

Intensive Psychological Treatment Service

Catchment area: Lewisham and Southwark (within South London and Maudsley NHS Trust catchment area we can take referrals)

Project Contact details:

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Project opening times: None given. Please contact project for further details

Accessibility:

Physically accessible? Yes

Language interpreter available? Interpreters are available but this can be difficult in large group settings. It is preferable that people can speak English

BSL interpreter available?

What does the project offer?

We have a 3-day programme for 40 weeks. We also have a 1 day a week programme held on Thursday, people can go on and join that for a further year after the 3-day programme.

People can just join the 1-day programme and can do so for 18 months.

There is a follow-on group (evening, weekly) for people who have completed the programme.

We also work with Community Mental Health Teams to see if there are people who need our services, so we have strong links with the community.

What kind of support or involvement activity is offered?

In the programmes themselves, we have large community meetings, small groups, art therapy and psychodrama. We help with CPAs, have links with psychiatrists and can prescribe medication.

There are 8 preparation groups. There are 12-15 people in each of the two programmes.

Our staff team is multi-disciplinary and consists of a consultant psychotherapist, junior doctors on rotations, an art therapist and psychodrama therapist.

Who does the organisation aim to provide a service for?

Adults in Lewisham and Southwark who are being seen by the adult mental health service.

There does not need to be a formal diagnosis of PD; sometimes people don't quite fit the criteria. It is more about the severity of problems. The majority of people we see have diagnosis of PD or anxiety/depression. We do have people who have a diagnosis of bi-polar but we have to be careful. It works if they are stable and medication is working etc. We are cautious about accepting people with schizophrenia as large groups can be too much for people. We generally do not take people with psychotic illness, but do take people who have had psychotic episodes.

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

Who can access?	Who's excluded?
<p>People need to have realistic expectations e.g. it is a day service.</p> <p>We can be flexible about a lower age limit. We have taken people from Child and Adolescent Mental Health Services (CAMHS) under the age of 18.</p> <p>People have to be able to manage safely enough at home and to manage well enough to use the service.</p>	<p>People who are very paranoid or very aggressive, although we might try to see these clients in the preparation groups. It is about extremes, i.e. if the cost is too high for the group or for the individual we will not attempt inclusion</p> <p>Drugs and alcohol: we have to be realistic and realise that people will be using drugs and alcohol. It is about making a judgement about whether it will interfere with people being able to use the therapy. We will try to work</p>

<p>We work with people who self-harm. We say we want to work to try to reduce self-harming and we do ask people to try to address this but we recognise that this takes time. Where we draw the line is if the therapy escalates self-harming behaviour.</p>	<p>with these people or refer to other services.</p>
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Are there any barriers to new people joining?

The waiting list to join the preparation group is 2-3 months long. If it gets any longer we think about having an additional meeting with people to make sure they are OK.

How can people access it?

We do not take GP referrals The majority of referrals come from Community Mental Health Teams and sometimes from other parts of the mental health services (emergency crisis services etc). Sometimes we do get contacted by GPs but we ask GPs to refer potential clients to CMHT and then to us. We do not take self-referral but if we are contacted by individuals we ask them to see their GP, get referred to a CMHT and thus to us.

How does the process start?

You would see someone for assessment first, normally 2 professionals. We usually see people twice, to find out what their difficulties and expectations are and that they are informed about the services (we send out information beforehand). Sometimes we have to speak to professionals involved in the individual's care.

People are then put on waiting list for the preparation group if they feel it might be a useful service to them. We find this preparation group a very useful means for people to come along and try it. If it is not to their taste we can think about individual treatment.

The length of the preparation group varies. The preparation group has normally 2/3 professionals plus prospective service users who are thinking about joining the programme. It is held weekly and people can talk about any concerns they may have. We can help to prepare them, working with them to check it is the right kind of thing for them.

After this they can meet with people already on the programme for a day or two. Then people make a decision about joining.

Are there any conditions to joining?

There are basic ground rules: no violence or aggression. We expect attendance, confidentiality, and showing respect for others. If it seems like one of the boundaries is getting broken, we will try and work with that but there needs to be some kind of commitment to sticking to boundaries, attendance etc.

We do work with contracts within the programme, i.e. if people are struggling with attendance or destructive behaviour then the community gets involved with setting contracts. So we might have an attendance contract and work it out with the individual and the group.

People have to commit to 9 months on the 3-day programme. People on the 1-day programme people have to commit for a year.

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

Yes, within the assessment and preparation process.

What makes it different from mainstream mental health services?

It is set up for people who need a longer and more intensive input. We see people who have been in the system for a long time. The service is for people who are feeling quite stuck and isolated and who need a big input. We were set up to think about and work with PD type problems. We will see people who do not have a formal diagnosis of PD as well as those who do. We consider ourselves as sitting between Tier 2 and 3 services. We see ourselves as part of the mainstream but offering an additional service.

What do people who use the service like about it?

We get different kinds of feedback, but have not done formalised research on this. We get informal feedback from people at end of programme. They like a lot of structure. Some people like bits of the programme more than others. People who have completed have got something out of it, have felt supported and listened to and have managed to make some changes. People learn to value peer support which is one of the strengths of the model, that they can support people and give some kind of challenge.

What could I expect if I came along?

No information given

Who runs the organisation/project?

It is run by the local NHS Trust (South London and Maudsley).

Any plans for future development?

There are always different things that we are trying out and thinking about. We get ideas from community members, peer reviews etc. It is about getting the pace right. One of things we would like to develop is strengthening links to educational/vocational links in the borough. Another idea is thinking about how to incorporate **Dialectical Behaviour Therapy** work into the programme.

Service User and Carer Involvement

Service User Involvement

We are based on therapeutic community (TC) principles so we have a lot of user involvement; it runs throughout the programme. People can raise things they want to change, things they are not happy with etc. There are also peer roles and responsibilities that people take in the community, like chairing the meetings or admin/secretarial roles.

Anything important gets voted on in the community including decisions, roles and responsibilities. For example, if we are planning an outing we'll vote on that. Or it can be something serious regarding an incident and whether someone can continue in the programme.

Things are constantly challenged. We hold the responsibility for safety and structure but beyond that people can vote on changes, review how the community is working and suggest changes for how programme is working.

People are involved in organising social activities, reunions, outings, peer reviews and recruiting new staff.

People are involved in peer reviews of other communities, yearly reunions and the Community of Communities forum. They are involved in staff recruitment.

Regarding local/national activity, people are usually quite engrossed in the programme. We have links with advocacy, MIND etc but normally people stick to involvement within the programme. Towards the end of the programme we will work with people to look beyond the service, either getting involved in other services or voluntary work etc.

Carer Involvement

The majority of people using the service do not have anybody identified as a carer. People can have relatives/friends involved in an advocate role supporting them. They can bring these people along to review groups during the programme. We can set up extra meetings to cater for family members etc.