County Council and Suffolk PCT.
- PCT Commissioner Caveats
 - Affordability – appraisal on how we compare with other provider
 - Partnerships – investigating opportunities to co-locate services and work with others on the delivery of services i.e. older people
 - Flexibility and contestability – links to the above two, requires a critical look at the impact of a mixed local economy
- Feedback from the Strategic Health Authority as part of the Foundation Trust diagnostic process
- Acute Hospital Service Review and impact on NHS Estate in Suffolk
 - Ipswich Acute Hospital service and site rationalisation
 - West Suffolk Hospital service and site rationalisation
- Changes to Capital Allocation Process for NHS Trusts
 - Prudential Borrowing Limit [PBL]
- Lessons learned from Model of Care Implementation
 - Discussions with Users and Carers
 - Impact of implementation of new services e.g. Crisis Resolution & Home Treatment Services and Assertive Outreach
 - Development of recovery model principles underpinning services

The above variables provided opportunities for further consultation with service users, carers and clinical staff during the development of the Outline Business Case.

This identified two key issues:

- To develop a principle of services being non-discrimatory based upon people being placed where their individual physical and mental health needs could be met irrespective of age.
- Co-location of some services is essential to improve standards of service delivery including access to diagnostic services for people with co-morbidity of mental and physical illness

Suffolk Mental Health Partnership NHS Trust has been developing the Outline Business Case taking in to account the factors set out above. The Trust is in a position now where it has four options to consider. Work has been completed working with representatives from the Ipswich and West Suffolk Hospitals.

The Trust has recently completed the process of appraising the four options against financial and non-financial criteria to identify the preferred option.'

The result of the appraisal process and the option that amassed the highest scores against the financial and the clinical criteria is Option FOUR.

The content of Option FOUR is as follows:

- New build on Heath Road of 2 wards
 - Psychiatric Intensive Care Unit (10 beds)
 - Functional ward (21 beds)
- New build on St Clements site 1 ward
 - Forensic Ward (11 beds)
- Conversion of Hayward Unit (Ipswich Hospital) 2 wards
 - Functional ward (21 beds)
 - Dementia + Functional ward (21 beds)
- Conversion of Wedgwood Unit 1 ward West
 - Dementia + Functional ward (17 beds)
- Community Mental Health (East) Conversion and extension of Hollies
- Community Mental Health (West) Upgrade to Blomfield House
- Child and Adolescent Mental Health Services (East) - lease in Ipswich
- Corporate Services - lease in Stowmarket / Needham Market
- Support Services - lease in Ipswich
- Coburn House vacate and relocate as part of Support Services

The first draft of the OBC has been sent to the Strategic Health Authority (StHA), the PCT and Ipswich Hospital NHS Trust in line with the approval timetable set out below, a process which we understand will take approximately twelve weeks.

20 April	First Draft OBC to the StHA / Suffolk PCT / Ipswich Hospital
4 May	SMHP Receive comments from StHA
16 May	Professional Executive Committee (Suffolk PCT)
18 May	Firm Draft OBC submission to SMHPT / Suffolk PCT Board / Ipswich Hospital / West Suffolk Hospital
24 May	Practice Based Commissioning Group (Suffolk)
1 June	SMHP Receive comments from StHA
15 June	Final Draft OBC to the StHA
25 June	SMHP Receive comments from StHA
Late June	Gateway 1 Review (Office of Government Commerce)
2 July	Clean OBC Submission to StHA
19 July	Formal consideration by StHA

The OBC has been submitted to the SHA as one of a set of documents these include:

- Outline Business Case
- Modernisation Programme – Models of Care
- Estates Strategy
- Finance Strategy

A set of 1:200 plans also form part of the submission, the plans are to demonstrate and prove 'best fit' for the designed schemes in Option FOUR and are likely to change in detail as the OBC moves to the FBC stage.

The Trust Board members gave their unanimous support to the OBC and the preferred option, Option FOUR. I will keep you updated on the progress.

Centrepiece

Is their ethnicity recorded?

Everyone should be able to access support from staff that are aware and sensitive to their cultural and religious needs.

Every service user, whatever their background should expect to receive the same standard of care from mental health and learning disability services.

However evidence suggests that this does not always happen and that the treatment and experience of service users from different sections of the community can vary.

People from some black and minority ethnic groups are three times more likely than average to be admitted to mental health hospitals, results of a national census have shown.

It is the second year that the national 'Count Me In' census,

a joint initiative by the Healthcare Commission, the Mental Health Act Commission and the National Institute for Mental Health in England, has shown significantly higher rates of admission and detention among some black and minority ethnic groups. The census has prompted calls for the introduction of mandatory reporting of ethnicity for all patients using mental health and learning disability services, not just those admitted to hospital.

What is your responsibility?

- **To improve the opportunities and experience of service users, staff and the public whatever their background.**

- **To record ethnicity plus personal details, behaviour, cultural customs and practice for all admissions and referrals, cared for as inpatients or in the community across all our services.**

- **To record ethnicity for all our staff.**

The bottom line is that if any group is underreported, for whatever reason, then there is the distinct danger that care may be compromised and resources allocated to that group nationally may be less than is justified.

Lisa Llewelyn
Head of the Centre for Service Excellence

Clinical Audit

AUDIT OF SUICIDES

A Trust wide audit of Suicides which occurred during 2005 has been completed measuring against the eight standards contained in the National Institute for Mental Health in England 'Preventing suicide Toolkit' and the following action plan has been produced:

- Annual ligature point audit to be undertaken in all inpatient and identified high risk areas and for the outcomes to be registered with the Centre for Service Excellence and the Environmental Risk Committee
- Every service user identified on Enhanced Care Programme Approach (CPA) must have a risk assessment pre and post discharge

- A discharge planning from an inpatient service policy needs to be introduced & monitored
- Discharge letters to GPs must be sent within 3 working days following discharge and must state the maximum number of days medication to be dispensed.
- Post Incident Multi-Disciplinary Team (MDT) meetings should be recorded and notes sent to Centre For Service Excellence
- Record of all CPA review meetings should be recorded in service user notes, involve users and family carers and identify who attended and action agreed
- Every service user on Enhanced CPA must have their care plan reviewed at least every 6 months
 - Trust wide adoption and communication of NIMHE standards for preventing suicide
 - Standards of local care plans and

- records should be checked against the core standards for Record Keeping regularly through clinical supervision
- Develop a Trust Wide Policy on decision making relating to people who do not turn up for their appointments.

The full report is available on the Clinical Audit Web page.

The audit of suicides which occurred during 2006 is currently in progress.

RECORD KEEPING AUDIT

A Trust wide audit of Record Keeping was carried out during September 2006, measuring against the 'Revised core standards for all patient/client/user records' which were issued in April 2006.



The audit is required to provide evidence of compliance with Standard 4 of the Clinical Negligence Scheme for Trusts (CNST) criteria and also to comply with the Suffolk Mental Health Partnership NHS Trust 'Records Management and Access Policy'.

Recommendations from the audit included:

- The 'Revised Core Standards for all patient/client/user records' should specifically state 'Core standards for hand-written records' and should include an explanatory sheet on the rationale behind the standards
- Each client file to include a service specific list of abbreviations
- Develop standards for electronic record keeping
- Staff to adopt and implement the Trust's record keeping standards
- Documentation should include prompts for date, time, patient ID and page numbers
- The revised Trust wide Drug charts to be piloted by the Trust.

Following the audit a full report and action plan has been produced which will be placed on the Clinical Audit Web page.

Janet Roper

Clinical Effectiveness & Audit Advisor

Trial of new inpatient medication chart

- The Trust will pilot a new inpatient medication chart during June.
- A number of Trust wide Record Keeping audits have been carried out which have highlighted deficiencies within the current charts.
- The pilot of the new prescription and medicine administration record sheet will be used for new admissions on a small sample of wards and information about staff's experience of using them will be collected. Staff on wards not actively involved in the trial will also be encouraged to comment on the chart.
- The project presents the opportunity to improve one aspect of record keeping within the Trust.
- More information will be circulated in May.

Alan MacDonald,

Head of Pharmacy Services

Legal Services

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Much information in books, magazines and journals are covered by Copyright Law.

The Trust has been notified that the NHS has now renewed its central licence with the CLA to allow for legal photocopying and scanning from certain books, magazines and journals until 31 March 2008 by NHS bodies. As the CLA Licence covers all NHS bodies, any copies made under the licence can be freely shared with other NHS trusts etc.

However, certain specific titles and categories are excluded from this agreement and the "excluded list" (i.e. works not covered by the licence) can be found at: <http://www.cla.co.uk/support/excluded.html>

If you want to obtain permission to copy any works from the excluded list you will need to contact the relevant publisher direct.

Please note that newspapers are not covered by this scheme. The NHS and so this Trust does not have a licence from the Newspaper Licensing Agency (NLA) and so cannot copy any material. The Trust has previously assured the NLA that it will not allow any photocopying from newspapers.

David Rollinson

Complaints & Legal Services Manager



Did You Know?

useful information and updates

• New Policies:

AF20 - CCTV
AF21 - Research and Development
AF22 - Data Quality Policy & Procedures

• Replacement/Revised Policies:

CL1 - Consent to Treatment
AF11 - Standing Financial Instructions
AF13 - Reservation of Powers to the Board and Delegation of Powers
AF14 - Standing orders
CL14 - Safe & Secure Management of Medicines Policy (Pages 66 & 67)
RM9 - Fire Policy

• Policies under Consultation:

Disciplinary Policy
7 Day Follow-up
Flu Pandemic
Seclusion Policy
Equality & Diversity

Key contacts

Lisa Llewelyn, Head of the Centre for Service Excellence
Tel: 01473 329 549

David Rollinson, Complaints and Legal Services Manager
Tel: 01473 329 607

Val Dutton, Risk Manager
Tel: 01473 329 604

Janet Roper, Clinical Audit and Effectiveness Advisor
Tel: 01473 329 412

Sara Fletcher, Senior Nurse Infection Control
Tel: 01473 329 841

Contact details for the whole team are available on <http://www.eastern.nhs.uk/scripts/index.asp?pid=21658&id=48298>

Exclusive membership offer for NHS staff!



Exclusive Health Clubs, Residential & Day Spas

We have negotiated a time-limited exclusive offer for membership with Clarice House Group for NHS staff in Suffolk. The excellent facilities include Health and Fitness Clubs (including a swimming pool at each location), Beauty and Hair Salons and Day Spa facilities.

What's the offer?

- Until 31st May 2007, the usual £175 one-off joining fee will be reduced to zero if more than 20 NHS people join. After that time the full joining fee will apply and people wishing to join will be added to the waiting list.

- The monthly membership fees (which normally remain the same each year) are:

£38 Off-peak =
9am - 5pm, Mon - Fri

£46 Full peak =
7am-10pm Mon-Wed, 7am-9pm
Thu-Fri, 8am-6pm Sat and Sun

- The clubs have converted to members only so all classes are included within the monthly fee.
- Membership now extends to free use of all three clubs; Ipswich, Colchester and Bury St Edmunds.
- Members receive 10% discount for treatments and food & drink purchased
- Guest passes are available at £15 per day (some conditions apply - please ask)
- The contract has no fixed minimum term - it's on a rolling monthly basis.

How do I join?

Speak to James Flatman on 01473 463262 or email him at: ipswich@claricehouse.co.uk quoting 'NHS Suffolk' offer and presenting your NHS ID card.

Free seven-day trial passes are available for people to try out the club during April and May 2007. This may be arranged through a personal consultation with James Flatman at Clarice House in Bramford, Ipswich. If you would prefer to attend in Colchester or Bury, please let James know so he can make arrangements to ensure the NHS offer is available for you.

Where can I get more info?

Have a look at <http://www.claricehousegroup.co.uk/index.html> or contact Margarite Garrett, Suffolk PCT on Tel: 01473 770096 or email: margarite.garrett@suffolkpct.nhs.uk

Foundation Trust Update

~ We're Wave 7!

The Trust has confirmed its intention to be part of "Wave 7" of the Trusts moving to Foundation Trust [FT] status, having been given the green light by the Strategic Health Authority after the "Diagnostics" last November.

We're in the same group of mental health Trusts as Cambridge & Peterborough, and Bedfordshire & Luton; aiming to become Foundation Trusts by April 2008.

Robert Nesbitt, Director of Community Engagement, who leads on the FT Project, explained what this will mean for the Trust.

"Foundation Trusts are still part of the NHS, but are much more accountable to the communities that they serve. Anyone who lives in Suffolk, and all our staff, will be eligible for free membership and they will be able to vote for Governors to represent their views on the direction of the Trust. They will also be able to stand as Governors in the elections."

"Governors have real powers. They appoint the Chair of the Board and the Non-Executive Directors, and they influence the way that the Trust develops. It will be the first

time that local people and staff will have this great opportunity to become involved in SMHPT, and we want to make the most of it."

"There will be a huge amount of work to be done over the coming months." Robert added. "We need to be able to prove we are financially sound, well governed, and that we have a representative membership."

"We're developing information for staff, service users, family carers and the public right now, and there will be a lot more information coming soon with lots of interesting ideas to explain what Foundation Trust will mean, and to let everyone know what the advantages are of becoming a member."

Keep an eye out for more information very soon!

Robert Nesbitt,
Director of Community
Engagement

Education & Workforce Development

The past 12 months have seen significant developments within Education & Workforce Development.

Staff

The employment of a team of Practice Educator staff has increased statutory and mandatory training provision. It also enables programmes to be delivered in a flexible and reactive way and by staff who know the Trust and the staff.

The team come from a variety of service backgrounds and between them have a wealth of experience and expertise.

Adrian Matthews and Stuart Higgins

Physical Management of Aggression [PMA]

Richard Goodhew and Sheena Rawlings

Moving and Handling and Basic Life Support (BLS)

Phil Cooper and Carrol Ross

Practice Development

Jeannie Wright

Care Programme Approach [CPA]

Accommodation

As well as employing the team to deliver training the department has also been given permanent facilities in which to provide it.

From 16 April the department will be fully utilising Brightwell Ward which, along with the current 1st floor accommodation, increases the available training rooms to six. This gives the Trust two flexible classrooms and one IT suite on the 1st floor and three clinical training rooms in Brightwell. As the department will be based over two floors, a central reception point will be based in the Brightwell Ward for the benefit of delegates and visitors.

Programme

The Education & Workforce Development Brochure was developed and circulated to all teams in March 2006 and we hope you continue to find it a useful resource.

Shortly a diary of programmes up to March 2008 will be available accompanied by a set of 'course information sheets'. These will replace the current flyers and should be filed in the relevant sections of the brochure. Providing more information than the current flyers, the information sheets should enable staff to be clearer as to which sessions are appropriate to their roles. Dates for all programmes will be given in the diary which will be updated and circulated regularly.

Work is also being undertaken by each service area to assess the level of statutory / mandatory training required for each staff group. This work is due for completion at the end of May and staff will be made aware of the training they should access soon afterwards. In the meantime a programme of training up to 31 May has been circulated to ensure staff can access update training in the interim period.

Staff Pathway

The electronic PDR System, '**Staff Pathway**' system is being rolled out cross the Trust enabling all staff to access their training records using a 'live' link to the departments database.

The department is always grateful for feedback, both positive and negative, as this helps us to plan and develop the service to best meet the needs of SMHP staff. Tel: 01473 329286

Keeping an <i> on our website...www.smhp.nhs.uk

Over the next few months a number of changes will be made to the website.

We're working to improve the information available, make it easier to find information, to move around the site and also make it more eye catching. You can currently find the following on the site:

- Trust Board papers
- Trust policies
- A - Z of services
- Service user and family carer involvement
- Equality and diversity
- Trust Matters
- Service user and family carer newsletter



Day Treatment & Assessment Unit

Redwald Unit, St Clement's Hospital, Ipswich



The Redwald Unit

The Service is welcoming referrals of older people (or those with similar needs) for the six groups below. Opportunities for joint working can also be discussed.

Anxiety Management - Three to six individuals per group for approximately six weekly sessions.

Aims/Objectives - To increase awareness of the process of anxiety and enable strategies to be developed to cope with anxiety symptoms. To gain a basic understanding of the physical, psychological and behavioural aspects of anxiety and the techniques used in its management.

Bereavement - Three to six individuals per group for six weekly sessions.

This group is only in the pilot stages and subsequently is subject to change
Aims/Objectives - To explore personal experiences of loss, the nature of the relationship with the deceased and developing new roles and responsibilities.

Overcoming Low Self-esteem -

Six to eight individuals per group for twelve weekly sessions. This group will eventually form part of a research

project investigating the link between self-esteem, depression and anxiety.

Aims/Objectives - To address the underlying sense of low self-esteem that can be associated with anxiety and depression. To develop an understanding of low self-esteem, to identify and make changes, to consider a balanced view of self and to plan future goals.

Assertiveness - Two to six individuals per group. This group is only in the pilot stages and subsequently is subject to change.

Aims/Objectives - To provide individuals with appropriate assertiveness skills to assist them in their daily lives. To gain a basic understanding of assertive behaviour and to provide basic assertiveness techniques that can be applied to everyday situations.

Men's group and Mindfulness group - these are in the process of being developed.

How to refer

If you would like any further information or have someone you would like to be considered for assessment concerning any of the above groups, please contact the Redwald Unit reception on Tel No: 01473 329880. Your details will then be passed on to the Group co-ordinator who will contact you to discuss the referral. Each referral will be assessed for suitability in accordance with the general referral criteria, the specific referral criteria for each group and in relation to other referrals held.

EDITORIAL If you have an article (and hopefully an accompanying picture/imagery) for inclusion in the next/future edition of Trust Matters, please email it to the editorial team at trustmatters@smhp.nhs.uk Telephone 01473 329148 for enquiries. The next deadline for proposed content is 21 May 2007.