

Cassel Hospital

Catchment area: National

Project contact details:

contact name:	Janet Chamberlain	Tel:	0208 483 2940
Address:	Cassel Hospital 1 Ham Common Ham Richmond TW10 7JF		
website:	www.wlmht.nhs.uk		

Project opening times: 24 hours for in-patients but for day/outpatient programme, between 9 am-5 pm, 5 days a week (Monday to Friday).

Accessibility:

Physically accessible? Yes - for outpatients

Language interpreter available? Could access one if needed

BSL interpreter available? Could access one if needed

What does the project offer?

It is a Therapeutic Community. There is a comprehensive package of group and individual work. Ranging from daily activities of life (getting up, cooking, cleaning, organising the place and using various groups to do that) to having spaces to talk about struggles, feelings and relationship difficulties. We have psychotherapy groups and individual psychotherapy. We have dance and movement classes and the children have music therapy. There is a school for the children also and a nursery. We do a lot of activities so there is art activity rather than therapy.

We try to work with strengths of people, things they are good at or interested in. We try to help them improve their self-esteem. Parents and babies have dance and movement group which is different to the one also run for people with Emerging Severe Personality Disorder (ESPD). Practical parenting and mother and child group. Regular swimming activity. Older children have individual therapy.

Mothers of young children and babies have child therapy. Plus there is family therapy.

What kind of support or involvement activity is offered?

As above

Who does the organisation aim to provide a service for?

Families, young people and adults. Young people and adults with emerging severe personality disorder (ESPD). Most of the adult patients have a diagnosis of personality disorder (PD). Families come with a whole range of difficulties - they may not have a diagnosis but have repeated trauma to children. We also have families where a child is presenting problems plus post-natal depression. There is a wider range of support needs on the family unit.

Who can and who can't access it i.e. inclusion/exclusion criteria ?

Who can access?	Who's excluded?
Anyone who fulfils criteria listed above	<p>We have had people with a psychotic diagnosis but they are few as the intensity of treatment is not always suitable, i.e. if they were floridly psychotic. We take people who may have done rehab and are in the position to or have done some work.</p> <p>Depends on level of drug/alcohol use, if they were very active we would exclude them but if not and we were able to accept them into the community they would have to show a commitment to stop.</p>

Are there any barriers to new people joining?

The ESPD (emerging severe personality disorder) service has a waiting list at the moment. With the family unit, 30% of people who could have treatment were refused on funding grounds.

How can people access it?

Family service: Usually the family service gets a lot of people through the courts - children will be in care and have social workers. The court orders assessment and we proceed from there. Some are direct referrals from Social services. Some are direct from Child and Adolescent Mental Health Services (CAMHS).

Emerging Severe Personality Disorder service: some referrals from CAMHS otherwise consultant psychiatrists. People can self-refer but will need support from a mental health worker. Sometimes GPs refer but funding issues affect this.

How does the process start?

We receive a referral, passed on to whoever is assessing (consultant or one of the therapists).

ESPD service: asked to fill a form in and given information about Cassel, sent booklet and offered appointment. Form asks about life and problems, relationships, family friends etc. Then they will come for an assessment, maybe 2 meetings as outpatients plus a nursing assessment. There may be work which needs to be done with current mental health workers or families. We would ask someone to come for one/two visits first, introduce them to the place and think about how they might consider coming in etc. Then they would be admitted and have a buddy assigned to them for the first week. New patients have a meeting once a week, they would not be expected to participate in meetings for first week.

Family unit: With PD it is a similar process to the ESPD service. If there is a risk to the child then it is a 24/7 supervised introduction. Depending on age of children depends on programme etc.

Are there any conditions to joining?

Generally we don't use contracts. They will be told that treatment lasts a certain amount of time and that there is a follow-on programme after the in-patient programme which they agree to. Families do have a contract to do with child protection issues, safeguarding issues etc.

Are there any opportunities for service users to have an informal chat/meeting with someone before joining?

Yes, can be flexible. People can ring up and ask to speak to somebody. Regarding speaking to a service user, staff would want to make an initial assessment first. There is an alumni organisation of ex-patients.

What makes it different from mainstream mental health services?

We try to work alongside people, try and help them at the same time as supporting them. We use a psychosocial, relational model rather than reverting to medication. Medication is used but not so much on the family unit (hardly anyone there is on medication). We also try to reduce medication.

What do people who use the service like about it?

They feel that they have some say in their treatment. That they can feel listened to. They sometimes find with the other patients that they can see themselves for the first time in other people and find that

helpful. They like individual therapy. They like having a named nurse. They like being able to help each other and take some responsibility.

What could I expect if I came along?

You would like the setting. It is a calm setting. You would probably feel quite welcomed, but probably also feel quite scared and out of place to begin with.

Who runs the organisation/project?

West London Mental Health NHS Trust

Any plans for future development?

We are working towards identifying ourselves as a **Tier 4** service with various people within the Department of Health. Some of the service developments on a more clinical level (outreach etc) – people are given an outreach programme of 2-3 years after treatment. Family unit have introduced a new day assessment service and put in a bid for expert witness services from Department of Health.

Service User and Carer Involvement

Service User Involvement

Service users are involved quite a lot as it is a Therapeutic Community. There are work groups which patients and nurses look after together and roles within those areas for improvements, so people have a say in their environment. There's a community management team which has a group of service users on it and they talk about various ideas for improving the services and introducing new things. People have the opportunity to chair meetings and take on more responsibility as treatment goes ahead.

When new people come, we ask current patients along and we ask their opinion, but ultimately the decision regarding admission and discharge is made by staff.

We have a service user on the clinical and effectiveness audit group. Our senior management group involved input from the community management team.

Ex-patients have the opportunity to be involved in the staff team delivering the Post Graduate Certificate in Working with People with Personality Disorder (run jointly with Henderson Hospital).

Service users are involved in the recruitment and interviewing of new staff. We also do teaching and training with current patients.

There is also involvement in local activity and individual care. We provide catering courses and an education group and some activities which help to develop people educationally.

Carer Involvement

We do work with carers and involve them very much in the patient's treatment. There is Family therapy but carers would not be part of the in-patient programme. Sometimes they might stay for a weekend.