South London and Maudsley
ON FILM
Inviting documentary filmmakers into the organisation you work for has career limiting potential for a head of communications. I'd be lying if I said I hadn’t had the odd twinge of concern in the two years we’ve been involved in helping co-ordinate the Channel 4 series on SLaM (in actual fact I’ve had several twinges and the odd nervous twitch). Things have improved, though our aim in working with Channel 4 was not to try and pretend that everything we do today is perfect. We wanted to help show the reality of providing mental health services in the 21st century and what it is like to receive care and treatment. In doing so, we hope to try and help challenge the stigma and discrimination that still exists today and to promote better awareness and understanding of mental health issues.

Over the past two years, television production company The Garden Productions has been working on a documentary series about South London and Maudsley NHS Foundation Trust (SLaM). The four part series, scheduled for broadcast on Channel 4 on 31 October 2013, features the work of the Anxiety Disorders Residential Unit (ADRU) at Bethlem Royal Hospital, the Triage unit at Lambeth Hospital, older adult services at Maudsley Hospital and adult community mental health services in Lewisham.

In this special edition of our newsletter, you can find out why and how the series was made and can read about experiences of some of the many people who have been involved. The Communications and Media Department would like to thank everyone who has been involved in helping the series happen: staff, patients, family members and partner organisations.

Bedlam: what’s in the name? The series will be called ‘Bedlam’. The title was decided upon both by SLaM and Channel 4. It is based on the fact that SLaM can trace its roots back to 1247 when the Priory of St Mary of Bethlehem was established in the City of London. The priory, which became a refuge for the sick and infirm, was known as ‘Bedlam’ and was the earliest form of what is now Bethlem Royal Hospital. In deciding upon this title, we recognise that the history of treating mental illness hasn’t always been a proud or positive one. For too long, people with mental illness were simply removed from society, their family and friends and sent to long-stay hospitals (or asylums).

That said, from the very beginning of our time working with Amy and the team at The Garden Productions, I felt they would approach the task with integrity, sensitivity and professionalism. We were prepared to take a risk working with them based on their track record for producing excellent television such as ‘24 Hours in A&E’ filmed at King’s College Hospital. We were also reassured when the producers described how they wanted to make the series: no rushed filming schedule, no short cuts and every care and attention paid to the wellbeing of the patients, family members and staff who gave their consent to be involved.

An important part of our motivation for wanting to take part in the series was to promote public awareness and understanding of mental health. There is still far too much stigma and discrimination surrounding mental illness and our hope is that the Channel 4 series goes some way towards trying to tackle this.

Another consideration for us taking part was to show people what we do and how it can make a real difference to the lives of the vulnerable people who use our services.

At a time when the NHS is operating in an increasingly competitive environment with diminishing resources available, we can’t afford to be shy and retiring about promoting our strengths, our services and our brand.

I think the end result is a bold, unique, powerful piece of television that reflects the reality of living with a mental health problem and trying to provide effective care and treatment.

But that’s just my view. You never know how something like this is going to be received until it hits the screens. If the series helps to change perceptions about mental health and mental health services even just a little bit then it will have been a risk well worth taking. And certainly worth a twinge or two of concern on my part.

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In the 14th century, people used to go to Bethlehem Hospital - or Bedlam as it was then known - to watch the mentally ill for entertainment. Some might accuse us of doing exactly the same thing - by filming in the very same place more than 750 years later and putting it on television. But I would strongly disagree.

Two years ago I met Dan Charlton from Communications at SLaM whilst making the first series of 24 Hours in A&E over the road from Maudsley Hospital. I was shocked by the endless stream of patients who came into the emergency department with some kind of mental illness - some had bipolar disorder, schizophrenia and depression, others came with alcohol and drug addictions and Munchausen's syndrome. All backgrounds, all ages.

I started to think about how we might make a series different to most programmes about mental health - something people would want to watch. Unafraid, raw and funny, a truer picture of the reality of living with alcohol and drug addictions and mental illness. It could happen to our parents, to us.

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SLaM is the oldest psychiatric institution in the world - where else to make a series about? Dan and I spent the next four months meeting senior people in the Trust, to discuss the proposition. First we met Martin Baggaley, Medical Director of the Trust who suggested we go to Lambeth Triage. We also met Dr Dele Olayide, the Caldicott Guardian and many of the Clinical Academic Group (CAG) heads. We discussed the ambition of the series and how we would approach consent, building on our experience of 24 Hours in A&E. I've worked on many access-based documentaries over the years but I hadn't prepared myself for the fact that this was an institution of talkers. The access process itself became a fascinating series of meetings over several months during which our intentions and ambitions were analysed, interrogated and discussed. We were put on the proverbial couch.

Also unlike other projects, there were huge challenges here - working out how to show and understand an internal world, work out protocols with clinicians around issues of capacity, and how to navigate and negotiate within a huge organisation to get to the point where we could access the people on the ground.

After initial interest, the Trust agreed to turn down other documentary projects and give us exclusive access to make the series which was subsequently commissioned as four one hour films by Channel 4.

Pre-production began in summer 2012. We knew that we wanted to make a programme in the Anxiety Disorders Residential Unit (ADRU) at the Bethlem Royal Hospital - from the first time I met Simon Darnley, the Head of the Unit, I knew that he would be a compelling guide to a fascinating world that we all teeter on the brink of. The day I met Simon, he introduced me to a patient who was baking a hair cake - she had an irrational fear of choking and by baking and eating a cake made with her own hair, she was forced to confront her greatest fear. And realise it was just that, a fear. Many see anxiety as a soft mental illness but it was apparent that these people were crippled by their anxiety, their worlds had shrank and their intrusive thoughts imprisoned them - it was a hugely debilitating condition yet with great resonance for us all. It was the first episode to start filming.

Next up was Lambeth Triage - the atmosphere was charged the moment we walked in, pursued as we walked round by an elderly patient after Dan's umbrella. The ward round was instantly fascinating as Dr Baggaley and his team disagreed about whether or not a patient with a history of violence - and a delusion he was Hitler - should be allowed out of the ward to go to the shop. Dr Baggaley's parting gag to a colleague in disagreement as we left the room was ‘do you think Dr Baggaley is being irresponsible?’ This was the sharp end of mental health - where life and death decisions about people's freedom and personal/public safety are made on a daily basis. An alarm sounded as we left.

The crevices in these two episodes faced unusual and particular challenges. Obviously, the patients on the ADRU were very anxious and that spread to their decision about whether to take part in a programme. Those who did were brave. For Paddy and Alice, the crew on the Triage ward, there were concerns about patients who might have paranoia - or surveillance issues - and what effect even the presence of a camera might have. There were added concerns from staff about the crew filming restraints and reinforcing a Nurse Ratchett view of acute psychiatric care.

We felt strongly that we should include restraint in the film with the right context and continued to discuss how and when we might do this with various senior members of the trust - to forcibly restrain someone is not a decision taken lightly. Darren, the Ward Manager told me the worst ones are when the patient doesn’t fight back but cries quietly. It feels like you’re abusing them he said. We saw some patients get much better afterwards. Others got angry. It is the reality.

For the third film, based on the ward for older adults at Maudsley Hospital there were other challenges. As Rob Howard said, old age and mental health are a double whammy - but it felt like all the more reason to try and make a film on the ward at the Maudsley about the over 65’s. At the first ward round I went to, we sat in a circle as patients came in one by one, all with different delusions, three of them Royal.

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Finding the final film was the most challenging. After meeting several teams, we ended up making a film with one of the community mental health teams at Speedwell Mental Health Centre. None of us had really quite how the vast majority of mental illness was treated in the community and what a tightrope many of the patients walked on a daily basis. It seems amazing to me now that we didn’t insist on making a film in the community from the beginning. A world all around us yet never really seen. I certainly look at this world with different eyes now.
Decisions about who to approach were always made in discussion with and only with the support of the clinicians in charge of the patient’s care. Garden always followed the basic principle that patients using mental health services are entitled to privacy and confidentiality and that only when a patient waives that could he or she feature in the finished programme.

If a clinician deemed a person fit to consent the producers were able to proceed. Each time the patient is filmed they are asked verbally for their consent. Some patients were able to give informed consent at the time of filming and were asked each time the crew arrived for filming if they were happy to continue. Written permission is then needed from patients before any material is broadcast. At no time will any footage be broadcast of identifiable patients who do not or cannot give informed, written consent.

Where there was any doubt a patient had capacity to give informed consent the producers were advised by the Trust to ask a patient to undergo a capacity assessment given by an independent psychiatrist, however this did not happen on any occasion.

Communication

Throughout the 12 months of filming we asked to be involved in every correspondence, decision and discussion on filming with patients and staff. It meant a constant bombardment of emails but this enabled us to monitor and thereby judge what was going on in each area.

Before the producers even embarked on research for each film we ensured we were in close contact with all staff potentially involved.

We accompanied producers to initial meetings, explained our reason for wanting to make the documentaries and gave them the opportunity to ask questions or opt out of filming.

What editorial controlerviewing rights does SlaM have?

SlaM had the right to view the programmes before transmission to point out any inaccuracies and anything that they believed to be unfair but they did not have editorial control.

Appropriate clinicians also watched every episode to ensure that, on broadcast, the tone and context of the programmes would not be detrimental to the welfare of the patients.

Who is responsible for ensuring the patients’ welfare?

The patients’ welfare was and continues to be paramount and clinical decisions made by SlaM always have precedence over any other considerations.

Garden producers are in touch with all patients in the series and have been since filming ended.

We are now on the last hurdle and these certainly make for exciting times. It’s been a year of hard slog, a few doubtful moments but mainly an absolute pleasure to be part of. And knowing that every step of the way we collectively put the best interests of patients at heart has made it even more rewarding.

We will continue to communicate with staff and patients throughout the broadcast period. If there are any questions relating to any aspect of the programme please contact us at communications@slam.nhs.uk
MEET THE PRODUCTION TEAM

Executive Producer
Amy Flanagan
Amy has worked in factual television for the last 15 years. She first built a relationship with SLAM whilst making the award-winning first series of 24 Hours in A&E and was subsequently executive producer on the BAFTA-nominated second series. Past credits include Keeping Britain Alive: The NHS in a Day for the BBC and the BAFTA-winning C4 documentary Feltman Sings.

Series Director
Dave Nath
Dave has been a director and executive producer in documentaries for more than 20 years. He’s made numerous of documentaries on diverse subjects as wide-ranging as public school, the police, divorce, Sir Bruce Forsyth and Gordon Ramsay. His recent BBC series on Austerity Britain, The Year the Town Hall Shrank, was nominated for a Royal Television Society and Grierson award.

Producer/ Director
Paddy Wivell
Paddy Wivell has been directing and filming observational documentaries for Channel 4 and the BBC for almost 15 years. His credits include A Hasidic Guide to Love, Life and Finding a Bride, Two Jews on a Cruise, Granny’s Moving In and Endgames of a Psychopath.

Producer/ Director
Becky Lomax
Becky Lomax has worked on a wide range of observational documentaries for the last seven years including the BAFTA award winning first series of One Born Every Minute. She has directed a First Cut for Channel 4 about three friends who run a rescue centre for traumatised ferrets. More recently, she worked as a producer on the landmark BBC2 documentary series Keeping Britain Alive: The NHS in a Day.

Producer
Alice Mayhall
Alice Mayhall has been producing television documentaries for more than 10 years. She started as a researcher on ‘One Life’ for the BBC and Channel 4’s ‘Taking It’. She has worked on a variety of long-term observational documentaries about institutions such as the English National Ballet (The Agony and the Ecstasy), Cheltenham Ladies College (My New Best Friend) as well as various programmes about the NHS.

Producer and Cameraman
Pete Beard
Pete has a wealth of experience filming in challenging and sensitive environments, dealing with subjects that range from life and death in Channel 4’s 24 Hours in A&E (Winner of the Royal Television Society’s award for best documentary series), disability in BBC3’s Otto Love Lust and Las Vegas (awarded the RADAR human rights award for media), political extremism in Channel 4’s Young Angry and White to slice-of-life films such as BBC2’s The Market: Inside Billinggate.

MEET THE PATIENTS

CRISIS

Katrina
Katrina is a 22-year-old student at a top drama school who lives with her mother, Linda, in south-east London. She was first diagnosed with schizophrenia at the age of 16. After an extreme manic episode during her second year at university, she was eventually sectioned and admitted to a psychiatric hospital. When she is manic, she has suicidal mood swings and can spend hundreds of pounds shopping. In December 2012, after an argument over an iPhone, Katrina threatened her mum and was admitted to Lambeth Palace Hospital, a mental health A&E for patients in crisis – after trying to commit suicide. He is married to Rachel, a teacher at an independent school in south London, and they have four children aged between 11 and 18. Dominic, an ex-tour guide with bipolar affective disorder in 2010 and his career as a creative director in an IT company started to spiral as his mental health deteriorated in 2012. After a second attempt on his life, he returned to Essex and was re-diagnosed with a personality disorder. Dominic’s anxiety stems from living with mental illness; his wife and children also talk about the profound impact his illness has on family life and how they cope. He’s now self-employed and having regular therapy to try and tackle the roots of his unhappiness.

DOMINIC
High-flier Dominic, 44, was admitted to Lambeth Palace Hospital, a mental health A&E for patients in crisis – after trying to commit suicide. He is married to Rachel, a teacher at an independent school in south London, and they have four children aged between 11 and 18. Dominic, an ex-tour guide with bipolar affective disorder, was diagnosed with schizophrenia 10 years ago. After an extreme manic episode during her second year at university, he was eventually sectioned and admitted to a psychiatric hospital. When he is manic, he has suicidal mood swings and can spend hundreds of pounds shopping. In December 2012, after an argument over an iPhone, Katrina threatened her mum and was admitted to Lambeth Palace Hospital, a mental health A&E for patients in crisis – after trying to commit suicide.

ANGSTY

James
James aged 36, was admitted to Lambeth Palace Hospital in 2006. He has bipolar affective disorder and has spent most of his teenage years and out of psychiatric institutions suffering from extreme OCD. He lives on an isolated farm in the Cotswolds with his mum Penny, who she has been sent to prison for several months and has spent up to seven hours in the police cells. She has now self-taken to leave in case he has an accident. Last year James’ anxiety became so severe that he had to stop working and was re-diagnosed with a personality disorder. Dominic’s anxiety stems from living with mental illness; his wife and children also talk about the profound impact his illness has on family life and how they cope. He’s now self-employed and having regular therapy to try and tackle the roots of his unhappiness.

Helen
Helen is a 33-year-old librarian working at the British Museum in London. For the last two years she has lived as a virtual recluse in her parents’ home. Helen’s anxiety is a severe form of OCD, driven by intrusive thoughts, which cause an irrational fear of harming a stranger – she believes that somehow she’s put strangers in bins or killed them in road traffic accidents. Her illness became so severe that she was unable to work or even leave the house and her long-term relationship broke down. Helen was treated at Bethlem Royal Hospital’s specialist Anxiety Disorders Residential Unit where she took part in a 12-week therapy programme. Although she still struggles with intrusive thoughts, she made sufficient progress to go back to work and has been there for six months.

SYLVIA

Sylvia
Sylvia was 70 years-old before she first experienced mental illness. Following a series of deaths of a number of people very close to her, she became severely depressed. After being diagnosed with bipolar disorder – in her own words: “I’m not sure what it means. I think it means I’m double trouble” – she ended up having electroconvulsive therapy treatment (ECT) on the older adults ward at Bethlem Royal Hospital. Despite the success of the ECT treatment, Sylvia still takes Lithium every day, which helps to stabilise her mood. Two years later, she volunteers every Friday in the ward where she was once treated to chat to patients and generally help out. Friendly, warm and chatty, Sylvia thinks that recovery is possible.

OLDIER ADULTS

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The cameras follow a community mental health team in Deptford. The lion’s share of SLaM’s work takes place in a community setting, looking after more than 35,000 people with mental health issues. SLaM treats 8,000 psychosis patients a year; 6,000 of whom are based and treated in the community. We touch on different treatments available and see intense and moving interaction with social workers and mental health teams.

To make the psychosis film in the series we spent months conducting research with various services within SLaM. We’d always been keen on including community mental health, it is such an enormous part of the work performed by SLaM and felt to us like the front line of mental health care. We wanted to reflect the realities of this challenging work, following actual narratives of people walking a tightrope with their mental health as it happened and the teams who act as a safety net. I feel that these realities are rarely reflected accurately in the media and as a result it is important to demystify the work performed by community teams, especially taboo subjects such as being sectioned.

Many of the teams we approached were naturally very suspicious, but Sarah Hall from SLaM’s Communications Department helped us negotiate their concerns. When Sarah introduced us to Dr Tom Werner, one of the consultants at Speedwell community mental health team (CMHT) in Lewisham, the meeting felt very positive from the start. He immediately understood what we were trying to do. It wasn’t long before we visited the CMHT to attend one of the team meetings. Speedwell has a very positive atmosphere in general and it was apparent straight away that the team were very confident in their work and receptive to what we wanted to do. Dave Nath, the Series Director, and I were immediately enamoured with them.

Many of the care coordinators were approachable and a few were happy for me to shadow their work, without a camera to start, to get a sense of what they actually do. The first home visit I went on was with Dr Werner and Jim Thurkle, a social worker. We visited one of Jim’s clients, Tamara, a woman with a persistent delusional disorder about bed bugs who was very unhappy with her medication. Jim and Dr Werner told me it wasn’t always straightforward working with Tamara, which intrigued me straight away. When we arrived I explained to Tamara why I was there. Tamara was happy for me to stay and completely ignored me as soon Jim and Dr Werner got started. I found that first meeting with Tamara fascinating, she is a very interesting, likeable and opinionated woman. I’m not sure what I’d imagined a psychosis service user to be like, but Tamara certainly won me over.

When travelling back to the CMHT, Jim, Dr Werner and I talked through the pros and cons of including a case study like Tamara’s, whether there were consent issues and how we could try and approach them. There were challenges but we thought it would be possible if she was happy and truly understood the proposal and those in her support structure were happy too. Not everything was this easy however. As I met more and more of the care coordinators it became apparent that lots of the case-load wouldn’t be appropriate for us. There were lots of consent issues, safeguarding issues and so on. Also, and just as important, people have to be very brave to want to share their story on television, especially when it’s something as personal as their mental health. Thankfully the care coordinators, team managers and consultants at Speedwell were incredibly patient with us. We met lots of clients who would be appropriate and the teams supported us in finding ways to film them through their care and potentially when they became unwell. Over the four and a half months we spent with Speedwell CMHT we were able to film the extraordinary stories of several of their service users. We have made a film we are very proud of. I think it accurately reflects the challenges faced by psychosis sufferers, their families and the people who try to keep them well.
CRISIS

Cameras are allowed in to Lambeth Hospital’s Triage ward for the first time. In a postcode with the highest rates of psychosis in Europe, this is the A&E of mental health - where patients are at their most unwell. For the staff it’s all about risk management. The buck stops with psychiatrists like Dr Martin Baggaley who makes crucial decisions every day. Getting it wrong could have tragic consequences. We meet 45-year-old Oxford-educated high flier Dominic who has just made a serious suicide attempt as he comes to terms with life on a psychiatric ward. We’ll meet his wife and four children who are dealing with his life threatening illness. And we meet the staff who are grappling with how best to care for Dominic and other high risk patients.

MAKING THE CRISIS FILM:

BY ALICE MAYHALL, PRODUCER

For a producer like me, getting the chance to work on a documentary series in an organisation like SLaM is a once in a lifetime opportunity. I jumped at the chance. When I joined the team, Amy Flanagan, the Executive Producer had already been talking to the Trust for months about how to make the series and so it became my job to meet and research with as many staff and patients across the Trust as I could.

The first time I walked into Lambeth Triage I was apprehensive - about who I would meet, what I would see and what the staff and patients would think about a television producer asking them questions. But I was quickly given a very warm welcome and put at ease by patients and staff, some patients like ‘A’ were even glad I was there so that people could “really see what it’s like here”. People wanted to talk, they wanted to share their stories and their experiences of mental illness, and whilst many didn’t want to be filmed doing this, some were happy to open up their worlds on camera. I’d walk out of the ward every day feeling exhilarated, shocked and touched.

Before filming I spent weeks shadowing staff and meeting patients, talking about making a documentary on the ward - was it a good idea, would people want to be filmed at such a critical time of their lives and who were the staff and patients that came through the secure doors every day? We had many meetings to discuss confidentiality, access and how Paddy the Director and I would film with a small camera and sound kit. One of the complex questions for filming on the ward was that of patients’ capacity to consent. We’d agreed a rigorous consent protocol with the Trust which included getting an initial steer from a lead consultant in charge of the patients’ care before even approaching an individual. At times we just got a patients’ consent to film them, we had to return to them at a later date to get consent to broadcast the material. We filmed with one lady, M, for a number of days while she was on the ward and then when she was discharged home we met her for lunch and she decided not to be involved further. Central to the filming was a respect for people’s right to privacy and we respected M’s decision.

I was struck by the resilient staff I met who were determined to provide the best possible care in difficult circumstances. We filmed the staff working with patients but were mindful of not wanting to interrupt the running of the ward, so we spent a lot of time hanging around, chatting to patients. At times, we wouldn’t film at all, just sit and talk to people. Because the ward has up to 90 admissions a month, we met a great number of patients from all walks of life, every background and every age group and were compelled by their rich histories and lives.

Triage is such an interesting ward to spend time in, at times calm and relaxed, at times loud and unpredictable. The fast changing pace of the ward meant that Paddy and I had to be prepared to start and stop filming at any moment. We’d agreed with the staff that we could film even challenging situations but if someone asked us to stop, we would stop straight away. Filming in this way is based on trust and the confidence of a strong team led by staff like Darren Plant. It meant that we were able to capture some of the more difficult but realistic times on the ward.

I’ve had an extraordinary time working on this documentary. I always feel very privileged in my work that people want to share their stories with me and never more so than with the patients and staff on the Lambeth Triage ward.
This eye-opening film will follow patients through Bethlem Royal Hospital’s 18-bed Anxiety Disorders Residential Unit. This national unit treats the most anxious people in the country - the top one per cent - and claims a success rate of three in four patients.

Some are consumed by irrational fears they’ve caused a road accident in their sleep, harmed strangers or have intrusive thoughts.

Their conditions – a range of obsessive compulsive disorders (OCD), post traumatic stress disorder (PTSD), body dysmorphia and phobias - have escalated to the point where the daily tasks most of us perform unthinkingly are terrifyingly unthinkable.

We meet 21-year-old James who spends seven hours a day locked in the toilet battling his fears and who knows that the unit is his last chance of leading a normal life.

We also meet Helen, who was unable to leave her home for more than two years for fear of harming others.

There’s a scene in the movie As Good As It Gets when the irascible Melvin Udall, played by the “raspberry” Jack Nicholson, spots his little dog Verdell meticulously jumping over every crack in the pavement, mimicking the way Melvin does it.

As he puts on his protective plastic gloves, Melvin remarks: “Don’t be like me. Don’t you be like me. You just stay the way you are…”

Melvin is a middle aged man with chronic OCD. It’s a moment that encapsulates how the illness is generally depicted: bizarre, quirky, odd, funny.

More and more, particularly for those who pay a little too much attention to domestic cleanliness, it seems OCD has been adopted as a badge of honour: “I’m a little bit OCD.”

But OCD really isn’t like that. It’s disturbing and debilitating. When you meet someone with extreme OCD it can often feel like they are delusional, suffering from some form of psychosis. It stops being funny, quite quickly.

A year ago SLaM granted C4 access to its Anxiety Disorders Residential Unit (ADRU) based at the Bethlem Royal Hospital.

Patients here are admitted to a 12-week cognitive behavioural therapy (CBT) course which focuses on encouraging them to confront their fears head on. To qualify for a place you need to show you have a history of failed treatment elsewhere.

Consequently, those who come to the unit are among the most anxious people in the country, the top 1%.

It was in the early stages of our research that we first met the effusive Head of the Unit Simon Darnley.

Simon is a fanatical Chelsea supporter, accomplished magician and a whizz on the ukele. He’s also an expert on anxiety disorders.

Spending time with him it soon became clear that the key to understanding OCD is to get to grips with the underlying fear that drives the obsessive behaviour - often it’s a phenomena known as intrusive thoughts.

We all have intrusive thoughts - random, involuntary but often disturbing thoughts - though we don’t all admit it. A common one is the fleeting thought about pushing a stranger off the edge of a train station platform. Most of us are able to forget about them and move on without attaching any meaning to them; for some, it’s not that easy.

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They will attach great importance to the thought and worry about it: “Am I a potential murderer?”

Despite that, we managed to find people who were brave enough to talk about it. It placed an incredible onus on us as film makers to treat their honesty with great responsibility.

We hope the film we’ve made will go some way towards demystifying a world that is more than Melvin Udall and his dog Verdall eccentrically skipping over the cracks on the sidewalk.

Our film also explored the impact this illness has on patients’ wider families. They’ve watched OCD rip apart relationships and turn people into virtual refuges - one woman we filmed with hadn’t left the house or spoken to anyone in years.

It’s easier said than done. By their very nature, these unwanted thoughts tend to be taboo or the things that we fear or loathe most. They are dark and disturbing. Those who suffer with them often tend to keep it a secret, worried what others will think of them if they open up.

Despite that, we managed to find people who were brave enough to talk about it. It placed an incredible onus on us as film makers to treat their honesty with great responsibility.

There were those who suffered with intrusive thoughts that they might have abducted and killed strangers while others told us about their irrational fears of becoming paedophiles.

Simon Darnley had explained that this latter phenomenon is increasingly common. It seems that the obsessions and fears we have as individuals often mirror the neuroses which are prevalent in society. Post-Jimmy Savile there’s been nothing short of a witch hunt in the media to route out paedophiles. Every day it’s another celebrity, another arrest. Simon revealed that back in the 1980s he saw many people who had irrational fears that they might have contracted HIV.

We hope the film we’ve made mines deeper into the complicated world of OCD than those that have gone before. In doing so, maybe it will go some way towards demystifying a world that is more than Melvin Udall and his dog Verdall eccentrically skipping over the cracks on the sidewalk.
OLDER ADULTS

The number of older people with mental health problems is estimated to increase by a third over the next 15 years to 4.3 million. Bereavement, stress and loneliness can contribute and some end up on the Maudsley Hospital’s older adults ward.

We’ll meet Peter who experiences very real hallucinations but is due to be discharged home and isn’t sure how the transition to independence will play out. We’ll also be on the heels of the home treatment team who are desperately trying to keep older people in their homes, but who have to make tough choices minute by minute which can have huge implications for their clients.

“I’m as mad as a hatter!” Peter replied when I asked him why he was on the older adults ward at Maudsley Hospital.

Early on, we had decided it was important to make a film about the work of the older adults’ services, and to give a voice to over-65s with mental health problems. Professor Robert Howard, Consultant Old Age Psychiatrist, introduced us to his team at the older adult ward, who care for the most severely ill and vulnerable over-65s in crisis. There were real challenges here - some of the patients I met lacked insight into their illness, some were too unwell to articulate how they felt, and a significant number of patients didn’t have any family members I could talk to. There were also challenges in terms of how to film their treatment on the ward and there were ongoing discussions with the Trust about whether or not we should film electroconvulsive therapy.

Even with those challenges, I was excited at the prospect of being part of something that could work to break down the stigma around mental illness and give people in that situation a chance to share their experiences.

We filmed on the ward over a period of five months and in that time were able to follow the unfolding stories of Peter, Lorraine and Vera as they underwent treatment and therapy on the ward and as they returned to life in the community.

Peter was admitted to the ward after taking an overdose. When I first met him, he seemed both erudite and sage but had very interesting beliefs, namely that he could communicate with an Egyptian god in his right hand. He had very much grown to love the community of people he’d met on the ward and I was interested to see how he would cope living out in the community with no friends or family in London.

I remember the first time I met Lorraine in Professor Howard’s ward round. I was struck by how challenging it must be for the nursing staff to treat and care for patients who are unable to articulate or express how they are feeling. Throughout the filming I was constantly amazed by the nursing staff who do such a fantastic job of looking after the patients.

When I met Vera, the doctors had told me she’d been admitted to the ward with psychotic delusions and that she believed they were imposters. Although her delusions had gone, she was still suffering with extreme anxiety. I always enjoyed spending time chatting to Vera and the other patients, and I felt that it was hugely important that we spent time doing this, prior to any filming taking place.

I came away with the sense that in society, old people and people with mental health problems come at the bottom of the heap, so I felt strongly that I wanted to make a film to give these people a voice. What also struck me is that many of the patients I met on the ward had reached the age of 65 with no sign of mental illness, and the sense that you can live a life free of mental illness but how all of a sudden things can change. I hope the film gives a real insight into mental illness, both from the perspective of those treating it, and those living with it on a daily basis.

MAKING THE OLDER ADULTS FILM:

By Becky Lomax, Director
BEHIND THE CAMERA

STAFF AND PATIENTS WHO FEATURE IN THE DOCUMENTARY SERIES
**MEET THE STAFF**

**Martin Baggaley**  
Dr Martin Baggaley is SLaM’s Medical Director. He joined Lewisham and Guy’s Mental Health Trust (now part of SLaM) in 1997 as a consultant psychiatrist. He was appointed clinical director for Lewisham adult mental health services in 1999 before his appointment as medical director of the Trust in 2007. He helped develop the Trapeze ward model in Lewisham and works in the Trapeze ward at Lambeth Hospital which opened in 2011.

He qualified from St Bartholomew’s Hospital in 1984 and served in the British Army from 1985; training in the army and at Guy’s Hospital. He has been a full-time psychiatrist since 1986. He has also worked at the Psychosocial and Relationship Service at Guy’s Hospital.

**Rob Howard**  
Professor Rob Howard is a Consultant Old Age Psychiatrist at Maudsley Hospital where he has worked since 1988 following an undergraduate education at Cambridge and St Bartholomew’s Hospital and a few years working in general medicine. His time is divided between his clinical work as a consultant and leading the academic work in mental health of older adults at the Institute of Psychiatry, King’s College London.

Professor Howard said: “I wanted to take part in the programme because I wanted people to know more about the help that is available for older people with mental health problems and to understand that recovery is possible and that - with the right help - the outlook for our patients is very positive.”

Professor Howard’s research interests include very late onset psychosis in the over 60s and brain imaging in dementia and psychosis. He is also Dean of the Royal College of Psychiatrists (2008-13) and is the profession’s elected lead on training and professional standards. In recent years, psychiatry has not been a popular option for UK medical school graduates and Rob sees the changing of perceptions of undergraduate and foundation year trainees as a very important ambition for the Institute of Psychiatry and the profession as a whole.

**Tom Werner**  
Dr Tom Werner is a Locum Consultant Psychiatrist with the Speedwell support and recovery team in Deptford. He trained and worked at the Centre for Anxiety Disorders and Trauma at Maudsley Hospital and in the Cognitive Therapies Division of City and Hackney’s Psychotherapy Department. He has extensive experience of working with a range of different client groups including adult mental health, older people, people suffering with addiction and children and families.

His specific interests are service user led project work on a recovery resource website (Let’sBlew) and physical health and mental illness. He is also a governor of the Trust, a cognitive behavioural therapist, director of Let’sBlew and trustee of a music charity Song in the City Charity Trust.

The Speedwell service and recovery team operates out of the community in Lewisham and they have approximately 360 patients in their care, with 17 GPs’ practices linking with the team. The needs in the local population are often related to high levels of social deprivation and poverty.

**Dr Tony Rao**  
Dr Rao is a Consultant Old Age Psychiatrist working at North Southwark Community Mental Health Team for Older Adults and is also a visiting researcher at the Institute of Psychiatry, King’s College London. He is the longest serving community consultant old age psychiatrist, having been in post for more than 15 years.

Dr Rao said: “Working exclusively in the community means seeing older people in their own homes at times of difficulty and great stress. By being able to work with older people in a setting with which they are most familiar, they can be offered the right interventions at the right time and continue to live independently for as long as possible. “Appearing on the programme gave me the opportunity to portray a specialty that has never ceased to fuel my enthusiasm and dedication for the past 20 years. Old age psychiatry is probably the only specialty in medicine that takes such a wide range of skills that are woven into the rich tapestry everyday clinical practice. With the growing number of older people experiencing both dementia and other problems such as alcohol misuse, there will continue to be a demand for old age psychiatrists who have a passion for making a difference to the lives of older people.”

**Dr Jim Thurlke**  
**Social Worker**

Jim has been a qualified social worker since 1984 and is employed by Lewisham Council. He is also an approved mental health professional. He worked with children initially and now looks after adults with mental health problems in Lewisham. He was born and bred in Lewisham and sees his job as “looking after his own” in many ways.

His role forms part of the Support and Recovery team at Speedwell Mental Health Centre.

The producers were always highly professional with a real knowledge and understanding of confidentiality issues which put me at ease immediately. As a social worker, I have to be open and honest sometimes it is the only action. Someone’s liberty, that is when we, as a team, make a decision to section someone. Not that easy but there are times it is the only action. Someone will feel that way. I am often seen out knocking on doors and trying to locate patients. The camera followed me doing that and in the end I forgot they were there and just went about my daily work.

My job is highly rewarding but obviously there are times when it is distressing. There are many patients where relapse is inevitable and that’s the way it is. I think it is important people can see the ‘revolving door’ situation in mental health as this is not fully understood – many people become ill, get better through care and treatment and fall ill again. That’s the nature of mental illness but there are also very positive stories of people who fully recover and use their experience to help others.

I have become familiar with the people I look after over the years and there are some real characters. It can take some time to build up trust but I think the best policy is to be as open and honest as possible with them because people who are mentally ill are not stupid.

The hardest part is taking away someone’s liberty, that is when we, as a team, make a decision to section someone. It never gets easier but there are times it is the only action left to take. When I see these patients better they are actually quite accepting of me doing this, they realise they were unwell and there was little alternative. It is incredibly fulfilling to see those people back with family or in the community, that is what makes me happy.

I come across a number of mental illnesses but many I deal with have depressive moods and the factors that cause them. I deal with people using a sense of humour, I try to tap into that but sometimes that is not always appropriate when some one is depressed. It is about judging every individual and situation as it comes.

The patients I worked with loved being on camera. They really came out of themselves and that was a joy to see. For me, being filmed made me think about my job, it made me evaluate what I do and that can’t be a bad thing.”
HELEN KELSALL

CLINICAL SERVICE MANAGER, MENTAL HEALTH OF OLDER ADULTS AND DEMENTIA (MHOAD)

“I think I have experienced a major transformation during the making of this film. At the start I really wasn’t sure about any media work. However, the way the producers operated made me feel really differently about it. My perceptions have totally changed now. They were very considered about how they worked with staff, they engaged with patients and they put patients first and foremost in everything they did which is what we do here at SLaM. There is a real misconception out there about mental illness in older adults. People think it’s all about dementia and also that as you get old your recovery and quality of life is diminished. Our view is that recovery is central to everything we do. We all hold the belief that anyone can recover from a mental illness, whatever their age, gender or background, and we do what we can to get them there.”

At SLaM it is not just about the care on a ward, it is about continuing to look after somebody in the community and taking care of other aspects of their life, using things such as a drama therapy. The patients in the older adult wards are vulnerable but they seemed keen to appear in a film and it was great to see the interaction between them and the producers. We are quite protective of our patients and they need time and space to recover, it was essential that the cameras being there did not hinder this in any way and it didn’t. This was definitely a positive lesson in risk taking.”

Simon Darnley is a Principal Cognitive Behavioural Therapist and Head of the Anxiety Disorders Residential Unit at SLaM. He manages the day-to-day running of the unit and its overall clinical programme.

He worked as psychiatric nurse before training as a cognitive behavioural psychotherapist. He then went on to train and supervise CBT therapists for many years before running the Anxiety Disorders Residential Unit.

Simon has been involved in the treatment, training and supervision of people with obsessive compulsive disorder (OCD) for more than 23 years. He has researched and published work on many anxiety disorders including OCD, irritable bowel syndrome and habit disorders.

He is also now head of Clinical Pathways for Lambeth Mood and Personality Disorder, managing a wide range of clinical services from first contact with mental health services with the community mental health teams (CMHTs) to specialised psychotherapy for one of the largest boroughs in the country.

“Anxiety

“For a long time people just thought of obsessive compulsive disorder (OCD) as being all about hand washing and cleanliness. Actually there is so much more and there are real problems regarding intrusive thoughts – people who have unwelcome and involuntary thoughts which may become obsessions.

When I was first asked to work on a documentary I jumped at the chance, I just thought it was a great way to really educate people on what OCD really means, all the anxieties that come with it and what we do on our specialist unit.

We care for people with some of the most severe cases of OCD in the country and many of them don’t feel they are understood so being in a film like this I hope will be affirming for them. I think it was really brave of people to take part, to say ‘look, this is me, I am unwell and I am not ashamed’; I am so proud of everyone who took part.

I am still surprised at how readily patients participated in the documentary, some said they would take part and then pulled out which is fine. At no point was any care or treatment affected by the cameras being there – we were clear about that from the start and the producers understood this fully.

Some of the staff were anxious at first which is understandable as their work is being put on show on national television but many soon got used to the crew being there. The producers were excellent, they built really strong relationships with people and were with us for a long time – everything was taken really seriously and nothing was filmed if the clinical judgement was that it would be detrimental to patients.

Generally making the film was fun, it is a really interesting and unique piece of work without being sensationalist. Everyone is looking forward to the finished product and if we have helped raised awareness in any way I will be happy.”
Darren Plant worked for SLaM at Lambeth Hospital for 11 years and was the ward manager for Triage from its opening. He left in August 2013 to move to Eastbourne. 

He played a key part in setting up the nursing team and ensuring the clinical standards that nursing staff were required to adhere to. His main role there on a day-to-day basis was to manage the flow of admissions to ensure the ward remained safe and to minimise the chances of inappropriate admissions.

Darren was also heavily involved in maintaining safety on the ward and made sure that the ward had robust management plans for any distressed, difficult or suicidal patients. Under Darren’s leadership, the Triage Ward also won an award for outstanding inpatient care earlier in 2013.

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When I was asked about making a documentary, I thought it was an opportunity to show the public what really happens on a modern day psychiatric ward. But of course, I had to consider the patients – would it be detrimental to their health? Will any patients even want to be on camera? How will people perceive this?

I was reassured very early by the professional and caring attitudes of the producers. How I felt about them was really crucial to me going ahead with the project. I had a good feeling early on with these producers that they also wanted to shift these sorts of stereotypes and help educate the general public.

We had a lot of meetings with different staff members at SLaM all the way through filming. One issue that came up was restraint. Part of our work does sometimes involve restraining a patient, it is not a pleasant thing to do but it is sometimes necessary when a patient is refusing all help and could potentially be harming themselves or others. I am glad we were able to show this on film because people can see it in context, see how the staff professionally deal with it and how it is part of our responsibility – to make a judgement call on a patient who is severely unwell – it is part of the job.

Mental illness is a taboo subject and I am really pleased we can go some way in helping dispel some of myths and show people the real picture.

“Working in Lambeth Triage often means having to deal with people with very severe psychiatric problems – the majority of the population know very little about. When I was asked about making a documentary I thought it was an opportunity to show the public what really happens on a modern day psychiatric ward. But of course, I had to consider the patients – would it be detrimental to their health? Will any patients even want to be on camera? How will people perceive this?

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I couldn’t think of anything other area of work which could be as diverse or rewarding as this and I think this will come across in the documentary.”

“Mental illness is still a taboo subject. Some patients have paranoid ideas so it’s important to deal with these in any way. Some have specific delusions; ironically one woman had delusions of me being a spy. This was quite hard to deal with. Other patients are always relieved when we see the camera and that they can be on camera. They believe it will show the public that they are not mad.

It’s upsetting when you work in mental health and you still hear derogatory words banded about such as ‘nutter’ about real people with real problems. I had a good feeling early on with these producers that they also wanted to shift these sorts of stereotypes and help educate the general public.

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Sarah first developed an interest in mental health while studying for a psychology degree and went on to work in a variety of voluntary and clinical roles surrounding mental health and learning disabilities, including one in Australia. On her return to the UK she started studying for a postgraduate diploma in mental health nursing.

Her appointment to the position of staff nurse at SLaM in 2010 was followed by a promotion to charge nurse a year later. And since February 2013 she has been acting practice development nurse for Triage. This position is seen as the deputy team leader and Sarah fills in for the managers in their absence.

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**From Bedlam to SLaM: A Timeline**

**Bethlem Founded**
- 1247
- South London and Maudsley NHS Foundation Trust (SLaM) can trace its roots back to 1247 when the Priory of St Mary of Bethlehem was established in Bartholomewclose on the site which is now home to Liverpool Street Station. The priory is the earliest form of what eventually became Bethlem Hospital. The names ‘Bethlem’ and ‘Bedlam’, by which it became known, are variants of Bethlehem.

**Control by the City of London**
- In 1547, King Henry VIII granted the ‘custody, order and government’ of the hospital of Bethlem to the City of London. Medical treatment for insanity was largely ineffective throughout this time, though some patients did recover.

**The New Bethlem**
- 1676
- Bethlem was re-located in 1676 to a magnificent baroque building in Moorfields. Rules were set out for the ‘good government’ of Bethlem. They included rule eight, which stated that “no Officer or Servant shall beat or abuse any Lunaticke, nor offer any Force to them, but upon absolute Necessity, for the better governing of them”.

**The Great Fire of London**
- 1666
- The great fire of London swept through the City of London, from Sunday 2 September to Wednesday 5 September 1666. Soon after the fire, it was decided that Bethlem should be rebuilt about half a mile to the west at Moorfields.

**The Airy and Healthy Situation**
- 1808
- The County Asylums Act 1808 gave permission powers to the Justices of each county to build asylums. The Act advised Justices to fix upon an Airy and Healthy Situation, with a good supply of water and which may afford a Probability of constant Medical Assistance.

**Maudsley Hospital Opens**
- 1923
- The Maudsley Hospital finally opened in February 1923 and offered treatment for both early and acute cases. In 1938, the Rockefeller Foundation made a substantial award to support research and education. The Maudsley has been an internationally renowned centre for research ever since.

**Maudsley Hospital Built**
- 1908
- Construction of the Maudsley Hospital main building was authorised in October 1913 and completed two years later in 1915. The hospital was then requisitioned for use by the War Office to deal with the military casualties of the First World War, including those suffering from shell shock.

**Institute of Psychiatry**
- 1924
- The origins of the Institute of Psychiatry date back to 1924 when the Maudsley Hospital Medical School was established. It was described as “the main postgraduate school of mental medicine in England”.

**The Water Tower Speech**
- 1930
- In 1930, William Beckenham, who is imprisoned at Bethlem for the first time, delivered a ‘Water Tower’ speech in 1930 marked the beginning of the end of the asylum and a move towards community care.

**Henry Maudsley**
- 1938
- Dr Henry Maudsley, an eminent psychiatrist, offered London County Council £30,000 to establish a fifty-bed equipped hospital for mental diseases. His vision was for an urban centre for a hospital rather than an asylum. The location settled on for the hospital was Denmark Hill.

**Bethlem in Beckenham**
- 1923
- In 1930, the Bethlem Royal Hospital relocated to Beckenham, where it is still based today. It was designed to appeal to middle class patients with the means to pay for their care. A ‘free list’ was available to those who could not pay.

**King’s Health Partners**
- 1999
- King’s College London and the Maudsley NHS Trust (SLaM) were awarded the UK’s first NHS Academic Health Science Centres (AHSN) in 2002. This partnership between SLaM, Guy’s and St Thomas’, King’s College Hospital NHS Foundation Trusts and King’s College London.

**Confed Health Partners**
- 2002
- The origins of the Institute of Psychiatry date back to 1924 when the Maudsley Hospital Medical School was established. It was described as “the main postgraduate school of mental medicine in England”.

**New NHS Trust Formed**
- 2012
- In partnership with the Institute of Psychiatry, King’s College London, we were awarded increased funding of £4m over five years to support a new portfolio of experimental medicine and translational research.

**Security Support**
- 2011
- In March 2012, we secured £4.7m to support experimental medicine facilities within a new Wellcome Trust Clinical Research Facility (CRF) based at King’s College Hospital. The CRF is specifically designed to support mental health and neurosciences clinical trials.

**Funding Awards**
- 2011
- In partnership with the Institute of Psychiatry, King’s College London, we were awarded increased funding of £4m over five years to support a new portfolio of experimental medicine and translational research.

**From Bedlam to SLaM:** SLaM came from one of the five Academic Health Science Centres (AHSN) in the UK. It is a partnership between SLaM, Guy’s and St Thomas’, King’s College Hospital NHS Foundation Trusts and King’s College London.

**Bethlem to SLaM:** Bedlam, the last scene in his ‘Rake’s Progress’. A Rake’s Progress is a series of eight paintings which shows the decline and fall of ‘Tom Rakewell’, the spendthrift son of a rich merchant, who is imprisoned in the New Prison and ultimately Bedlam.
**JARGON BUSTER**

**Acute care**
Short term treatment for illnesses that start quickly and have painful or distressing symptoms.

**Antipsychotic**
Medications that are usually used to treat psychosis. Sometimes they are used to treat other conditions.

**Brain imaging**
The process of taking pictures of the living brain. This is done non-invasively, meaning that there is no need for procedures that involve entering the body.

**Care co-ordinator**
The person who is responsible for making sure that your care is properly planned and you get the help you need. They will be the person you see most often.

**Care plan**
A plan for your care over the next few weeks or months. It should be written down and you should have a copy. If you think it is wrong, or something is missing, you can ask for it to be changed.

**Carer**
A person who looks after someone else without being paid to do so. This can involve helping out with practical things and being someone to talk with, and someone who is there to listen to you.

**Clinician**
A term which is used to describe someone who provides care and treatment to patients.

**Cognitive behavioural therapy (CBT)**
A talking treatment which can help someone with obsessive thoughts and compulsive behaviour.

**Consultant psychiatrist**
The medical doctor with specialist experience and qualifications in mental illness and emotional disorders who has overall responsibility for your care.

**Depression**
When you’re depressed, you may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with your daily life.

**Early intervention**
A way of picking up the early signs of a serious mental illness. This is so that treatment can start as early as possible to help people to maintain their mental health.

**Formal patient**
A person who is legally kept in hospital under a section of The Mental Health Act 1983 (MHA).

**General practitioner (GP)**
Your local doctor - or family doctor - who will usually be the first person you see if you have a physical illness or emotional problem.

**Home treatment**
Home treatment (sometimes called Home treatment (sometimes called Crisis Resolution) is a way of helping people at home rather than in hospital.

**Informal patient**
Someone who is in hospital because they feel that it could be helpful for them. Someone who is not detained under the Mental Health Act 1983 (MHA).

**Inpatient**
Someone who stays in hospital to receive care and treatment.

**Mental Health Act 2007 (MHA)**
The legal framework governing the treatment of people with mental illness in England and Wales.

**Obsessive compulsive disorder (OCD)**
Obsessive compulsive disorder (OCD) is a chronic mental health condition that is usually associated with both obsessive thoughts and compulsive behaviour.

**Outpatient**
Someone who comes to hospital for an appointment to see a clinician.

**Personality disorder**
Personality disorders are a range of conditions that affect a person’s thoughts, emotions and behaviour. Most people with personality disorders find it difficult to deal with other people.

**Psychiatrist**
A medical doctor with specialist experience and qualifications in mental illness and emotional disorders. He or she has overall responsibility for your care.

**Psychological therapies**
Psychological therapies are also known as ‘talking therapies’ or ‘talking treatments’. They are ways of helping people through talking. They give you the chance to talk about and deal with your problems.

**Psychotherapist**
Someone who has trained to carry out one or more of the psychotherapies. They can be from any professional background.

**Psychosis**
Schizophrenia is a condition that causes a range of psychological symptoms including hallucinations (hearing or seeing things that do not exist) and delusions (believing in things that are untrue).

**Social worker**
A professional who can help you with practical aspects of life, and who will often also have had training in psychological help.

**Ward manager**
The senior nurse in charge of a hospital ward.

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