

**Letter from
 the Editor**

Dear Colleagues, I would like to welcome you to the February edition of the ISPS UK newsletter.

I find myself thinking that Feb 2010 is the beginning of 2010 but for us associated with mental health services management also the end of the 2009/10 financial year. Will this year be characterized by more economic discontent (in the country and within our society)?

Themes reverberating from last year for me include the registration of mental health professionals – psychologists etc- with the Health Professions Council (HPC). I found myself wondering, how does this registration and state regulation affect mental health professionals? Does this in turn affect the work with service users? How does it affect the training of new professionals and their identity?

In addition, state regulation is of interest not only for individuals but for services as a whole, including the National Health Service. Recently, I have become aware of the Care Quality Commission (CQC) registration drive for all NHS services. I am surprised that this has not featured much on our inter-organisation dialogue.

Following this thread of registration and regulation brings me to the area of National Institute for health and Clinical Excellence (NICE). Interesting that 'H' (for health) does not feature in the acronym. How has the service users' experience and access to services been affected, a year after the update of the Schizophrenia guideline (March 2009)?

The aforementioned organisations highly influential, is our society near (in dialogue terms) vis-a-vis the policy producing organisations and their discourse? The ISPS UK forged model of working (service users and carers working with a truly multidisciplinary team) offers a strong voice to comment on the questions posed by these regulatory organisations.

Having just seen the film Avatar, I was confronted by the drama of false appearances. Innocent acts are misperceived by a malevolent observer having a perverse reading. However, this misreading is truer than what the innocent actor thinks and eventually identifies with the analysis of the observant other. However, this limited external gaze can be productive to see more of what one is not able to observe due to lack of distance.

I propose this formula to understand the film but also to what we are being confronted with at the moment in our experience of the mental health system.

Vasilli Magalios

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The Institute of Mental Health and ISPS (UK)

“What’s new in recovery in psychosis:

Making choices, developing resilience and seeking resolution in complex environments”

Tuesday 9th & Wednesday 10th March 2010

At The Hayes Conference Centre, Swanwick, Derbyshire, DE55 1AU

To reserve your place at the conference please contact Wendy Wheat or Lois Adams:

Wendy Wheat on 0115 82 31293 or email wendy.wheat@nottshc.nhs.uk

Lois Adams on 0115 82 32415 or email lois.adams@nottshc.nhs.uk

Letter from the Chair

Although it's a little late I'd like to wish all of our members and their friends and families a Happy New Year and let's hope that 2010 is characterised by good relations, lasting friendships and creative endeavours. Certainly our forthcoming residential conference is destined to be creative and will provide lots of opportunities to make new friends, and get in touch with old ones.

The slow recovery in financial markets continues to have a strong bearing on our own finances. We again very nearly ran out of cash and the committee are doing all we can to manage our accounts so that ISPS UK is best placed to weather the storm around us. We are essentially hunkering down and trying to optimise membership as

well as explore new opportunities to get the ISPS message out to new members, in the hope that they will be keen to join us in our work and activities. We are looking to increase our membership rates and are also exploring the introduction of a team membership.

Our work with the Institute of Mental Health has enabled us to put on what we hope to be one of our most exciting conferences – but you will have to play your part in that and we will be able to hear more in our next newsletter in the form of pictures and conference headlines. Having just returned to the NHS as an Executive Director of Nursing and Patient Experience at West London Mental Health Trust I have been reminded of the importance of positive

environments in a person's recovery.

The need to have safe, clean and tidy areas – to have high expectations of recovery from those around you, and to be met with optimistic and hopeful attitudes in caring and confident relationships in those around us is paramount. And the importance for these to be constantly present is one of the reasons I am looking forward to the conference so much. To hear about the latest improvements in psychosis care, and of research guiding us to have greater understanding of emotions and psychosis, will I hope, further help me in my own endeavours to put relationships and quality at the centre the persons experience of mental health care.

Steve Trenchard

A better future in mind

The Boyington Report www.northwest.nhs.uk/projects/mental_health_commission/ John Boyington, the Director of Mental Health Services for the North West of England, chaired the commission which investigated services throughout the region over a year long period, and which published its findings and its 12 recommendations in this report in the Autumn of 2008. The survey was undertaken to identify and examine all aspects of the quality of services in this populous area. The eight members of the Commission found there are pockets of good – even excellent – practice in the North West, but areas of long-standing problems remain, causing difficulties for many thousands of people who use, or care for those using, mental health services. True

partnership with service users and carers is not common, for example with respect to the important matters of recovery and as equal partners in the design, delivery and evaluation of all services. There are 12 recommendations in this report, measures which would transform mental health experience in the North West if adopted. All the North West Trusts from Cheshire and Wirral in the South to the Scottish border in the North on the west side of the Pennines, have accepted the Report in its entirety and carers and service users now need to ensure that the recommendations are translated into practice. The challenge is to ensure that best practice is available more consistently across the North West, and that this initiative will in the longer term stimulate domino type effects across the country.

Meetings in conjunction with RETHINK and the University of Central Lancashire (UCLan), the NHS's Mental Health Improvement Programme (MHIP) have been set up across the North West and are open to all carers and users of mental health services. Its purposes are to engage with service users and carers experiences so that we ensure as many recipients of services as possible have an opportunity to contribute and we truly represent their experiences across the whole of the North West. Representatives of service users and carers have been elected by interview and some of us are on the Stakeholder Board too. We introduce ourselves at the meetings so there can be a dialogue continuing beyond the meetings themselves.

Judith Varley

CHT Annual Conference Psychosis and substance misuse Friday 5 March 2010

The Royal Society of Medicine, London

The conference will: explore the current state of thinking around clinical work for people with drug induced psychosis and consider the issues around clinical work for people with an addiction or substance misuse and a psychiatric disorder.

Fax: 0844 880 5062 **Tel:** 0844 880 5061 **Web:** www.pavpub.com **Email:** info@pavpub.com

Mindfulness and Emotion Tolerance Skills Leeds University 12-13 March 2010

The Mindfulness workshop recently sold out at the British Psychological Society London and delegates gave an average feedback score of 86% and said : "Workshop and presenters exceeded my expectations", "Lots of material that I can see myself using with clients", "Exactly what it said on the tin"

Topics - Teaching Clients to use Mindfulness Skills

For further information please visit <http://www.grayrock.co.uk/>

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Lois Adams on 0115 82 32415 or email lois.adams@nottshc.nhs.uk

“Tales of Transgression - Narratives in Forensic Psychotherapy ”

Keble College , Oxford , United Kingdom

25th-27th March, 2010

For further information: Dr. Gwen Adshead: Conference2010@forensicpsychotherapy.com

Men’s Mental Health Conference

March 30th 2010

Charlie Waller Institute, School of Psychology , Earley Gate, University of Reading, Reading, RG6 6AL

s.l.liddell@reading.ac.uk david.wilkins@menshealthforum.org.uk

7th Biennial Conference of the International Early Psychosis Association

Sunday November 29th – 1st Dec 2010, Amsterdam

For more details contact: Angela van Herk – Tel: +31 20 6793218 Fax: +31 20 6758236

Real People: The Self in Mental Health and Social Care

28th to 30th June 2010

University of Central Lancashire, Preston, PR1 2HE Tel: +44 (0)1772 201 201

FAMILY WORK IN EARLY PSYCHOSIS

Venue: The Uffculme Centre, Queensbridge Road, Moseley, Birmingham B13 8QY

Dates: 5th – 9th July 2010

Course Co-ordinator: Dr Gráinne Fadden, Director – The Meriden Family Programme

If you are interested in attending please ring:

Sam Farooq on 0121 678 2712 or e-mail sam.farooq@bsmhft.nhs.uk

Keeping the dialogue going'

'The Psychologist' monthly magazine of the British Psychological Society (BPS) has published some very interesting articles recently.

To me they highlight the continuous interest of psychologists in this country with issues of working in mental health services and involvement in discussions around policy. I wondered whether there is a move from cognitive behavioural therapies towards eclectic approaches. A series of letters and discussions on Improved Access to Psychological Therapies (IAPT) caught my attention first.

September edition of 'The Psychologist' includes a series of letters entitled; 'Minding our clinical language'. Letters from contributors discuss the usefulness of diagnostic terms (including schizophrenia) when discussing human experience. This for me resonated with recent discussions in our society on the use of the term schizophrenia. One of the views put forward by John Hanna, (Chair, Psychosis and Complex

Mental Health Faculty of BPS) is that psychiatrists and nurses hold dominant position in mental health services. He urges psychologists to rethink whether there is a need for a classification system different to the psychiatric classification (DSM-IV, ICD10) that is closer to the phenomenological presentation of service users and adopts a recovery focused terminology. I think the responses capture something of the relationships between professionals in the UK mental health system post 'new mental health act'.

Inside October 2009 issue the article 'The making and breaking of attachment theory' (by Barbara Tizard, Oct 2009) has an interesting overview of John Bowlby's work on attachment theory. Part of the article discusses Bowlby's openness to influences from other disciplines. The advent of Mentalization Based Treatment for psychosis perhaps calls for psychologists to understand this approach now. With regards to

psychosis a recent article by Benjamin Brent (Massachusetts Mental Health Center) discusses and illustrates the use of mentalization-based treatment for disturbances of awareness of the self and others in patients with psychotic-spectrum disorder in the USA (Mentalization-based psychodynamic psychotherapy for psychosis, *Journal of Clinical Psychology*, July 2009).

I considered this interesting after Lars Thorgaard's evocative presentations at the recent ISPS UK Warrington conference. Lars Thorgaard talked of focusing on the anxiety and issues of loss with patients. He also focused on vulnerabilities, including those of professionals.

What is definite is that 'The Psychologist' has succeeded in capturing these developments. I wonder what is the view of psychologists and psychology graduates that are also ISPS UK members?

Vasilli Magalios

NICE GUIDE TO RESOURCES SCHIZOPHRENIA

CAN YOU SUPPORT IMPLEMENTATION?

Whenever NICE produces a guideline, an additional support tool is produced to help guide people to resources that may support the implementation of NICE guidance. Such a guide has been produced as a resource to accompany the clinical guideline: ***Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (update) 2009.***

This guide to resources can be found on the NICE website under Help Implement NICE Guidance;
<http://guidance.nice.org.uk/index.jsp?action=download&o=44540>

The guide is due to be reviewed in June this year. As a member of the External Reference Group, the Meriden Family Programme can suggest additional resources which are likely to support implementation.

Clearly there is scope for this guide to be much more comprehensive in its suggestions about tools to support the implementation of psychological therapies recommended in this particular guideline ie CBT, Family Work and Arts Therapies. As a member of the Guideline Development Group that worked on this guideline I am keen to ensure that this guide is helpful to clinicians seeking to implement and develop these psychological therapies. This is an excellent opportunity to update and extend the resources currently listed in the guide.

As a result I would be grateful if ISPS members with an interest in this topic would consider what additional resources might be included in this guide to make it a very practical, informative and helpful guide. The existing sections covered in the guide are:

Patient information about schizophrenia
Information on drugs and side effects
Patient experiences
Arts therapies (***perhaps there should also be***

sections on CBT and Family Work)

Mental health competencies
Useful organisations

The information required to contribute to the review process is as follows:

- the section it refers to (from the list above)
 - the details /title of the document you are recommending
 - where it is available (eg web link)
- a few words about the relevance of the document to the recommendations in this guideline

Please send your suggestions to me by 31 April 2010 and with the assistance of the Director of the Meriden Family Programme, Dr Gráinne Fadden, I will collate these responses and submit them to NICE in June.

Peter Woodhams
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Book Review: Beyond medication. Therapeutic engagement and recovery from psychosis.
 Editors: Garfield, David and Mackler Daniel. Publisher: Routledge Year of Publication 2009

I reviewed the above book for The Journal of Critical Psychology, Counselling and Psychotherapy. The following is a summary of my review.

This is a reflective book that challenges the predominant medical model and the assumption that medication is the primary element in recovery, and offers the view that psychotherapy is an alternative and more effective mode of treatment placing the therapeutic relationship at the centre of the treatment process. The editors and contributors come from a variety of backgrounds related to the fields of psychiatry, psychoanalysis, psychology, psychotherapy and anthropology. The book is divided into three main parts and a concluding chapter. The first part focuses on the theme of engaging the patient. There are a number of case studies that illustrate the therapeutic work with and without the use of medication. Different authors have developed different ideas. I have found particularly interesting Prouty's chapter in which he describes a method to engage with extremely regressed or psychotic patients that he has named as pre-therapy and is based on Roger's person centred theory and practice. He stresses the need to meet the person where he is, to listen to their message, to take their lead, to tap into their inner capacity for growth and follow their inner roads. Schwartz and Summers lay out a phase in the treatment in which the

therapeutic alliance is established and emphasise the importance of being and staying with the disturbance rather than trying to offer something which will cover it.

The second part of the book focuses on the elements of change. Summers explains that the therapists' task is to help the patient develop a sense of self. Kipp describes eight ingredients or defining features of therapeutic communities and how a therapeutic milieu can help those who are isolated and difficult to reach. Koehler talks about the changing effect of allowing for a symbiotic relationship to emerge between patient and therapist. Illustrating his argument with a particular patient Koehler describes beautifully his relationship with his patient by drawing on ideas and psychoanalytic concepts from Benedetti, Searles and Bion. Once again, the development of an interpersonal relationship is the key element to help the patient to move to a position of individuation. Gibbs emphasises that a symbiosis transference is a necessary element in treatment.

Mackler's chapter attempts to illustrate how to work in a therapeutic way with patients within an institution that is unsupportive. He starts with a literature review which is itself very interesting. However, I was unconvinced by his argument because of the inadequacy of his analysis of the institution he worked for and a lack of self-reflection.

Part three of the book explores the experience of patients more closely. Penney writes a moving account of her own journey. She describes how her relationship with Dr Dorman, also an author in this book, helped her recovery. She concludes that it was his honesty, reliability and caring approach in therapy that made it possible for her to heal. Greenberg writes a short chapter on her own recovery under the care of Frieda Fromm-Reichmann at Chestnut Lodge again emphasising the curative effect of the relationship. Foltz explored the subjective experience of being medicated through the use of a semi-structured questionnaire in which a variety of symptoms are categorized.

In the concluding chapter Steinman strengthens the idea of the importance of working with the patient to identify and work through the patient's internal work, and wisely stresses the importance of the therapist's willingness to search into his own internal world and of receiving support and supervision.

I would recommend this book to any professional and person interested in psychosis and also to those working with people experiencing any other type of severe mental illness

Beatriz SÁNCHEZ ESPAÑA
 Clinical Director
 Community Housing and Therapy

Developing local networks in each region

Recently the ISPS UK committee decided to put some co-ordinated effort into helping members in different parts of the UK set up local network meetings – as has already happened in the North East, North West, **West Midlands**, Yorkshire and London.

David Kennard, Jen Kilyon and Alf Gilham agreed to take this on. We started by getting info from Ali's membership database on how many members we had in each region, and sent an explanatory email to members in a number of regions asking if they would be interested in meeting up with others to form a local network.

At this stage we have focussed our efforts on the South West, South East, East Anglia, East Midlands, Wales, Scotland and Ireland. So far there has been a positive response from the South East – with a meeting set up – and interest expressed by members in the Cambridge/Peterborough area, the East Midlands, Scotland, Ireland and Wales.

If you are reading this and are interested in joining a local network or helping to set one up please contact Ali and she will put you in touch with one of the committee members. We can support you by providing suggestions for how to get started and put you in touch with other networks. Announcements of meetings will be sent out by Ali in the first instance to keep members' contact details confidential.

We hope there will be an opportunity for those attending the residential conference at the Hayes Conference Centre on March 9th and 10th to make contact with others from their region and begin to make some plans.

David Kennard, Jen Kilyon, Alf Gillham

Hearing Voices

A very interesting exchange appeared in our email list about hearing voices. Dr Andrew **Moskowitz summarised the exchange with clarity in four main areas.**

Making voices go away -- there is a vigorous debate within the dissociative disorders field paralleling this -- whether an appropriate therapeutic goal should be 'integration' as opposed to simply helping the various parts or sub-selves of the person to work well together, like a good team. In my work, I have found that it is crucial that the therapist/facilitator have no agenda about getting rid of the voices - indeed, it is essential that the voices 'believe' that for them to work with the person and you. voices can change -- However, it is understandable that many people want 'nasty' voices to go away, particularly voices that counsel self-harm or are viciously attacking. What is important to realise, however, is that these negative voices can change -- the negativity may have developed partly in response to the person's refusal to engage with them, or because of very significantly disowned portions of the personality, having to do with traumatic experiences, or with normal assertiveness or sexuality, etc. In my experience, engagement with ALL of the voices is crucial, even the negative ones, and profound transformation can occur. I'm finishing working up with one person now -- three of her voices were originally identified as sexual abuse perpetrators -- one repeated many of the sexual comments and experiences she

underwent, another part was critical of her mothering, etc -- all were exceedingly difficult for her to deal with. Over time, and with persistent non-judgemental engagement, the 'masks' of the perpetrators fell away and these voices were revealed as aspects of my patient which had 'latched onto' the perpetrators for symbolic purposes. So, one part had to do with self-blame (didn't do enough to fight, accepted 'bribes', etc), another with blame of the body (the body was the cause of the abuse), and a third held all of the overwhelming emotions and physical sensations. She has no desire to rid herself of any of the voices now, and is functioning quite well. Of course, I'm not sure that it is possible to engage with everyone's voices, but for most people this is the most fruitful therapeutic strategy to pursue. voice hearing is essentially the same across various groups -- whilst the reaction to voices, and other variables like social support may be crucial in determining who makes it into the mental health system, the voice hearing experience itself is essentially the same and is, I have contended, a dissociative experience (except in those rare cases when it may genuinely represent spiritual phenomena). For example, almost all persons have clear and consistent relationships with their voices, and the perceived location of the voice does not distinguish between diagnostic groups and non-patients. Numerous studies have now shown strong relationships between measures of dissociation and voice hearing.

voice hearing is not abnormal -- I've had several patients who simply cannot understand that I do not hear voices -- 'aren't you lonely?', they say -- 'How can you function??' Debra Lampshire has told me of a hearing voices group in which the non-voice hearing professional was referred to affectionately as an 'inept' voice hearer! I am more and more impressed with approaches like the Stone's Voice Dialogue, which Chris Burford has referred to, which teach that multi-dimensionality is normal -- the the idea of a monolithic self is an illusion and not necessarily an adaptive one. Contemporary neuroscience is beginning to offer similar insights. So, before we automatically assume that voices should be ignored and are a symptom of mental illness, we must consider that they may simply be an exaggerated or alternative form of normal cognitive processes. (AM, 6th Dec 2009)

The exchange also touched social environment of hearing voices with contributors stating research suggesting that voices hearers do better in non-industrial societies, where presumably there is more tolerance of the experience. (MS, 24th Nov 2009). In addition, contributors explored the spiritual element of hearing voices (E, 24th Nov 2009; MJ, 25th Nov 2009)

Overall, the contributions advocated for a normalising view of hearing voices and ways trying to deal with the dreadful nature of stigma associated with it. If you have missed it you can still find it in the archive section of our yahoo group.

Regional Networks & Contacts

London

Sheila Grandison - Sheilagkiwi@hotmail.com

South East

A number of professionals, carers/users and voluntary sector staff are interested in establishing an ISPS network in the Southeast. We have a quorum of individuals who have expressed an interest locally within the Sussex area but would welcome a broader range of contacts. The first meeting to explore the possibility of establishing a South East Network will be held on the 31st March for a 2.00 pm start at the Hastings and Rother Mind Centre (Activ8), 6 Trinity Street, Hastings, TN34 IHG. Because of the wide geographic area which this covers, we are hoping that we can establish a series of exploratory meetings around the southeast area to make it possible for a wider group of individuals to meet'. If anyone wants more information they can contact B McGowan on 01273 643544 or B.McGowan@bton.ac.uk

West Midlands

Gráinne Fadden - grainne.fadden@bsmhft.nhs.uk

Northern (York)

Garry Brownbridge - gbrownbridge@theretreatyork.org.uk

North West

Alison Summers - Alison.summers@lancashirecare.nhs.uk

North East (Newcastle)

Richard Duggins - duggins@doctors.org.uk

Scotland

Alf Gillham - alf.gillham@ggc.scot.nhs.uk

A start-up Scottish network meeting will be taking place in July e-mail Alf Gillham for details

Contact names for special interest groups

Families

Dan Pearson - dan.pearson@leicspart.nhs.uk

Social Work

Trish Barry - trishbarry515@hotmail.com

Nurses

Keith Coupland - Keith.coupland@btinternet.com
Keith.coupland@glos.nhs.uk

Arts Therapies

Sheila Grandison sheilagkiwi@hotmail.com

General Psychiatry

Chris Burford - cburford@gn.apc.org

Networking ISPS UK email group

Don't forget that you do not need to wait until the next Newsletter if you have something to say or want to hear what others have on their minds! The ISPS UK email discussion group is alive and lively - and for all members with email access. If you are not signed on contact Chris Burford: cburford@gn.apc.org or our Administrator, admin@ispsuk.org

DEADLINE FOR NEXT NEWSLETTER: ????????