26. Department of Psychology
Intern in Community Mental Health Team

Description of Organisation

The organisation in which I work is one of the largest health related trusts, employing over 7,000 staff, including more than 100 consultant medical staff, with an annual income around 327million.

The first place I worked in was a community mental health team, covering a wide area. The community mental health team (CMHT) in which I work, supports people with mental problems living in the community, and also their carers. The team includes community psychiatric nurses (CPN), a psychologist, an occupational therapist, a community support worker, as well as social workers. One member of the team is appointed as a care coordinator of a patient and keeps in regular contact with them. CMHT integration criteria are I). Interagency multidisciplinary staff involving health and social services, ii). Single operational management for all staff within the team regardless of employing agency; iii) integrated assessment, care planning and care co-ordination; IV). Joint recording systems and IT systems. A GP or a doctor can refer people separately for assessment for community care services. These include day centres, housing with care and support, help with employment, support groups, advocacy services, social clubs, befriending schemes and welfare rights advice. Day hospitals however are increasingly giving way to day centres, which should provide recreation, therapy and rehabilitation, as well as helping people feel less lonely and isolated. Drop in centres and social clubs offer people the chance to stay in touch with others in a similar situation. Our nearest day hospital to has inside a kitchen in which teachings of how to cook take place, a gym in which people can exercise, television rooms, arts and crafts room and socialising rooms. This day service currently provides a wide range of meaningful opportunities for individuals who experience mental ill-health. They set up and facilitate groups. They work on establishing self support groups and act as a link between day service and existing groups in the community. The employment development workers provide individuals with the opportunity to explore short, medium and long term goals. These include accessing the community based groups, return to learn classes, college courses and educational opportunities. Hospital can provide a place of asylum, offering shelter and protection. It can also supply an opportunity for the staff to assess people's needs and find the best way of helping them. Unfortunately, a stay in hospital can be distressing for some people. A hospital ward may offer little privacy, and it can be frightening to be with other people who are acting in a disturbed way. Many people go to hospital on a voluntary basis, but there are some compulsory admissions under the mental health act 1983. The Crisis intervention is where special teams are able to support someone through a major crisis at home or in a residential crisis centre, without going into hospital.

Things I have learnt about whilst in the CMHT:
I have learnt about the Care programme approach (CPA) which was introduced in England in 1991 by the department of health and is to be implemented across Wales by the end of 2004 for everyone who receives mental health treatment from secondary services. As a domain of unified assessment, it is the framework by which all mental health care will be delivered and focuses very much on delivering services appropriate to the needs of service users. The key principles are: Integration, especially between health and social care, voluntary agencies and all involved with providing care regardless of setting. Consistency in which ensures a standardised approach to care with all agencies using the same documentation. And a more streamlined approach, reducing bureaucracy and supporting sound professional practice. The essentials of

this programme is a full and comprehensive assessment of health and social care needs, a clearly written care plan shared with all involved in the provision of that care and owned by the service user. Regular reviews and a named worker to co-ordinate care (care co-ordinator) are also put in place. There are two levels of CPA, standard for persons who require minimal intervention, who have a good support network and are functioning well. Enhanced is for those persons who need more support, who perhaps have multiple problems, may be involved with other agencies such as criminal justice system or have substance misuse issues, or are subject to the mental health act.

I have also learnt about the mental health act and the sections on which people can be contained under the mental health act. This was important as most of the patients had previous or are on a section of the mental health act.

Whilst there, I also learnt about the computer system in which all patients are put onto. This is an electrical database of all the patients from psychology, social work, CPN and other mental health professionals. Each patient's file has a colour and a number in which is transformed onto the system in order for professional people to access them.

My placement supervisor also showed me how psychology files were made up, consisting of a section for the clients profile, Psychology audit information, Continuous clinical notes in which start with the person's name and address. Any contact made with a client must be documented here, for example telephone calls and people who did not attend with reason why. This to a psychologist is the only documents of what the psychologist and patient have said to each other so they need to be accurate in case of it needing to go to court. I have actually had to taken notes and make my own psychology file up for a patient. Also in the file is a section for the patient's CPA programme, Assessment charts and Correspondence.

As psychologists have many patients on their case load at one time it important to understand case management. You can try and adapt to the sessions in which a person can attend but if you already have an appointment to do something, you can't change it for a patient if that's the only time they can see you, it must work both ways. You can take into account some people's drugs as it may affect them more in the morning, making them feel sleepy, however this can not be an excuse for those who's drugs do not affect them and it's just the case of them not wanting to get up early.

Whilst on placement with my supervisor I was given the opportunity to learn about Psychometric tests in which can be done during an assessment to help the psychologist understand the sort of problems a patient might have. The MCMI-III is the test that I am most familiar with as I have written up the assessment as a report to give to the patient to explain the problems that person was having and trying to explain why he might be having these problems. The psychometric test takes into account the persons personality, mental problems that person might have on different scales. So the test can help the person and the psychologist/social worker/ CPN understand why the behaviour may behaviour in they way they do and what approach is best for that person. For example, if the assessment showed that the patient was avoidant they may not get involved with there care programme and avoid trying to get better.

I have also learnt about other therapies such as relaxation techniques, where I have listened to relaxation tapes to see what psychologists give patients with anxiety etc to try to relax them. Also, I have learnt the breathing techniques in which a psychologist gets a patient to do when they feel they are in an anxiety situation.

Whilst on placement as well, I have gained a greater understanding of the Clinical Doctorate programme as my psychologist takes on trainees. It has given me the chance to see what clinical trainee psychologists do and what the course entails. I have read reports of clinical activity in which past trainee's have written which showed me the case's in which are taken on and also how these are written.

Tasks performed in the CMHT

Local Mental Health Promotion strategy-
I have completed an extensive literature search about mental health promotion and emotional well being. This was used to inform the mental health promotion and action plan, developed by commissioners in response to the government mental health promotion policy. This also had me involved in the Adult sub group, the Writing group, and the collective group of the young people, adults and older adults group for the strategy and action plan. My research was to help develop a strategic health improvement plan to promote good emotional health and positive sense of well being for the whole local population based on the health needs of local people of all ages and best evidence of effectiveness. I wrote an essay/ information, to give to the group about what mental health promotion and emotional well being was, with definitions, similarities and differences. How services in the local area could promote mental health and emotional well being? And what does psychology have to contribute to this process. When I was first given this essay my supervisor explained how this information would be used in the actual strategy. Whilst researching this topic I have found out an understanding about what mental health was defined as, how in the past mental health has tried to be promoted, the stigma associated with mental health, how in which people can help with their mental health and help their emotional and well being. Also, the ways in which people can promote their own mental health by exercising, the food in which they eat, socialising, their relationships with people, people who are vulnerable to mental illness, what prevents people from seeking help, how health promotion works and what it is, how the public view mental disorders, employment factors and mental health, self esteem and self help techniques. Finding the research on these subjects was extremely interesting and gave me some background information to how people can find it hard to deal with their mental health problems due to discrimination, there preconceptions of what therapy and the professionals were like, financial problems, problems finding a job, housing problems and social problems etc.

Also while looking at research into how people can promote mental health and well being I looked at how psychology can help from past psychological theories I knew from my studies at university such as the health belief model, locus of control, lay epidemiology, social representation approach, social influence and conformity. I have also found out about new psychological theories such as motivation approaches, attitude change, motivational interviewing, positive psychology, critical/community psychology. I also looked at other local strategies and action plans to see what information they had covered and to give examples back to the group as a place to start.

This was an on going process of several months and is still going on now after I have left as government documentation I have learnt can take several months to create. My research though since I started writing it has constantly changed in format, first from a university type essay, to a doctorate style essay, to themes then into a table. This gave me experience of how to write in different formats how to be flexible with what I was writing to adapt to a given situation.

Food and Mood booklet-
This was a booklet in which I made to give to clients to help them have a better diet and to help with there mood. It includes information about the essential principles for a balanced diet, chemicals in the brain in which help with mood and different conditions. It also went through a number of conditions such as bipolar, depression, stress, addictions and cravings, eating disorders, sleep problems, memory problems etc, and gave a few ideas of what foods they can add to their diet to help with a condition, and how they help. Whilst writing this booklet I had to bear in mind that the average person has the reading ability of "the sun newspaper" and also I wanted to make it easy to understand without the complicated words that psychology can sometimes have and try to make it fun with pictures and poems. This gave me an insight into different psychological conditions and a way in which food chemicals in the brain can help such disorders.

Patient satisfaction survey-
I have developed an audit tool to evaluate service users' perceptions of and satisfaction with the Psychological Therapies Service. It is anticipated that this tool will be incorporated into the service in order to highlight best practice and inform service-development (via gathering service-user's perspectives).

Service user involvement-
This was research about individual involvement of patients, group involvement, whether a patient should have choices about there therapy and professional, service user forums, service evaluations being done more often, help inform other service users.

Observation of Clients-
I have observed a PTSD, Personality disorders, anxiety etc with my placement supervisor which has given me the opportunity to observe how a psychologist talks to the patient trying to explain psychological terms, how they try to help and assess their problems with psychometric tests. Also patients interact with my placement supervisor, some being more interested and more willing to do the work and come to the sessions than others. I have also observed my supervisor undertake a course of mindfulness therapy with one patient which was extremely interesting, as I've never been able to look at a raisin in the same way again, as the therapy consisted of looking at a raisin in a mindfulness way.

Eating disorder special interest group-
This group runs as in our location there is not a service for eating disorders, and there have been many arguments since I have been in the CMHT whether eating disorders is in fact a psychological disorder or a way of life. Therefore, this special interest group was organised to give professionals a way in which to discuss and learn about eating disorders. The first one in which I attended was about blood sugar levels and binge eating in which gave me a better understanding of why people binge eat and how blood sugar levels can affect your mood.

PTSD service-
From a service being set up in a nearby location, there were talks and meetings about setting one up in this area. The group included psychiatrists, psychologists, Nurse Therapists. My job was to try and find information about other PTSD services and Trauma services to help create our own. I found information about the inclusion exclusion criteria, the terms of reference and operational policies. Also, I contacted other PTSD/ Trauma services to ask for advice and information in which I fed back to the group. Being apart of this group gave me the chance to see what is involved in setting up a service, information about PTSD and the therapies in which can be undertaken.

Assistant psychologist peer support group
It was suggested to me by my supervisor that I join this group as it would give me the chance to speak to other assistant psychologists in the area and people closer to my own age and own level in psychology. They hold conferences and sessions in which I have attended about driving and dementia, neuropsychological assessment, personality change after head injury, working with older adults, mental capacity act 2005, systematic working with psychological patients and genograms.

Systematic de-sensitisation
I have initiated a programme of systematic de-sensitisation with two service users. One person's difficulties (fear of using public transport at busy times) spontaneously resolved prior to my intervention. The second case (fear of crowded places) didn't progress due to the service-user repeatedly not attending scheduled appointments.

Whilst on placement I have attended many Departmental meetings in the CMHT in which the Manager goes through matters concerning people, new referrals, allocations and assessments, information on patients in the ward, general information and business. Psychology department meetings in which topics are discussed about the development of the departments, any information from courses people have been on etc. I have also observed many professionals and different aspects of mental health services such as the day hospital in which I saw where some of the patients from the CMHT go which gave me the opportunity to see the work in which they do, the types of patients they have their and the sorts of therapies they do. I have been able to observe and learn the role of social worker and have observed 2 schizophrenia patients, a personality disorder and bipolar patients whilst spending my time here. An occupational therapist has also gave me and my placement supervisor a talk about psychosis in which I learnt more about psychosis that what I had previously seen from spending time with social workers and my placement supervisor.

Also from my research about food and mood, I created a display board in which clients could look at in the waiting room which they might feel useful to read and undertake at home.

I have also helped to facilitate social group for long term service –users with severe and enduring mental health difficulties.

Reconfiguration of mental health service-
Since my placement started it has coincided with a large-scale re-structuring of the mental health services, e.g. streamlining the number of CMHT's; creation of a psychological therapies department and the creation of gateway worker posts within primary care. The reason for this reconfiguration was due to the agency trying to meet SAF targets of the waiting time of mental health patients. Over the first few months of my placement I attended many meetings and time-out workshops about these changes in which has exposed to the difficult nature of change within the systems such as the impact on morale and team-working. My placement supervisor and I have had many conversations to reflect on what her position as a psychologist within such processes might change and how other CMHT and Psychological Therapies Service patients and professionals may be affected by the changes.

My first impression of this reconfiguration was that although maybe down the long run the reconfiguration could work as a system, the way in which the reconfiguration was rushed with professionals not entirely sure of what the changes were and how they would work I believed

that it would be the patients who would be waiting longer when the reason for the reconfiguration was to provide these people with a better service. The reconfiguration went ahead despite many of my colleagues view that the changes were not ready to be made, in January 2008. The new structure of the mental health service is now:

Referrals first go to access teams who screen the referral- this then goes to CMHT's for assessment, they then if they have more than one problem e.g. finance, housing etc, stay in CMHT where psychology within CMHT will then help. Otherwise, if they just need psychological therapy they will go to psychology. Once at psychology they will be assessed by 2 people and in time will then go to pre-therapy while waiting in which this will make sure they're ready for the therapy once they get there. Once the waiting time is up for there therapy they will either have group, family or individual therapy depending on the referral. They will then go to a pre-discharge group and once discharged go to social groups etc if needed.

The CMHT's were split into a North and South team, each team having members of the local team to cover the now bigger area of both teams each having an area manager. Also April 1st, 2008 two health service trusts merged with each other to create one trust.

During the re-configuration I think I have demonstrated resilience through the difficult process of service-reconfiguration, and have shown insight and awareness into staff perspectives and experiences. These experiences will also contribute to my competence of working within a constantly changing health system. I have also become aware of many areas of national and local legislation and policies that impact directly on the work of a Clinical psychologist, such as NICE guidelines; National Service Frameworks (and seeing how these differed from England and Wales); BPS Ethical guidance, government Mental health Promotion Policy; Layard Report; Increased access to psychological therapies; differences in service structures between Wales and England.

Things I have learnt about whilst in the Psychological therapies department:
Since the reconfiguration happened, my placement supervisor was moved from the CMHT to the psychological therapies department, so I also moved with her, which has given me the opportunity to experience another type of placement. Whilst at this department I have learnt about what an actual psychological service is compared to the CMHT who only had one psychologist amongst social workers, CPN's etc. In a psychological therapies service you have Nurse Therapists in which can run anger management groups of therapy, anxiety etc. Psychologists only deal with people who have psychological problems, where before they might have carried out assessments such as IQ for a social worker in order for them to understand how to work with a client best, or people who had other issues such as housing etc.

Tasks performed in the psychological therapies department?

Assessment Clinics
I have attended the Assessment clinics every Wednesday where we assess a client for their needs to see if they need to come into psychological services, need it be one to one therapy, or group therapy with a nurse therapist. In the Assessments we use CPA documentation and psychometric tests to assess the person in which I have fill%d ij myself, Attending these clinacs ha3 given me one to one co.tact with clients and has given me the chance to use CPA documentation. It has also given me an understanding of the referral process and the kinds of clients in which are being assessed. Also, it has given me the opportunity to work with nurse therapists on one to one bases.

Screening panel
I have attended the Screening panel Every Monday where we discuss the assessed cases to see what the team of nurse tHerapists and psychologists feel 7U can offer that pers/n. This has given me the chance to listen to other people's cases and think about what I think that percon needs for their condition, what is available for people with each condition in the area and a better understandinc of other things that might play a part in the decision making process such as vhether they have been involved in the service before and if they have did they engaged in therapy, what therapy did they receive e4c. I have Dis#ussed p!tients in whi#h I hav% assessed with a #olleague with t(e pan%l which has imp2oved my confidence and communication skills.

Case Review
Also on a Monday attend Case reviews in which psychologists or nurse therapists can bring in a case they are having trouble with or that is going really well to share with the grotp to discuss. I have been able to hear about the different therapies in which are being used by everyone, and how it goes well, isn't goine well for each client.

Group T(erapies
I have learnt about the group therapies in Which some of our service users go to, such as Stresspac, depression management, anxiety management to name but a few. These groups Try to educate the service user about their condition, how to manage symptoms and how to try to lead a normal life.

Arrangement of thd psychometric test cupboard
I have arranged 4he psychometric test cupboard which has given me an extra opportunity to look at the tests and see w(at they look like and what they are testing. This involv%d me asking other psychologists in the department where tests were.

Database of Files
Database of my placement supervisor's old case files, including name, address, date of birth, referral date, who referred them, presenting problems, how many session my placement supervisor has had with them and date of discharge. This has given me the opportunity to read her old case files and get more familiar with psychology files where information such as the referral date would be etc.

CBT talk to junior psychiatrists
This gave me the opportunity to hear how psychiatrists feel they should have more psychology talks to help them with their work to give them a better understanding of what psychologists do with some of their patients. The CBT talk gave me the opportunity to know more about the therapy to add to what I already know from previous study.

Helping a Trainee Clinical psychologist in older adults
I have also helped a trainee Clinical psychologist in older adults with her small scale research in which I went through and found psychology files and wrote down information about services in which they received before administration to hospital and during hospital to see if those who have more input before pro-longed the need for administration into hospital. This gave me the experience of looking for where records are kept and the information inside a psychology file. It also gave me the opportunity to use the computer system which will help me in future with psychology jobs as each will use some form of computer system.

I have also helped her with observations with a lady who has severe behavioural problems. The patient spits at members of staff and swears at the top of her voice. From viewing this clients'

behaviour we devised a behaviour record in which we looked at the scene of the behaviour, the triggering events immediately before the behaviour. A description of the behaviour and what happened immediately after/during the behaviour was also recorded. This was turned into a functional analysis chart, which looked at antecedents, behaviour and consequences. After the trainee did 5 visits to this lady using the functional analysis chart I then looked at every individual antecedents, behaviour and consequences looking at how often each one happened for each date. I then added all of them up to see if I could see any patterns to why her behaviour is this way. We came to the conclusion that she was being reinforced for her negative responses.

I also taught the trainee Psychologist how to score the Million Clinical Multiaxial inventory-III (MCMI-III) which looks at emotional, behavioural and interpersonal difficulties. The trainee psychologist then showed me how she wrote up a report to give back to the doctor.

The trainee psychologist has also given me information about older adult conditions such as dementia to learn about and also her file in which contained information about therapies in which she had pick up over the years from attaining courses, such as CBT and stress.

As I've been helping the trainee I have learnt about what doctorate Psychologists do on their course, including the sorts of case they can have, the research they have to do etc.

A reflection on your professional development:

How this placement has affected my career preferences?

I am still considering a career as a clinical psychologist as I love dealing with the different conditions, the assessment in clinical psychology and being apart of a multi-disciplinary team. However, I am still considering a possible career in forensic psychology as it has always fascinated me from an early age and the skills in which I have learnt on this clinical placement such as psychometric tests, CPA documentation, working in multi-disciplinary teams, Research and client contact. I could have seen more clients which I did do when I moved to the psychological therapies department, but do to most of the psychologists case load having had lots of sessions already with her, she felt it would be hard on the client to me into the equation of feeling self-conscious. However, doing assessments gave me face to face contact with clients my current strengths regarding my career options is the fact that have seen a massive re-configuration of the health system and the impact that has on its employer and the clients. I have seen the changes from one system of referrals to another being able to see for myself whether the changes put into place actually worked to meet SAF targets like the system was meant to do. I have seen a clinical psychologist in a multi-disciplinary role in a CMHT and a psychological therapies department. This has given me the opportunity to see how a psychologist works with CPN's, social workers on one hand and psychology therapy team on the other. I can do CPA documentation and psychometric tests which will apply to both clinical and forensic psychology. I feel a lot more confident with clients and attaining meetings on my own and feed backing to the psychologist. I know about psychology files and how to keep notes and records which will be helpful for clinical and forensic psychology. One of my weaknesses is the fact that I haven't seen much one-to-one therapy. If I had been able to do this I would know a lot more about the process and see the therapies in which I have read about in action and see how clients react to therapies. If I do go down the forensic route I haven't had much experience as I have had with Clinical psychology. One way in which I could correct this is by doing some work experience with a forensic psychologist or department. As I have spent some time with forensic psychologists whilst on my clinical placement this could be arranged. I plan on building

my strengths by carrying on with reading theories and therapies about clinical and forensic psychology trying to get as much experience as possible.

The skills that you developed during the placement year:
My knowledge from university has been applied when my placement supervisor and other professionals were talking about theories and conditions. It has been applied in the food and mood booklet as some things I already knew about from university such as the chemicals in your brain. In the mental health promotion my university studies already gave me a slight knowledge about emotional health and positive sense of well being. I already had an idea about psychometric test and how they helped psychologists assess and get a better understanding from my university work. I have learnt how to transfer my skills used in University and have started to shift from writing academically to writing in clinical contexts and/or inform professional colleagues. The new skills and knowledge I have learnt are the administrating, scoring and interpretation of psychometric assessments getting a better understanding of them. Clinical interventions such as motivational interviewing, research skills in which could be used for the setting up of a service. Being able to apply my academic skills appropriately to work environment. Personal/ professional development, everyday work disciplines, understanding the pressures of a job like this in a health trust that is constantly changing. I also think in a way it's prepared me more for dealing with mental disorders as it's a lot different from reading about it. I feel more confident to talk to patients as before I was always watching what I was saying and feel more prepared for cases. It's also given me an understanding of other mental health professional and the work they do, and how that work helps psychologists roles, and how some social work theories are similar to that of psychologists and how a social worker in which I had observed use CBT on a patient.

What *you* could have done to learn more from your placement year?
Due to the nature of some of my placement supervisor's patients I was not able to sit in on many one to one therapy sessions. In the future I would like to have more experience in therapies. Other than this I don't feel I could have learnt any more from my placement year as I have gained a huge amount from these 2 placements.

What advice would you give to Surrey students who are just about to embark on their professional training experience?
I would advise them to be open minded when working in a health setting as it not like how you would expect it to be in terms of psychology. There is a lot of politics in the system that you don't get to hear about when you're doing your psychology degree. The system is ever changing which can be at times very difficult for all concerned but the benefit of working for them is the reward of seeing the patients being able to try to live their lives as best as they can.