



THE INTERNATIONAL SOCIETY
TREATMENTS OF
AND OTHER

FOR THE PSYCHOLOGICAL
THE SCHIZOPHRENIAS
PSYCHOSES

UK Newsletter

February 2008

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**DEADLINE FOR
NEXT NEWSLETTER:
30 APRIL 2008**

FROM THE EDITOR



Dear Colleagues,

Welcome to the February edition of our newsletter in which we present a family theme. Family issues and stigma have always been an important preoccupation for carers and professionals alike.

The book review by Alex Reed reflects the importance of family work with a critical evaluation of family work in the UK. Trish Barry-Relph's article asks 'Who Cares?' and presents the social care climate and identifies policy discourses in relation to it.

A new Therapeutic Community is announced: it's good to see that TC's continue to develop, especially in the psychosis field, in the light of the predicaments of the Henderson Hospital. TC's sometimes see themselves as quasi family environments

where family experiences of clients can be 'unpacked' therapeutically and worked through. This approach seems to help people explore relationships and tune in with others which can play an important role helping people towards recovery. Look out for the next ISPS book on Therapeutic Communities for Psychosis out this Spring!

I am also very sad that Denise Rolland is leaving the team. She has been a great person to work with and has been the mastermind behind the new improved space-age layout. We will miss you, Denise.

I hope you will enjoy the Newsletter and I look forward to many more people contributing with their ideas to the next one.

Vasilli Magalios



LETTER FROM THE CHAIR

In the last Newsletter I told you about the strategic plans that the new ISPS UK committee had worked out for the coming year. I pleased to say that I can already report to you on the progress that's been made. You will find the evidence throughout this edition of the Newsletter.

We now have a draft of our own **Charter of good practice in psychological therapies for the psychoses**. This has built on previous work done by Jan Olav Johannessen, and aims to express in clear terms what unites ISPS members. We welcome your comments.

We have developed a support plan for any member wishing to set up a local network meeting of ISPS UK members, which we hope will encourage more members who would like to do this to have a go. It's great that a meeting has been arranged in Manchester by Alison Summers, which she hopes could be the start of a local ISPS UK network in the North West.

We asked members what they valued most about belonging to ISPS – and got some responses that really got to the heart

of things, which we can use in our effort to encourage more people to join. It's hard to pick one or two but I'd like to share a couple of these, as I think they are quite inspirational:

➔ “Of all the organizations I belong to, ISPS is the one that most genuinely and successfully brings together people from different therapeutic orientations to think together.”

➔ “What I value most about ISPS is that it is a multi-professional community that demonstrates compassion and whole person thinking around very difficult and painful subjects at the heart of my profession as a psychiatrist.”

On a more mundane but no less important matter, we submitted a brief but I think useful response on the draft Code of Practice for the amended Mental Health Act – with thanks to those members who contributed their suggestions.

Finally – and this is a big development, which links to our goal of

developing a Marketing Strategy (sorry for slipping too easily into management speak) – from 2009 there will be an official ISPS Journal. Called simply *Psychosis*, followed by the subtitle ‘Psychological, Social and Integrative Approaches’, this is a bold initiative by the international ISPS Board which will provide a tremendous boost for the values, ideas and practice that we are all working for. It will repay all of us to help it be a success. You can read more about this on page 11 of the Newsletter.

You will already have heard that Denise is stepping down from the role of Administrator. She has developed the role with excellent skills and know-how over the last 18 months and we are sorry to see her go. Denise is scaling down her workload for health reasons and we wish her the very best for the future.

And if it is not too late may I wish you a happy and successful 2008.

David Kennard, Chair

Who Cares?

A new year's reflection

by Trish Barry-Relph.

Happy New Year to all!

As is the custom for many of us at this time of the year we can find ourselves looking back over 2007 and forward into 2008. I list a few of the thoughts I have been reflecting on in relation to those affected by schizophrenia and the psychoses. I was moved by the Queen's speech this Christmas when she focussed on the necessity to concern ourselves with those who are oppressed and on the edges and margins of society. I wondered when she was saying this about the number of people with a diagnosis of schizophrenia who may be alone and out there at Christmas time with little or no family. Reliant on 'Care in the Community' and the professionals and or charities who deliver care at this time of year many may have fallen through the net.

Peter Beresford, Professor of Social Policy and Chair of Shaping Our Lives, the national service user controlled organisation and a user of mental health services, warns about the damaging

and unintended consequences of choice and control in the service user movement. Social isolation and loneliness can be one of the unforeseen implications of 'Care in the Community' as professional working in the mental health services take well deserved breaks during the Christmas and New Year period. What happens to those suffering with enduring long term conditions such as schizophrenia? Where their capacity to develop and sustain relationships has been impaired it is easy to imagine how some may have been forgotten. Who supports them if they get into distress during Christmas, known to be a particularly stressful time of year?

CRHT crisis?

One of the community mental health services with a responsibility to offer emergency mental health care is the crisis resolution home treatment teams (CRHT). A National Audit Office report highlighted the difficulties experienced by the CRHTs as they struggle to provide services for people living in the

community. As the role of the CRHTs is to provide acute care for people with severe and enduring long term mental health problems as an alternative to being admitted to hospital, the findings should give ISPS cause for concern. The report highlighted that CRHT services were failing to be multi-disciplinary, with half of the teams over England receiving no input from an approved social worker (ASW) and one third receiving no input from a dedicated consultant psychiatrist. Recently, Marjorie Wallace, chief executive of the mental health charity, SANE, said, "Despite the additional spending on mental health in England monies are still not reaching the front line, leaving people in critical need without care". If we are to support and care for people affected by schizophrenia there is a need to break the silence around the conditions professionals are working under within the mental health system. After all, ISPS as an organisation, concerns itself with the prevention, care and

treatment of schizophrenia and psychoses.

Life Sentence?

Equally important to speak out about are the conditions those with schizophrenia have to face within prison and criminal justice system. Eric Allison of the Guardian wrote about the recent inquest into the death in August 2005 of a young 20 year old woman, Louise Giles who had a diagnosis of paranoid schizophrenia. Louise hanged herself in the women's wing of Durham prison. At the inquest, the jury was told that Louise had died some 18 months after the chief inspector of prisons, Anne Owers, urged the closure of the women's unit at Durham, describing it as a "constricted and forbidding" environment in which to contain vulnerable women. I remember this wing as I visited when I was a probation officer in the late 1980's. During the period 2002 to 2005 six women hanged themselves. The inspectors of prison were horrified to find that a frequent self-harmer had been disciplined and held in strip conditions as a punishment. A year later, the inspectors of prisons returned only to find conditions had deteriorated further and noting the high levels of distress of the six remaining women they warned that "suicide will be a real risk unless some significant changes are made very quickly". No action was taken and two

months later, Louise was dead. The five remaining women were transferred and the unit was shut down.

Suffer, little Children?

Tony Blair left No10 on the 27th June 2007 for the last time. While there is much I *could* offer comment on I will limit myself to paying tribute to him and those in his government who have worked behind the scenes at strategies which seek to close the gap between those who are the most disadvantaged and others. This has important long term implications for a reduction in the levels of mental illness and distress brought about by unremitting psycho-social stressors.

The recently launched 'Children's Plan' provides a 'vision' of making the UK the best place in the world to bring up children. A large and detailed plan sets out how the government hopes to achieve this and addresses every aspect of a child's life and transitions into adulthood. The Children's Plan seeks to target those on the margins and at the edge.

An awareness of who the most disadvantaged children are and the circumstances they face is important. The children's charity NCH says that nearly half (45%) of children and young people in care have a mental health problem. The Care Matters white paper, Time for Change 2007, details how

the government will support families with children in care and on the edge of care. The Children's Plan specifically highlights how the issue of mental health will be addressed. What is hugely encouraging is the emphasis on emotional well-being and the focus on children's happiness.

Of course, a lot of the delivery of this service will fall on the service I work within, child and adolescent mental health services CAMHS. CAMHS receives a huge number of new referrals each week and struggles to provide the support many of our vulnerable children and young people need. Professionals within CAMHS remain hugely committed to delivering the best possible service within their means to the children and families in need of it. The long term aim of the Children's Plan is on prevention rather than treatment. I fully support the aspirations behind the Children's Plan and hope that the benefits of this will be seen during the next 20 years.

Trish Barry-Relph is Primary Mental Health Psychotherapist – Winchester Child Guidance Clinic & Hampshire CAMHS Learning & Development Officer.

Blue lady
by K. G.

*Where are you my love
For whom I have forsaken all others
I search the crowded streets and markets
Under the watchful gaze of merchants
Who wonder if by my shabby dress
I can afford your companionship*

*Not for you the company of women
Who prefer colourful and fragrant associations
Nor the athletic impetuous youth
Crisp clean and sharp
With light thoughts and behaviour*

*No, yours is the companionship of the traveller
Or poet musician and fool
The tormented soul of the mercenary
Those who have experienced man's inhumanity
Carrying hidden scars of emotion
Not expressed without your imagined support*

*I cautiously ease down the aisle
Averting the suspicious glances
Of traders and others in judgement
Who scorn my preferences and desire
When at last I find you*

*Grasping your waist I exchange silver
Walking through the hustling groups
I fear none as you are with me*

*But in the morning I know I will awake
Raw and empty with renewed depression
No trace of you remaining
Except of your discarded blue cover*

A reminder to search for you again.

Your input for a better charter

ISPS UK is developing a charter of good practice - one of our goals for 2008.

It has been drafted by Brian Martindale with input from the rest of the committee, and draws on previous work done by Dr Jan Olav Johannessen (past chair of ISPS) and his colleagues in Stavanger, Norway.

It has been written to highlight the views ISPS members have in common about good practice. We want it to be both a genuine 'mission' statement on the one hand, and a practical tool for health professionals, service users and carers to take with them to clinical and service planning meetings.

The draft is on page 6 of this issue (over). Please let us know what you think of it, and how you think we can best publicise and promote it. You can do this on the email discussion group or by emailing admin@ispsuk.org.

Draft Charter of Good Practice in Psychological Therapies for the Psychoses

This charter:

- focuses on psychological needs and therapies (and in doing so in no way relegates the importance of other contributions to the wellbeing of persons with psychosis)
- is based on the current best overarching understanding of the psychoses - which is that for most persons a psychotic disturbance is a result of a person being overwhelmed by an excess of difficult experiences and feelings at a vulnerable time leading to an altered sense of reality (sometimes called the stress vulnerability model)*. Psychoses can appear in many forms and be brief, episodic or be of a more gradual onset.

The charter

- 1) The primary member of staff allocated should be someone intending to work in the service for at least eighteen months because the stability and continuity of a good relationship is crucial.
- 2) Persons suffering from psychosis should have a sensitive assessment to gather a picture of their strengths and their psychological vulnerabilities and their personal circumstances. This assessment should be modified as appropriate over time to highlight developments and contemporary issues and further understanding
- 3) The assessment should contain both the person's own narrative and that of relevant others e.g. family members, staff.
- 4) The assessment should lead to a formulation that aims to 'make sense' of the information gathered, of what has led to the persons 'break' with reality and aims to elicit the meaningful personal issues contained in the psychotic manifestations.
- 5) Those nearest to the person should also be offered a sensitive assessment of their own needs and be offered appropriate psychological help. In many cases families may both want and benefit from being helped together with the member who has had a psychosis. Family meetings should be offered at least monthly and more frequently at times of crisis, and these meetings should continue as long as needed.
- 6) All persons who have had a psychosis should be helped to develop a relapse prevention / or staying well plan, which involves identifying early warning signs of psychosis and clarifies effective interventions at that stage. Carers and others should be involved where possible as they can be of great assistance at vulnerable times.
- 7) Teams working with psychosis should ensure that all staff are confident that they have the skills to engage with family members
- 8) Teams should ensure that staff develop skills in a range of psychological therapeutic approaches for the variety of psychological problems encountered in those vulnerable to psychosis, so that service users are offered therapies that match their needs rather than them having to fit in with the service.
- 9) All service users should have access to long term psychological therapy which might last for a period of up to five years that helps the person in their recovery. The therapist should be experienced and regularly supervised.

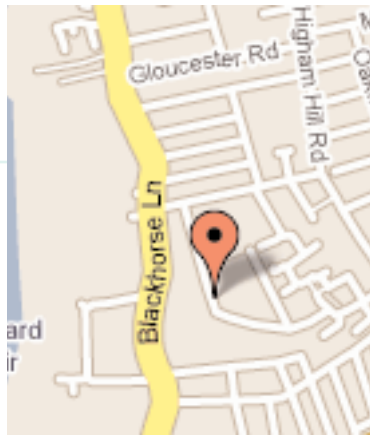
**It is important not to overlook those for whom there is a medical condition that leads to psychosis such as a brain tumour, an endocrine condition or the side effect of prescribed or street drugs.*

Starting a new Therapeutic Community

Cristina Vergara, Sam Filomena, Ana Oliveira
Highams Lodge Staff

Highams Lodge is a new residential project that Community Housing and Therapy (CHT) has set up in London. CHT is an organisational member of ISPS UK. Highams Lodge operates a therapeutic community approach and accommodates up to 15 residents who are experiencing mental health and emotional difficulties and need 24 hours support. Clients that are referred to CHT have diagnoses of psychosis, schizophrenia, and other severe mental health difficulties, some have forensic histories and dual diagnoses. The project is in an ideal location and is surrounded by public parks and natural scenery, available for outdoor activities.

Our aim is to engage each resident in our therapeutic programme which is created to assist each person to become more aware of themselves and how to manage their difficulties. We work together to find new ways to communicate with each other and doing so to build healthy relationships, which hopefully will influence and enrich our futures for the better.



CHT, as well as staff members working at Highams Lodge, are very excited with this new project. Some staff members have worked in other CHT projects and they are finding it a very creative and enriching experience, but also very challenging. We are going through the process of creating our own environment, boundaries, and the therapeutic programme. Every project has its own culture, and new comers need to join in an existing one. The most interesting part of setting up a new project is that we can see how the culture is shaping up from the beginning. This will create an environment which will help to develop client's creativity and encourage them to participate in shaping the culture of the community.

As part of our philosophy we have links

with other professional bodies and training opportunities for clients to develop a platform that avoids exclusion.

Starting this project from scratch has been an exciting and challenging experience for all members of staff. Regular discussions and meetings are held to suggest ongoing improvements to the Therapeutic Community. We are creating therapeutic groups and activities to help adults from all ages and backgrounds to find a different way to deal with their life experiences and to help them become more independent in the day-to-day running of the household. All the staff members are working hard to put this structure together.

We started some daily routines such as, cooking, maintenance and gardening in order to provide the best and the most attractive service when the clients arrive. We all agree that it is important to create a homely environment. We hope to grow a little organic and seasonal garden produce to cook fresh and healthy food.

Working with families who live with psychosis

impressions of the ISPS (UK) 2nd Annual North East Conference

by Dr Alison Tierney

This was the first time I have attended an ISPS conference. I was interested in the theme primarily because I have a son, aged 26, who has diagnoses of schizophrenia and autism, and is currently in a rehab unit. Also, I'm a social anthropologist and I've worked on NHS funded research. The conference appealed to me as an opportunity to bring together my personal and professional experience, by learning more about current debates on psychological approaches to psychosis.

As a carer, I found the conference to be a valuable support in my on-going campaign to get the right care for my son. It was a chance to learn more about issues which, most of the time, I am dealing with on my own. For example, the dynamics between carers, service users and the multi-disciplinary teams responsible for people with psychosis, and also the dynamics within those teams.

As with any conference, the chance to make contact with like-minded people and to exchange ideas was enjoyable and rewarding. I was particularly interested to learn more about alternatives to medication, and the integration of a range of approaches rather than the conventional emphasis on treatment primarily through medication. There was ample opportunity for this due to the wide range of backgrounds represented among the participants. Overall I had the feeling of being at home amongst the people I met.

To illustrate the conference programme, I'll focus on two examples. First, the workshop titled 'Reflecting on the problem of guilt and shame in psychosis' by Dr Brian Martindale (Psychoanalyst and Consultant

Psychiatrist, Early Intervention Services, South of Tyne). This workshop was very popular, and extra chairs had to be found to accommodate everyone, which indicates that it struck a chord with many.

Brian tackled the sensitive issue of how parents often feel they have contributed in some way to their son or daughter's psychotic condition. As a carer myself, I have never been satisfied with the conventional message - namely, that, as parents, we didn't cause the condition in any way, it just occurred randomly as illnesses do. Given that there is so much information circulating in society in general about how upbringing influences outcomes, it is hard to accept this simplistic statement. Therefore, I welcomed Brian's approach which unpacked the issues associated with the widespread feeling amongst relatives and carers that they did, in some way, shape events. He did this by deconstructing guilt and shame into three

different aspects: healthy guilt, unhealthy guilt and denial. The aim was not to apportion blame but to attempt to understand better what might be going on within families.

Healthy guilt, he suggested, was the kind where one person feels they've done something amiss, as we all do from time to time, and would like to make amends. Unhealthy guilt is characterised by punishment, either towards oneself or others, and can fuel criticism and hostility. Denial, a concept we are all familiar with, occurs when it is intolerable for a person to face up to something. It is usually associated with projection, and is a normal human mechanism by which we protect ourselves from something uncomfortable.

I found this way of looking at guilt helpful. It was a way to avoid the common tendency to oscillate between feeling paralysed due to an awareness of having obviously played a part in the way things have turned



Bernadette Wren, Tavistock Centre (Brian Martindale in the Chair)

out, or alternatively dismissing the idea that I had anything to do with it. I was able to recognise what primarily drives me - the desire to make amends for someone I love - and to see how sometimes it can become distorted into the more negative versions of the feeling. The negative versions can exacerbate what is already a delicate situation.

The second example I'd like to highlight is the main afternoon presentation by Dr Bernadette Wren (Systemic Psychotherapist, Tavistock Centre) who talked of an analytical framework currently in use at the Tavistock. It's a way of identifying what's going on in family interaction by recognising four 'domains' or modes of interacting. These are: attachment,

exploratory, safety and discipline. The argument of Bernadette's presentation was that, when family relationships are difficult or dysfunctional, it can be because of crossed-wires between domains. For example, a son might be exhibiting behaviour which expresses his need for attachment, but his father might respond in the discipline domain. This misunderstanding of where the other person is coming from can exacerbate the son's disruptive behaviour rather than calm it.

These two items from the conference programme illustrate the nature of the discussions about current thinking on analytical approaches. They also indicate how these conceptual frameworks can be helpful in a practical and immediate way to improve family dynamics. The conference was a rich experience and I'm looking forward to other ISPS events in future.

ISPS UK Response to the Code of Practice consultation.

David Kennard

These are the key points made in our submission to the consultation on the draft Code of Practice of the revised Mental Health Act.

In general we thought that psychological treatments were appropriately included in the Code, and were pleased to see the recommendation that they 'should be considered as routine treatment at all stages' (27.5) and they 'are not inappropriate simply because a patient does not wish to engage with them. They can be considered to remain available so long as it continues to be clinically appropriate to offer them and they would be provided if the patient agreed to engage.' (16.6)

We wish to suggest two specific changes that will help people make decisions under the MHA.

13 - ALLOCATING A RESPONSIBLE CLINICIAN

The wording of 13.5 refers to the option of a psychologist being chosen as the responsible clinician where psychological therapies are central to the patient's treatment. There is a risk this will be interpreted rigidly, excluding the possibility of choosing another professional who has appropriate training and experience in the therapy being provided. We therefore suggest the following wording:

13.5 The choice of responsible clinician should be based on the individual needs of the patient concerned. For example, where psychological therapies are central to the patient's treatment it may be appropriate for a psychologist, psychological therapist or other professional with relevant training and experience to act as the responsible clinician.

27 - PSYCHOLOGICAL TREATMENTS

The wording of 27.2 unhelpfully implies an either/or split between a holistic approach to the needs of individuals and treating symptoms, and that psychological treatments are not relevant to the treatment of symptoms.

There is considerable body of evidence on the effectiveness of psychological treatment in both areas - symptom treatment and looking at the whole person. This paragraph should indicate that psychological treatments are relevant both to the treatment of symptoms and to looking at an individuals' needs in the round. Our proposed change of wording is as follows:

27.2 Psychological treatments form an important part of modern mental health care. They are part of a holistic approach, which includes but goes beyond symptom reduction and diagnosis and looks at the needs of individuals within their contexts.

‘PSYCHOSIS’ the ISPS Journal is Coming!

After a year or more of negotiations between the ISPS International Board and the publishers Routledge/Taylor & Francis, ISPS is to have its own official Journal.

This is a major development, not just for us, but for everyone involved in the field of psychoses. It will be aimed at practitioners and at academic and health institutions, and will carry the unique ISPS stamp of covering the full span of theoretical and therapeutic psychological approaches.

The editorial board includes such leading figures from the UK as Richard Bentall, Phillipa Garety, David Healey, Julian Leff, Frank Margison, Douglas Turkington and Paul Williams, plus an equally distinguished number from other countries, including the editor John Read.

I believe ‘Psychosis’ can put ISPS on the map like nothing before. It will provide a highly visible and unifying platform for psychological therapists of all disciplines, orientations and modalities to present their work and discuss key issues, as well as for

sharing first person accounts of psychosis and of mental health services.

To quote Richard Bentall: ‘This exciting new journal will help to create a balance in the scientific literature about psychosis, which has been dominated for far too long by a simplistic bio-genetic paradigm. The more evidence-based and integrated approach offered by Psychosis is long overdue.’

There are a number of practical implications of this for ISPS UK members.

1. Members who pay the full rate will receive the Journal as a membership benefit. There will be a necessary small increase in the subscription fee for 2008/9 to cover this.

2. The Journal is being offered to ISPS members at less than a quarter of the ordinary individual rate. This is possible because the publishers expect to make

most of their income from institutional subscriptions.

3. The success of the journal will depend on two key things: Institutional subscriptions and the submission of good quality papers for publication. It is in our interest to promote the journal in our places of work.

4. What we are asking is for each member to identify who in their organization is part of the group that decides on new journal subscriptions for the library or resource centre, and to send them the Journal promotion card enclosed with this newsletter – if possible with a personal chat or note to discuss the potential value of the Journal.

Please do what you can to help put ‘Psychosis’ on the map.

David Kennard

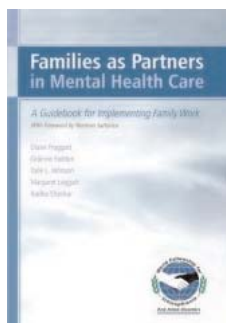
BOOK REVIEW

Families as Partners in Mental Health Care: A Guidebook for Implementing Family Work by Froggatt, D., Fadden, G., Johnson, D.L., Leggatt, M. & Shankar, R. (2007) . Toronto: World Fellowship for Schizophrenia and Allied Disorders. Paperback 168pp \$29.50

Reviewed by Alex Reed, Family Therapist, Newcastle Adult Mental Health Services

Adult psychiatric services in the UK have a poor record in providing family work. With one or two notable exceptions, family interventions have by and large been developed in a piecemeal fashion through the energies of innovative practitioners, rather than being central to the clinical strategies of mental health Trusts. The N.I.C.E. clinical guidelines for schizophrenia regarding family interventions appear to be ignored on a widespread basis to a degree that might generate public alarm in the case of any major physical illness. Addressing the multiple obstacles to the routine delivery of services for families and carers is therefore surely one of the most important challenges currently facing psychiatry.

In view of this situation, this book therefore couldn't be more timely. Edited by an impressive international team who bring vast experience and passion to the task, it includes contributions from around the globe. It is striking, (and perhaps says something about the fairly homogeneous culture of psychiatry), that although



the contributors are writing from different countries, all of the chapters have relevance for a UK readership.

The aim of the book is to motivate services to adopt and implement family work as core to service delivery. Crucially, it also aims for inclusiveness, in that it is written for all who are involved in the care of people with serious mental illness including professionals, managers, policy makers, service-users and family members. Challenges to the implementation of family work exist at multiple levels, as a number of commentators in the book point out, and optimum change strategies therefore entail collaboration between all who are interested in seeing things improve.

The book is inspiring in that it is crammed full of practical advice about how

to influence the culture of mental health services towards family inclusiveness. In Chapter 3 Margaret Leggatt provides a clear and systematic analysis of the challenges to innovation at multiple levels. These include challenges associated with family interventions themselves, (for example, confusion around which models to implement, lack of research which focuses on the issue of implementation); potential challenges associated with the service-user, (for instance, beliefs about independence or a desire for confidentiality which might lead to a reluctance to engage in family meetings); potential challenges associated with the families themselves (such as lack of practical or emotional resources to become involved, an inability to acknowledge the seriousness of the problem in the early stages or previous bad experiences of services); challenges that may be associated with staff, (such as concerns about confidentiality, lack of training, outdated beliefs about psychosis);

organisational challenges, (including conflicting priorities or service structures that impede the delivery of family work) ; social challenges, (such as concerns about stigma); and economic challenges, (for example, budgetary constraints leading to an emphasis on short-term, quick fix treatments). Leggatt quotes Grainne Fadden, Director of the Meriden Project and a co-editor of this book, who comments that an emphasis on, *“targets, budgets, mergers restructuring and development of new services often means that clinical priorities do not receive due attention”* (p.28).

In describing these multiple challenges, however, Leggatt is careful to remind us that, *“challenges are only challenges and can be surmounted”* (p. 28). Indeed, a major strength of this book is that it is filled with success stories. In Chapter 4 Fadden shares her experiences from the Meriden project of involving and training professionals in family interventions. Over a nine year period, this project has trained approximately 2500 staff from across 13 organizations in delivering family work. Fadden emphasizes the need to provide training to staff at all levels of the organization, including middle and senior managers, in order to

create the organisational change necessary to support practice post-training.

Another hallmark of the Meriden project is an emphasis on partnership working between professionals and carers. Chapter 5, which focuses on involving carers, includes a detailed account by Peter Woodhams of his experiences of becoming involved as a carer in shaping services, including acting as a trainer for the Meriden Project and chairing the project’s Advisory Group. Woodhams energy and commitment permeate this account, and he offers guidance about how carers can contribute in a range of different ways to local, regional and national strategy. He also emphasizes that while for some carers contributing actively at meetings or formal events may be daunting, their very presence can help to increase professional awareness of carer issues.

Chapter 5 also contains an account by Roger Stanbridge and Frank Burbach from Somerset of how carer involvement has become central to the staff training and service development strategies in their Trust. Burbach and Stanbridge are one of the great recent success stories within the family interventions field, an object lesson in how it can

be done. Their training programme in family interventions for psychosis in Somerset was innovative in integrating cognitive-behavioural and systemic approaches to family work for psychosis at a time when there was a depressing degree of inter-model rivalry within the field. They also showed that many of the usual problems around implementation can be addressed when training and service delivery are well integrated with one another, for instance, by providing whole team training delivered in the workplace (Burbach & Stanbridge 1998). Like Peter Woodhams, Stanbridge and Burbach stress the importance of carer involvement throughout the organization, rather than families being viewed simply as the recipients of treatment.

Chapter 7 discusses health care provision in low-income countries and the importance of developing self-care and mutual support for carers, as well as partnership working between agencies to provide carer education and support. Several other examples of successful family-based services and training programmes are presented from around the world, including Norway, Argentina, North America, Canada and the U.K. A number of contributors discuss the delivery of

Multi-Family Group (M.F. G.) approaches, which are attracting increasing interest here in the U.K.

Maintaining the inclusive stance of the book, Chapter 8 includes the contributions that both government and non-government carer organizations can make towards service improvement. Antony Sheehan discusses the place of policy in shaping the values and goals of mental health staff. Attention to macro-level policy initiatives is crucial to shifting the services towards family inclusiveness, since the values and attitudes that serve to obstruct the investment in and delivery of family work are encountered at all systemic levels, including the broader cultural level. In a thoughtful closing discussion of issues of confidentiality and privacy as potential challenges to family work, Diane Froggatt identifies a general assumption that has developed in many western countries that the individual is more or less independent of their family and community. The subsequent loosening of family ties risks leads to the alienation of those who are most vulnerable. Challenging this reductionist assumption, Froggatt states, "*Nevertheless, it is clear that we are all interdependent and that*

society cannot function without the offering and giving of love, support and care when needed. Arguing independence above all things flies in the face of familial ties, familial love and familial duties". (p. 146).

The inclusiveness of the book is commendable, and I would have liked to have seen this stance extended to discussions of other models of family work, particularly the Needs Adapted and Open Dialogue models from Finland. While the evidence-base for these systemic and psychodynamically based approaches is admittedly weaker in that they are not supported by randomised-control trials, they have been successfully embedded within Finnish services over several decades and have been carefully evaluated in relation to process and outcomes using action research methodologies (Lehtinen et al. 1996; Seikkula et al. 2003).

This highly readable and inspiring book is a major contribution to the field, directly addressing the complexities of implementation and compellingly re-asserting the requirement for family involvement and family work to be at the centre rather than the margins of psychiatric care. It needs to be read widely and should be required reading on training programmes for all mental health staff.

References

Burbach, F.R. & Stanbridge, R.I. (1998) A family management approach in psychosis integrating the systemic and family management approaches. *Journal of Family Therapy*. 21: 311-325.

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Ms Fotini Issidoridou, Sunset in New Mexico, oil on canvas, 1977

NEW BOOKS in the ISPS BOOK SERIES

Dr. Brian Martindale, ISPS Books Series Editor

OUT NOW:

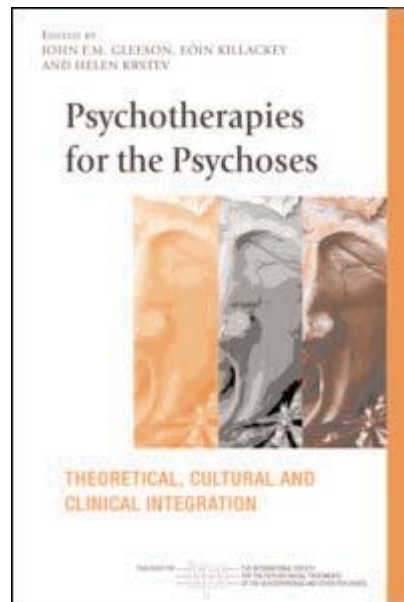
I am pleased to announce publication of the 6th book in the ISPS series

PSYCHOTHERAPIES FOR THE PSYCHOSES

Theoretical, Cultural and Clinical Integration, edited by Gleeson, Killackey and Krstev.

Our Australian colleagues reopen the debate started in ISPS Melbourne in 2003 about the feasibility of integrating psychological therapies with the biological and make a re-evaluation of the stress vulnerability model within a range of frameworks. There are a chapters on controversial and innovative areas in family approaches and a whole section looks at integration of psychological approaches in different settings around the world.

There should be chapters that will interest everyone, and as with the series as a whole, enough debate and controversy to stimulate reflection on our real world, day to day, practice where ever we are. The book is dedicated to the memory of prominent ISPS member Wayne



Fenton, who ironically died at the hands of one of the patients whose lives he was dedicated to improve.

COMING SOON:

THERAPEUTIC COMMUNITIES FOR PSYCHOSIS

, Editors Gale, Realpe and Pedriali.

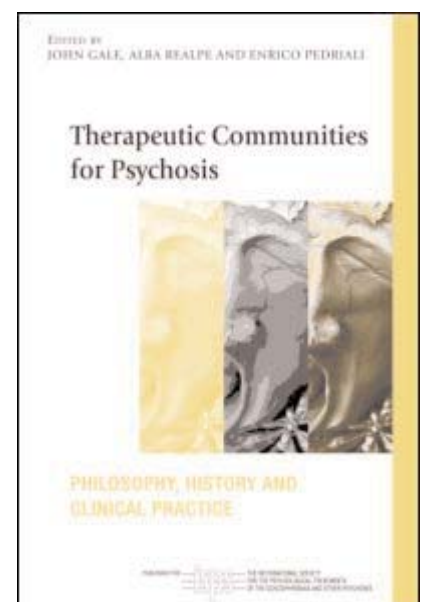
The book offers a uniquely global insight into the renewed interest in the use of therapeutic communities for the treatment of psychosis, as complementary to pharmacological treatment. Within this edited volume contributors from around

the world look at the range of treatment programmes on offer in therapeutic communities for those suffering from psychosis.

The book covers:

- ➔ the historical and philosophical background of therapeutic communities and the treatment of psychosis in this context
- ➔ treatment settings and clinical models
- ➔ alternative therapies and extended applications.

This book will be essential reading for all mental health professionals, targeting readers from a number of disciplines including psychiatry, psychology, social work, psychotherapy and group analysis.



ISPS UK COMMITTEE AND ASSOCIATE COMMITTEE MEMBERS

Elected members:

David Kennard (Chair), david@dkennard.net Psychology and Groups
John Gale, (Hon. Treasurer) jg@cht.org.uk Corporate Member
Janey Antoniou, janey.antoniou@ukonline.co.uk Service User and Trainer
Trish Barry, trishbarry515@hotmail.com Social Work
Chris Burford, cburford@gn.apc.org General Psychiatry and e-mail list
Gráinne Fadden, grainne.fadden@bsmht.nhs.uk Psychology and Family
Alf Gillham, alf.gillham@ggc.scot.nhs.uk Clinical Psychology and Assertive Outreach
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Dan Pearson, daniel.j.pearson@talk21.com Families
Alex Reed, alex.reed@ntw.nhs.uk Nursing and Family Therapy
Steve Trenchard, strenchard@retreat-hospital.org Nursing and Workforce Development
Judith Varley, juv@liverpool.ac.uk Carer

ISPS UK Associates:

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Kathy Taylor, ktaylor_psy@yahoo.co.uk
Garry Brownbridge, gbrownbridge@retreat-hospital.org
Alison Brabban, abrabban@btopenworld.com,

Arts Therapies:

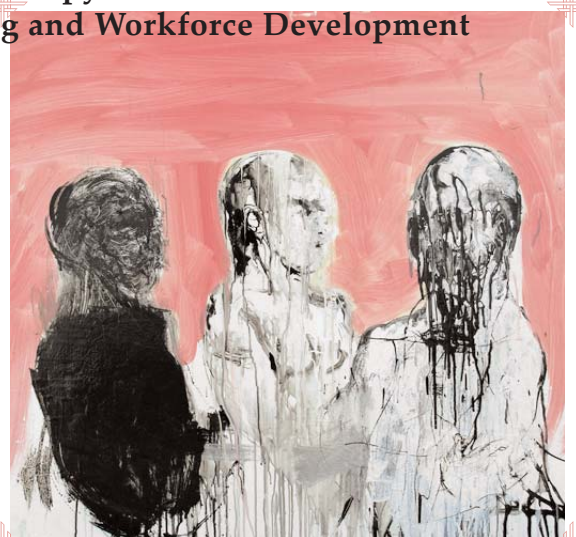
Katie Clayton, katie64@aol.com

Users and Families

Peter Ruane, ruane.p@blueyonder.co.uk

Social Work

Pat Land, nolandpat@hotmail.com



Spyros Verikios, Three Romans, oil on canvas, 2006

RECRUITMENT

Director of the Arbours Crisis Centre

Due to the retirement of Dr Joseph Berke on or before January 2009, there is a vacancy for the post of Director of the Arbours Crisis Centre in London.

For further information about this post and how to apply, see our website:

www.arbourscentre.org.uk

or contact

Dr. Joseph Berke, Director, Arbourscentre. Email: jhberke@aol.com

Phone: 208 348 4492

The Arbour Centre, 41 Weston Park,
Crouch End, London N8 9SY

SUPPORTING ISPS UK LOCAL NETWORKS

One of the aims of ISPS UK is to encourage the development of local networks of members, meeting face to face for mutual support, to share their work and experiences with a sympathetic like-minded group, and to learn from one another.

Such groups depend on one or two individuals to set the ball rolling and to 'hold the reins', co-ordinating contact details, venues, meetings dates, etc.

These notes are to help local network convenors get started and to say what help or support can be available to you.

- You are very welcome to have discussion on the phone or by email with the committee chair or with other committee members about setting up an initial meeting of ISPS UK members in your region. For contact details see page 18 in this Newsletter.

- It is often a good idea to have a speaker at an inaugural meeting, with a topic to get a good



discussion going. ISPS UK Committee members may be willing to take this role if you need help with this.

- Our Administrator can identify ISPS UK members in your region and send them an invitation (we can't pass addresses on because of data protection but we can invite members to contact you if they want to be on a circulation list).

- You can also use the ISPS UK Yahoo email list and the Newsletter to inform members of planned meetings.

- A valued feature of ISPS meetings is the opportunity for service users, carers and professionals to meet together – you can contact local service user and carer networks to invite them to

meetings.

- You don't have to restrict meetings to members only. Inviting non-members can be a good way to make people aware of ISPS. A common practice is to encourage non-members to join, with information about ISPS available. Our Administrator can provide benefits of membership leaflets, application forms, recent Newsletters and flyers on the book series.

- The treasurer can authorise start-up funds from ISPS UK to meet the expenses of room hire, admin and travel costs for speaker or unwaged participants. The longer term goal is for local group to become financially self-sufficient, e.g. by levying a small charge or asking for donations at meetings.

We hope you find these notes helpful. This is the first version to be used, so please contact the committee if you have any feedback or would like any further information.

SIGS & LOCAL CONTACTS

Art psychotherapy in acute in-patient settings

A group of art psychotherapists working in the NHS, and affiliated with the Art Therapy Practice Research Network (ATPRN), have formed a special interest group for art psychotherapy in acute in-patient settings.

The first meeting took place on 26th February, 2007, organised jointly by colleagues in the East London and City Mental

Health NHS Trust (now the East London NHS Foundation Trust) and the North East London Mental Health Trust. Sixteen colleagues, representing ten different NHS Trusts from around the country - from Salford to Sussex - met to discuss the role, practice and evaluation of art psychotherapy in acute in-patient settings and to set up the terms of reference and future planning of the group.

This special interest group has continued to meet for half a day, every three months, in London, chaired by Sheila Grandison. The next meeting is on 3rd

March, 2008. Currently we are discussing different methods of auditing and integrating research evidence for enhanced patient care.

If you are interested in this area of work and would like to attend or hear more about the special interest group, the group's contact is Sonia Nash and she can be contacted at: sonia.nash@eastlondon.nhs.uk or telephone on 020 7540 4380 ext. 2022.

Sheila Grandison

ISPS UK National Conference

Psychological therapies, medication and psychosis: how do they relate to one another?

July 1st 2008. Venue: SCI, Belgrave Square, London

The conference will provide an ideal opportunity to hear from international speakers on the most effective approaches to aid our understanding of the interactions between talking therapies and medication. Psychological approaches are used for many different things and the speakers will explore how psychological therapies may be used to best effect, and how medication integrates with these approaches. The conference will help us identify future steps that professionals, service users and their families can take together to integrate often divergent approaches to treatment within one that supports an individual's recovery.

See separate flyer for programme and booking details

EAST ANGLIA

Calling East Anglian members, specifically Norfolk and Suffolk If you are interested in the formation of a local member's network with the possibility of arranging a local meeting, please contact mary_rose_roe@hotmail.com

LONDON

Contact Sheila Grandison, sheila@barendt74.fsnet.co.uk

NORTHERN

The September meeting had to be postponed, a new date will be announced on the email list. Contacts Gary Brownbridge and Jen Kilyon, gbrownbridge@retreat-hospital.org and kilyon@blueyonder.co.uk

SOUTH WEST

Gina Smith, current contact for this group, is hoping to find a successor and asks anyone interested in taking over to contact her at hssgfs@bath.ac.uk.

WEST MIDLANDS

Contact Gráinne Fadden, grainne.fadden@bsmht.nhs.uk

PSYCHO- DYNAMIC AND PSYCHOSIS INTEREST GROUP (NORTH EAST)

The aim of our Psychodynamics and Psychosis Interest Group is to informally support, discuss and encourage the use of psychodynamic principles in working with people with a diagnosis of psychosis in the North East of England. We have been meeting now for three years, and are currently in the stage of planning four meetings for 2008.

If you are interested coming to a meeting, or would just like to join our email distribution list, please contact Richard Duggins (SpR Psychotherapist, Claremont House, Newcastle upon Tyne) at Richard.Duggins@ntw.nhs.uk

SCOTLAND

Contact Alf Gillham, alf.gillham@ggc.scot.nhs.uk

SPECIAL INTERESTS:

FAMILIES

Dan Pearson
daniel.j.pearson@talk21.com
SOCIAL WORK
Trish Barry
trishbarry515@hotmail.com

NURSES

Keith Coupland
keith@furlong.demon.co.uk
or Mark Hardcastle
mark.hardcastle@wshsc.nhs.uk

**ARTS
THERAPIES** Sheila
Grandison
sheila.grandison@elcmht.nhs.uk

GENERAL PSYCHIATRY

Chris Burford,
cburford@gn.apc.org

FORTHCOMING EVENTS

Date: 9-12 March 2008

Event: Ravenscar

Research Conference

Organisers: Society for Psychotherapy research UK
chris.evans@nottshc.nhs.uk

Location: Ravenscar, UK

Date: 10 March 2008

Event: Psychodynamic

Work with Families

Organisers: Early Intervention Service - Ruth Baine, 01772 645765

Location: Lantern Centre, Preston, Lancs UK

Date: 18 March 2008

Event: Hearing Voices:

How People Recover - with Professor Marius Romme & Dr Sandra Escher

Organisers: The Hearing Voices Network - Peter Bullimore, 0114 2718210, Jacqui Dillon, 07951 635033

Location: Sheffield, UK

Date: 25th -26th April 2008

Event: Terror Within and Without Attachment and Disintegration: Clinical Work on the Edge

Organiser: CAPP, 020 7247 9101, administrator@attachment.org.uk

Location: London, UK

Date: 25 April 2008

Event: Gregorio Kohon in conversation with Leon Kleimberg and Iignes Sodre

Organisers:

www.connectingconversations.org.uk

Location: London

Date: 1 July 2008

Event: ISPS UK National Conference:

Psychological therapies, medication and psychosis: how do they relate to one another?

Organisers: ISPS UK

Location: London

**DEADLINE
FOR
NEXT
ISPS
UK
NEWSLETTER:
30 April 2008**

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@isps.org.uk.

ISPS UK CONTACT DETAILS:

The UK Administrator can be reached at admin@isps.org.uk. Should you feel that an event that you are involved in would be of interest to our members please email for further details on advertising in our Newsletter.

The ISPS UK website is at www.isps.org/uk

One of the strengths of ISPS UK is the bringing together of a wide range of views, however the views expressed by authors in this newsletter are not necessarily shared by ISPS UK as a whole.