

# Delivering outcomes that help women to return home

St Andrew's is the UK's leading charitable provider of specialist mental healthcare, working in partnership with the NHS to help support the most complex, challenging patients. Our experience and expert interventions within our women's services help us deliver outstanding outcomes through pioneering care programmes and tools, aiding sustainable recoveries and successfully helping women to return to their home areas.

Last year our women's mental health services discharged **184** patients with a ward average length of stay of **8 months**. Over a **1/3rd** returned home or to community accommodation closer to or within their home area.

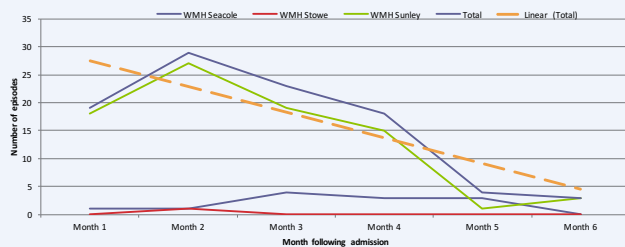


## Medium secure

Our medium secure wards offer safe and supportive environments to help assess the complexities and variables prompting challenging behaviours. The emphasis here is on stabilisation, which is encouraged through relational security, a personalised approach, Safewards, Reinforce Appropriate, Implode Disruptive (RAID) and Positive Behavioural Support (PBS) techniques. Women are encouraged to transition to less restrictive environments with greater emphasis on recovery and skill development, for Borderline Personality Disorder (BPD) and Psychosis, as quickly as possible.

### Aggressive episodes

Admissions/transfers Jan'17 to Jan'18



n = 19 patients

### Outcomes

**85.4%\*** reduction in aggressive episodes.  
**82.2%\*** reduction in the use of restraints.  
**80.9%\*** reduction in the use of seclusions.  
**59.7%\*** reduction in self-harm incidents.

\*Comparing the first 2 months to the final 2 months of a 6 month stay for patients admitted between Jan 2017 and Jan 2018 who had a LOS of over 6 months.

**15 months\*\*** is the average length of stay on our medium secure wards.

**80%\*\*** of patients discharged to lower levels of security, over **3/4** were able to move closer to home.

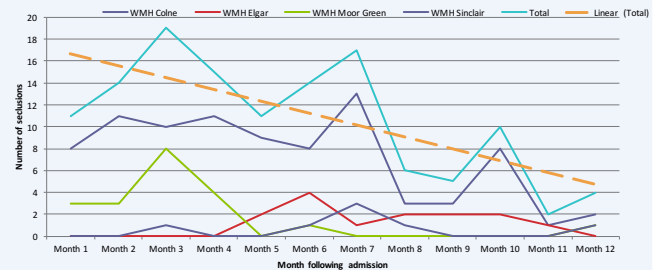
\*\*based on patients discharged from medium secure treatment wards between January 2016 and March 2018.

## Low secure

Low secure offers women recovery-orientated services, aiding independent skill development and transition to community living. Women are encouraged through a packed timetable of therapeutic and activity sessions which complement individual interests and needs alongside their clinical treatment and rehabilitation. Positive risk taking is important at this stage, managed through a personalised approach between patient and the clinical team.

### Seclusions

Admissions/transfers Jan'16 to Jan'17



n = 19 patients

### Outcomes

**63.9%\*** reduction in the use of seclusions  
**59.2%\*** reduction in self-harm incidents  
**54.1%\*** reduction in the use of restraints  
**40.0%\*** reduction in aggression

\*Comparing the first 3 months to the final 3 months of a 12 month stay for patients admitted between Jan 2016 and June 2017 who have had a LOS of over 12 months.

**12 months** is the average length of stay on our low secure wards.

**1/3rd\*\*** over a third of patients returned home or to community accommodation within their home area.

\*\*based on patients discharged between January 2016 and March 2018.

### Speak to our expert

To discuss our clinical methods within our women's service contact Mr Hugo Nel, Clinical Lead and Consultant Clinical Psychologist on [HNel@standrew.co.uk](mailto:HNel@standrew.co.uk)

For further information about our medium secure outcomes visit [stah.org/womenoutcomes](http://stah.org/womenoutcomes)

### Speak to our expert

To discuss our clinical methods within our women's service contact Dr Michelle Huggins, Clinical Lead and Chartered Clinical Psychologist [MHuggins@standrew.co.uk](mailto:MHuggins@standrew.co.uk)

For further information about our low secure outcomes visit [stah.org/womenoutcomes](http://stah.org/womenoutcomes)

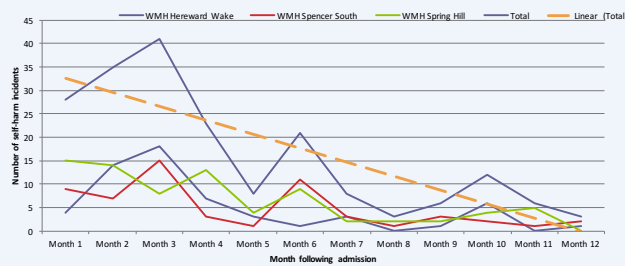
## › Dialectical Behavioural Therapy (DBT) service

Our comprehensive DBT services have been specifically designed for women with emotionally unstable personality disorder (EUPD) or borderline personality disorder (BPD).

Established in 1997, Spring Hill House was the first provider of a comprehensive DBT programme in an inpatient setting within the UK, and is the only provider of an inpatient DBT programme to conduct research proving its effectiveness. Its unique progressive environment enables a complete risk managed pathway of care, creating a sense of momentum and motivation for patients.

### Self-harm

Admissions/transfers Jan'16 to Jan'17



n = 20 patients

### Outcomes

**94.0%\*** reduction in aggressive episodes  
**95.9%\*** reduction in the use of restraints  
**97.0%\*** reduction in the use of seclusions  
**79.8%\*** reduction in self-harm incidents

\*Comparing the first 3 months to the final 3 months of a 12 month stay for patients admitted between Jan 2016 and June 2017 who have had a LOS of over 12 months.

**14 months\*\*** is the average length of stay across our locked comprehensive DBT services.

**71%\*\*** of patients returned home or to community accommodation closer to or within their home area.

\*\*based on patients discharged between January 2016 and March 2018.

#### Speak to our expert

To discuss our clinical methods within our DBT service contact Dr Emily Fox, Clinical Lead and Consultant Clinical Psychologist [EFox@standrew.co.uk](mailto:EFox@standrew.co.uk)

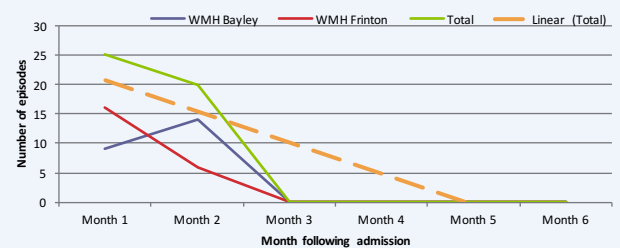
For further information about our comprehensive DBT service outcomes visit [stah.org/womenoutcomes](http://stah.org/womenoutcomes)

## › Psychiatric Intensive Care Units (PICUs)

Our PICU services provide high quality, gender specific psychiatric intensive care in clinically safe and supportive environments offering 24 hour PICU for rapid stabilisation and mental health assessment.

### Aggressive episodes

Admissions/transfers Jan'17 to Jan'18



n = 13 patients

### Outcomes

**100%\*** reduction in aggressive episodes  
**96.9%\*** reduction in the use of restraints  
**100%\*** reduction in the use of seclusions  
**85.7%\*** reduction in self-harm incidents

\*Comparing the first 2 months to the final 2 months of a 6 month stay for patients admitted between Jan 2017 and Jan 2018 who had a LOS of over 6 months.

**35 days\*\*** is our average length of stay on our female PICU wards.

**1/3rd\*\*** over 1/3rd of our patients returned home or to community accommodation closer to or within their home area.

\*\*based on patients discharged between January 2016 and March 2018.

#### Speak to our expert

To discuss our clinical methods within our PICU or Essex based services contact Dr Mark Tarn, Clinical Lead and Consultant Forensic Psychiatrist [MTarn@standrew.co.uk](mailto:MTarn@standrew.co.uk)

For further information about our comprehensive PICU service outcomes visit [stah.org/womenoutcomes](http://stah.org/womenoutcomes)

## Rehabilitation service

Although more complex, women are often more willing to engage in treatment than men and therefore achieve better recovery outcomes in rehabilitation services.

Thornton ward provides specialist rehabilitation services for women with mental health disorders, providing a step to positively test risk and provide the skills required to discharge to successful community living. The service has established partnerships with social care supported living providers in Northampton to allow people to move into the community but enabling continued input from the Thornton clinical team to aid successful transitions.

### Outcomes

**13 months\*\*** is the average length of stay for women's rehabilitation.

**93%\*\*** of patients were successfully discharged home or to community accommodation.

\*\*based on patients discharged between January 2016 and March 2018

#### Speak to our expert

To discuss our clinical methods within our locked rehabilitation service contact Dr Michelle Huggins, Clinical Lead and Chartered Clinical Psychologist  
[MHuggins@standrew.co.uk](mailto:MHuggins@standrew.co.uk)

For further information about our comprehensive locked rehabilitation service outcomes visit [stah.org/womenoutcomes](http://stah.org/womenoutcomes)

## Occupational Therapy

The breath of occupational therapy interventions, activities and vocational opportunities offered at St Andrew's is unrivalled, giving women the opportunity to develop and test skills already learnt, taking them into everyday community situations.

Each year over **2360** sessions including ceramics, office skills, catering and horticulture are attended by women at Workbridge, our vocational skills service at St Andrew's.

Progress is monitored through regular reviews using measures such as the Model of Human Occupation Screening Tool (MoHOST), and changes made accordingly based on an individual's development.

## National service for women at St Andrew's

Our women's mental illness and personality disorder provides **193 specialist beds** for women of all ages with severe and enduring mental health disorders and complex needs. These specialist services are provided across medium, low and locked environments in three locations nationally, enabling women to be closer to their home area where possible.



## Contact/referral info

For more information about our women's services or for referrals:

**t:** 0800 434 6690 (we welcome text relay calls)

**e:** [enquiries@standrew.co.uk](mailto:enquiries@standrew.co.uk)

**w:** [stah.org/women](http://stah.org/women)