

# The Mental Health and Wellbeing Awards 2024



Name:	[REDACTED]	Organisation:	South London & Maudsley NHS Foundation Trust
Email:	[REDACTED]	[REDACTED]	
Address:	PICuP Clinic, Middle House, Ground Floor, Maudsley Hospital, Denmark Hill, London, SE5 8AZ		
Type of organisation:	Mental Health NHS Trust		

## About your entry

- You are required to evidence how your organisation has gone **above and beyond** the expectations for your setting in your chosen category. Entries are scored on three different factors and entries must answer each of the three questions on this form:
  - Evidence of going above and beyond the expectations for their type of work
  - Evidence of innovation
  - Evidence of sustained impact over at least 2 consecutive years
- Please evidence why you should win this category (please complete a separate entry for each category you wish to enter – photographs are allowed) and return the entry to [awards@rootofit.com](mailto:awards@rootofit.com) before 30<sup>th</sup> May 2024.
- Appendices are allowed as evidence of what you put in your entry, but do not constitute part of your main entry (e.g. you may append data, research or articles that you refer to).
- Organisations are allowed to only submit a maximum of three entries across all of the categories.
- Entries for Inspirational Story and Contribution to the Sector Categories must not be self-nominated and should include views from different people/organisations.
- Shortlisted entries for the Contribution to the Sector Category will be notified and invited to the presentation ceremony. Nominees not shortlisted will not be contacted and feedback will be provided to the entrant. The list of shortlisted entries will be advertised.
- Winning entries are displayed on our website at [www.mentalhealthandwellbeingawards.com](http://www.mentalhealthandwellbeingawards.com), please indicate any sections you would not want publishing.

8. Winners may enter again, but cannot enter in the same category for 2 years. In the event of a re-entry to the same category, then it is expected that the entry will refer to the progress since the first award. Non-winners are able to re-enter the same category (or others), however it is expected the entry will have been updated from the previous entry.
9. Feedback will be given to non-winning entrants by email after the Awards Ceremony.

**Category** (please select one):

- 1 - Innovative mental health intervention
  - 2 - Innovative proactive wellbeing activity
  - 3 - Long-term impact (open to reactive or proactive interventions)
  - 4 - The lifestyle award (evidence of lifestyle change in a population)
  - 5 - Support during the pandemic
  - 6 - Workplace Wellbeing
- 7 - *There is a separate form for the outstanding contribution to the mental health and wellbeing sector category available on the website.*
- 8 - *There is a separate form for the inspirational story category available on the website.*
- 9 - *There is a separate form for nominate a professional available on the website.*

Provide a short summary (max 150 words) of the organisation and their contribution for use if you are shortlisted.

The Psychological Interventions Clinic for Outpatients with Psychosis (PICuP) is based at the Maudsley Hospital, South London & Maudsley NHS Foundation Trust. PICuP is a specialist service in psychological approaches to psychosis and bipolar disorder. We are entirely psychology led and are headed by international clinical academic experts in the area of psychosis.

PICuP offers Cognitive Behavioural Therapy for individuals with distressing symptoms of psychosis or bipolar disorder, and secondary emotional problems, and Family Interventions. We offer a compassion group for those on the waiting list and an art group facilitated by our Peer Recovery Lead. Clients also have the option to work alongside our peer support team more generally. We provide a Friends and Family Service, offering support to friends and family of the clients we see.

PICuP offers a range of supervision, workshops and training packages for staff.

Introduce your organisation or context of the entry in the space below

In the United Kingdom, there are an estimated 10.6 million carers, equivalent to one in five adults (Carers UK, 2022). From this total, it is estimated that 1.5 million people are caring for a family member or friend with mental illness (Carers Trust, 2013). During the COVID-19 pandemic, it was estimated carers saved the government £135 billion per year (Carers UK, 2020). Carers play a crucial role in the success of community care for individuals with severe mental illness, and in the process of recovery and recognising signs of relapse (Shaikh et al., 2022; Szmukler et al., 2003).

Previous studies have suggested that carers improve overall outcomes, reduce inpatient admissions and relapse, and improve engagement with treatment for those with psychotic disorders (Onwumere et al., 2016). However, despite the vital role carers play in supporting individuals with psychosis, their experience can be frightening and endured with little support and exclusion from healthcare providers (Onwumere et al., 2016). Previous studies have found that 71% of carers have poor physical or mental health and 40% meet diagnostic criteria for a probable psychiatric disorder (Department of Health and Social Care (DoH), 2008).

The Friends and Family Support Service (F&FSS) is part of the PICuP clinic. Within weeks of the global COVID-19 pandemic starting in 2020, PICuP identified the vast need to offer support to carers of service users seen in their service. The pandemic restricted service users accessing the community and to resources they needed to maintain their wellbeing, resulting in many more spending time at home relying on their carers as their main support system. The F&FSS was set up in response to the increased concern around carers' wellbeing. Led by Dr Sarah-Jane Grice at PICuP, F&FSS aimed to provide a support service for carers and deliver interventions informed by NICE guidelines.

Please confirm the following for the nominated service (enter n/a if not appropriate):

Is it regulated by appropriate bodies (e.g. CQC or OfSTED)?	Yes, CQC
Is it a registered charity or a registered social enterprise?	No
Does it have a safeguarding policy/risk assessment/clinical governance policies and procedures (including the protection of staff's wellbeing)?	Yes
It is GDPR compliant?	Yes
Is there any action being taken by a regulator against you?	No

Describe in the space below how do you/they go above and beyond the expectations.

NICE guidance on Psychosis and Schizophrenia in adults (2014) is clear that carers should be offered support from mental health services including written or verbal information about psychosis in addition to carer focused support. However, meeting these recommendations is a challenge particularly when services and organisations have reduced resources.

The F&FSS team at PICuP have developed a structured support service of 6 sessions to the family, friends and carers of individuals who are accessing therapy within our service. The sessions are CBT informed and can be delivered either in person or on a virtual basis by assistant psychologists and trainee clinical psychologists in the team. In addition, given that assistant psychologists lack the clinical experience and skills of those more qualified therapy staff, the F&FSS team provide in-house training every 6 months to new staff on delivering the carer support interventions. At the most recent training they invited a carer to co-facilitate the training and the feedback from staff was that hearing about the carers experiences of both caregiving and accessing the support service was a hugely valued part of the training.

This service began in 2020 in reaction to the COVID-19 pandemic and was set up quickly and without funding in order to meet the needs of carers, many of whom were confined to home and living with very unwell service users. The team went above and beyond to set up this service within weeks, thoughtfully ensuring they were guided by the evidence base and research. They believed we could enhance the service that we currently provide carers, in line with NICE guidance, in order to really show them that we care about them, that they have an important and valued role in the service users care, and that their wellbeing is also important to us.

At present the service continues to run despite still not being funded and therefore staff volunteer their time to speak to carers each week to provide the necessary support and to attend supervision with a clinical psychologist.

Categories 1 and 2: Describe how the work is innovative (e.g. ground-breaking or different from similar services).

Category 3: Describe how the work has had an impact over time.

Category 4: Describe how the work has had an impact on a large population.

Category 5: Describe how the work has made an impact to people during the pandemic.

This service began in 2020 in reaction to the COVID-19 pandemic and was set up quickly offering a lifeline to carers, many of whom were confined to home and living with very unwell service users. The service is offered flexibly at a time that suits carers and in person or virtually to ensure it does not add further stress or complexity to their lives.

The F&SS aims to provide a safe space for carers to discuss their experience of caregiving, develop their understanding of psychosis and bipolar disorder, and explore ways to improve their wellbeing. A relapse prevention plan is developed, focusing on the carer's wellbeing, signs the service user may be relapsing, and signs of strain within the caregiving relationship. Carers are signposted to other services if ongoing support is thought necessary, for example, to Improving Access to Psychological Therapies (IAPT) or Carers UK. Prior to working with a carer and delivering the brief CBT-informed carers support intervention, all therapists attend training facilitated by a clinical psychologist and a carer with lived experience of completing the F&SS intervention. Therapists delivering the brief CBT-informed carers support intervention receive weekly group supervision, facilitated by a Clinical Psychologist.

Research tells us that if we can successfully improve the wellbeing of our carers that this is likely to not only improve their relationship with the service user but also increase the service user's chances of recovery and decrease the risk of relapse and future admissions. Therefore, the hope is that by investing sufficient resources in caregivers, it will not only directly benefit them but also benefit service users and financial drain on already stretched NHS services.

The negative impact that caring for an individual with psychosis or bipolar disorder can have on carers' mental wellbeing and their experience of caregiving has been well documented in the literature. NICE (2014; 2020) guidelines recommended that carers of individuals with psychosis and bipolar disorder are offered carer-focused education and support interventions. However, limited research has focused on identifying the most effective interventions to support carers to improve their mental wellbeing, improve their experiences of caregiving, and support them to achieve their goals. Therefore, we have carried out a research study (Adams et al., 2024) aimed to provide practice-based evidence to evaluate the effectiveness of the brief CBT-informed carers support intervention being offered within the F&SS at the PICuP clinic, by measuring outcomes of mental wellbeing, experiences of caregiving, and progress towards carers' goals.

Encouragingly the outcomes of the service have been extremely positive in terms of improvements to carer wellbeing and levels of burden as a result of caregiving.

How is the impact sustained over at least two consecutive years? This might include data, testimonials, feedback or other types of evidence. (for the pandemic category, please describe how you have found innovative ways of providing or growing services)

At present the service continues to run despite still not being funded and therefore staff volunteer their time to speak to carers each week to provide the necessary support and to attend supervision with a clinical psychologist. We have assistant psychologists and trainee clinical psychologists completing placements at PICuP and the F&FSS team provide in-house training every 6 months to new staff on delivering the carer support interventions as an innovative and cost-effective way of continuing to provide this growing service.

The family and friends service is evaluated both quantitatively and qualitatively. Everyone that attends support sessions completes the following two questionnaires at the beginning and at the end of their sessions: The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS; NHS Health Scotland, 2006) and the Caregiver Burden Inventory (Novak & Guest, 1989). In addition, they complete a measure which asks them to identify specific goals that they have for the sessions, and they rate their progress towards these goals at both the beginning and the end of sessions. Lastly carers are asked to complete a feedback form at the end of the intervention which asks for ratings on the quality of the service they have received as well as an opportunity to offer any qualitative comments or feedback.

Carers have described the service as 'invaluable', 'beneficial in terms of my understanding of psychosis', 'not "how does that make you feel" therapy - this is a million times more helpful', 'I felt listened to and 'seen' properly for the first time since becoming my daughter's carer'.

Our research study (Adams et al., 2024) evaluated quantitative data collected over a three-year period between March 2020 and March 2023. This found an improvement in carers' positive appraisals of the caregiving experience and coping skills and a reduction in carers negative appraisals of the caregiving experience, their coping skills, and the impact of psychosis. Results showed a significant difference between carers mental wellbeing before and after the support intervention, suggesting the intervention effectively improved carers' mental wellbeing. There was also a significant difference in achievement of personal goals, suggesting the service effectively supported carers to make progress towards achieving two out of three of their goals. High levels of satisfaction with the intervention received were found.

Previous studies have found that offering 8-12 sessions of carer work supported an improvement in carers' mental wellbeing and appraisals of the caregiving experience (Lowenstein et al., 2010; Shaikh et al., 2023). However, this study showed improvements can be seen after six sessions of 'low intensity' support. Additionally, the F&FSS intervention was delivered by clinicians ranging from assistant psychologists to qualified clinical psychologists. These findings highlight the cost-effectiveness of the F&FSS and suggest that the implementation of the brief CBT-informed carers support intervention may be easier than that of other therapy approaches which require more sessions and a higher level of therapist expertise (Ma et al., 2020).