

Long Term Segregation

What is an SLT 2 do?

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What to do in lockdown?!

Experiences

Ideas

People

Space

Equipment

Freedom

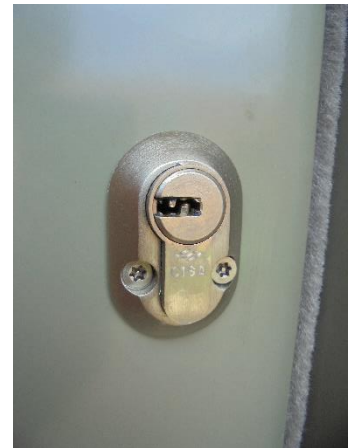
Fun



What is LTS?

...in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multidisciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long term basis...

Mental Health Act



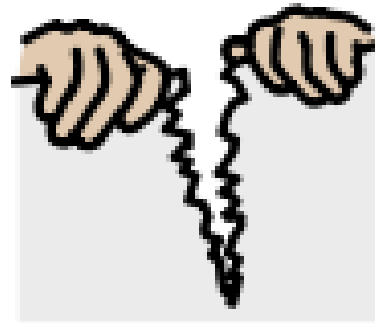
Who ends up in LTS?

- People who have been “Communicating their distress and needs in a way that people may find challenging since childhood”
- 31 of 39 people visited by CQC were autistic

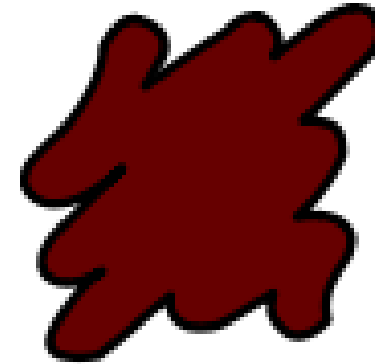
Interim report: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and / or autism. Care Quality Commission May 2019

What do people do in LTS?

Rip clothes



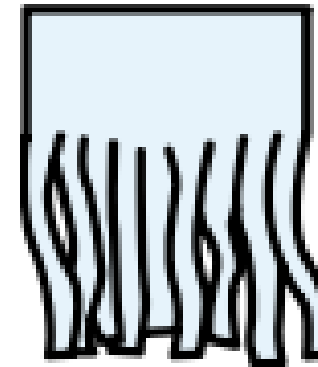
Remove clothes



Smear food and faeces



Damage the environment



Shout, hit and bang



What do people do in
LTS?

Eat

Sleep

Live



What people have experienced before LTS?

Trauma, mental illness

Physical restraint

Mechanical Restraint Equipment

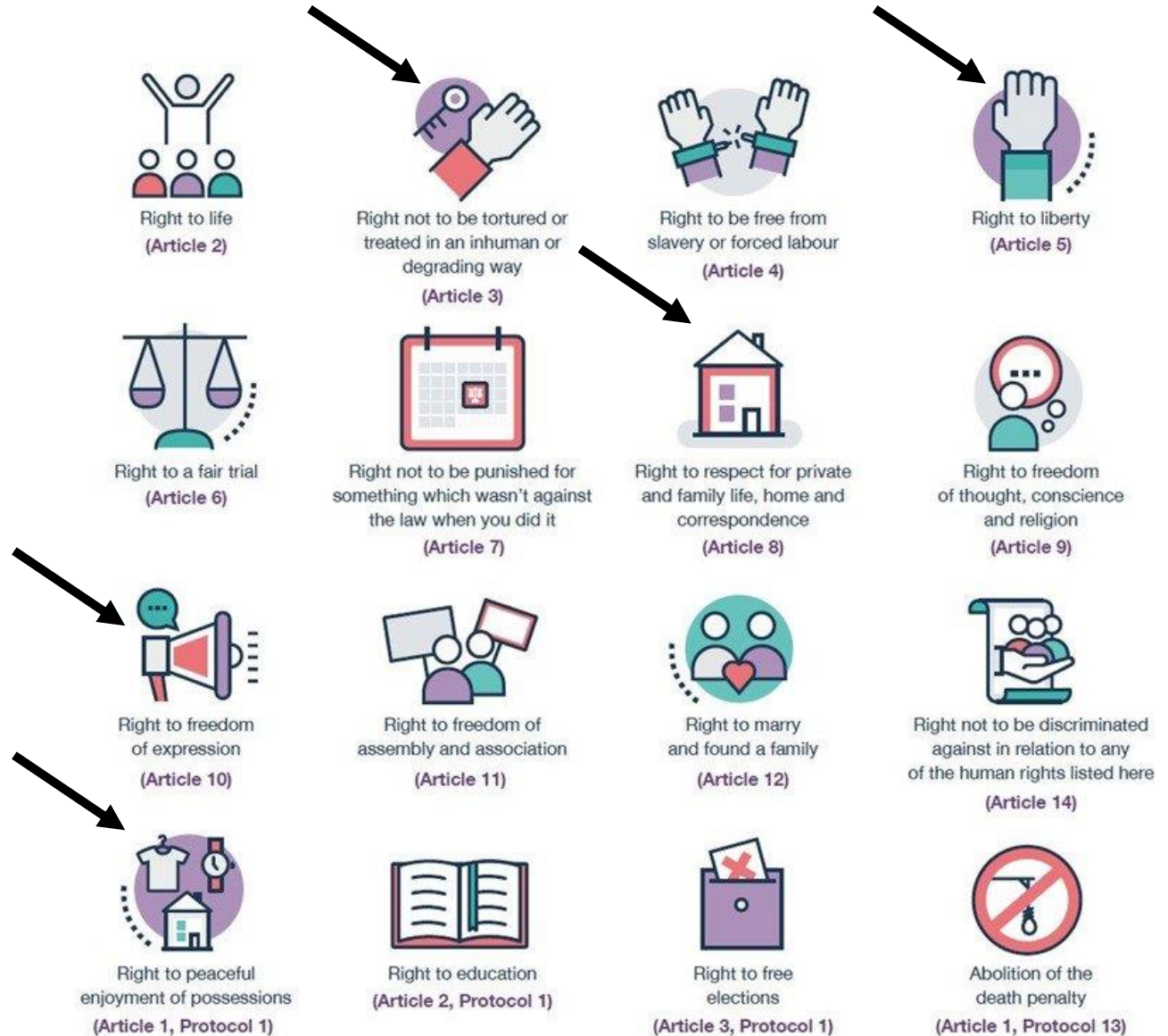
Medication

Traumatic moves from hospital to hospital



Risks of LTS

- Restrictive Practice
- Loss of Human Rights
- Hidden from public eye



What does the CQC ask Inspectors to look for in LTS?

- Access to occupational therapy and appropriate activities
- Focused therapeutic plans ... access to psychological and pharmacological treatments where appropriate
- Staff must understand how autism may affect their communication

Erm.... What about speech and language therapy???

(Reminder...)Who ends up in LTS?

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SuperSALTs!

(Thanks to Sophie Alexander, Specialist Speech and Language Therapist who reviewed the literature and whose work I have shamefully used here!)



Complex Interventions

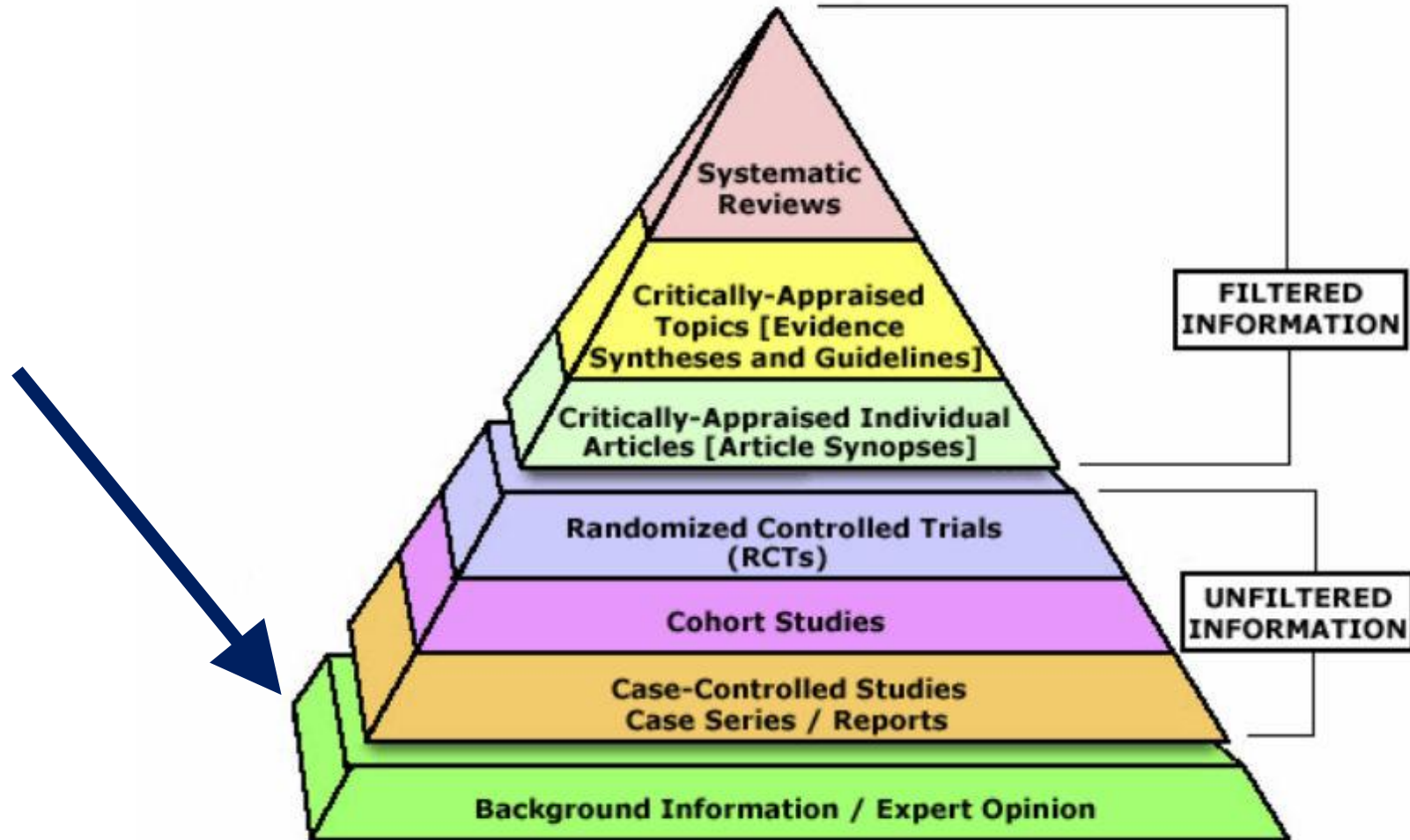
What is the difference between teaching a child to say “k” and improving communication for a person in LTS?

One is relatively simple, well-defined and has a clear theoretical background

The other is fraught with complexity and confounding variables!

(Medical Research Council guidance for evaluating complex interventions in the British Medical Journal 2008)

Evidence-based Practice



Trisha Greenhalgh,
2014

What do I know?

- 1 person who lived in LTS and was discharged to home area (5 hours drive away from the hospital) successfully into a bespoke home in the community.
- 3 people who came to our hospital from LTS and were immediately integrated onto the ward on admission
- 2 people who took a few months to leave LTS - one now successfully discharged to the community and the other ready for discharge
- 2 people who were admitted in LTS and have proved very resistant to attempts to take them out of LTS
- 1 person who was admitted to the ward and staff felt strongly for some time that he should be put into LTS
- Advice to other units about people in LTS

Mistakes I have made

- Enormously detailed plan for SALT which was totally unrealistic!
- Not getting involved “until they’ve settled in”
- Low expectations
- Lack of commitment

Things that have gone well

- Being present, predictable and persistent
- Being structured
- Being imaginative and creative – taking opportunities

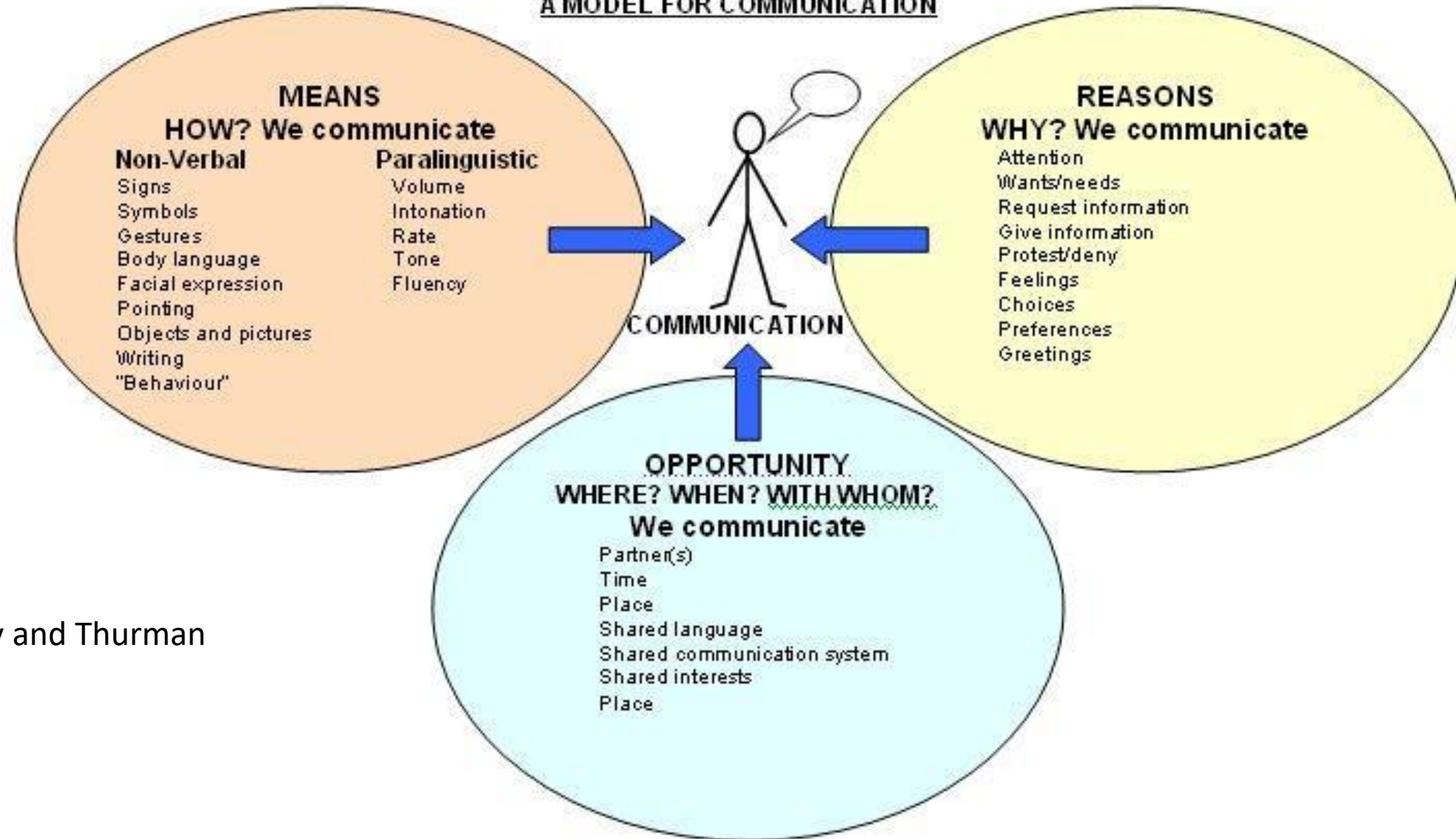
Basic Principles

- RCSLT 5 Good Communication Standards
- Means Reasons and Opportunities Model Money and Thurman 1994
- Intensive Interaction

5 Good Communication Principles

- There is good information that tells people how best to communicate with me
- Staff help me to be involved in making decisions about my care and support
- Staff are good at supporting me with my communication
- I have lots of chances to communicate
- Staff help me to understand and communicate about my health

A MODEL FOR COMMUNICATION



Money and Thurman
1994

FUNCTIONAL COMMUNICATION REQUIRES EQUAL INTERACTION BETWEEN MEANS, REASONS, OPPORTUNITIES

- **Without a MEANS of communication you cannot express yourself**
- **Without REASONS for communication, there is no point in or need to communicate**
- **Without the OPPORTUNITIES, there cannot be any communication**

Intensive Interaction – SLT2B or 2do?

Join in a person's world

Be observant

Be available

Pauses are (can be) good

Turn-taking

Mirroring

Right time, right place

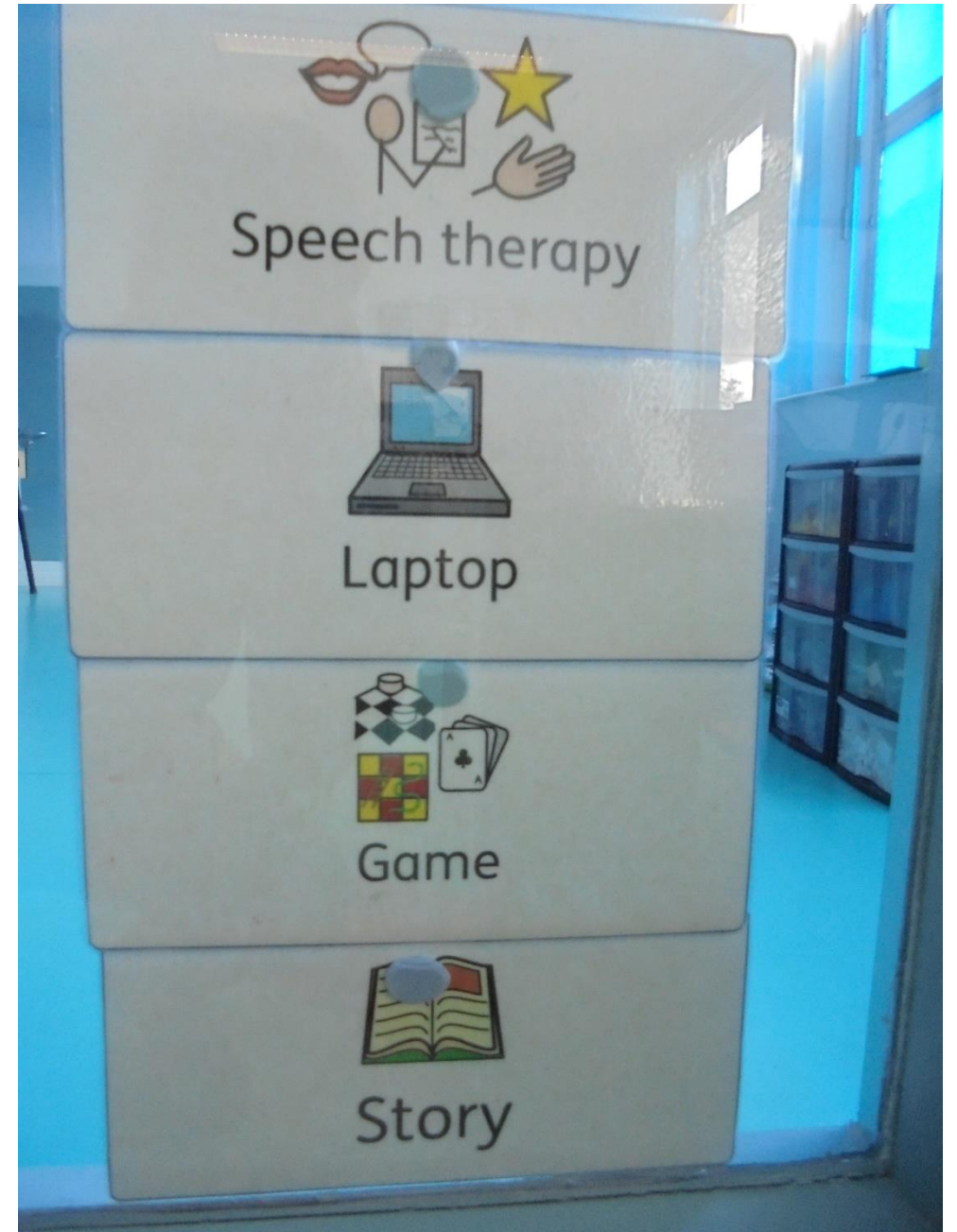
Have fun

(from a poster taken from Twitter – no link sorry!)

There is a detailed description of how best to communicate with individuals.

- Take time to get the information right – spend 30 hours plus on assessment!
- Dialogue with the staff –remember they have a different perspective
- Training (may need to be repeated...)
- Demonstration

The meaning of “straight”



In the middle?



In the middle?



In the middle?



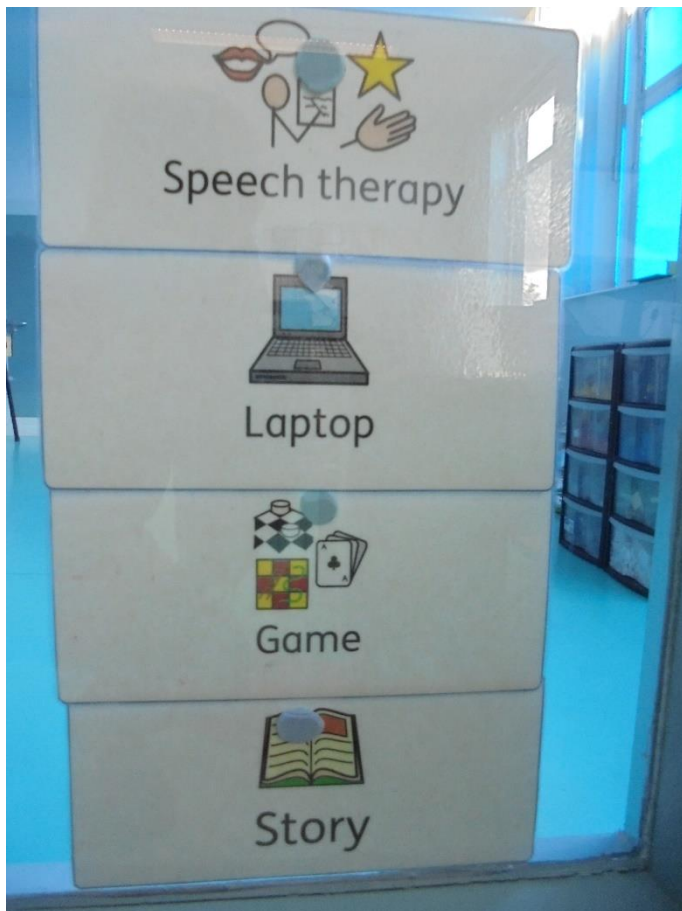
In the middle?









Services demonstrate how they support individuals with communication needs to be involved in decisions about their care and services.

- Talking Mats
- Narrative approaches
- Patient de-briefs – questionnaires
- Where to feed the information in? LTS MDT reviews, CTRs









	 Fine	 Not fine
		
		
		
		

Fine / Not Fine Environment
 Created by susan.thomson@cnw.nhs.uk Speech and Language Therapy Autism Services Northgate
 Hospital Morpeth NE61 3BP March 2020

Moving from Sec 1 to Flat

	Fine / not fine	Comments
Room? 	Not fine	(sec 1) "Don't like it. Not nice. Like the flat."
Walking? 	Not fine	(did not do)
Belts? 	Not fine	"Straps. Blue straps. Not black." "Hurt NAME's hand on the back." (asked how his hand was now – "hand fine now") (asked if he had a head massage – "Yes. Hand massage next time. Write it down."
New room? 	Fine	"Mattress got a hole in it. Want new mattress."

Staff value and use competently the best approaches to communication with each individual they support.

- only 49.4% of staff reported that they adapt their means of communication to enhance interaction with the client. This was attributed to lack of training, resources and specialist support from speech and language therapists. Dalton and Sweeney (2013)
- Morrissey, Taylor & Bennett, (2012) describe adapting the means of communication to better suit the patients, by using speech and language therapy and communicative aids such as pictures and symbols. Overall the researchers concluded that this approach with communicative adaptations helped to significantly reduce seclusion hours over a 12 month period.

How to influence staff communication

- Patience, Young Paduan!
- Once more unto the breach...
- Only connect

(and be a grafter – people will respect you if you are seen to work hard!)

Services create opportunities, relationships and environments that make individuals want to communicate.

Two studies report outcomes of reduced seclusion where staff increased the frequency and amount of time they spent communicating with the patient

Mistral, W., Hall, A., & McKee, P. (2002). Using therapeutic community principles to improve the functioning of a high care psychiatric ward in the UK. *International Journal of Mental Health Nursing, 11*(1), 10-17.

Sullivan, A. M., Bezmen, J., Barron, C. T., Rivera, J., Curley-Casey, L., & Marino, D. (2005). Reducing restraints: alternatives to restraints on an inpatient psychiatric service—utilizing safe and effective methods to evaluate and treat the violent patient. *Psychiatric quarterly, 76*(1), 51-65.

“He was captivated by the balloons”



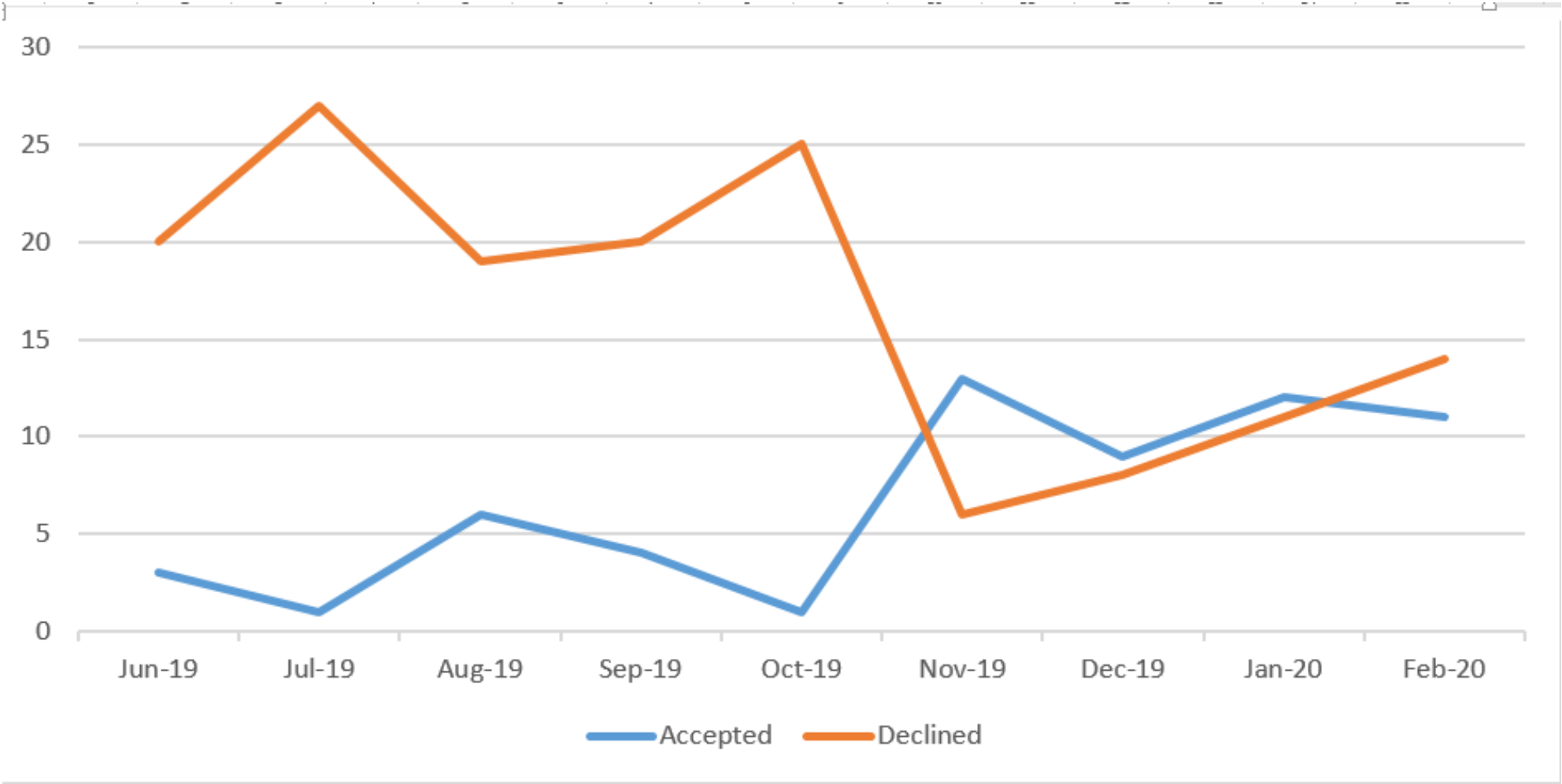
Whole MDT approach

How to involve the person in everything that happens on the ward

Seasonal activities

Creating videos

A story about story-time...



Individuals are supported to understand and express their needs in relation to their health and well-being.

- In existing research, there is little evidence for interventions explicitly aimed at helping an individual communicate their health needs.
- Find a willing medic / nurse to get involved!
- Use your imagination

Tigger's Tickly Tests



The thermometer tickles Tigger's ear.

How hot are you, Tigger?



**Tigger's arm gets a squeeze.
Is his heart healthy?**

What is the number?



Some references

- RCSLT (2006), *Communicating Quality 3: RCSLT's guidance on Best Practice in Service Organisation and Provision*, Royal College of Speech and Language Therapists, London.
- Royal College of Speech and Language Therapists. (2013). Five good communication standards.
- Care Quality Commission. Interim report: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism. May 2019.
- Money, D., & Thurman, S. (2002). Inclusive communication-coming soon near you. *SPEECH AND LANGUAGE THERAPY IN PRACTICE*, 4-6.

More references

- Greenhalgh, T. (2014) How to read a paper
- Craig P, Dieppe P, Macintyre S et al. Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ: British Medical Journal* 2008; 337;a1655
- Dalton, C., & Sweeney, J. (2013). Communication supports in residential services for people with an intellectual disability. *British Journal of Learning Disabilities*, 41(1), 22-30

And one last reference!

- Morrissey, C., Taylor, J., & Bennett, C. (2012). Evaluation of a therapeutic community intervention for men with intellectual disability and personality disorder. *Journal of Learning Disabilities and Offending Behaviour*.