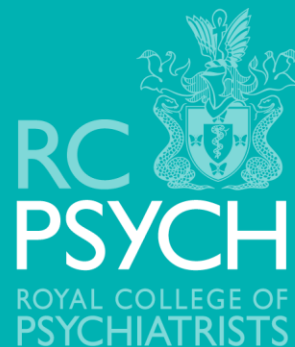


**FORENSIC**  
QUALITY NETWORK FOR FORENSIC  
MENTAL HEALTH SERVICES



## **Standards for deaf people in medium secure care**

**Editors: Dr Susan O'Rourke, Dr Simon Gibbon, Will Hough**

## Context

Two key Department of Health documents ("*A Sign of the Times*", DOH 2002 and "*Mental Health and Deafness, Towards Equity and Access*", DOH, 2005) have outlined the need to improve mental health service provision for deaf people and also stressed the importance of the development of specialist centres of expertise and care pathways to meet the needs of deaf people with mental health problems who may present a risk to others.

Approximately 100,000 working age adults can be classed as having severe to profound deafness (Royal National Institute for the Deaf, RNID, 2009). The age of onset and degree of hearing loss significantly affect a person's communication preferences, language acquisition and cultural identity (Austen et al, 2004). Those who have been deaf since early childhood, before the full development of verbal language skills (prelingual deafness), are more likely to use a signed language to communicate and identify with a distinct Deaf<sup>1</sup> culture than those who lose their hearing after the development of verbal language skills (post-lingual deafness). British Sign Language (BSL) is the predominant form of sign language used by Deaf people in the United Kingdom.

Deaf people have a 40% lifetime prevalence of mental health problems, compared with 25% of hearing people (DOH, 2005). Compared with hearing people, deaf people also appear to have higher levels of emotional distress, physical and psychological problems (Fellinger et al, 2005). Contributory factors that may increase the risk for the development of mental health disorders amongst deaf people are related to social exclusion and the cause of the deafness. The factors include: communication barriers; lack of access to healthcare; education and employment opportunities; and associated minor brain injury (for example, due deafness due to rubella infection may also adversely affect other parts of the brain) (DOH, 2005). Violent and sexual offending behaviour is reported to be more prevalent in deaf offenders than amongst hearing offenders (Young et al, 2000; Iqbal et al, 2004; Harry and Dietz, 1985). Deaf people have also been found to be significantly overrepresented in secure settings (Miller, 2003; Miller 2005, (Monteiro et al, 1999 as reported in O'Rourke and Grewer, 2005).

Important differences when working with deaf patients relate to communication and culture. (Haskins, 2004). 'Hearing' mental health services do not usually have the specialist assessment and communication skills that are required for effective care of deaf patients. When working with deaf patients mental health and risk reduction interventions need to be adapted in order to make them accessible and meaningful. In order to achieve this, interventions often rely upon the use of visual information and utilise role play (Glickman, 2009). Due to the potential heterogeneity of this population and lack of validated assessments, risk assessment in this group is also potentially problematic (O'Rourke and Grewer, 2005).

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<sup>1</sup> Throughout this document we employ the convention of using the term "deaf" to describe someone with any degree of hearing loss whilst the term 'Deaf' is used to describe someone who defines themselves through a cultural identity resulting from their experience of using sign language and growing up as a deaf person in a hearing society (Ladd, 2003)

## Development of the Standards

These Standards have been developed by Dr Susan O'Rourke, Dr Simon Gibbon and Will Hough and in consultation with Sarah Tucker (Programme Manager, Quality Network for Forensic Mental Health Services) in the following ways and stages:

### 1) *Literature Review*

A bibliography of key documents was compiled from electronic searching of publications databases, professional bodies and experts. These were reviewed and standards were identified or derived from existing guidance and recommendations which were thought necessary *in addition to* the Recommended Specification: Adult Medium Secure Units' (Department of Health 2007).

### 2) *Consultation*

The consultation process had four parts:

- (i) Focussed discussion groups for staff and service users
- (ii) Email Consultation
- (iii) Presentation of Standards at Quality Network Annual Forum
- (iv) Consultation Workshops

#### 2.1) *Focussed discussion groups for staff and service users*

All three specialist medium secure units for deaf people with mental health problems were involved. Staff (both deaf and hearing) and service users were asked to participate in a series of focussed discussions. These discussion groups took place at Alpha Hospital (Bury), St Andrews Healthcare (Northampton) and St Mary's Hospital (Warrington) in February 2011.

#### 2.2) *Email Consultation*

On the basis of the feedback given at the initial discussion groups, a second draft of the standards was developed. This was sent out to key stakeholders (see appendix 1) and also circulated on the Quality Network email discussion forum.

#### 2.3) *Presentation of Standards at Quality Network Annual Forum*

The standards were presented at a workshop at this conference on 13 April 2011 and feedback obtained.

#### 2.4) *Consultation Workshops*

A third draft of the standards was discussed at a focused consultation group, held on 15 September 2011, with key stakeholders including commissioners, specialist clinicians and those working with deaf people in non-secures settings (see appendix 2 for list of attendees). They were asked to examine the standards and criteria, rate their importance and provide a critique of both the standards themselves and the language and terminology used. A similar consultation group was held for a small group of ex-service users from Alpha Hospital and St Mary's Hospital on 8 March 2011.

### 3) *Editing*

Following the literature review and consultation process the final version of the standards was edited and sent for consultation to the Quality Network's for Forensic Mental Health Services Advisory Group.

## **Additional Deaf Standards**

### **General Principles**

- 1. Deaf patients have the same access to healthcare, public health initiatives and services as hearing patients.**
- 2. The environment and amenities appropriately adapted for deaf people.**
- 3. Policies and procedures including physical, procedural and relational security are adapted and accessible to meet the needs of deaf people.**
- 4. Services are deaf aware and able to promote Deaf culture and British Sign Language (BSL).**
- 5. Any clinical intervention with a deaf person is delivered by suitably qualified and experienced staff with appropriate skills in a signed language or with specialist deaf equipment / aids (e.g. pictograms, video relay service, and qualified interpreters).**

Number	Standard	Add to Quality Network Criteria Number:
<b>SAFETY AND SECURITY</b>		
<b>1</b>	<b>Physical Security</b>	<b>A1</b>
1.1	The alarm system includes personal alarms for deaf staff that vibrates when activated and indicates the nature of and location of the alert.	A36
1.2	All areas within the unit contain visual alarms or other systems alerting deaf staff and patients to fire.	A36
1.3	There is a policy and training for the prevention of, use and adaptation of physical restraint with deaf people.	A44
1.4	The unit is well designed for medium secure deaf patients taking into account the needs of visual communication including appropriate levels of lighting.	A45
1.5	Measures are in place to allow confidential conversations in a signed language such as British Sign Language (BSL).	A49
<b>2</b>	<b>Procedural Security</b>	<b>A2</b>
2.1	All relevant policies and procedures are impact assessed in terms of deafness.	A50
2.2	Where there are deaf staff, relevant policies are translated into BSL on DVD or communicated 'live' in BSL (or another signed language) and written in plain English.	A50
2.3	There is a policy for the use of mobile phones, text phones, interpreted phone calls and other communication aids.	A70
2.4	There is a statement of how prohibited items may differ where there are deaf patients (e.g. mobile phones, webcams, Skype, emails to facilitate communication).	A72
2.5	A list of prohibited items is displayed visually using pictures/symbols in all wards.	A72

Number	Standard	Add to Quality Network Criteria Number:
<b>3</b>	<b>Relational Security</b>	<b>A3</b>
3.1	Assessments for admission of a deaf person are carried out by a clinician with expertise in mental health and deafness who has the ability to co-work with a deaf professional if needed.	A85
3.2	If appropriate to the patient's communication needs the admission assessment is carried out either directly in BSL (or another signed language) or with a fully qualified and registered interpreter.	A85
3.3	The admission assessment comments on communication needs.	A85
3.4	The workforce plan takes account of the benefits of employing deaf staff and specifies how this is achieved in a recruitment plan, which specifies advertising in the 'deaf media'.	A86
3.5	The personal development plan of all staff in a deaf service includes the development of expertise in Mental Health and Deafness, deaf awareness training and BSL.	A90
3.6	Assessment and treatment are adapted for use with deaf people, e.g. they are delivered in BSL, visual materials are used and deaf staff deliver services.	A94
3.7	Deaf people are able to access a range of treatments in the service to meet their needs.	A94
3.8	Care plans are accessible to deaf patients and if necessary adapted for deaf patients e.g. using pictures, symbols or in BSL on DVD or other formats.	A100
3.9	The multidisciplinary team includes clinicians with expertise in mental health and deafness.	A104
3.10	Debriefing and lessons learned from Serious Incident Requiring Investigation (SIRIs) are available to both deaf and hearing staff.	A127.1

Number	Standard	Add to Quality Network Criteria Number:
4	<b>Safeguarding Children and Visiting Policies</b>	<b>A5</b>
4.1	There is information accessible for deaf families and deaf visitors.	A128
<b>CLINICAL AND COST EFFECTIVENESS</b>		<b>B</b>
5	On call doctors who attend out of hours have some deaf awareness training and know how to access communication support (e.g. interpreters out of hours).	B31
<b>GOVERNANCE</b>		<b>C</b>
6	The complaints procedure is accessible to deaf people.	C1
7	All staff working within the hospital site with deaf patients undertake deaf awareness training as part of induction. In particular reception staff have some basic BSL as a minimum.	C10
8	All deaf staff are referred for an Access to Work (ATW) assessment to ensure appropriate support in terms of communication and equipment.	D10
9	The service offers the opportunity for placements to deaf trainees and students from various disciplines.	C16.1
10	The service takes part in networks specifically for clinicians working with Deaf patients (e.g. British Society for Mental Health and Deafness, National Deaf Services Clinical Governance meetings and maintains good links with other deaf services both secure and non-secure).	C26
11	There is information available for contacting advocacy which is suitable for deaf patients e.g. minicom/fax numbers.	C41
12	A specialist deaf advocacy worker (who is either a native BSL user or with high level BSL skills) is available.	C42

Number	Standard	Add to Quality Network Criteria Number:
<b>PATIENT FOCUS</b>		
13	The service has access to spiritual leaders able to communicate with deaf people.	D7
14	Staff demonstrate respect for Deaf culture (e.g. by signing at all times, developing BSL skills).	D13
15	Patients' rights and what they are to expect are explained in a manner accessible to deaf people.	D17
16	There are mechanisms in place to ensure that deaf patients can contribute to the overall hospital/unit feedback, including an accessible community meeting.	D22
17	There are adaptations for deaf service users including specialist equipment such as minicomms, a loop system, and subtitles on the television.	D24
18	There is a procedure in place for referral to audiology if required and replacing hearing aid batteries.	D25
19	There is evidence of active positive promotion of Deaf culture and meeting of Deaf cultural needs, e.g. access to Deaf club.	D26
20	There is a communication policy stating that staff should use BSL at all times, when appropriate, to the best of their ability.	D27

Number	Standard	Add to Quality Network Criteria Number:
<b>ACCESSIBLE AND RESPONSIVE CARE</b>		
21	Therapy is available in BSL, if appropriate to the patients communication needs. This is delivered directly in BSL or at least with the appropriate use of an interpreter and/ or communication facilitator.	E7
22	In the event of admission to an acute physical healthcare hospital, the patient is supported by unit staff who can sign and/or interpreters.	E11
23	There is a policy for the use of sign language interpreters and other communication professionals which ensures they are appropriately qualified, registered and experienced in mental health and forensic issues.	E13
<b>ENVIRONMENT AND AMENITIES</b>		
24	Deaf publications and information are provided in communal areas.	F14
25	Television has subtitles available which are used and staff are aware of programmes with BSL interpretation and make these available.	F15
26	Therapy and private areas are appropriate for visual and gestural language whilst maintaining confidentiality.	F16
27	There are communal areas and meeting rooms with good lighting which support communication in sign languages.	F17
28	The entrance to ward areas and bedrooms has a visual alerting system.	F18
<b>PUBLIC HEALTH</b>		
29	Access to health services (e.g. Dentist, GP) is supported by appropriate staff to aid communication.	G1
30	Public health information is available in an appropriate format.	G9

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## Appendix 1

### Stakeholders Consulted

Name	Job Title	Unit/Service Name
Adele Kennedy		Rampton Hospital, Nottinghamshire Healthcare NHS Trust.
Adrian Coxell	Consultant Psychologist	St Andrew's Healthcare
Amy Izycky	Trainee Clinical Psychologist	Northumberland, Tyne & Wear NHS
Andrew McDermott	Deputy Director	Greater Manchester West Mental Health NHS Foundation Trust Prestwich
Andy Jones	Forensic Case Manager	South West Specialised Commissioning Group
Anita Gayton	Associate Director of Clinical Support Services	St Andrew's Healthcare
Ann Jackson	Associate Director of Healthcare Development	St Andrew's Healthcare
Barry Wright	Consultant Psychiatrist	National Deaf CAMHS York
Ben Jagger	Ward Manager	St Andrew's Healthcare
Brendan Monteiro	Medical Director	St George Healthcare Group
Clare Shard	Head of Interpreter Services	Alpha Hospitals Ltd
Colin Doyle	Clinical Service Development Manager	St Andrew's Healthcare
Colleen Fahy	Nurse Consultant	Alpha Hospitals Ltd
Craig MacDonald	Chartered Clinical Psychologist	Rampton Hospital, Nottinghamshire Healthcare NHS trust.
Daisy Seller	Occupational Therapist	St Andrew's Healthcare
Gareth Boylan	Advanced nurse practitioner	North East Mental Health and Deafness service
Gayle Palmer	Clinical Performance Manager	G4S Care & Justice
Jed Boardman	Senior Policy Adviser	Sainsbury Centre for Mental Health
Helen Hooper	Specialist Speech & Language Therapist	Calverton Hill Hospital, Partnerships In Care Ltd.
Helen Miller	Consultant psychiatrist	National Deaf Services, South West London and St Georges NHS trust

Herbert Klein	Communication Facilitator	Adult Deaf Service, South West London and St Georges Mental health NHS Trust
Hilary Vowles	Consultant Psychiatrist	John Denmark Unit, Greater Manchester West Mental Health NHS Foundation Trust Prestwich
Jackie Biss	Social Worker	Rampton Hospital, Nottinghamshire Healthcare NHS trust.
James Matthew	Lead commissioner for model development	North East Specialist Commissioning Group
Jenny Walker	Matron Manager	John Denmark Unit, Greater Manchester West Mental Health NHS Foundation Trust Prestwich
Emmanuel Chan	CPN for Deaf People	Nottinghamshire Healthcare NHS Trust
Joanne Atkinson	Clinical Psychologist	Deafness Cognition and Language Research Centre, University College London
Joanne Ward	Registered manager	Alpha Hospitals Ltd
Joanne Scott	Hospital Director	Alpha Hospitals Ltd
John Townsend	Deaf Communication Support Worker	Rampton Hospital, Nottinghamshire Healthcare NHS trust.
Joyce Pennington	Community Clinical Nurse Specialist	North East Mental Health and Deafness service
Kerensa Hocken	Senior Psychologist	HMP Whatton
Kevin Buckle	Community Support Worker	Adult Deaf Service, South West London and St Georges Mental health NHS Trust
Kieran Preston	Commissioning Manager	East Midlands Specialist Commissioning Group
Lindsey Gagan	Speech and Language Therapist	Alpha Hospitals Ltd
Lynn Baxter	Clinical Services Manager	St Andrew's Healthcare
Manjit Gahir	Consultant Forensic Psychiatrist	Rampton Hospital, Nottinghamshire Healthcare NHS trust.

Marion Sizeland	Care pathway Adviser	NHS South Central Specialist Commissioning Team
Mark Varley	Speech and Language Therapist	St Johns School for the Deaf, Boston Spa
Michelle Bertulis	Speech and Language Therapist	Rampton Hospital, Nottinghamshire Healthcare NHS Trust.
Naomi Sharples	Directorate Manager of Mental Health and Learning Disability Nursing	University of Salford
Nick Horne	Nurse Consultant – Specialising in Mental Health and Deafness	Alpha Hospitals NW Limited
Nick Kitson	Consultant Psychiatrist	Cornwall Partnership MHS Foundation Trust
Paul Bingham	Care Pathway Advisor	Specialised Commissioning (West Midlands)
Paul Lambeth	British Sign Language Instructor	St Andrew's Healthcare
Roger Hewitt	General Secretary	British Society of Mental Health and Deafness
Phil Murden	Director Health Access & SignTranslate	SignHealth
Phil Walsh	Care Pathway Adviser	Specialised Commissioning (West Midlands)
Philip Matthews	Consultant psychiatrist	North East Mental Health and Deafness service
Phillipa Denny	Head of Healthcare	HMP Gartree
Rachael Harrison	Service Director	St Andrew's Healthcare
Rebecca Walls	CPN for Deaf People	South Yorkshire Deaf Mental Health Service Rotherham, Doncaster and South Humber NHS Foundation Trust
Rob Turner	Consultant Forensic Psychiatrist	Alpha Hospitals Ltd.
Sally Austen	Clinical Psychologist	National Deaf Mental Health Service, Birmingham and Solihull NHS Foundation Trust
Selwyn John	Registered Manager	White Post Healthcare Group
Sheryle Cleave	Clinical Nurse Manager	Bamburgh Clinic, Northumberland Tyne and Wear Mental Health Trust
Shirley Farthing	Deaf Communication Development Manager	St Andrew's Healthcare

Sophie Roberts	Consultant Child and Adolescent Psychiatrist	National Deaf CAMHS (York)
Stephanie Simpson	Senior Psychologist	HMP Gartree
Stephen Robinson		St George Healthcare
Steve Carney	Consultant Psychiatrist	National Deaf Mental Health Service, Birmingham and Solihull NHS Foundation Trust
Steve Crump	Chief Executive	Action Deafness
Steve Powell	Chief Executive	SignHealth
Susan O'Rourke	Chartered Clinical Psychologist	Independent Practice
Wendy Connolly	Registered Hospital Manager	St George Healthcare
Will Hough	Clinical Nurse Specialist in Mental Health and Deafness	Alpha Hospitals Ltd
Yvonne Srinivasan	Senior Commissioning Manager	East of England Specialised Commissioning Group

## Appendix 2

### Delegates at Consultation Workshop 15 September 2011

Name	Job Title	Unit/Service Name
Adele Kennedy		Rampton Hospital, Nottinghamshire Healthcare NHS Trust.
Adrian Coxell	Consultant Clinical Psychologist	St Andrew's Healthcare
Simon Gibbon	Consultant Forensic Psychiatrist	St Andrew's Healthcare
Alexander Hamilton	ST4 in Forensic Psychiatry	Rampton Hospital, Nottinghamshire Healthcare NHS Trust
Ben Jagger	Ward Manager	St Andrew's Healthcare
Brendan Monteiro	Medical Director	St George Healthcare Group
Catherine Smith	Clinical Psychologist	St George Healthcare Group
Christopher Naylor	Healthcare Assistant	St Andrew's Healthcare
Colleen Fahy	Nurse Consultant	Alpha Hospitals Ltd.
Craig MacDonald	Chartered Clinical Psychologist	Rampton Hospital, Nottinghamshire healthcare NHS Trust
Daisy Seller	Occupational Therapist	St Andrew's Healthcare
Deborah Wilby	Ward Secretary	St Andrew's Healthcare
Derek Campbell	Senior Staff Nurse	St Andrew's Healthcare
Elizabeth Wakeland	Psychology Assistant	St Andrew's Healthcare
Elizabeth Lanfranchi	Social Worker	St Andrew's Healthcare
Faye Routledge	Support Worker	South Yorkshire Deaf Mental Health Service Rotherham, Doncaster and South Humber NHS Foundation Trust
Frances Dodds	Senior Healthcare Assistant	St Andrew's Healthcare
Gabriel Perez	Senior Staff Nurse	St Andrew's Healthcare
Gareth Boylan	Advanced nurse practitioner	North East Mental Health and Deafness service
Helen Wilson	Pharmacist	St Andrew's Healthcare
Helen Hooper	Specialist Speech & Language Therapist	Calverton Hill Hospital, Partnerships In Care Ltd
Jackie Biss	Social Worker	Rampton Hospital, Nottinghamshire Healthcare NHS Trust

Jhomary Silvederio	Physiotherapist	St Andrew's Healthcare
John Townsend	Deaf communication Support Worker	Rampton Hospital, Nottinghamshire healthcare NHS Trust
Joyce Pennington	Community Clinical Nurse Specialist	North East Mental Health and Deafness service
Kevin Buckle	Community Support Worker	Adult Deaf Service, South West London and St Georges Mental health NHS Trust
Lynn Baxter	Clinical Services Manager	St Andrew's Healthcare
Mark Raine	Healthcare Assistant	St Andrew's Healthcare
Michelle Bertulis	Speech and Language Therapist	Rampton Hospital, Nottinghamshire healthcare NHS Trust
Neisha Peters	Healthcare Assistant	St Andrew's Healthcare
Nick Horne	Nurse Consultant – Specialising in Mental Health and Deafness	Alpha Hospitals Limited
Nina Hunt	Healthcare Assistant	St Andrew's Healthcare
Paul Stemman	<a href="mailto:pstemman@signhealth.org.uk">pstemman@signhealth.org.uk</a>	Sign Health
Phil Murden	Director of Health Access and SignTranslate	SignHealth
Phil Walsh	Care Pathway Adviser	Specialist Commissioning Team, West Midlands
Philip Matthews	Consultant Psychiatrist	North East Mental Health and Deafness service
Rebecca Walls	CPN for Deaf People	South Yorkshire Deaf Mental Health Service Rotherham, Doncaster and South Humber NHS Foundation Trust
Sheryle Cleave	Clinical Nurse Manager	Bamburgh Clinic, Northumberland Tyne and Wear Mental Health Trust
Shirley Farthing	Deaf Communication Development Manager	St Andrew's Healthcare
Stephanie Simpson	Senior Psychologist	HMP Gartree
Susan O'Rourke	Chartered Clinical Psychologist	Independent Practice
Viki Jones	Speech and Language Therapist	Rampton Hospital, Nottinghamshire healthcare NHS Trust
Yvonne Srinivasan	Senior Commissioning Manager	East of England Specialised Commissioning Group

Royal College of Psychiatrists Centre for Quality Improvement  
4th Floor • Standon House • 21 Mansell Street • London • E1 8AA

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