

From the Editor

Dear colleagues,

Welcome to the November edition of the ISPS UK newsletter. Our new chair Steve Trenchard in his letter to the membership is highlighting the current state of affairs in our society, especially with regards to our society's finances and introducing key directions for the next year.

This edition of the newsletter also hosts commentary on the work of Prescribing Observatory for Mental Health (POMH-UK), by Janey Antoniou. This is very topical and good example of policy influencing.

The international ISPS symposium has taken place in Copenhagen this June. Alison Summers has written a thought provoking article on the themes discussed there. We would like to encourage people that were present to contribute with their thoughts of the conference.

We are putting on conferences that are interesting and are capturing development in the mental health field as well as putting forward innovative ideas of working together with service users and carers. For example our latest conference in Warrington; Linda Vickers has written a meaningful article especially for those of us that have worked in Therapeutic Communities.

Our local networks are thriving. You will find news from two local networks in this edition. Have a good read.

Vasilli Magalios



Letter from the Chair



It's been a busy year so far for ISPS and one not without drama. Conferences are what we continue to do well and the Warrington conference successfully upheld this tradition. We had around 100 people converge to share illuminating and insightful views from the work of Lars Thorgaard, through to psychodynamic formulations and insights from inside the NICE machinery.

For those that might have missed it the AGM was held after the conference on 29th September, and we had a good turnout – so thank you to those members that stayed behind. The main theme of the AGM was the financial challenge that ISPS UK finds itself in. The Committee reported that over the past two years our conference income – which contributes about half our running costs along with membership fees making up the other half - had fallen, with the result that by the end of our 08/09 financial year our reserves were used up. It is well known that in business terms 'cash is king' and the fact that we very nearly ran out of cash places ISPS in serious jeopardy with the possibility that we might cease to exist in our present state.

The financial matter was thoroughly discussed by the committee at its July meeting this year and a number of measures have already been put in place which David Kennard highlighted in his last report. David is delighted to have handed over the Chair to me, but sorry that we are not as financially buoyant as he had hoped. We have already taken some actions and may need to take others. For example we may need to make future newsletters black and white copies, but if this does need to occur, we will continue to monitor costs and if our budget allows revert to full copy when it is felt prudent to do so.

Of course we are not the only charity struggling, with the Charity Commission highlighting some 52% of charities in

their Economic Survey of Charities claiming they have been adversely affected by the downturn. Of these 58% say they have experienced a decrease in income. It is for these reasons that I agreed at the AGM to make a further special appeal, both using my opportunity as incoming Chair and also to reflect the concerns of those present at the AGM including the UK ISPS Committee.

As the new chair it is a privilege and an honour to work with a dynamic and committed committee. We have a vast range of experience and expertise on the committee and I will do all I can to help us make the most of our limited time and energy as volunteers to ensure that ISPS UK has a secure and vibrant future. We have some clear goals ahead including:

- To continue to grow our membership across the UK and to support existing groups to help share positive practice, create new links and sustain one another through dialogue, understanding and friendship.
- To keep afloat financially through active marketing, healthy attendance at conferences and workshops and importantly – providing a successful residential conference in March 2010.
- Influencing 'above our weight' at the strategic and national level through contributing to consultations such as NICE, CQC consultations and other forums as and when they arise.
- Contributing to increasing our humane understanding of psychosis not only in the UK but internationally via our active membership and participation in the wider ISPS community. Strengthen our communication with members with opportunities for personal face to face dialogue and meetings but also by improving our website.

I would like to thank David Kennard for his achievement and contributions as Chair of ISPS UK, and on a personal level for his support to me as incoming Chair. As well as a privilege, it has felt quite onerous becoming Chair of this prestigious and ambitious organisation, ISPS UK. I'd welcome your views on how you'd like to see the future of ISPS, perhaps in terms of its activity and profile and how you would like to see us developing. Please encourage your friends and colleagues to join us, the more the merrier as they say. And please also circulate widely our next conference being held in Birmingham

Implementing NICE Guidelines for Family Interventions and Arts Therapies

18 November 2009

See page 7 for more details

Steve Trenchard
Chair

Steve Trenchard—An Introduction

I have worked at The Retreat, York for nearly five years as Director of Clinical Services. Prior to this I worked with NIMHE North West Development Centre as Programme Coordinator leading on Positive Practice developments. I had the privilege of working on a nationally recognised project on the implementation of the Schizophrenia NICE guidelines. I have also worked in Higher Education as a Principal Lecturer in Mental Health Nursing at Leeds Metropolitan University where I developed the Psycho-social Interventions (PSI) course, was course leader for the Specialist Community Health Care Nursing (MH) course and was involved in multi-agency whole team training supporting the implementation of recovery and evidence based interventions.

I have long held an interest and developed some expertise in the area of workforce development and implementation of best practice in mental health and psychosis care. This prompted my move to The Retreat in York as Director of Clinical Services where the values of Recovery are enshrined within a whole organisation ethos. My earlier work in organisational development supporting the implementation of PSI interventions from education into practice made me realise that the culture and system of health care must be receptive to making use of new skills that staff would be utilising – otherwise what's the point?.

I am fully supportive of integrative approaches in mental health care, and recognise that fidelity to proven models of care is important but also too is valuing the unique and flexible approaches that foster optimism and hope which is fundamental to making recovery possible.



From left to right—Steve Trenchard (new ISPS UK Chair), David Kennard (exiting Chair), Brian Martindale (founding Chair).

Conference Review

ISPS 16th International Symposium: Differentiation, Integration and Development.

I think we can tell a good conference by what it has left us with some time afterwards. It is four months since the 16th ISPS International Congress, and I am pleased to say that the four days in Copenhagen have left me with still enough in mind to write about it without having to turn back to the programme.

The theme of the scientific programme was integration. The opening day gave us chance to hear from leaders in their field on three important theoretical frameworks. Richard Bentall spoke on cognitive behaviour therapy, Andrew Gumley on attachment and Michael Robbins on psychoanalytic approaches. As a psychoanalytic therapist accustomed to scepticism from non-analytic colleagues, I was impressed by the expressions of openness to psychoanalytic ideas. Subsequent sessions offered chances to follow up different frameworks in more detail.

Sessions that grappled with fundamental conceptual issues were particularly exciting and particularly challenging. The related themes of attachment and dissociation emerged repeatedly, with developing empirical evidence, and new conceptualisations challenging us to question some of the orthodoxies of psychiatry. How far do we need to rethink accepted views of dissociation and positive psychotic symptoms? Does a focus on attachment and mentalisation provide a crucial unifying link between different theoretical frameworks? And how much will we learn from studying narrative patterns? Paul Lysaker's masterly account gave a taste of how quantitative measures of reflective function may be used to chart the progress made by individual clients. It was interesting to see parallel ideas in a presentation by Susanne Harder, who chaired the Congress Scientific Committee. I would have loved to leave with a

clear view of all these issues, but was left instead with a sense of the area as a work in progress - fascinating, vital to our understanding of psychosis, and perhaps potentially helpful in integrating different theoretical frameworks.

Amongst my collection of conference notes (the ones not now too illegible or cryptic) are many ideas relevant to day to day working with people with psychosis. I am conscious that some of these represent the wisdom of people with years of experience of working analytically with psychosis, a retiring generation, which may not be replaced. I thought Michael Robbins' comment that most therapeutic work ends before the work of learning to think begins particularly especially important to hold on to. From a very different starting point Dirk Corstens spoke about working with voices as dissociative phenomena, suggesting a pragmatic approach with potential links to other theoretical frameworks. In another engrossing workshop there was chance to explore communication through images and creative processes and understand a little of the work of arts therapists, newly supported in the UK NICE guideline.

Psychoanalytic therapists may sometimes struggle more than others to communicate their ideas in a way that is understandable to others. Of the many parallel sessions I did not go to I want to mention one that I was impressed by second hand. Michael Garrett's presentation *CBT for psychosis within a psychoanalytic frame, with mention of Melanie Klein* described combining the two approaches in work with an individual patient. At the same time it seems to have demonstrated how some essentials of a psychoanalytic approach to psychosis can be conveyed in a clear and accessible way.

There were also moving moments. I was delighted to find myself at the screening of Daniel Mackler's feature length documentary *Take these broken wings*. This centres around the hugely impressive personal stories of Joanne Greenberg, (author of *I never promised you a rose garden*) and Catherine Penney, both of whom recovered from psychosis through psychotherapy. These accounts were interspersed by somewhat one-sided commentaries by professionals, which to my mind detracted from the film a little. But also inspirational to me was the very fact of Daniel Mackler with no prior experience of film making, deciding to set out to undertake this important project. The film is available on DVD (from www.iraressoul.com), though without the intense atmosphere of the rapt audience in the crammed conference room.

As the conference ended, Bent Rosenbaum, Chair of ISPS Denmark, and of the conference Organising Committee, brought out his violin, was joined by his daughter and her accordion, and played to us. The bringing together of the personal and the scientific seems to me a great strength of ISPS.

The conference centre was modern, spacious, uncluttered, with the single massive wind turbine across from the entrance appearing surprisingly aesthetic. Some days we could take our paper bags of packed lunch to sunny benches and grass outside. There was also the pleasure of unhurried conversations with friends and colleagues, and for some of us the opportunity of seeing Copenhagen for the first time. There was the chance to spend the evening in pavement cafes enjoying the novelty of being provided not just with food and drink, but also a blanket to wrap up in. The feeling of being refreshed and re-energised may have a limited lifespan, but I

think intermittent doses are still important sustenance.

I work in an Early Intervention Service for psychosis and I'm not sure that the conference has changed my practice. However I do think it has helped me feel more secure in supporting people who chose not to take medication, and more confident of the importance of not just being content with complying with the latest guideline but of staying with the challenge of trying to work more effectively and empathically. It has left me

with more on my long list of things that I want to know more about, but also more hopeful about the future cross-fertilisation of different psychological approaches.

It was a great privilege to be among the 400 or so delegates in Copenhagen. The conference was good value, but it was not cheap to be there. For ISPS as an organisation that aims to bring together a wide range of people and views, it would be satisfying if we could do more to allow a more balanced representation, including

more of the people with less access to resources. But it was also very good to be at a conference where drug companies were conspicuously absent, and perhaps ISPS could do more to publicise this particular one of its strengths.

This is a single view of just a tiny sample of what the Congress offered us. There was very much more. I am conscious of the enormous personal commitment to bring all this about and very grateful to the organisers.

Alison Summers

ISPC/NWIDP Conference Report

Understanding the Experience of People with Psychosis.

Arbury Court, Warrington, September 2009

As a member of a therapeutic community nestled in the remote and rural Scottish Borders, the rare opportunity to spend a day deepening my understanding of the experiences of people with psychosis came as a welcome invitation.

Many of the residents at Lothlorien Therapeutic Community have a 'schizophrenic' diagnosis; and express despondency with mainstream treatment options, arriving with high, (and often unrealistic), expectations of therapeutic community. Whilst able to provide a reparative living situation, we are sadly unable to spontaneously ameliorate the suffering of psychotic experience; and as in any other clinical setting we grapple with finding meaning in, and solutions to, mental suffering. Until now, the bulk of my experience has been within the NHS, where I have been strongly placed in my professional role as 'one who is supposed to know'. The new and recent experience of working in a therapeutic community setting, with its

breaking down of distinctions between the 'well' and 'unwell', has challenged my well-established and secured professional identity. As a member of the community, I am present in a more commonplace way, and thus

security and self-mastery. Key to this is establishment of the patient's attachment to the therapist, so that s/he may be persuaded to work with his/her mind. Lars' manual is used by mental health workers in



Denmark, and I am sure that a translation into English of his 5 volume work, 'Relationship Treatment in Psychiatry' would be widely appreciated – any linguists out there?

relating to residents far more frequently than the clinical settings I am accustomed to. Consequently, Lars Thorgaard's presentation of relationship treatment in psychiatry was timely, in addressing precisely those areas I am wrestling with. His diagnostic manual is based on empathic relationship, and an acknowledgement that the patient's general life conditions are common to us all. Lars proposes that manifestations of psychosis are a person's attempt to find security, and introduces a model which promotes

Lars' live supervision session was an opportunity to see his model in practice, and I was moved by his skilful and sensitive approach. Lars encouraged us to give attention to the existential predicament of the patient. As observers we were invited to offer our interpretations. Many were offered, reflecting the diversity of the participants, (around a hundred people from many clinical settings around the UK). As Lars reminded us, we cannot know all the answers, and part of our work with patients is to be able to withstand the unknown. Lars' incisive questioning and reflection certainly provided food for thought; and this introduction to his approach has since informed and enhanced my practice.

Parallel workshops were offered in morning and afternoon sessions, and I was not able to be present for them all: Harriet Fletcher's 'Using Psychodynamic Principles in Formulation', and John Gale and Beatriz Sanchez' 'Using Lacanian Thinking in Working with Psychosis'. James van Lint presented NICE research findings of the efficacy of Arts Therapies in working with the negative symptoms in schizophrenia ; and

afforded participants an experiential taster. Janey Antoniou gave a clear and thorough account of the NICE research procedures and outcomes from a service user perspective; and gave me an appreciation for the hard work put in, and the need for continued involvement in the research process. Last speaker of the day, Nigel Bunker, Consultant Clinical Psychologist,

gave a realistic, as well as positive, overview of the place of psychodynamic practitioners within national mental health services; and reminded us of the necessity keeping our fingers on the pulse.

Linda Vickers, Psychotherapist (UKCP), Art Therapist (HPC)

Conferences

Living with Psychosis

the psychodynamic development model of psychosis and its psychosocial application

Saturday 14th & 21st November 2009 2.00 - 4:30 pm
St. James's House, 15-20 Bruges Place, Baynes Street, Camden NW1 0TF
www.arboursassociation.org or www.sjh.org.uk tel: 020 7428 8662

Implementing NICE Guidelines for Family Interventions and Arts Therapies

18 November 2009

Novotel Hotel, Central Birmingham

Contact Ali in the ISPS UK office for further details.

Faculty of Rehabilitation & Social Psychiatry Annual Residential Meeting

19th - 20th November 2009 - The Met Hotel, Leeds
email. h.killaspy@medsch.ucl.ac.uk

BCMHR-CU

***Bedfordshire Centre for Mental Health Research
in association with University of Cambridge***

Cambridge/ Luton International Conference on Mental Health 2009
Thursday 19th—21st November 2009 Clinical School, Cambridge

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

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

The Prescribing Observatory for Mental Health (POMH-UK)

I am writing this in the ISPS magazine because even though the society is dedicated to the psychological treatments of psychosis, many patients/clients have to take (or choose to take) medication.

I have been on the steering group of the Prescribing Observatory for Mental Health (POMH-UK) since it started five years ago. It was initially funded by a Health Foundation quality improvement grant, but now Mental Health Trusts pay a yearly fee to belong. Its aims are to improve prescribing in mental health both in hospital and the community, and it consists of a central management team who are based at the Royal College of Psychiatrists Research Unit and local teams in each of its member Trusts. Of all of the Mental Health Trusts in the United Kingdom, 46 are currently members. These member Trusts pay a fee and are then eligible to take part in all or some of the topics that are to be audited in that year. They are also involved in choosing the new topics.

So far the topics have been:

Topic 1

Antipsychotic high dose and polypharmacy on acute wards.

Topic 2

Physical health checks for metabolic syndrome in patients in Assertive Outreach teams.

Topic 3 - Monthly

benchmarking of antipsychotic high dose and polypharmacy on acute wards.

Topic 4 - Audit of Trust prescribing of anti-dementia drugs

Topic 5 - Antipsychotic high dose and polypharmacy on forensic wards.

Topic 6 - Monitoring of side effects for patients taking depot antipsychotics.

Topic 7 - Monitoring physical health checks for people on lithium in the community.

Topic 8 - Medicines reconciliation when being admitted to hospital.

Topic 9 - The use of psychotropic drugs in learning disability teams.

For each topic, a central group is set up which meets in London. The group consists of the members of the management team plus additional service users and health professionals who have an expertise in the area of interest. I have a diagnosis of schizophrenia and depression, and have been on the groups for topics 1, 2, 6 and 8. A service user who has been in a forensic unit was on the team for topic 5 and there was carer on the topic 4. In topic 9 a nurse whose main job was to advocate for service users with learning difficulties has been recruited and we will also look for a service user who can speak for this group of people.

The topic team do the initial research on the subject and design the audit tool. This is then discussed with all local teams at launch events around the country and refined to collect the data that they would find interesting and useful. All of the topics so far have been based on either Healthcare Commission standards or NICE guideline

recommendations except topic 9 where there are no standards.

Once the audit tool has been agreed, the basic format of all the topics is to do a baseline audit on the subject in the services in question and produce a report so Trusts can compare themselves with other Trusts anonymously (by Trust number). The audit is completed online and submitted to the POMH central team. Local teams have the scope to use codes to further divide the data collected by ward, team or consultant so they can look at what causes differences in different parts of their Trust. The way that local data are collected are only known to that Trust and they get the spreadsheets so they can analyse it further.

After the base line audit Trusts receive interventions to help them improve practice. These can take the form of slide sets, questionnaires and feedback, good practice guides, posters, papers on the evidence base, aids to practice and information packs. Initially, after a year and several interventions everyone was re-audited so they could see there had been any improvement. However, we have found that it takes longer than a year to make significant changes, so from this year all re-audits will be at 18 months. In addition, at the outset we thought that a topic would end after the first re-audit. Now we realise that to maintain improvement services have to be re-audited several times to fix any

The Prescribing Observatory for Mental Health (POMH-UK) continued

positive changes in the culture of the professionals concerned. We also put Trusts who are having difficulty in touch with others when asked to do so.

Generally this approach has worked very well because all the professionals who are able to make changes in the way people work, are members of the local team. However in all the topics looking at antipsychotic high dose and polypharmacy on both forensic and acute wards, it has been more difficult to produce change. We think that often the reason for this, is the prescribing of medication given 'as required' (prn medication). So if people are given it, they end up over the daily limit, or having more than one medication. And the service user experience of prn

medication is that, if it is on the medication chart, they are more likely to be given it - sometimes compulsorily - even if they are not that disturbed, or not on a Section (so compulsory medication should not be given).

Although ward nurses are sometimes part of a POMH local team, other individuals such as psychologists and occupational and other therapists involved on the ward will probably not be. The audits found that the reason why prn medication is given 55% of the time is 'control of disturbed behaviour' or 'exacerbation of acute symptoms'. Service users don't dispute this, but contend that if the ward environment was better, or they had more to do, it would be easier to distract

themselves from distressing symptoms. The more psychological aspects of psychosis has been described to me as 'not part of the POMH remit' but if there were people on the teams interested in psychology or psychotherapy, could it be?

Therefore please... if there is a POMH team in your local Trust and you can help with making improvements in topic 1 or any of the topics listed above in a more psychological way, please get in touch with them. Service users would really appreciate it!!

A list of POMH member Trusts is on the POMH website, which is found most easily by googling 'POMH-UK'.

Janey Antoniou,
mental health service user
(janey.antoniou@ukonline.co.uk).

CASH APPEAL - ISPS UK IS CLOSE TO RUNNING OUT OF MONEY

We aim to end each financial year with around £7,000 in the bank to cover the next six month's worth of expenses - e.g. admin costs, newsletters, committee meetings, support for local networks.

The income we need from conferences has all but disappeared and as a result we very nearly used up all our reserves at the end of the financial year (August 2009). Going forward we are relying on members' standing orders paid in September to ensure we have enough to keep going, but we need to try to build up our bank balance to where it was. We have two conferences coming up, which if successful we would hope to generate an income of around £5,000 from them. However, numbers for Birmingham are low and we really need your help to circulate details and encourage attendance.

We would like to try to raise £1500 from an appeal for donations.

If 150 members each donate £10, that would meet our target. I am asking if you could make such a donation. **If you can offer more that would be great**, and help balance those for whom a donation of £5, or none, is more realistic. As they say in such appeals, anything you can give will be welcome.

With many thanks on behalf of all those who value the work of ISPS UK.

ISPS - Meriden - NHS Day Conference

Implementing NICE Guidelines for

Family Interventions and Arts Therapies

18 November 2009

Novotel Hotel, Central Birmingham

For more information and to book over the phone contact Ali in the ISPS UK office on
0845 166 4168 or e-mail admin@ispsuk.org

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Keith Coupland - keith.coupland@btinternet.com

North East (Newcastle)

Richard Duggins - richard.duggins@gmail.com

A Good Year: Psychodynamics and Psychosis (North East) in 2009

Psychodynamics and Psychosis (North East) is a network member group of ISPS(UK). We hold meetings that are open to any health professional with an interest in psychodynamic approaches to psychosis. In 2009 we organised two meetings. In April, Dr Sue Hingley, Consultant Clinical Psychologist, spoke on the topic of "Emotion, Meaning and Psychosis"; she used her extensive clinical experience to bring to life an overview of psychological approaches to psychosis and the similarities and differences between them. In September, we were delighted to host Dr David Kennard, Chair of ISPS, who shared his thoughts and experiences in setting-up and running staff support groups in inpatients settings.

The two meetings were well attended with about 20 people at each, and we are fortunate enough to attract a diverse attendance, which enriches the discussion. In between meetings our group has also developed as a way of using email to share our knowledge of upcoming local and national meetings, and new publications.

We are currently planning three meetings for next year and have issued a call for people to present. The meetings next year are likely to include a presentation by one of the art therapist members of the group, and a dissociation study group looking at the relationship between psychotic symptoms and dissociative ones.

If you would like further information about the group please contact Dr Richard Duggins at richard.duggins@gmail.com

Scotland

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

There are a number of ISPS members who are keen to form a Scottish group. (There are approximately 15 Scots based ISPS-UK members). I have been in discussion with some of them with a view to an inaugural Scots ISPS event. PIP (psychologists interested in psychosis) had a meeting in July of this year called "Telling stories: Users exploring their experiences to inform recovery based services". Debra Lampshire ISPS-NZ chair was the key note speaker. It was also an opportunity for ISPS members to attend and a small group of us went for a meal afterwards.

We have yet to organise an inaugural ISPS Scotland event, yet there are a few ideas in the pipeline which we hope to bring to fruition early next year.

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: 14th February