

The State Hospital

Visits for All

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May 2019

Volunteer Visitor Programme

- What is the programme?
- Why was it introduced?
- How does it work?
- What are the challenges?
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The Volunteering Context



Situated in a remote location in South Lanarkshire, The State Hospital, one of four high secure psychiatric hospitals in the UK, spans a 60 acre campus.

Over 600 staff provide care and treatment for a maximum of 140 very unwell male patients. Patients are admitted from throughout Scotland and Northern Ireland. Although the State Hospital shares the same values, aims and challenges as the rest of NHS Scotland, it is unique because it has the dual responsibility of caring for very ill, detained patients as well as protecting them, the public and everyone entering the Hospital from harm.



Who are the Patients?



Patients are admitted to the Hospital under The Mental Health (Care and Treatment) (Scotland) Act 2003 and other related legislation because of their dangerous, violent and/or criminal propensities. Crimes include murder, assault, arson, sexual offences, abduction. Patients without convictions will have displayed seriously aggressive behaviours, usually including violence. Patients may be considered a risk to either / both themselves and others.

They require the specialist skills of staff trained to provide care and treatment in an environment which ensures everyone is safe and risk of harm is minimised.

The most common primary diagnosis is Schizophrenia, with Personality Disorder also prevalent within this patient group.

The average age of our patients is 42 and most remain with us for just under 7 years.

However, a significant number of patients, due to being treatment resistant, remain in the Hospital for many years, some of whom never have the opportunity to return to the community .

Keeping Everyone Safe



Everyone entering the Hospital is subjected to search and screening procedures similar to those in use in airports.

An extensive list of prohibited items impacts on a volunteer's freedom to bring items in for a patient.

Additionally, volunteers need to think about the contents of their handbags, coat pockets and what they are wearing every time they come into the Hospital, (e.g. umbrellas, chewing gum, sweets with an inner foil wrapping, pens with metal sections, brooches, necklaces, ear-rings, heels).

Volunteer Visitor Programme: What is it?



- A proactive approach to ensuring patients have contact with the ‘outside world’ and can develop relationships with people who know them as they are now and have no interest in the reasons for a patient’s admission.
- An opportunity to engage volunteers in the work of the Hospital, ensuring we learn from their unique perspective.
- An important way of breaking down the stigma and ‘mystique’ about what goes on in the ‘asylum’.
- Breaking down the institutionalised aspect of care.



Volunteer Visitor Programme: Why was it introduced?



- Patients whose family / friends have chosen to terminate contact with them receive no visits and, therefore often have no contact with the ‘outside world’, relying solely on staff and peers for social interaction.
- We know that patients interact very differently with people who are not their care-givers, as do many of us out with work.
- One of our key clinical outcome monitoring indicators measures patient engagement in ‘social relationships’, which we understand has a positive impact on mental health. 34 patients receive no visits (Jan 2019) indicating an opportunity to improve the quality of life for patients within this cohort.
- Volunteers are not care givers and therefore bring a different perspective to conversations.
- Volunteers have no ‘agenda’ and engage with patients because they choose to do so.

Volunteer Visitor Programme: How does it work?

- A referral process has been developed through which Clinical Teams discuss the benefits of the Volunteer Visitor Programme with the patient and a referral is completed for consideration by the Volunteer Manager.
- The referral information includes an in-depth risk assessment, which may indicate that a specific gender is required in terms of the Volunteer Visitor.
- The Volunteer Manager, as a Clinician, meets with the patient prior to allocating a volunteer to assess his readiness to engage appropriately. At this point, any communication barriers are highlighted, in addition to determining the duration of initial visits.
- Interest Checklists (Model of Human Occupation) are completed by patients and volunteers to identify the best match possible in terms of interests. This approach helps to ensure that 'strangers' have some common interests.
- After each visit, the volunteer completes a Volunteer Visitor Diary, a brief overview of the visit: What went well? Were there any issues? Is there anything the Volunteer Manager / Clinical Team need to know?
- There are currently 5 volunteers trained to offer monthly visits to patients who would benefit from interacting with people other than their care-givers / peers.

The Visiting Environment: Ward Visits

All volunteer visits take place in the ward dining rooms, supervised by staff, who require to be within arms reach of a patient.

It is not unusual for a volunteer to be contacted en-route to the Hospital to be advised the visit requires to be cancelled due to a decline in the patient's mental health.



The Visiting Environment: Skye Activity Centre



There is a tension between safety and security and the need to support patients to participate in 'normal' social activities. Family / friends are invited to attend a range of social events which take place throughout the year, including the Sportsman's Dinner, Carers' Week events, Patient Achievement Awards, Burns Supper and family Christmas lunches. A volunteer visitor becomes the patient's 'family / friend' which therefore gives him the option to invite the volunteer to social events.

Volunteer Visitor Programme: What are the challenges?



- Resources – interviewing, training, supervision.
- Matching the right volunteer with the right patient - a mutually beneficial experience.
- Managing volunteer aspirations – relationships take a long time to build, interactions are initially difficult.
- Managing patient aspirations – more regular visits.
- Flexible approach – patients are often too unwell to have a visit.
- Culture – initial concerns raised by staff about volunteer safety.
- Policies – security processes, access to the Hospital.

Volunteer Visitor Programme: Volunteer Perspective

“As a volunteer visitor what I have come to realise is that, although my view is that our conversations are quite mundane and random, they are very meaningful for the patient. That makes it very worthwhile for me, knowing that just my turning up and giving him my attention for even a short time is very much appreciated”.

“I’m very fortunate to be visiting someone who shares my interests in art and I really appreciate the interactions we share. I feel that I can bring a little bit of what is happening ‘outside’ into our conversations and maybe help expand his horizons. I also feel that I learn about the life he has in the hospital and the support he willingly receives. He is extremely hospitable and cares for my needs during the visits, which is very much appreciated by me”.

Volunteer Visitor Programme: What difference is it making?



“I’ve been in here for years and never had a visitor before because my family and friends don’t want anything to do with me. I look forward to when the volunteer visits because we talk about things that I used to do and I get to hear about what’s going on outside. The volunteer tells me lots of stories which are funny. I laugh a lot and so does the volunteer”.

“My volunteer is ace!
Means I can have
‘family’ with me
when I want go to the
Christmas Lunch.
He’s always laughing
and that makes me
feel good.”

Volunteer Visitor Programme: What's happening now?



- All Clinical Teams produce quarterly data relating to the number of patients who receive no visits.
- Forms part of initial assessment process as one of the Hospital's person-centred indicators.
- Process in place to ensure that a patient who has declined is asked every 6 months if he would like to receive volunteer visits. Feedback is shared with the Volunteer Manager, who considers any barriers and actions required to overcome same.
- Volunteer visiting data is captured within quarterly Clinical Governance Reports.
- Feedback shared by Volunteer Visitors and patients receiving visits is included within the quarterly 'Learning from Feedback' Report.
- Volunteer visitors share their experience and contribute to ongoing service development as members of the Volunteer Service Group who meet quarterly.
- Person Centred Improvement Steering Group membership includes a volunteer who shares feedback about the Volunteer visiting experience.
- Volunteer visitors were invited to share their story at a recent Board Meeting.

Further information / questions



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Spiritual and Pastoral Care

Stakeholder involvement

Volunteering

Equality and Diversity

Person-centred care and treatment

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