Instructor Profile: Nick Horne

I’m one of eight MAPA® Certified Instructors that deliver training across Alpha Hospitals Bury and Sheffield. We provide a range of specialist mental health services that are complimentary to the NHS provision in England.

Our current services include:

- Medium- and low-secure services for Deaf and hearing men.
- Psychiatric intensive care services for young people in Bury and Sheffield.
- Low-secure services for young people in Sheffield.
- Medium-secure services for hearing and Deaf women in Bury.
- Low-secure services for women with personality disorders in Bury and Sheffield.
- Low-secure services for women in Bury and Sheffield.
- Locked rehabilitation services for women in Bury and Sheffield.
- Medium- and low-secure services for men with personality disorders in Bury.
- Medium- and low-secure services for men with a mental illness in Bury.

With 23 years’ experience in the field of mental health and deafness, I am a senior psychiatric nurse who qualified as a MAPA® Instructor in 2005. Prior to teaching MAPA®, I was a Control and Restraint (C&R) instructor and achieved the A74 qualification (training the trainers).

My Background in C&R Training

In 1996, I worked as a Senior Nurse on a National Open Mental Health and Deafness inpatient unit at Prestwich Hospital in Manchester. I had developed an interest in the field of management of violence and aggression, and the challenges of managing Deaf people who become aggressive.

I was aware of the communication barriers, particularly when restraining a Deaf person, which is further compounded when Deaf staff are part of the team and have to employ holds. I was motivated to address challenges and overcome obstacles.

Moving From a C&R Model to the MAPA® Model

In 2001, I co-led the opening of the first Deaf Forensic medium-secure inpatient service in Bury and was employed as Head of Nursing by Mayflower Hospitals, an independent company.

I was frustrated at the limitations of the C&R model, particularly by the emphasis on physical skills, and because the model provided only one level of physical holding, which would be considered high-level holding. This holding did not provide a Deaf person with expressive communication, and his or her receptive communication was often limited. There was no skills accreditation or regulation of the trainers. Updates consisted of a group of trainers meeting annually to share skills.

My new role at Mayflower Hospitals provided me with the contacts and influence to consider other models of training. This was further supported by the topic of violence and aggression management in care services being on the Government’s agenda.

In 2003, I met Malcolm Rae from the Department of Health. He had a key role in contributing to the development of the NICE (National Institute for Clinical Excellence) guidance and provided me with a list of people to contact to increase their awareness of aggression management and deafness issues, and to support a review of different training models.

That same year, the National Institute for Mental Health in England published mental health policy guidance standards, developing positive practices to support the safe and therapeutic management of aggression and violence in mental health inpatient settings, and in 2004 the NICE guidance was ‘out for consultation.’

Also in 2004, I contributed to the NICE consultation process by co-writing a paper with John Williams on “C&R Techniques and Deaf People.” NICE published “Violence—The Short-Term Management of Disturbed/Violent Behaviour in Inpatient Psychiatric Settings and Emergency Departments” the next year, and “C&R Techniques and Deaf People” was referenced in their consultation document.
The work I had been involved in seemed to influence the references in the guidance about the challenges faced when caring for Deaf people who become violent or aggressive.

I presented at national conferences on the topic of aggression management and Deaf people with a colleague, John Williams (previously a C&R trainer and now a MAPA® trainer), and Deaf co-presenters to inform fellow trainers and professionals of the communication barriers when Deaf people are physically held, with the aim of overcoming these barriers and finding resolutions; e.g., the Violence in Clinical Psychiatry congress in London in 2003 and the National Control & Restraint General Services Association Annual Conference—"Influencing Change" in Newcastle in 2004.

After several meetings in 2003 and 2004 with Mark West, one of the founders of the MAPA® model, Alpha Hospitals (previously Mayflower Hospitals) moved from a C&R model to a MAPA® model in 2005.

Benefitting From the MAPA® Model

The MAPA® model is person-centred and focuses on recovery. The range of interventions has allowed greater access to communication for a Deaf person from a receptive and expressive perspective. It has allowed us more flexibility to meet Deaf patients’ and Deaf staff’s needs when working on adapting programmes to meet this service group.

In 2008, Alpha Hospitals Bury and Sheffield became an Approved Training Centre (ATC). I agreed to the role of MAPA® ATC coordinator and have led Management of Violence and Aggression practice across the two hospitals.

The hospitals have consistently received excellent ATC verification reports, evidencing meeting the BILD (British Institute for Learning Disabilities) physical intervention standards (2006 and 2010) and the conditions of the licence agreement with CPI Europe.

In 2011, the hospitals achieved trusted partner status and were awarded the trusted partner certificate for meeting the standards within the BILD code of practice (2010) and those of the licence agreement. In 2013, I led and coordinated the verification visit, and again all standards were achieved and conditions met for the hospitals to continue to function as MAPA® approved training centres.

The New MAPA® Programme

Alpha Hospitals commenced teaching the new MAPA® programme in June 2013. CPI’s influence on the MAPA® model has further enhanced the person-centred values, the quality of teaching, training content and programme structure. Because of strong regulation and accreditation systems, MAPA® Instructors have kept informed of the future direction of the MAPA® approach through annual updates, national networking events and ongoing correspondence.

I think the new delivery is much more outcome focused, which ensures quality. Training time is also better used. The workbooks and instructional materials assure consistency in staff development and evidence for commissioning and regulatory purposes.

Participants have more opportunity to practise and learn core skills, and the underlying values and philosophy are patient-centred, with a greater emphasis on non-physical skills and restraint reduction. It is reassuring that the MAPA® model has greater access to resources to allow the approach to lead the way internationally, hopefully within a strong framework of accreditation and regulation.