Rapid response service for people in crisis

We offer rapid assessment and admission for patients whose behavioural presentation or cognitive function has deteriorated, and who require urgent stabilisation and intensive therapy in a safe environment.

Our programmes deliver treatment to support a return to community once the crisis period has subsided, and offers a pathway for those patients requiring a more extensive care package.

Who do we support?
We can admit patients who present with the following conditions, including those detained under the Mental Health Act 1983 (as amended in 2007):

1. Progressive neurological conditions, including complex dementia and Huntington’s disease
2. Acquired Brain Injury (including Organic brain injury)

Patients admitted will be displaying behavioural difficulties/disturbances that compromise the safety of themselves or of others and which cannot be safely assessed or treated in their current setting.

Specialist admission service
We have a specialist admission service for people with brain injury on Tallis which is for patients requiring neurobehavioural stabilisation and assessment.

For more information on our rapid admission and crisis intervention service, visit standrewshealthcare.co.uk/crisis

Getting in touch

For more information about our National Brain Injury Centre or to make a referral:

- **t**: 0800 434 6690 (text relay calls welcome)
- **e**: enquiries@standrew.co.uk
- **w**: standrewshealthcare.co.uk/neuropsychiatry

Registered Charity Number 1104951

Individuals pictured are models and are used for illustrative purposes only.
Leading care and changing outcomes

Over the past 38 years our National Brain Injury Centre (NBIC), Kemsley unit, has been developing and refining our evidence-based practice and our innovative neurobehavioural approach. Today we are proud to deliver a service focused on enabling hope, recovery and independence for all those in our care.

Our nationally recognised multi-disciplinary team (MDT) provide the expert environment and appropriate therapies to manage even the most challenging patients, and build a foundation for independence and re-integration into community living. Our nationally recognised measurement tools, including SASNOS and SASBA, and our leading therapies empower our patients to achieve successful and sustainable outcomes.

Why St Andrew’s?

- Over 200 full-time staff in our brain injury pathway
- Sixteen specialist disciplines involved in daily care
- Personalised pathways to lower restriction and greater autonomy
- A complete BioPsychoSocial formulation of treatment
- National experts in managing the most complex, challenging cases

38 years experience treating patients with brain injuries and complex neurological conditions

52% reduction in aggression during treatment*

52% weekly average of timetabled, therapeutic activity

300 patients supported in the past two years

Testing recovery and optimising independent living

Our multi-professional team address and plan around the changing BioPsychoSocial profile of each patient to ensure the maximum personalisation of care. We assess the physical, emotional and cognitive needs to construct programmes of enablement that allow progress through our pathways to the least restriction.

Our therapies

We provide a full range of psychological and occupational therapy programmes covering core to targeted psychological therapies, basic activities of daily living and community work placements. We aim to empower patients in their own therapies and so our programmes and interventions:

- are highly structured and tailored to the individual
- provide constant support and guidance to reinforce appropriate behaviour and skills
- cater for those with intensive, complex and acute needs
- are delivered by a full-time MDT to consistently support very individual challenges
- offer individual and group therapy programmes tailored to specific needs
- are developed in order to address functional and behavioural issues such as communication, locomotion, self-care, inhibition, interpersonal behaviour and aggression
- exceed the recommended 25 hours of meaningful activity.

Psychology model

To encourage and enable social rehabilitation we offer psychological intervention. This is achieved in two ways:

1. our structured, purpose-built environment where reinforcement for adaptive social behaviour is available
2. specifically designed individual needs driven treatment programmes, led by the Consultant Clinical Neuropsychologist.

Psychological methods of change are firmly embedded in the treatment culture of our service and are delivered by all members of the MDT. This ensures that positive contingencies are routinely available for appropriate social behaviour.

“Being given goals to achieve I now have something to aim for. It is inspiring and helps to keep me going.”

Patient, NBIC


“Our model engages and enables patients to exert their own choices and move towards their maximum potential autonomy.”

Clinical Director, Neuropsychiatry
Case study: Pete’s story

At the age of four, Pete was hit by a falling roof tile in his school playground causing a penetrating head wound and depressed skull fracture. He was taken to the surgical ward of his local hospital and remained unconscious for five days and subsequently transferred to a children’s hospital. He remained in a coma for a further seven days and was then discharged home ten days later.

Pete returned to school two months after his injury where he attended for three to four days per week, but he exhibited verbal and physical aggression and began suffering from seizures, resulting in his transfer to a specialist school. The following ten years involved moving to two further specialist schools where he struggled with rules and boundaries, keeping to tasks, concentration and emotions and his outbursts became less frequent and less violent.

Pete was central to developing his own risk management programme. He was still experiencing periods of violent outburst but agreed with the staff about the best way and when to intervene. He was able to control his emotions and his outbursts became less frequent and less violent.

Pete recently moved to Berkeley Lodge, our transitional living unit, in 2013. The process of engaging in community living was initially slow, and the challenge was overcoming his fear of failure, by building in support and reassurance to help him develop with lots of coaxing and encouragement.

Since moving, Pete has thrived; he does jobs in the house including cooking, cleaning and mowing, and has become very independent. He goes to town and runs errands when he can. He has also been able to travel home, initially for one to two nights, followed by weeks at a time. He even travelled abroad for two weeks on a family holiday without any incidents. He is the uncle that he had wanted to be and re-engaging in family life. At St Andrew’s he is currently working on ‘where I was versus where I am now’. St Andrew’s and Pete are currently working on ‘where I was versus where I am now’. St Andrew’s and Pete are currently working on ‘where I was versus where I am now’. St Andrew’s and Pete are currently working on ‘where I was versus where I am now’.

We can support women aged 18-65 with a brain injury or other neuropsychiatric conditions

The most extensive neurobehavioural MDT

Because all of our MDT are based permanently within our service at Northampton we provide the highest level of responsiveness to your patient’s needs.

Our pathway is overseen by a Clinical Director and led by a full-time, dedicated team of seven psychiatrists, with the ability to administer the appropriate legal framework and manage and adapt daily medication requirements.

Our sector-leading provision includes:
- Psychological input from 13 on-site staff, with expertise in neuropsychological, forensic and progressive conditions
- Ward-based occupational therapy provision, comprising full-time qualified and Training Instructor staff, providing full ADL and functional assessments from admission through to discharge
- Qualified SaLT team delivering dysphagia, hearing and communication assessments and interventions
- Ten specialist Social Work staff providing the necessary statutory support to ensure a smooth transition to community
- 24/7 access to resident doctors to support medical needs.

Unique women’s brain injury and neurobehavioural service

Enhancing rehabilitation through specialist services

We offer the UK’s only all-female ward for brain injury providing a safe, supportive environment within a unique pathway of care. We have developed a neurobehavioural programme with an innovative reward and recognition scheme to promote positive behaviour, recognise achievements and maximise opportunities for social interaction.
Pathways to the least restrictive environment

We offer comprehensive integrated pathways for men and women that help restore and support re-integration into the community.

• At St Andrew’s we are able to manage co-morbid conditions including learning disability and organic personality disorder.

• In recent years our specialist brain injury service has continued to expand through the addition of a medium secure service for men.

Developing internationally recognised, evidence-based outcome tools

Over a 38 year period we have developed a number of internationally recognised and approved tools to assist in the setting of appropriate goals and to help track and monitor progress in the patients’ rehabilitation.

SASNOS
St Andrew’s Swansea Neurobehavioural Outcome Scale

SASNOS is similar to existing neurobehavioural disability measures in that it uses rating scales to produce indices of disability. Unlike other measures it has been conceptualised and designed specifically for brain injury, has sufficient items to capture the diversity of neurobehavioural disability and has known, robust psychometric properties. Patients are rated by clinical teams on 49 items which measure five major domains of neurobehavioural disability; each has two to three sub-domains. Standardised scores are computed so domains can be compared. Initial ratings can be used as a baseline to track progress in rehabilitation and help clinicians with setting goals.

Following the development of this internationally recognised tool we have been able to demonstrate improvements in functional and behavioural difficulties, which in turn enable rehabilitation and pathway progression. Through a substantial body of published research and our clinical evidence, we have highlighted key challenges such as aggression, inhibition and communication we have highlighted how challenges such as aggression, inhibition and communication have been managed, allowing us to focus on functional issues such as mobility, self-care and psychosocial adjustment. Ratings can also be compared with those of neurologically healthy people.

To find out more information and download the SASNOS scale visit standrewshealthcare.co.uk/sasnos

SASBA
St Andrew’s Sexual Behaviour Assessment Scale

Our SASBA scale allows continuous observation of inappropriate sexual behaviour (ISB) within an in-patient setting where a high frequency of challenging behaviour exists. It provides a universal language for clinicians and all levels of staff who are involved in the assessment, treatment and management of ISB.

There are many benefits to the scale; it provides a simple to use tool where all levels of staff and clinicians can assess continual behaviour using a tailored scale. It also provides a benchmark for future behaviour and helps to facilitate a cultural change within services by encouraging responsibility for recording and reporting inappropriate sexual behaviour.

To find out more information and download the SASBA scale visit standrewshealthcare.co.uk/sasba

OAS-MNR
Overt Aggression Scale – modified for neurorehabilitation

OAS-MNR was developed to introduce a standardised method of describing and reporting aggression exhibited by patients primarily participating in residential neurorehabilitation programmes. This was a modification of the Overt Aggression Scale (OAS) made more relevant to use within neurorehabilitation services by adding setting events and antecedents, increasing the range of interventions used to manage behaviour, and developing the documentation required to support it. Psychometric properties for the scale were also determined.

To find out more information and download the OAS-MNR scale visit standrewshealthcare.co.uk/oasmnr

Unique social and voluntary opportunities

Each patient benefits from a minimum of 25 hours timetabled activity each week, delivered by a range of professionals. As the patient progresses they gain access to extensive social, vocational and voluntary opportunities within the charity, including:

• our vocational pathway offering supported workshops, such as general contracting, ceramics, woodwork, office skills, printing and horticulture
• work placements including office and retail based roles
• provision of learning sets where new skills are developed to support qualifications
• local voluntary work, such as ROCK Club Vocational preparation.

For more information about NBIC services call 0800 434 6690 or go to standrewshealthcare.co.uk/neuropsychiatry

“The staff at St Andrew’s created a compassionate, caring and professional environment. The insight they offered demonstrated an understanding of our daughter’s individual complex needs, and greatly contributed towards enhancing her quality of life.”

Mother of patient

St Andrew’s Swansea Neurobehavioural Outcome Scale

St Andrew’s Sexual Behaviour Assessment Scale

Overt Aggression Scale – modified for neurorehabilitation

OAS-MNR