Psychosis Service
A unique service, dedicated exclusively to the expert assessment, treatment and management of psychosis.
» The positive difference the ward and team made to our son’s health within a couple of weeks was really remarkable; so much so that when he came home, nurses from his previous local ward were pleasantly surprised at how well he had recovered in such a short space of time. « Carer
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Service overview

Our service specialises exclusively in the treatment of psychosis, the only service in the UK to do so. We offer expert, evidence-based treatment for people with complex and co-morbid psychosis, to enhance their quality of life through rehabilitation and recovery.

People are most often referred because of symptoms resistant to treatment or in cases of diagnostic uncertainty. We apply the latest developments in psychosis management, with an emphasis on translational and individual approaches. Our service brings together international experts in psychosis in one setting to provide a breadth of expertise not matched elsewhere in the world.

» From the first time we met the team, we could see that the staff on the ward had a completely different approach to both us and our son, compared to what we were used to receiving. « Carer
Our philosophy

We aim to provide a world-class, person-focused service for people with psychosis, offering excellence in clinical care, based on the best research evidence tailored to each person’s individual needs.

» I have watched the staff work with not only my son when he was in deep psychosis, but with others too. I have seen how they mirror and support the predominantly young people on the ward, enabling them to reach out from their fog, by giving high levels of one-to-one and sometimes two-to-one support, walking alongside the patients, until they are able to re-engage with the staff. «

Carer
Who is our service for?

Our service is for people who are diagnosed with a psychotic disorder, including schizophrenia, bipolar disorder, schizoaffective disorder, delusional disorder, drug-induced psychosis, isolated distressing psychotic experiences, and where the diagnosis is unclear.

**Inpatient criteria**

**Eligibility**

› 18+ years
› Male or female
› Person displays persistent psychotic symptoms or requires further inpatient assessment of probable psychotic symptoms
› Poor response or tolerance to pharmacological treatments, including clozapine
› Common diagnostic categories include (but are not exclusive to) schizophrenia, bipolar disorder, schizoaffective disorder, delusional disorder and drug-induced psychosis, as well as co-morbid conditions
› Co-morbid medical conditions complicating treatment
› Mild learning disability, provided the person’s local learning difficulties services are involved
› Informal and formal patients
› Suitable for nursing in an open ward

**Exclusion**

› Severe drug or alcohol addiction problems, excluding cannabis
› Risk of violence necessitating low secure environment

**Outpatient criteria**

**Eligibility**

› Male or female
› A diagnosis, or suspected diagnosis of psychosis
› Support from the local community mental health teams and registered medical officer
Interventions

Our interventions are designed to address a broad range of difficulties faced by patients. Interventions may include coping with voices, mindfulness, healthy living, sleep, relaxation, smoking cessation and recovery, as well as individual work to address issues related to treatment adherence and relapse prevention.

Our service offers:

- Inpatient, outpatient and outreach assessment
- Specialised nursing care and individual nursing plans
- Medication review
- Cognitive behavioural therapy (CBT)
- Cognitive remediation therapy
- Therapeutic groups
- Occupational therapy
- Family interventions
- Carers support
- Discharge planning
- PICuP Clinic
- Voices Clinic
- Cognition Clinic

Outpatient and outreach assessment
Assessment includes an in-depth review of psychiatric, medical and treatment history, with input from the referring team and interviews with carers. We assess each person’s own perspective of their difficulties and the experiences that are causing them distress. We investigate problems with adherence to treatment, previous side effects, and possible reasons for treatment failure. Every person is discussed by our expert panel.

Inpatient assessment
Assessments are performed in two parts by members of the psychology team. The first part involves a set of psychological tasks that assess cognitive style. Our inpatient assessment is carried out at the time of first referral, and then updated once the patient is admitted, with input from the referring team and interviews with carers. Our pharmacists review the medication history in detail; clinical psychologists undertake comprehensive neuropsychological, cognitive and behavioural assessments; occupational therapists focus on activities of daily living; and social workers appraise social, cultural, economic and housing needs in collaboration with the referring team. We also assess dietary and physical health needs, including weight management and help with smoking cessation.

Outpatient interventions
Family interventions
Family work is available for carers. This programme runs over four sessions which take place at different time points, (at referral, prior to starting therapy, mid-therapy and end of therapy), and uses a range of standardised psychological outcome measures.

Psychological interventions clinic for outpatients with psychosis (PICuP)
Our PICuP clinic offers CBT for individuals with distressing, positive symptoms of psychosis, or secondary emotional problems in the context of a history of psychosis. The programme includes five assessment sessions, which take place at different time points (at referral, prior to starting therapy, mid-therapy, end of therapy and six-month follow-up), and we use a range of standardised psychological outcome measures. Therapy sessions last approximately one hour, and people are seen weekly or fortnightly for around six months. Our therapy programme is delivered by trained CBT therapists specialising in psychosis.
Cognition Clinic
The Cognition Clinic is for people with stable symptoms who have functional impairment. The assessment includes a full medical assessment, a brief cognitive assessment by our research team, scoring and interpretation of results and additional testing as needed. A report is prepared advising on how to optimise cognitive function. Cognitive remediation therapy may be offered to people who can attend sessions at the hospital.

Voices Clinic
The Voices Clinic offers assessment and treatment sessions for people experiencing persistent auditory hallucinations, particularly those who are difficult to evaluate or are resistant to conventional treatments.

» Because the treatment was carried out frequently and expertly, and was caring and professional, my wife has been helped as a person, and not just another person with a mental illness. «
Husband of former patient
Interventions continued

Inpatient interventions
Medication review
Our expert pharmacists and psychiatrists review and monitor the side effects of the patient’s medication regime. We consider the use of innovative pharmacological treatments and place an emphasis on optimising physical health.

Specialised nursing care
Our nursing team offers extensive one-to-one support, while a physical health programme promotes cardiovascular well-being and a healthy weight, with input from a dietician as needed. Integrated nursing plans are designed with input from psychology staff and occupational therapists.

Cognitive behavioural therapy
We offer patients evidence-based CBT, which has been shown to be very effective in the treatment of a number of other psychological disorders, including depression, obsessive-compulsive disorder and anxiety, which can also occur in people with psychosis. Our patients are encouraged to become aware of unhelpful patterns of thinking and behaviours that maintain their symptoms. By understanding patterns, they can work towards changing unhelpful thoughts and, in turn, change feelings and behaviours. CBT also addresses a person’s core beliefs about themselves and the world, and each person is encouraged to set goals.

Family interventions
We believe that carers are an integral part of the therapeutic process, and offer ways for clinicians to work with the families and carers. Integral to this model is the premise that no-one is to blame for the illness, and that collaborative working between parties is the most helpful way to challenge it. Through a variety of interventions, we share our understanding of the impact of the illness on the person and their family or carer, and how this can be managed.

Cognitive remediation therapy
This programme gives our patients the skills they need to challenge difficulties in attention, concentration, and less flexible behaviours and thinking styles, which can make engaging with recovery difficult. It incorporates a series of puzzles, cognitive exercises, (both pen and paper, and computerised), and discussion. The emphasis is on thinking processes and style, rather than the content of thoughts.

Therapeutic groups
An extensive programme of group therapies is offered on the ward. Separate groups cover areas like coping with voices, healthy living, recovery, sports and gym, mindfulness, music, sleep, pampering, anxiety management and ward-based creative art initiatives with professional artists. We also have female and male only groups that have been designed to specifically address issues faced by each gender.

Occupational therapy
A wide-ranging and varied occupational therapy programme is available including access to art therapies. We offer aikido, digital photography, drumming, karaoke, organic kitchen, pottery, computing, gardening, music, drama, computer games, creative art and textiles. Occupational therapy provides people with an opportunity to explore and develop their interests, and set practical and healthy goals. We encourage group activities where people can interact with others, which assists with building and developing social skills. There is an active volunteer programme for university students to assist people with indoor and outdoor activities, and to interact with non-professional peers.
The staff understand, have good value systems, are professionally trained, and work within a good management structure. The observation of their patients is subtle and they pre-empt any issues arising while working sensitively, confidentially, and fluently, which comes from their level of competence. « Carer

**Carer’s support group**
We run a monthly support group for families and carers, which is designed to provide an opportunity for people to access support and information, and discuss the experiences and challenges they face. There is a guest speaker at each session who talks about their area of expertise.

**Discharge planning**
Our discharge planning begins early on in each patient’s stay and involves patients, carers and home teams. As part of the care programme approach, we assess relapse indicators, prepare advance directives wherever possible, work on relapse prevention and a relapse prevention plan, and identify a suitable placement in liaison with the referring team.
## Weekly programme

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>09.30 – 10.00</td>
<td>Morning community meeting</td>
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<td>10.00 – 13.00</td>
<td>Healthy living group 09.30 – 10.00 Computer skills 10.00 – 12.00 Jewellery making 10:30 – 12.00</td>
<td>Swimming 10.00 – 12.00 Drumming 10.00 – 11.00 Aikido 11.00 – 12.00 Retreat 11.00 – 12.00</td>
<td>Rise and Shine 10.00 – 10.30 Walking group 10:30 – 11.00 Creative art 10.00 – 12.00 Textiles 10.00 – 12.00 Computer skills 10.00 – 12.00</td>
<td>Gardening 10.00 – 12.00 Woodwork 10.00 – 12.00 Pottery 10.00 – 12.00 Powerplate exercise session 10.00 – 12.00</td>
<td>Cycling 10.00 – 12.00 Computer skills 10.00 – 12.00 Dog walking (every second week) 11.00 – 12.00</td>
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<tr>
<td>13.00 – 16.00</td>
<td>Baking group 13.00 – 15.00 Swimming 13.00 – 14.30 Computer skills 14.00 – 16.00 Creative art 14.00 – 16.00 Gym session 14.30 – 16.00</td>
<td>Pottery 14.00 – 16.00 Woodwork 14.00 – 16.00 Gym session 14.00 – 16.00 Afternoon tea, magazines and newspaper group 15.00 – 15.45</td>
<td>Computer skills 13.00 – 16.00 Creative art 14.00 – 16.00 Textiles 14.00 – 16.00 Swimming – female 14.00 – 15.00 Swimming – male 15.00 – 16.00</td>
<td>Pottery 14.00 – 16.00 Cognitive remediation therapy group 14.00 – 14.45 Drama workshop 15.00 – 16.00 Grocery shopping 15.00 – 16.00</td>
<td>Cookery group 12.00 – 14.00 Dramatherapy 13.30 – 16.30 Computer skills 14.00 – 16.00 Mindfulness group 15.00 – 16.00</td>
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<td>16.00 – 18.00</td>
<td>Recovery group 16.15 – 16.45</td>
<td>Patient community meeting 16.00 – 16.45</td>
<td>Cookery group 16.00 – 18.00</td>
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<td>18.00 – 20.30</td>
<td>Strings and Stereos music group 18.00 – 18.30 Pampering session 18.15 – 19.00 Wind down group 20.00 – 20.30</td>
<td>Club night at community centre 18.30 – 20.30</td>
<td>Football 18.15 – 19.00</td>
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**SATURDAY**

- Group outing to local areas. Options include parks, cafes, art galleries, cinema, bowling
Our care model

EDUCATION, VOCATIONAL OPPORTUNITIES
› Support to achieve or continue with further education
› Support to start voluntary work during admission

RISK MANAGEMENT
› Maintaining medical needs
› Routine blood investigations
› Understanding of blood results
› Psychological and physical risk management
› Discharge planning
› Recommendation for managing the illness in the community
› Appropriate use of MHA, MCA and DOLS legislation

PATIENT
› Developing a new collaborative vision of achieving their aims through managing their difficulties
› Developing an independent life, away from the illness
› Support to develop social skills
› Re-integration into community
› Experimental home leave
› Attention to spiritual needs

ASSESSMENT
› Multidisciplinary formulations
› Neurological assessments with feedback

FAMILY AND CARERS
› Joint understanding of the illness
› Understanding medical risks
› Basic facts about causes and consequences of psychosis
› Managing daily interactions with relatives
› Regular carer’s group meetings with expert lecturers and learning through shared experience

THERAPIES
› Cognitive behavioural therapy
› Cognitive remediation therapy
› Occupational therapy
› Problem solving techniques
› Relapse prevention groups
› Medication information group
› Complementary therapies
› Mindfulness group
› Art on the ward therapy
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<tr>
<td>10-12</td>
<td>Woodwork</td>
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<tr>
<td>10-12</td>
<td>Gardening 10-12</td>
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<tr>
<td>10-12</td>
<td>Pottery 10-12</td>
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<td>10-12</td>
<td>Pottery Group</td>
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<td>1-3</td>
<td>GYM</td>
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<td>Drama Group</td>
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Our care pathway – inpatients
Our care pathway – outpatients
Outcomes

Our service aims to help people gain control over their psychotic symptoms, enable patients and carers to develop an understanding of psychotic disorders, and better manage the likely causes and consequences of their illness. Outcomes are tailored to the requirements of each person.

Expected outcomes may include:

- Reduction in psychosis
- Improved quality of life
- Reduced costs of care
- Less frequent episodes of illness
- Recognising relapse prevention
- Improved social functioning
- Improved engagement with treatment plans
- Improved understanding of the illness by the patient and carers
- Better physical healthcare leading to reduced morbidity
- Patient and carer satisfaction
- Referrer satisfaction

**Our results**

**Graph 1** displays results from an inpatient audit of effect size symptoms from admission to discharge in the last 150 admitted patients. Overall a significant improvement was recorded.

**Graph 2** displays the audit results of the symptom scores on admission and discharge from the Psychosis Unit using the OPCRIT. A highly significant improvement was seen in patients audited.

**Graph 3** shows the results of feedback from referrers on the value of recommendations made by our service.
» The staff were absolutely brilliant; their professionalism outstanding. They treat him with dignity, and with human kindness. Just from watching how the staff operate when we visit is awe inspiring. « Carer

2. Inpatient symptoms at admission and discharge

3. Referrers response to our recommendations
Research

Our service is one of the specialist services run by SLaM for people referred from across the UK. We are part of the Psychosis Clinical Academic Group at SLaM, which comprises clinicians and researchers specialising in psychosis.

The majority of people who work in our service hold joint appointments with the Institute of Psychiatry (IoP), King’s College London, and are carrying out research of international significance. This relationship has been formalised through the formation of King’s Health Partners, which is a pioneering collaboration between King’s College London and Guy’s and St Thomas’, King’s College Hospital and South London and Maudsley NHS Foundation Trusts.

The purpose of this collaboration is to bring about swifter and more effective improvements in health and well-being for our patients by combining the best of basic and translational research, clinical excellence and world-class teaching to deliver advances in physical and mental healthcare. We are one of only five academic health science centres in the UK accredited by the Department of Health. The IoP has the highest number of psychosis researchers in Europe, who work on a plethora of projects that aim to advance the understanding of the causes of psychotic illness and develop better pharmacological and psychological treatments.

» Our audit results show that 82% of referrers rate our recommendations positively, with 69% implementing our recommendations. «
Our facilities

Our inpatient unit is based at the Bethlem Royal Hospital. The hospital offers the perfect therapeutic environment for promoting recovery, set in 270 acres of green space, with woodland and meadows that are designated as a ‘site of importance for nature conservation’. Facilities at the Bethlem include a swimming pool, art gallery, walled garden, a chapel, nature walks and an extensive occupational therapy programme, utilised by many of our patients. This programme provides a wide choice of creative activities which give people the opportunity to rekindle old skills, learn from new experiences and build their confidence on their path to recovery.

The inpatient unit has:

› 23 beds
› Private rooms for each person
› Separate living areas for men and women
› Shared spaces for dining and living
› Group and individual therapy rooms

All outpatient clinics are based at the Maudsley Hospital, Camberwell.
Our team

Our specialist team includes professors, psychiatrists, nurses, psychologists, pharmacists, occupational therapists, social workers, healthcare assistants and administrators.

**Dr Fiona Gaughran** MB, BCh, BAO, MD, MRCPsych, FRCP(I), FRCP (Lond)
Lead Consultant | Honorary Senior Lecturer

Dr Fiona Gaughran is the Lead Consultant in the Psychosis Service at SLaM. She is also an Honorary Senior Lecturer at the Institute of Psychiatry. As part of her role, Dr Gaughran is responsible for implementing new, evidence-based approaches relating to people with psychotic illnesses that have been resistant to treatment.

**Background**
Dr Gaughran obtained her basic medical degree at University College, Dublin. As a postgraduate between 1987 and 1997, she trained in internal medicine at St Vincent’s Hospital, Dublin; completed her general professional training in psychiatry in Cork; and her higher training in adult general psychiatry on the National Senior Registrar Training Scheme in both Cork and Dublin.

From 1997 to 2008, Dr Gaughran was a Consultant Psychiatrist and Senior Lecturer in Adult General and Community Psychiatry for the Trust in Lewisham. From 1999, she was Research and Development lead for Adult Mental Health in Lewisham. In this role, she advanced public involvement in research, developing the Consumer Research Advisory Group system of including service users in the research and development management system of the Trust and the Institute. She also helped establish the Trust and Institute of Psychiatry’s Service User Research Enterprise. Dr Gaughran is a fellow at the Royal College of Physicians in both London and Dublin.

**Research**
Current research interests are largely focused on the interface between physical health and severe mental illness.
Dr Sukhwinder S Shergill BSc, MBBS, FRCPsych, PhD
Consultant Psychiatrist | Reader

Dr Sukhwinder Shergill is a Consultant Psychiatrist with the Psychosis Service.

He also works at the Institute of Psychiatry, King’s College London, where he is a Reader in Psychiatry and Head of the Cognitive, Schizophrenia and Imaging Laboratory (CSI Lab), part of the Division of Psychological Medicine and Psychiatry.

Background
Dr Shergill obtained a Bachelor of Science (BSc Hons) in Psychology at University College London (UCL) in 1988. He then completed Bachelor of Medicine and Bachelor of Surgery degrees at University College and Middlesex School of Medicine in 1991. He did his basic psychiatric training at UCL and after becoming a member of the Royal College of Psychiatrists in 1995, moved to complete his specialist training at the Maudsley Hospital, London. During his training he was the recipient of two Wellcome Trust funded clinical training fellowships and received a certificate of Completion of Specialist Training (General Psychiatry) in 2000. He completed a PhD at King’s College London in 2002, and was made a Fellow of the Royal College of Psychiatrists in 2008.

Research
Dr Shergill’s research in the Cognitive, Schizophrenia and Imaging Laboratory examines the mechanisms underlying the development of psychotic symptoms in schizophrenia, using psychophysics, functional neuroimaging and therapeutics.
Dr Katherine Aitchison BA (Hons), MA, BM BCh, MRCPsych, PhD
Honorary Consultant Psychiatrist | Senior Lecturer

Dr Katherine Aitchison is an Honorary Consultant Psychiatrist in the Psychosis Service. She is also a Senior Lecturer in Adult Psychiatry at the Institute of Psychiatry, King’s College London.

Background
Dr Aitchison studied medicine at the University of Oxford. In 1987, she achieved a first class BA (Hons) in Physiological Sciences, with a top university prize (joint second in physiological sciences) and a distinction for her laboratory-based molecular genetics dissertation on osteogenesis imperfecta.

She trained in psychiatry at the Maudsley Hospital, passing her Member of the Royal College of Psychiatrists (MRCPsych) qualifications in 1996, and her specialist higher training in general adult psychiatry in 2001.

As part of a Lilly Travelling Fellowship, awarded by the Royal College of Psychiatrists (UK), she took on posts in the USA at the National Institute of Health and the University of Colorado. Between 1996 and 1999, she was a Wellcome Mental Health Research Training Fellow performing molecular genetic studies for a PhD in Pharmacogenetics.

Research
Dr Aitchisons main areas of research are psychopharmacology and pharmacogenetics.
**Professor Shitij Kapur** MBBS, FRCPC, PhD
Dean and Head of School | Professor

Professor Shitij Kapur is the Dean and Head of School at the Institute of Psychiatry, King’s College London. He is also Professor of Schizophrenia, Imaging and Therapeutics there.

**Background**
Professor Kapur completed his medical training (MBBS) at the All India Institute of Medical Sciences in New Delhi, India, and his psychiatric training at the University of Pittsburgh. Here he developed an interest in the biology of schizophrenia.

He completed a PhD in Neuroscience at the Institute of Medical Science, University of Toronto, and became a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCPC) at The Clarke Institute.

**Research**
His main research interest is in the use of brain imaging and animal models to understand the basis of psychosis and its treatment. His work has shown that all antipsychotics (typical and atypical) block dopamine D2 receptors in patients – though this happens to different degrees, these differences are clinically very meaningful.

His latest work uses psychological theories, computational models and the phenomenological experience of patients, combining them into a ‘salience hypothesis’ to provide a more holistic understanding of the experience of psychosis and the impact of antipsychotic medications.

Professor Kapur has a special interest in cognition and schizophrenia.
Our team continued

Dr James MacCabe  BSc, MBBS, MRCPsych, MSc, PhD
Consultant Psychiatrist

Dr James MacCabe is an Honorary Consultant Psychiatrist in the Psychosis Service.

He is also a Clinical Lecturer in Psychiatry at the Institute of Psychiatry, King’s College London, Visiting Consultant Psychiatrist to the University of the Arts, London, and Visiting Researcher at the Karolinska Institute, Stockholm.

Background
Dr MacCabe received a Bachelor of Science (BSc) degree in Psychology, before qualifying in medicine at the University of London in 1995. He then completed his basic and higher specialist training in psychiatry at the Bethlem and Maudsley hospitals.

In 2004, he was awarded a Special Training Fellowship in Health of the Population Research, which is awarded jointly by the Medical Research Council and the Department of Health, and delivered in collaboration with the Department of Medical Epidemiology and Biostatistics at Karolinska Institute, Stockholm.

In 2006, he completed a Master of Science (MSc) degree in Epidemiology at the London School of Hygiene and Tropical Medicine, and a Doctor of Philosophy (PhD) degree in Psychiatry in 2008. He was awarded the Morris Markowe Prize for Public Education in Psychiatry (2002) and the Research Prize and Bronze Medal (2006).

Research
Dr MacCabe applies a lifecourse epidemiology approach to psychiatric research. The majority of his work utilises large population databases in Scandinavia to study the causes and consequences of schizophrenia, bipolar disorder and other psychoses at the population level.

He also conducts clinical trials on the Psychosis Unit, adding to the evidence base on treatments for psychosis.

Teaching
Dr MacCabe supervises MSc and PhD students at the Institute of Psychiatry. He teaches on the Neuroscience Master of Science (MSc), Mental Health Studies (MSc) and Psychiatric Research (MSc) courses. He is also a tutor for the Maudsley Forum and Advanced Maudsley Forum, which offers lectures and small-group workshops to selected European psychiatrists.

Professor Philip McGuire  MB, ChB, MD, PhD, FRCPsych
Professor of Psychiatry and Cognitive Neuroscience

Philip McGuire is a Professor of Psychiatry and Cognitive Neuroscience at the Institute of Psychiatry. He is the Clinical Director at OASIS, an outreach and support service for 16 to 35 year olds who are at risk of developing psychosis. He is also the Clinical Director at the Voices Clinic in the Psychosis Service.

Background
Professor McGuire studied physiology and medicine at the University of Edinburgh, before a period as Research Fellow in Neuroanatomy at Yale University.

He trained in psychiatry at the Maudsley Hospital, and he was a Wellcome Research Fellow at the Medical Research Council’s Positron Emission Tomography (PET) Unit at Hammersmith Hospital. He then became a Senior Lecturer in Psychiatry at the Institute of Psychiatry.
Professor Robin Murray MD, DSc, FRCP, FRCPsych, FMedSci
Consultant Psychiatrist | Professor

Professor Robin Murray is a Professor of Psychiatric Research at the Institute of Psychiatry. He is also Honorary Consultant Psychiatrist in the Psychosis Service.

He participates in the psychosis research group at the Institute, which is the largest group of its kind outside the USA. His research covers epidemiology, molecular genetics, neuropsychiatry, neuroimaging, neuropsychology and neuropharmacology. He is the second most widely cited psychiatrist in the world outside the USA.

Background
Professor Murray began his career in internal medicine at the Western Infirmary, Glasgow, before taking a role as Senior House Officer and Registrar in Psychiatry at the Maudsley Hospital.

He spent a year as Medical Research Council Visiting Fellow in Psychiatry at the National Institute of Mental Health, Bethesda Maryland, USA. Since then he has held a variety of academic posts at the Institute of Psychiatry, King’s College London.

Research
Professor Murray’s main research interest is finding the causes of schizophrenia and bipolar disorder, as well as developing better treatments for these disorders.

He is perhaps best known for helping to establish the neurodevelopmental hypothesis of schizophrenia, and for his work on the environmental risk factors relating to schizophrenia, such as obstetric events and cannabis use.
Our team continued

Dr Emmanuelle Peters BSc, MSc, PhD
Consultant Clinical Psychologist | Senior Lecturer in Clinical Psychology

Dr Peters is an Honorary Consultant Clinical Psychologist for the Psychosis Service. She is Director of the award-winning Psychological Interventions Clinic for Outpatients with Psychosis (PICuP) service, and part of the Centre for Psychological Therapies for Psychosis. She is also Senior Lecturer in Clinical Psychology at the Institute of Psychiatry, King’s College London.

Other roles
Dr Peters has specialised in psychosis for the last 20 years. She coordinates the psychosis teaching on the Doctorate in Clinical Psychology (D.Clin.Psych) course and lectures regularly to other mental health professionals.

Background
Dr Peters completed her PhD in Psychosis (1992) and MSc in Clinical Psychology (1994) at King’s College London, Institute of Psychiatry.

Following time as a Wellcome Post-doctoral Fellow, she obtained a lectureship at University College London. She returned to the Institute of Psychiatry in 1999 and was made a Senior Lecturer in 2004.

In 2003, she was awarded the May Davidson Award from the British Psychological Society for ‘outstanding contribution to the development of clinical psychology within the first 10 years of qualification’.

Research
Research interests include; continuity models of mental illness, including the link between psychosis and spirituality, psychological models of psychotic symptoms and CBT for psychosis.
**Dr Juliana Onwumere** BA (Hons), DClinPsy, PhD, CPsychol  
**Consultant Clinical Psychologist | Research Clinical Psychologist**

Dr Juliana Onwumere is a Consultant Clinical Psychologist with the Psychosis Service and the Psychological Interventions Clinic for Outpatients with Psychosis (PICuP).

She is a Research Clinical Psychologist in the Department of Psychology at the Institute of Psychiatry, King’s College London. At the Institute, she is also a joint programme leader for the Postgraduate Diploma in CBT for Psychosis and the Postgraduate Diploma in Family Interventions in Psychosis courses.

**Background**

Dr Onwumere completed an undergraduate psychology degree (BA) at the University of Nottingham, a Doctorate in Clinical Psychology (DClinPsy) at Salomons, and her PhD in Psychology at the Institute of Psychiatry, King’s College London.

After qualifying as a clinical psychologist, she worked in a specialist early psychosis service in East London before embarking on a role as a research therapist in CBT and family interventions.

**Research**

Her main research and clinical interests are focused around psychosis.

She previously worked as a Research Therapist providing CBT and family Interventions on a large randomised-controlled trial designed by Professors Philippa Garety, Elizabeth Kuipers, Paul Bebbington and Graham Dunn.
Elizabeth Mott
Ward Manager

Elizabeth has worked on the inpatient unit in various roles since she started working for SLaM in 2003, and is responsible for managing the ward as well as the supervision and training needs of the nursing team. She liaises with referrers, commissioners, and Primary Care Trusts to arrange admissions and care for patients. Elizabeth has a wide range of nursing experience gained over many years, and provides support for staff, referrers and commissioners in delivering specialist treatment for psychosis to the people who need it.

Nicola Fitzgerald
Senior Administrator

Nicola Fitzgerald is the administrator for the Psychosis Service. She co-ordinates all referrals to the inpatient unit at Bethlem Royal Hospital and liaises with commissioners and Primary Care Trusts to arrange funding for inpatient admissions and assessments. She also arranges all CPA (care programme approach) meetings for inpatients and co-ordinates the panel reports for all national patients on a monthly basis.
Training and consultancy

We offer a programme of training courses and consultancy in the assessment, treatment and management of different aspects of psychotic illness. These courses are suitable for psychiatrists, mental health professionals, voluntary and professional groups, and range from basic to advanced levels or master classes. Bespoke training to suit different services or needs is also available by request.

The purpose of the training is to enhance treatment and management of psychosis by local teams, reduce relapse rates, enhance the role of carers, and disseminate research, knowledge and skills to people both nationally and internationally.

For more information about available training, contact Dr. Fiona Gaughran on 020 3228 4272 or email fiona.gaughran@slam.nhs.uk
Belinda

“I think it started when he was young”

My son had life-threatening congenital heart disease when he was young, so he was in the hospital under palliative care and going through lots of surgery.

The experiences led him to be quite anxious – it led us all to be quite anxious, actually. The corrective surgery worked, which brought us so many hopes and joys as a family, but there were symptoms. He’d collapse a lot and couldn’t go to school.

Around the age of 11, he had a pacemaker fitted and I think we saw a deterioration in his emotional state then. He became part of a theatre company and did lots of performances, but things were going on around the age of 14, and we didn’t know if these things were emotional or physical. He became a bit of a wild child really, and towards the age of 16 he was drinking, smoking and not complying with his medication. I could understand in a way because he’d been so cooped up.

“He was going through manic phases”

At that time he didn’t want us to go to the cardiology clinic with him, and on visits he’d ask the cardiology team lots of questions. Unfortunately, someone told him that they usually give people 10 years’ life expectancy with his operation. He was 16 years old... and he’d had the correction surgery at seven.

It was as though he had no value for his life, he even tried to commit suicide. He was really high and doing things like painting his face with nail varnish. There was no structure to his days, he wasn’t sleeping at night and he was pacing in the day. I could see psychosis, but none of the professionals seemed to be hearing me. There were no local services that linked the mental and physical aspects. All I wanted was for him to have the chance to speak to someone.

“We went through many difficult years of care”

He started in acute services at our local hospital. We were really concerned and at the age of 21 he was in a really bad way; he must have been 6½ stone in weight.

Our city hospital assessed him over three months and said he had a severe mood disorder: manic or psychotic on a six-minute basis. It was a relief that someone was taking notice, but he was put on anti-psychotic drugs which had an impact on his heart condition.

After that, social services put him into rehab... a place that was full of prostitutes and alcoholics. He was happy to be independent, but we were mortified. We took him home and he came to work with me for five years. He was great then: he wrote books, set up groups and led training sessions. But there were still lapses of mania when he’d done too much.

He went downhill again when he split up with his girlfriend. He was back in intensive care at the local hospital, but he was on a locked ward... which will never be the best place if you feel agitated.
“We arrived with such a history and the Maudsley treated us with such respect”

Eventually, after many years of local care, we got him transferred to the Psychosis Service at the Bethlem. We were exhausted and our son was a shadow of himself, but I knew things were going to get sorted, even though we were a hundred miles from home.

On arriving, staff members shook our hands and one nurse took us aside to explain exactly what we should expect. It was respectful, like we weren’t the overbearing parents anymore. We did the ward round and could see the differences straight away. The first thing we noticed was the two-to-one nursing and a real sense of calm. This wasn’t containment; it was a therapeutic environment.

“It’s an environment of acceptance, reassurance, respect and dignity”

In the Psychosis Unit, you don’t have that locked-room scenario there’s so much space... enough space to be. We could also see him building up relationships with the staff and, whenever we had a meeting, the doctor would ask him questions directly. ‘They treat me like a human being here’, I remember him saying.

On the unit, the nurses constantly monitored him so they could pre-empt things. It meant none of the soul-destroying stuff happened. He was clean, calm and never looked scared like before.

He was having longer periods of lucidity too, and they would jump on these moments. One of the nurses taught me how to listen to him. She told me that I might see psychosis, but explained how I could hear what he was saying. We’d been living with this for so long and I just wasn’t aware.

“It was the best year’s investment ever. We got him back”

We got to the point where we could bring him back to Wales for a break. We’d take him to the village pub and lots of people would come up, give him a ‘cwtch’ – that’s ‘hug’ in English – and tell him he looked amazing.

Now he’s back in Wales living in his own place. We’re all quite vigilant, but he’s pretty good with his drug regime. He plays percussion in a ska soul band with his Dad and they have cut an album. He’s also got back into theatre and writing again.

He has hypoxia, which affects his short-term memory, so that has a massive impact. One useful thing is an Alzheimer’s memory prompt machine I bought for just £80 or so. We programme it with a running order for the day, and it even reminds him to take his keys when he leaves the flat.

It’s funny... recently his sisters rang him up to invite him to a dinner and he turned them down for a night out with the boys. They were so happy because they could tell that was much more like him.
Judith

“I got my daughter back. She’d been a complete stranger for years and now she has her personality again”

A couple of months after she’d been in the Psychosis Unit we were standing on a railway station platform, and in a quiet moment she began to sing to herself. It was lovely because that was something I hadn’t heard her do since she’d been ill.

Since then she’s just been getting better and better, and now you really wouldn’t know she’s ill at all. She’s not in denial anymore either. She’s really come to terms with the fact that she’s schizophrenic and is compliant with taking the medication. Really, that’s all thanks to the Psychosis Unit. I’m sure they saved her life, and I’ve become really passionate about the place.

“Things are so different there”

We’ve had quite a lot of experience with mental health services, but things are so different at the Bethlem. To start with, it’s such a calm environment. If something happens on the ward, the staff calm things down quickly. They’re so caring and kind, and they have time for people.

The grounds are wonderful. It’s a huge expanse like a wildlife reserve. It’s like a village, they have proper occupational therapy so there’s always something to do, and visiting families are always welcome. You’re never treated as if you’re interfering, and I’m also part of a carers’ group, which is immensely useful.

“At university she was acting in a manic way”

Before moving to London, they actually diagnosed my daughter as having a personality disorder. She was in her first year of university and acting in a really manic way. She was blowing money, doing things like buying mobile phones and throwing them straight in the bin. She lost lots of weight, regressed to the mental age of three years old, and wouldn’t get out of bed.

There were a couple of really big things going on for her at the time. She hadn’t dealt with her grandfather’s death, and she’d also gone through a difficult process to divorce her father in the courts. We have a history of schizophrenia in the family too, so she was terrified and just wouldn’t talk about what was going on for her.

In the end I convinced her to visit a local acute ward, but the experience there wasn’t good so she left.

“She wanted to believe there was nothing the matter with her”

They were really good at the university when she went back, but she wasn’t well. On one occasion the police found her sitting on a motorway roundabout on the outskirts of Cardiff with not many clothes on. She also jumped on a train to London and ended up in Paddington in just a t-shirt and no underwear.

At that point, she moved up to her sister’s in London and I decided to sell my flat in Oxford to rent a place near her. She was staying with me and going to a hospital in
East London. There she went through section after section before getting onto a better ward. Then she moved up to a place in North London, but that was also a difficult experience.

Finally, a really good psychiatrist we were seeing admitted her to the Psychosis Unit.

“The staff really listen on the Psychosis Unit and she felt safe. That was a big thing, feeling safe”

Understandably, it was really difficult to get her to go back for help. But things were different when she started; she said it was the first time she’d really felt listened to, and she started to trust the professionals again.

One of the really interesting things is that they never once had to section her while she was there. I’m sure that was related to the atmosphere and the way she was treated; being respected rather than dealt with like a naughty child. She made one attempt to leave, but just stood outside the building while the staff watched her to make sure she was alright. She’s manipulated her way out of other places, but this time it was different.

“Before, I really had no idea what she was experiencing”

The unit really wants to involve families and I go to a carer group every month. Psychiatry professionals speak at these groups voluntarily, which means I’m completely up-to-date on the relevant therapies and medicines; and I find out lots from the other carers too.

Before, I really had no idea how she was suffering... what she was experiencing in her head. Unfortunately, most people just hear about schizophrenia when it crops up in the news. But, we’ve been through family therapy to help with things like her paranoia, and the carers have been involved with information booklets that give advice on how to notice the signs of psychosis.

“She’s happy and content now, which is the main thing”

It’s quite odd really, my daughter had passed her art A-Level... but, although she’s retained her ability to play the piano, she’s lost her ability to draw. Academically, I’m not sure what will happen, but she’s happy and content now, which is the main thing. Other carers say to me that they are also so relieved to have someone who’s happy and not living in hell anymore.

In other areas of life, she’s engaged to be married, her social skills are back, and she’s talked about working with mental health patients at some stage, which I think she’d be good at. She’s also become more assertive and can stand her ground, so it feels like anything’s possible really.

I have to say that I’ve found some mental health services to be very short-sighted. But, when you see how good someone can be with the right kind of help, there’s just no argument. We have a real jewel in the crown with the Psychosis Unit.
Referring to the unit

Referrals are accepted from NHS consultant psychiatrists.

All referrals require funding authorisation, and are often assessed by the Primary Care Trust tertiary funding panel for approval.

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» A national service providing expert assessment and the best available treatment and management of psychotic illness «  Dr Sukhi Shergill