# Cassel Services Handbook

## Overview

The Cassel Hospital is an NHS Tier 4 Specialist Personality Disorder Service, and is part of West London NHS Trust.

The treatment is based on a combined psychosocial and psychoanalytic approach, and is delivered through two separate programmes: The Inpatient Service, and the Outreach Service. The Inpatient service provides residential treatment at the Cassel Hospital in Richmond, Surrey. The Outreach service provides community-based treatment, accessed either as a step down from the inpatient service or entered directly for those who can manage the treatment safely in the community. Cassel Services are for men and women over the age of 17.5 years, 18 on admission.

All patients attend on a voluntary basis.

## History of the Cassel Hospital

The Cassel was founded in 1919 by Sir Ernest Cassel as a private psychiatric hospital to treat civilians who had been traumatised by the First World War. In 1948 the Cassel entered the NHS under the leadership of Dr Tom Main who remained as Medical Director until his retirement 30 years later.

A Psychoanalyst, Main brought to the Cassel the concept of a ‘therapeutic community’, a model which offered a radically different treatment approach to the traditional psychiatric hospitals of the day.

Instead of viewing patients as passively ill and staff as actively knowing what was best for them, patients were respected and regarded as active participants in the treatment process, in which psychotherapy and social rehabilitation were its cornerstones.

A democratic structure was fostered in which patients played constructive roles in the day-to-day running of the hospital, and participated in their own and other patients’ treatment, in an atmosphere that encouraged open communication. Staff worked alongside patients supporting and sometimes challenging them in their day-to-day living tasks and responsibilities.

Earlier times at the Cassel.

## Core values

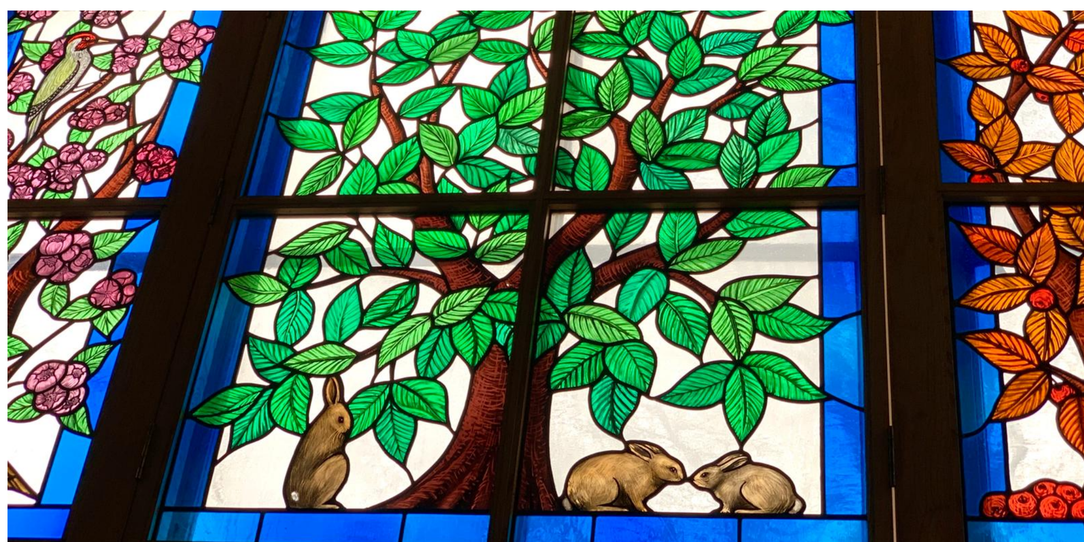
Although the Cassel has undergone many changes over the years, we have retained the following core values which lie at the heart of our treatment programs:

**Relationships**
The relationships formed between patients are at the centre of the therapeutic work. Interaction between staff and patients is also considered important but mainly as a way to support collaboration between patients.

**Responsibility**
Patients enter the Cassel on a voluntary basis and are expected to take responsibility for themselves and each other to a greater degree than in most other mental health settings.

**Openness**
We help manage patients' difficulties in a thoughtful and emotionally responsive way whilst challenging and encouraging enquiry into destructive behaviours.

**A culture of enquiry**
We foster a culture of discussion and enquiry which allows for the ongoing examination of patient and staff roles and group dynamics.



## The Team

We have a multidisciplinary team of Psycho-Social nurses, Support Workers, Psychotherapists, Social Worker, Consultant Psychiatrists, students and support staff. The team meets daily and discusses in depth the state of individual patients and that of the community as a whole, and reflects on how the team itself is functioning.

## Referring a patient to the Cassel

Referrals are generally made after an initial informal discussion, usually by phone, between a potential referrer and a senior Cassel clinician. This initial stage helps to determine whether a referral is appropriate.

Referrals must come from a Consultant Psychiatrist, or from a local CMHT professional, in which case it must have clearly stated support by the responsible Consultant. A referral should be made with a letter containing details of the patient's diagnosis, current symptoms, psychiatric history, treatments so far and their outcome, life history, and the patient's social situation. The rationale for the referral should be stated if possible. It is important that patients are involved in the referral process and support it, and have an idea of what the treatment involves.

Once a referral has been received, we will look at it to determine whether to offer an assessment. We then aim to offer a first appointment to the patient between four to six weeks.

## Assessment Process:

The assessment process takes on average 12 weeks. As this determines whether or not the Cassel is the right treatment it needs to be thorough, and allow us to get to know the patient, and give the patient an opportunity to decide whether they want to commit to this intensive programme.

The assessment process consists of individual meetings with a psychotherapist, and separately with a nurse, usually on the same day. There are usually two or three nurse and therapist meetings, spaced two or three weeks apart, although the interval can vary.

If it is felt there is potential to proceed, patients are then invited to attend a half day visit, in which they will usually also meet with the Cassel Social Worker. The half day visit is a 'taster' of life at the Cassel, an

opportunity to hear from other patients about their experiences of the treatment programme, and to ask questions.

Care pathways are tailored to patients' individual differences. Some may require very little work to prepare for admission, whilst others may require much more. For example if a patient is still is on an acute ward they will need to work towards coming off the ward and managing safely in the community. This will involve collaboration between the patient, the local team, the patient's support network and the Cassel team.

In preparation for an admission there will be various meetings to assist this process, such as a professionals meeting and/or a CPA. The Cassel will continue to involve local teams during treatment, and they will continue to be a support when patients return at home.

**Admission to Inpatient Treatment:**

Patients will receive a letter giving the name of their primary nurse and a likely admission date.  The primary nurse will make contact to arrange a home visit, usually by the primary nurse and a patient, in order to connect the patient's home life to the work of the Cassel.

# THE CASSEL INPATIENT SERVICE

## Daily Life at the Cassel

On arrival patients receive a copy of the current programme.
The weekly timetable has a mixture of fixed elements and other periods which are flexible. Among the fixed elements are patients' two individual psychotherapy sessions and two group psychotherapy sessions, and the daily community meetings, as well as meal times and other timetabled meetings, responsibilities and gatherings. Woven into this are periods of free time in which patients can organise themselves.

Other weekly structures include Psychosocial Education, Food Group, community management meeting, work groups, end of day community teas, supper teams, gardening group and weekend meeting

ts produce a tasty meal.

## Individual and group psychotherapy

Psychoanalytic Psychotherapy aims to develop awareness of conscious and unconscious mental processes, thereby enabling patients to exercise more choice over how they live their lives. Patients receive individual psychoanalytic psychotherapy (two sessions per week) and small-group psychoanalytic psychotherapy (two sessions per week) in the Inpatient programme. Psychoanalytic thinking is applied in a wider way to how we are working as a team and throughout the organisation as a whole.

## Psychosocial nursing

Psychosocial nursing is concerned with the emotional and social aspects of a patient's life. Our Registered Nurses and Support Workers work alongside patients on everyday living tasks so that difficulties in interpersonal relating can be looked at and thought about in a living situation. The focus of the work is to build real relationships where trust and honesty is developed. Often patients struggle to know and communicate how they feel, so a key focus is being part of patients' learning about themselves and each other, and finding a common language with which to communicate.

All patients are allocated a primary nurse, who is usually also their assigned care-coordinator at the Cassel. The relationship with the Primary Nurse is generally seen to be a closer one, with the nurse following the patient's progress through the treatment. Time is set aside for one-to-one time in which particular issues and problems can be discussed.

## Community Meetings

These daily morning meetings, known as 'Firm', are attended by staff and patients, and are chaired by patients who are elected by the community. Individual patients or general issues may be put on the agenda. It is a space to think jointly about the daily struggles of sharing life in a community. The psychotherapists do not attend the meetings.

## Workgroups and patient roles

All patients are allocated to a particular workgroup, which operate every weekday. They work alongside staff.  Workgroup mainly involves the cleaning of the patient areas in the hospital. These practical tasks are necessary and also help patients with issues such as working with others, and difficulties with self-organisation and cleanliness.

There are also opportunities to take responsibility for managing different tasks to ensure the daily functioning of the hospital at all levels. These roles can help to develop daily living skills, the sense of responsibility and to raise self-esteem. All patients are expected to take up various roles in the community during their treatment as they are vital to daily life at the Cassel and as part of treatment.

Roles within the community include**:** Community Chairs; Community Management Team Chair; Activities Manager; Pantry Manager; Treasurer; Events Manager; Night Contact (offered to patients who are struggling and might need support during the night)

## Physical and Social Activities at the Cassel

During time spent at the Cassel, there are many informal activities that patients take part in. Activities are important in maintaining an atmosphere of normality in what can often seem an intense environment. These may be physical activities, such as walking, cycling, ball games, and swimming. Or they may be social activities, such as games, films, and outings to places of interest. Patients are encouraged to come up with new ideas for activities. One patient, L, said: "Since being at the Cassel I have found activities particularly helpful for allowing me to chill out and have a bit of a break."

The garden is used for all kinds of games and sports.

Outside activities are beneficial in several ways. People enjoy a relaxing diversion, and seeing each other in different settings, and might find communication easier when outside the Cassel. People with problems of body image, for example if scarred from cutting themselves, or worried about being fat or thin, can be helped to get over the problem.

## Treatment expectations and rules

Patients who enter the treatment have chosen to sign up to the ethos and culture of the Cassel, and therefore need to respect and help to uphold the rules and expectations of the community.

**These are:**
• To attend and participate in all structures.
• To find ways of dealing with feelings other than through self-harm, destructive or self-destructive behaviours.
• To show respect towards people and property in the community.
• Work towards a reasonable daily routine, going to bed and getting up at sensible times.

**Families Couples Meetings**

Family meetings, and couples meetings, are available to inpatients. These are held with one of the therapists and the patient's primary nurse. They arise out of recognition of the importance of patients' external relationships, and when it becomes apparent that it may be helpful to look at issues with other people who the patient is close to. These are only arranged when all the parties wish to take part.

**Treatment Reviews**

Patients have three treatment reviews during their inpatient stay, the first about six to eight weeks after admission, then a mid-review, and a final review about six weeks before leaving.
In these the team and the patient reflect on the treatment to date and plan the next phase of the treatment. Patients are asked to provide a contribution expressing their own thoughts about treatment, and are encouraged to take part in the discussions.
The professionals from their local service are invited to attend reviews.
**CPA**

During treatment patients have three or more CPA meetings, usually following their treatment reviews, but sometimes separate. This meeting involves the patient, a nurse, often the social worker or another member of staff, and one or two professionals from the local service. The aim of the CPA meeting is to discuss and formulate concrete steps that the patient and/or professionals will take, which will be put into a written care plan/treatment aims. Family members or a carer may be invited to the

CPA meeting, if so wished. The care plan/treatment aims are updated and reviewed throughout treatment reflecting progress and needs.

## Rules of treatment

There are relatively few formal rules at the Cassel, but they are key to creating a safe and functioning environment.

**They are:**
• No street drugs, or use of un-prescribed medication.
• No alcohol in the building. The consumption of alcohol at home whilst in treatment is discussed with treatment team and the patient group
• No smoking in the building.
• No physical violence to people or property
• No verbal abuse or bullying
• No sexual relationships between patients

## Risk and risk management

Nearly all of the patients we work with have a history of self-harm and/or suicidal behaviours, and for some these continue to be ongoing risks whilst they are in treatment. We try to work with these risks through being observant, open and direct in trying to determine risk, and talking through with patients what their situation is and what is needed to reduce the risk. The patients play a key role in managing their own and others' risk states, through supporting each other, collectively implementing plans where needed, and working alongside staff. Generally speaking we give patients much more responsibility to manage risk than is usual in other psychiatric settings, and on the whole we find this works well.

There is relatively little recourse to physical forms of risk management, such as increased use of pharmacology, and we do not operate measures such as 1:1 observations or seclusion. It is however quite common for patients to be offered a night contact when they feel they need it, which means that another patient agrees to be available to support them.

This approach does not mean that we can contain every crisis, no matter how serious. Trust protocols regarding routine documentation of risk are followed, and risk assessment, whether formal or informal, is part of everyday practice. From time to time there may be serious concerns over the safety of a particular patient, and when it is felt we do not have

the resources to manage the risk. In these instances the usual response is to find a bed in a local acute ward. Sometimes the patient will agree to be admitted voluntarily, but very occasionally there will need to be recourse to the mental health act in order to compulsorily admit them. The use of acute services is rare, and in most cases the admissions are brief, and patients return to treatment at the Cassel quickly.

## Responses to breaking of rules

The first and usually preferred way for issues of problematic behaviour to be addressed and worked through is for them to be taken up within the within the established forums, such as community meeting. Often they can be worked through in this way.

## Management Meetings

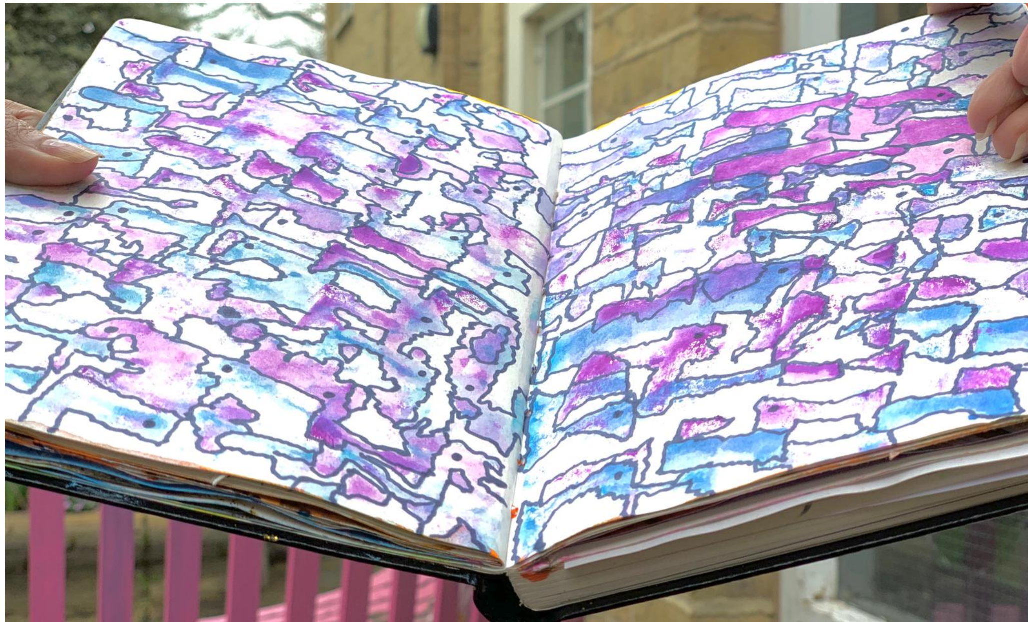
These take place when it is felt that a patient's behaviour is having a detrimental effect on their own and others' treatment, although patients are also met when they are struggling to manage and need help, and not because they have broken any boundaries. Management meetings are held with the patient, a therapist and a nurse. The issues are discussed and the various factors are thought about. Often an understanding is reached and it is agreed that the issues need to be worked through in the community with the other patients. Sometimes however patients may be sent home for a period of what is termed 'short leave'. If the behaviour is repeated, this may have serious implications for continuation of treatment.

## Short Leave

On occasions a patient may be asked to go home for a few days or longer for a period of "short-leave". This may follow an incident of self-harm, aggression, non-engagement with the treatment, substance misuse or generally destructive behaviour. Being asked to go on short leave may be perceived as punishing by patients, but the therapeutic rationale is that it allows the patient time and space to reflect on their relationship to the treatment. It also allows time for the rest of the community to work through their feelings about the individual, in order for things to proceed in a more productive way.

## Evenings and Night Times

Formal structures end at 5pm. Patients and nurses plan activities for the evening. The expectation is that evenings are for relaxing and unwinding from the day's work. Patients use this space to pursue their hobbies and interests. Some may attend evening classes or social groups locally. Any difficulties during the evening will be managed by the community chairs and the duty nurse jointly. They will help the patient to make a plan to manage the evening and night, which may include having a night contact. These difficulties can be addressed the following morning.



## Weekends

All patients are expected to go home at weekends, although patients are encouraged to stay for their first weekend as part of settling in, and so that they can experience how the Cassel is at weekends without the formal structures. It is sometimes agreed that a patient will stay for the weekend if they are seen as currently high risk, if it seems therapeutically helpful, or if there are practical problems about going home.

Going home at weekends is regarded as important as it helps to hold onto aspects of patients' usual lives and relationships in their local community. It is also used to maintain links with local professionals and services. During the weekends patients can phone the nurse on duty for help, support and advice.

## Community Doctor

The Cassel Inpatient Service has a Community Doctor whom patients can consult with regard to concerns about their physical and mental health. In the case of other or more specialised needs, there is the possibility of attending the Teddington Walk-In Clinic or Kingston Hospital A&E nearby.

## Travelling Expenses

Expenses for inpatients using public transport to go home will be reimbursed by the Cassel.  Those travelling with their own car can claim a proportion of their expense, according to mileage.

## Visits from Family or Friends

Going out with friends or family is encouraged but not if it disrupts participation in the programme. Visits need to be planned with staff and the community in advance. Guests are not allowed into the patient areas, but can be received in the waiting room.

## Annual Events:

There are several annual events during the year. Examples of these are: The Spring event, Summer barbecue, and Bonfire Night are joint activities for the Inpatient and Outreach Services.
The Summer barbecue is for all present patients, ex-patients, families and friends.

## Visitors’ days

Visitors’ days at the Cassel usually take place every second Tuesday. The rationale for inviting visitors into the community is to give other professionals a greater understanding of the specific form of treatment offered here. Hopefully, this enhances our reputation, generates referrals and encourages a different way of thinking in the wider psychiatric world.
Visitor numbers are restricted so as not to affect the community too much. Visitors follow a programme that resembles as much as possible the experience of being a patient, whilst also offering an insight into the experience of staff working in this environment.

"It has been a privilege and most informative to experience how things work at the Cassel. The patients' level of functioning and the amount of responsibility they take on (for themselves and others) has surprised me, but I have heard from them first-hand how beneficial and containing they have found both the responsibility and the challenge created by being confronted with the effects of their more destructive behaviours."

## Discharge Process

### Final Review &CPA

At the final review there will be a discussion about what on-going treatment is required. This could be either the Cassel Outreach or with patients’ local services.

Leading up to discharge, patients may have longer weekends at home to engage with their Care coordinator and life in their local communities to enable a smoother transition back to home.

Most patients find the ending very difficult, but it is regarded as an important part of treatment, and significant changes often occur in the late phase of treatment.

All patients have the option to have a three month follow up with their individual therapist on request.

## Frequently asked questions

### Is the Cassel a Therapeutic Community?

In many ways the Cassel follows the model of a therapeutic community. However it is more helpful to think of it as an adapted version of what is commonly understood by the term. The differences are partly driven by the fact that we operate within certain parameters set by the NHS. But our philosophy also means we practice along somewhat different lines from a strictly non-hierarchical therapeutic community (TC). In common with TC principles we value relationships, participation in tasks of daily living, encourage tolerance, and openness, and seek to develop a culture of enquiry. We operate a limited democracy in which all participants have an important say in what happens. Where we depart from the generally recognised TC model is that we do not claim to be a pure democracy, so that, for example, patients do not have the final say in who joins and leaves, and final authority lies with staff and the consultant over key issues. We think that it is helpful for patients to have an authority structure to relate and react to, enabling them to try to work through their often complicated feelings about power and authority. Length of stay is also generally fixed and not open ended.

### Why are you referred to as 'patients', as opposed to client, member, or resident?

As part of an NHS Trust, the term 'patient' is generally used, although in a wider context the term 'service user' is becoming more common.

Patients themselves tend to accept the term ‘patient’, and see themselves as such, although from time to time discussion comes up within the community about it, some people feeling it suggests a ‘them and us’ culture. In the world of psychoanalysis, in which the Cassel sees itself, the term patient is generally used as opposed to ‘client’.

**What makes the Cassel different to an acute ward?**

All patients are voluntary and are expected to take responsibility for themselves and each other to a greater degree than in an acute ward or most other mental health services. The patients’ relationships to each other are at the centre of the therapeutic work, although interaction between staff and patients is also considered important. There is a different attitude to risk at the Cassel, whereby we try to contain patients through providing an emotionally containing environment rather than putting them on observations or prioritising the use of pharmacological interventions.

**Can I come and go?**
Everybody here is a voluntary patient. However, patients are expected to plan and discuss their coming and going to encourage consideration towards one another.

**How can I contact the Cassel when I am outside?**
The reception is manned Mon - Fri 9am - 5pm. Out of hours the call will automatically be put through to the duty nurse. Phone number 020 8483 2900.

## A quote from a patient about arriving at the Cassel

*"Arrived very anxious about meeting many new people. There is too much to take in during the first couple of days: remembering names, where you should be; but I found everyone asked if I was okay and I found it easy to ask for help in what I should be doing etc. There was no badgering as to what my 'problems' were. Within a few days things became clearer and I settled down to a routine. Still trying to remember names of everyone four weeks later!"*

## Handy Hints for Surviving the Cassel Experience

From an ex-patient

- Run! No, that was a joke… honest!
- Get as involved as you can, it really helps you to stay.
- Try not to spend too much time by yourself. The best way to manage here is to make friends.
- Take emotional risks, even if it is hard.
- Try to see the community as a whole, including nurses and therapists. They are not the enemy!
- Bring your own mug, you can never find a clean one in this place.
- Personalise your bed area, it really helps.
- Switch your mobile off during the day, it can be very embarrassing if it rings whilst someone is pouring their heart out.
- Accept that patients can be of help just as much as nurses, and take what other patients offer to you.

***Don’t do a runner! You will probably regret it!***
***Go and find someone to talk about it with!***

# THE CASSEL OUTREACH SERVICE

The Outreach service provides an intensive community-based treatment to people suffering with personality disorder. It consists of twice-weekly group psychotherapy, weekly psychosocial nursing group, fortnightly psych-education group, and a fortnightly drop-in group. The service is for men and women aged 18 years and upwards who live in the London area or within easy reach of the London area. The length of treatment is 2 years.

The Outreach Service may follow on from inpatient treatment or may be accessed directly by patients for whom inpatient treatment is not clinically indicated. The programme may also be offered to patients who have received specialist treatment for personality disorder in an inpatient setting other than the Cassel inpatient unit.

Whilst patients are undertaking the Outreach Programme the local mental health team will continue to be responsible for the CPA and risk assessment. The Cassel Outreach Service does not offer an out of hours or crisis service.

The Outreach team will work collaboratively alongside services involved. However the local team's psychiatrist and GP will maintain responsibility for prescribing medication and addressing physical health needs.

## The Outreach Team

Our multidisciplinary team includes a Consultant Psychiatrist in Medical Psychotherapy, two psychosocial nurses, two group psychotherapists, a senior nurse, a social worker, a research assistant and an administrator.

## Aims of treatment

The aim of the treatment program is for patients to develop a deeper understanding of themselves; to address and reduce problematic behaviours such as self-harm and to strengthen their resources in order to manage difficulties in healthier ways. During treatment patients reflect on how they relate with others and with themselves in order to be able to build better relationships and to develop a greater sense of hope and purpose for the future.

## Assessment

The process of assessment involves a series of meetings with members of the multi-disciplinary team. The purpose of the assessment is to learn more about the patient's difficulties and to determine whether the treatment we offer is appropriate. It also offers the patient an opportunity to gain an understanding of the Outreach treatment in order for them to decide whether this is something that would work for them.

## Admission

Preparation to start the programme involves meeting with the group therapist who facilitates the therapy group, the Outreach nurses to determine the goals of treatment, and patients who are already in treatment. During these meetings start dates for the groups will be scheduled.

Work with the ordinary day-to-day life is important, and home visits are undertaken to help the team understand the patient's usual routine and management of the financial, social and domestic matters of life.

A letter will be sent to the patient, the GP and the local service summarising the assessment process and confirming the start dates.

# The Treatment Programme

## Psychosocial nursing

The weekly psychosocial nursing groups meet in various  community locations. They provide an opportunity for patients to address the realities of daily life, such as employment, education, housing and personal relationships. The group members works together to help each other identify individual treatment goals and plan how best to achieve them.

## Group psychotherapy

Patients are assigned to a twice weekly psychotherapy group which operates at fixed times. There are two groups, one based at the Cassel, the other at a Central London site. The basis of group psychotherapy is that all members have a therapeutic role to play in the treatment of each individual as well as to the well-being of the group as a whole. It provides opportunities to revisit and explore past traumas and difficulties, and to consider the impact these may continue to have on present day relationships. Confidentiality and a commitment to regular attendance are crucial for the patients' sense of safety in the group.

## Psychosocial Education Group

This group is co-facilitated by a person with lived experience of personality disorder, and a member of the Outreach team. Its purpose is to offer patients opportunities to look at current theory and research around some of the issues they may be facing and explore ways of managing them. This is approached through discussion and practical exercises. Resources used as a springboard for discussion range from academic papers to novels, plays and films.

Sessions run fortnightly during term time and each one lasts for 90 minutes. They involve an element of teaching when appropriate, and on occasion guest speakers with expertise in specific areas are invited to present to the group. The curriculum is shaped by the patients and they have direct input into the topics that will be addressed each term.

## Family and couple work

Family and couple meetings are offered according to need. Sessions are facilitated by an Outreach nurse and a therapist. An initial consultation will be offered to the patient and the family members, and if mutually agreed a series of meetings will then be offered.

## Patient Reviews

The first review is held six weeks after starting the treatment program, and every three months thereafter. They are led by the Consultant and attended by the patient, an Outreach nurse and the patient's care co-ordinator. The purpose of the review is for the patient and the team to reflect on the patient's progress within the treatment, to establish whether there are aspects of their difficulties that need more attention, and to consider physical health and medication issues.

Throughout the course of the treatment members of the Outreach team will address issues of risk with the patient. The team will work collaboratively with the patient and their local service to support the patient in taking responsibility for managing their risk states. Concerns about the patient's safety will be communicated by the outreach team to their local team and care coordinator. This work will be brought together and discussed at the patient review. The patient is encouraged to invite people they feel are part of their support network to their reviews

Summaries of the reviews, including information about changes in risk behaviour, are sent to the patient, the local team and the GP.

## CPA

CPAs initiated by the local service will be attended by an Outreach nurse when possible. If the Outreach nurse is unable to attend, a report on the patient's participation in Outreach will be given to the local team. The Outreach service maintains risk assessments for each patient as part of the patient's medical records. Changes in risk assessments will be shared with the local service. It is expected that the local service will communicate with the Cassel Outreach team any concerns and changes in risk behaviour as part of the collaborative work in supporting the patient.

## Outreach Patient Forums

Forums are held three monthly with Outreach patients and staff. These provide a way to involve patients in the development of the Outreach service and for staff and patients to feedback to each other about different aspects of the Outreach program - what works well and what could be improved. The meetings follow an agenda and minutes are taken for accountability.

## Annual Events

There are various events in the year shared by both the Outreach and inpatient service, such as contributing to the local Ham Fair and gardening projects. The summer barbeque is a key event in the year, which happens in July, and is open to all Cassel patients, ex-patients, families, friends, and staff. Within the Outreach service there are additional events suggested by patients, and at Christmas staff and patients come together for a meal.

## Rules and expectations

The treatment involves patients talking and listening to each other and to the therapists and nurses in a group setting. To maintain safety and to preserve the integrity of the treatment there are a number of rules and expectations.

It requires a good degree of commitment from the patients to each other and to their own treatment so that important issues are taken up and

patients feel safe. It is important that patients attend and participate in the core structures of the treatment, twice weekly group therapy, once weekly psychosocial nursing group and fortnightly psych-education group.

If a member of the group is unable to attend it is expected that a message is sent explaining their absence. The relationships between members of the groups must remain platonic in order to remain therapeutic. Sexual relationships between patients cannot be supported in treatment and treatment will be suspended.

Group members may not always agree with each and sometimes it can be difficult to see things from another person's perspective. However it is imperative that members of the group are respectful to each other, to each other's property and to the Cassel hospital staff and building. Verbal abuse, bullying or violence towards people and property will not be tolerated.

One of the aims of treatment is to reduce self-harm and self-destructive behaviour. From the beginning it is expected that patients communicate their difficulties through talking in the groups and find ways of managing that are non-destructive. Patients cannot attend groups under the influence of drugs and alcohol and will be asked to leave the group if it is suspected they are intoxicated.

Communication between patients and between patients and staff is the cornerstone of the treatment. However conversations that have been held within the group are confidential to the group and should not be shared outside of it and confidentiality must be respected

**Response to noncompliance with the rules and treatment expectations**

This will be discussed in the various groups, but in addition patients will usually be met by members of the multi-disciplinary team for a management meeting. Responses to the breaking of rules and boundaries are considered individually, and hopefully issues can be resolved through thinking and discussion. However if problematic and destructive behaviour, or non-compliance, continues this is likely to have serious implications for continuation of treatment.

## Discharge

A review will be held prior to discharge to which the local team is invited, to plan the patient's discharge. This will look at how the patient has progressed during the Outreach programme, and also consider the needs of the patient post discharge. A summary of the final review with recommendations will be sent to the patient, the local team and the GP, by the Consultant Psychiatrist.

The patient will have a leaving activity with their nurse group.

Discharge summaries from the group therapist and Outreach nurse are sent to the patient, local team and GP within two weeks.

### Post Discharge Review

The patient will be invited to meet with the Consultant six weeks after discharge. This is an opportunity for the patient to reflect on how they managed the leaving process and for them to think together about any on-going difficulties.

**The Cassel Support Forum**

Twice monthly forum co-facilitated by staff, patients' family members and carers. These offer help, support and advice to family members and carers as well as an opportunity to meet others in similar situations and share experiences.

Below are two sets of quotes from carers who have attended the carers' forum:

*" Not being someone who normally joins in self-help groups I was hesitant to attend the Support Forums, but joining it was the best decision that I could have made. After spending 10years feeling totally alone and desperate in my quest to help my daughter I found that there were others who had lived through the same experience.*

*This made me realise that not only was I not alone but others understood me and indeed I understood that recovery was possible. Over time the discussions have taught me how to support my daughter and correct the many actions that I have taken in times of emergency that were perhaps not as productive as I had thought.*

*Despite my daughter now being well into recovery (something we owe totally to her & the Cassel), I still attend the Forums and they continue to help me heal and move forward as she moves into a normal life. An invaluable service."*

*"The Support Forum is an extension of the excellent work that is done at the Cassel. It enables you to feel part of the therapeutic experience your relative is going through. During difficult times you can receive support and encouragement from other people who understand. When your situation improves it gives you the opportunity to support and encourage others."*

## Research

Over many years the Cassel has run a research programme to evaluate the effectiveness and impact of its treatment programmes. Patients are invited to participate in this, through filling in questionnaires and being interviewed by a member of the Research Department, whilst and after they have been in treatment.

They receive written and verbal feedback after the interviews. Their involvement in the research does not affect the treatment they receive. Some patients find that taking part in the research provides them with another opportunity to reflect on themselves and their psychological problems.

## The Managed Clinical Network for Personality Disorders (MCN)

The MCN is a multidisciplinary team based in the old building at the Cassel Hospital. The MCN's primary aim is to deliver training and consultancy on personality disorders to staff in West London NHS Trust, the wider NHS and the private sector.

The MCN is founded on the key principle that service user consultants have a critical role to play in shaping and developing our understanding of personality disorders. All work that the MCN conducts is co-produced by people with a lived experience of the difficulties associated with personality disorders and practitioners who have clinical expertise in working with people with personality disorders.

The Service User Involvement Fund which is administered by the Cassel Hospital Charitable Trust is a new initiative that will help support Cassel patients and ex-patients to become involved in research and training opportunities within the MCN.

## The Cassel Hospital Charitable Trust (CHCT)

The Cassel Hospital Charitable Trust is the charitable body associated with the Cassel Hospital. It was set up to promote the effective care of adults and young people diagnosed with personality disorders. It does this through providing funding for education, training, research and facilities at the Cassel. Patients, staff and trustees are actively involved in fundraising activities. This

has included raising money through fun runs and half marathons, running stalls at local fairs and selling handmade goods.

Patients and staff can apply to the CHCT to fund projects and activities which fall within its objectives. In the past, the Trust has, for example, funded a series of art journaling groups, ex-patients wishing to complete peer support worker training, outreach group activities and through purchasing equipment to support training and events.

The Countess Mountbatten Sanctuary Garden.

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Whiskey, the Cassel cat

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