<table>
<tr><td colspan="2">Reference Number: UHB 538
Version Number: 2</td><td>Date of Next Review: 27/06/2028
Previous Trust/LHB Reference Number: n/a</td></tr>
<tr><td colspan="3">CMHT Standard Operating Procedure: Assessment</td></tr>
<tr><td colspan="3">Policy Statement

Even though all patient care is bespoke and individual to that person and their needs it is essential that the Community Mental Health Teams (CMHT) ensure that all teams are offering the same level of service and working to the same operating procedure around assessments within a CMHT. It is also important to clearly set out the expected practise and expectations around care received in line with the Welsh Government expectations and legislation in the Mental Health Measure (2010). This operating procedure looks to address these important factors and set out a standard operating procedure of assessments within a CMHT. The scope of this procedure is around the assessment process so it follows on from the Standard Operating Procedure for referrals into CMHTs, this covers all grading of assessments from routine, urgent and emergency. This policy covers the expected practises and process for all patients receiving an assessment within a CMHT in Cardiff and the Vale UHB.</td></tr>
<tr><td colspan="3">Policy Commitment

The purpose of this policy is to ensure that assessments undertaken within CMHTs managed by the Cardiff and Vale UHB are effective, consistent and organised around the needs of individual service users and carers. It is important that the assessment process is a therapeutic intervention in itself and that the outcomes are patient focused.</td></tr>
<tr><td colspan="3">Supporting Procedures and Written Control Documents

Mental Health Measure (2010) and Mental Health Measure Code of Practise
Cardiff and Vale UHB Clinical risk assessment and management policy 2023
Other CMHT Standard Operating Procedures.</td></tr>
<tr><td colspan="3">Scope
This document defines the procedure for assessments undertaken within the Community Mental Health Teams, in Cardiff and the Vale of Glamorgan.</td></tr>
<tr><td>Equality Impact Assessment</td><td colspan="2">An Equality Impact Assessment (EqIA) has not been completed as there were no identifiable impacts of this policy review/update.</td></tr>
<tr><td>Policy Approved by</td><td colspan="2">Mental Health Clinical Board</td></tr>
<tr><td>Group with authority to approve procedures written to explain how</td><td colspan="2">Controlled Document Oversight Group, Mental Health Clinical Board</td></tr>
</table>

this policy will be implemented	
Accountable Executive or Clinical Board Director	Daniel Crossland, Director of Operations Clinical Board
Disclaimer **If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**	

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1	*04/02/2025*		*Version 1*
2	27/06/2025	03/07/2025	Version 2 – removed video assessments as an option for first assessment.

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6. Final Outcome Letter and Assessment Feedback to Service user and referrer. **10**

7. Patient does not attend **11**

8. Audit requirements **11**

Not all clinical cases will align with the devised procedure. In instances where this is the case, clinical judgement and informed rationale will be required for actions taken in response to daily working tasks. Each time this is the case, safe care and individual need must be prioritised.

1. Assessment process for new patients (PARIS actions in **bold**)

Referral discussed in MDT or referral screening meeting grading of assessment required confirmed and most appropriate discipline to undertake assessment based on clinical information available. Rationale clearly documented onto Paris.

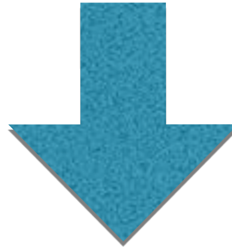
Service user is seen and assessed.
At end of assessment verbally offer your opinion and suggested treatment options, agree first line interventions/signposting. Ensure that the service user's contact details are correct and up to date, that consent to share has been asked and the service user is aware of being able to access 111 option 2 and any other support information prior to them leaving.

Service users should leave the assessment with a sense of the next steps forward regardless of if they are being taken on by the team or not- the MDT discussion should be to enhance options going forward not to create the next step this needs to be done in the assessment.

Before service user leaves, ensure they are aware of the CMHT process and what will happen next.

Direct client contact /clinic contact case note to evidence attended or DNA and any relevant information.
Ensure contact details are correct.
Complete a Form1a -overview assessment
Complete a WARRN -risk assessment
Complete a Form2a -consent to info share

If it was an emergency or urgent referral –please telephone GP with outcome straight after the assessment, in addition to a letter which can be sent within 10 working days following the assessment –**document your telephone discussion with GP on PARIS**.



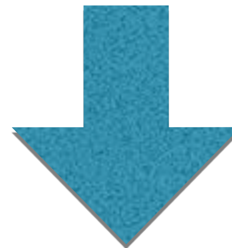
Bring assessment to the next MDT or assessment feedback meetings -even if DNA.

If assessment was simple and concluded with signposting to alternative places for support and/or referral on, assessors are confident in decisions made and service user happy with plan then no further discussion is needed

Any complex assessments, disputes about outcomes or difficulties identifying outcomes must be discussed with at least **3 different professions** present to gain a MDT view and outcome.

Present your summary outcome for MDT agreement and any other recommendations

Update CPA1a with MDT outcomes
Notify CMHT admin manager when CPA1a has been updated.
Formulate outcome letter using “assessment outcome letter”.
End date all assessments once completed.
Send outcome letter to service user and cc. GP or vice versa.
If self-referral send copy to GP also.
Send copy of Form1a and (risk assessment if indicated) to GP.



Process needs to be completed within 10 working days following assessment.

2. Assessment type and format

All urgent and emergency assessments need to be undertaken by two qualified staff members, in some circumstances where deemed clinically appropriate urgent and emergency assessments can be completed by a single clinician if they are band 7 or above. If two clinicians are undertaking the assessment, if not already defined, both clinicians must decide who will be the lead assessor. The lead assessor will be responsible for the facilitation of the whole assessment, either through delegation and mutual agreement with their co assessor or singularly. Routine assessments within the CMHT can be undertaken in a face to face format by two qualified staff members or a single staff member band 7 or above. If a patient declines to attend in person the MDT should consider the appropriate steps and alternative options. This may include a home visit or the use of a different location. Process for Routine assessments within CMHTS (please refer to Referral SOP - CDOG 077 - CMHT Referral Procedure SOP.docx

Routine referral received by the team and screened as routine by duty worker

Referral taken to MDT referral screening and discussed whether appropriate for a routine assessment with the team.
Where the referral is for suspected psychosis consider a joint assessment or consultation with Headroom within 14 days of the referral.

Decision around assessment type is made and the **clinical rationale** for the decision is clearly documented on Paris under the review meeting case notes not just the type of assessment to be offered.

The patient is contacted to arrange the appointment.be arranged this is also written clearly in the letter being sent to the patient to allow for patient choice.

3. Assessment Timescales

The expected timescale for emergency referrals is within four hours from receiving the referral and for urgent referrals it is within 48 hours from receipt of referral. If for any reasons these timescales cannot be meet, the team needs to have a discussion with the crisis team and/or other CMHTs to ensure that the service user is seen within the required timescale.

In line with the Mental Health Measure (2010) it is expected that all routine assessments are completed within 28 days from the date of referral. Where teams for whatever reason are unable to meet this expectation, this needs to be escalated to senior management team and also reported through the Quality and safety framework and meetings both at a local and also Adult directorate level.

4. During the assessment

At the start of the assessment Confidentiality and the limits of confidentiality need to be explained. The assessment should incorporate the aspects set out in the CPA1a and also the WARRN but are not in any way limited to this. Consideration should also be given to the Safe tool when assessing someone presenting with a suicide risk.

Prior to a service user leaving the assessment there should be a discussion about initial first line outcomes. Patients should leave the assessment with a sense of the next steps forward whether being taken on by the team or not. The Multi-disciplinary team discussion should be to enhance options going forward not to create the next step this needs to be done in the assessment. In addition staff need to ensure that service user contact details are correct and up to date, that consent to share has been asked and the service user is aware of being able to access 111 option 2 and any other support information prior to them leaving.

5. Assessment Feedback and Multi-Disciplinary Team Discussion

If the assessment was simple and concluded with signposting to alternative places for support and/or referral on, assessors are confident in decisions made and service user happy with plan then no further discussion is needed. Any complex assessments, disputes about outcomes or difficulties identifying outcomes must be discussed with at least **3 different professions** present to gain a MDT view and outcome potential assessment outcomes are thought about from a range of perspectives and professions. This will ensure that all final outcomes will be drawn from different ideas, perspectives and expertise to provide best patient care. This discussion does not need to take place on the day of the assessment (although it can if practicable) however needs to be done in a timely fashion to ensure the assessors can complete and send the assessment outcome letter within the 10-working day required window following on from the assessment.

If an assessor is bringing an assessment to be discussed it is important that they provide a summary of the assessment, highlighting their suggested outcomes and any areas of concern or contention. This multi-disciplinary discussion needs to be clearly documented onto Paris with a clinical rationale for the outcomes agreed. It is the responsibility of the practitioner bringing the assessment to ensure it is accurately and appropriately recorded on Paris in particular including the clinic rationale for the decided outcomes.

6. Final Outcome Letter and Assessment Feedback to Service user and referrer.

In line with Welsh Government timescales an outcome letter should be completed within 10 working days from the date of assessment. An outcome letter should be sent to both the GP and the service user, this letter must be documented on Paris under ‘Assessment outcome letter’. Where the referrer was not the GP and where appropriate assessors should consider informing the referrer of the outcome of the assessment with the service users consent. Within the outcome letter it is expected that it is clearly stipulated how that service user can contact services if their mental state declines and how to contact services outside of hours, regardless of if they are being taken on by the team or not. It is also expected where a service user is not being taken on by the team that within the outcome letter and following the assessment that the service user at a minimum is signposted or given information on at least one other agency that may be helpful or able to support them. The service user has attended due to concerns being raised and therefore an outcome of purely discharging back to the GP is not adequate.

7. Patient does not attend

If a patient does not attend an emergency or urgent assessment appointment without any notice, all steps must be taken by clinicians to contact the patient. If unable to make contact the referral must be discussed immediately with the duty lead and referrer as to the next steps that are clinically appropriate.

If a patient does not attend a routine assessment appointment without any notice the referral must be discussed by the MDT as to the next steps that are clinically appropriate this must be documented on Paris.

8. Audit requirements

Assessment timescales will be monitored on a monthly basis and reported and escalated through the directorate and clinical board quality and safety framework. Paris reporting will continue to audit that assessment outcome letters are being sent within ten days following the assessment. Audits will also be undertaken to review and ensure the quality of of assessments undertaken at a minimum of six-monthly intervals. All of this information will be used to ensure that assessments within the CMHT are delivered in line with this operating procedure and identify any areas for quality improvement work.

Appendices:

Appendix one: Assessment checklist

Prior to ending an assessment please ensure the lead assessor has:

Agreed first line interventions/signposting and made the patient aware.

Ensure Service user is aware of the contact details for if they have further concerns about their mental health or if their situation deteriorates including GP and 111 option2.

Consent to share information is discussed and agreed with the patient

Up to date and most appropriate patient contact details are recorded.

After the assessment is completed the lead assessor is responsible for ensuring: (NB: The lead assessor is responsible for ensuring all aspects of the assessment process are completed. The lead assessor can fully utilise their partner assessor to complete the work, but they will be the named clinician overseeing the process.
A comprehensive case note is written indicating if the service user attended or not, a brief summary of the outcomes and the necessary next steps.

A WARRN risk assessment is completed.

A form 1a overview assessment is completed.

Discuss assessment in assessment feedback MDT meeting and case note outcomes and clinical rationale.

Update Form 1a with MDT discussion.

All urgent and emergency assessment outcomes must be conveyed to the patient, relevant others and the referrer on the same day immediately following the assessment – and this is clearly documented.

Send outcome letter to referrer AND service user.

Appendix 2

Where to turn to in a crisis

CALL Helpline

Call **0800 132 737** or text HELP to **81066.**

This helpline is open 24 hours a day, 7 days a week.

They provide emotional support and information on mental health services.

Housing Help

For help with housing, contact your local council or housing association.

- Cardiff Housing Advice Helpline: Call **029 2087 1071**
- Vale of Glamorgan Out of Hours Housing Number: Call **01446 721534**

111 Press 2

For urgent mental health support, dial **111** and press 2 to speak to a mental health professional.

Samaritans

Call **116 123.** They are available 24 hours a day, 365 days a year to listen to anyone who needs help.

Safety Planning Website

Visit the Person-Centered Safety Planning website for help with creating a safety plan.
www.stayingsafe.net

Staying Safe Website

Visit the Staying Safe website for free resources on safety planning and wellbeing.
www.stayingsafe.net/safetyplans

Remember, you are not alone. Help is available.

Ble i droi mewn argyfwng

Llinell Gymorth CALL

Ffoniwch **0800 132 737** neu tecstiwch 'HELP' i **81066.**

Mae'r llinell gymorth ar agor 24 awr y dydd, 7 diwrnod yr wythnos

Maent yn darparu cymorth emosiynol a gwybodaeth am wasanaethau iechyd meddwl.

Cymorth Tai

I gael cymorth gyda thai, cysylltwch â'ch cyngor lleol neu gymdeithas tai.

- Llinell Gymorth Tai Caerdydd: Ffoniwch **029 2087 1071**
- Rhif Tai y Tu Allan i Oriau Bro Morgannwg: Ffoniwch **01446 721534**

111 Pwyswch 2

I gael cymorth iechyd meddwl brys, ffoniwch 111 a phwyswch 2 i siarad â gweithiwr iechyd meddwl proffesiynol.

Y Samariaid

Ffoniwch **116 123**. Maen nhw ar gael 24 awr y dydd, 365 diwrnod y flwyddyn i wrando ar unrhyw un sydd angen cymorth.

Gwefan Cynllunio Diogelwch

Ewch i wefan Cynllunio Diogelwch sy'n canolbwyntio ar yr unigolyn, i gael cymorth i greu cynllun diogelwch.
www.stayingsafe.net

Gwefan Cadw'n Ddiogel

Ewch i wefan Cadw'n Ddiogel am adnoddau rhad ac am ddim ar gynllunio diogelwch a lles
www.stayingsafe.net/safetyplans

Cofiwch, dydych chi ddim ar eich pen eich hun. Mae help ar gael.

Appendix 3

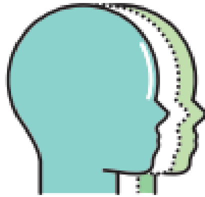
Cardiff and Vale Community Mental Health Teams

Your Assessment

This leaflet aims to provide you with answers to the common questions people ask when they have been referred to a Community Mental Health Team.

There are 5 CMHT's in Cardiff, and one Locality mental health team in the Vale -for the purposes of this guide, also known as a CMHT

Why have I been referred to a Community Mental Health Team (CMHT)?



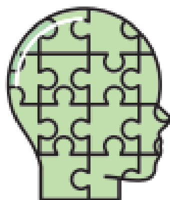
It is not unusual for people to experience difficulties with their mental health. It is estimated that over a life time, one in four of us will be affected by a mental health problem. Most mental health issues don't need specialist mental health services. Your GP can give you support, prescribe medication or refer you for talking therapy, for example, counselling. However, if your problems are more complicated, your GP may refer you to a CMHT.

What do we do?

The CMHT provide treatment and support to individuals experiencing mental health difficulties and those who care for you with.

Many things can cause mental health problems so you may need help with a number of different areas of your life. This is why we work in teams consisting of workers from different professional backgrounds, with different knowledge and skills.

Recovery - what do you mean?



Recovery from mental health issues is possible for everyone with the right approach and the opportunity of being in control. It may not always mean cure or returning to where you were before you became unwell. It is an adaptation that allows life to go forward in a meaningful way. Recovery is a personal and unique process and not an endpoint or destination.

Your assessment appointment:

At your appointment with the CMHT, you will meet one or more members of the team to talk through your current difficulties. This appointment will last up to an hour, and you are welcome to bring a family member, friend or advocate along with you. We will consider your needs and those who care for you. We will engage with others to develop a better understanding of your needs, this can include family members and those close to you -usually only with your consent, along with other healthcare professionals involved in your care.

Depending on your needs we might offer you, and your GP advice on ways of meeting your needs,

or

Refer you to, or tell you about other services or organisations that may be able to offer you appropriate help and support

or

Arrange for you to receive support and treatment from the CMHT

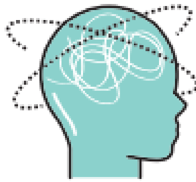
Things that may help:

Your appointment is about you. We know that everyone has different needs, so if there is something we could adjust to make your appointment more comfortable, please let us know (in advance if possible). For example, if you would like an interpreter or someone to sign on your behalf, or perhaps you have some sensory sensitivities to do with light, temperature or noise. Let us know, and we can make adjustments to help you get the most benefit from your assessment with us.

What happens after my appointment?

An Assessment Outcome letter will be sent within 10 working days of your assessment from one of the people who met you which will cover what was discussed when you met, and outline what will happen next. The letter may suggest ways of managing your symptoms, or information on services which might be of help to you. If it is agreed that you would benefit from support from the Community Mental Health Team, you will be contacted by someone from within the CMHT to explain what happens next.

Feeling overwhelmed?



If you need to talk to someone urgently about your mental health or you're concerned about a family member, call NHS **111** and press **2**, to be placed in contact with a mental health practitioner in your area. The number is free to call from a landline or mobile, even if you have no credit. Alternatively, you can contact your GP, call the Samaritans on **116123** or the Community Advice & Listening Line (CALL) on **0800132737**

Your information:

We provide a confidential service, only sharing your personal information with your GP and within the service itself. The only exceptions to this would be if you gave us your permission to share with other people, or if you told us something which gave us cause for concern about your safety, or the safety of other people.

We look forward to meeting you.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Appendix 4

Advice for Writing Letters Following Assessments

As requested following the Service Audit, I have put together a bit of information around writing letters. My hope is to give a bit of information on each point. In particular, I know the team felt it would be useful to have information on therapeutic letters.

There are two types of therapeutic letters – those with a "big T" and those with a "little T".

Therapeutic with a little 'T'
These are the type that would be useful following assessments. Letters that are therapeutic 'with a little T' should be personalised and empathetic to the individual with inclusive language. They should give some information about outcomes and (if appropriate) helpful suggestions. They do not need to be particularly long (1 page is usually enough) or complicated. Lots of the 'content' of the team's letters is good – but thinking a bit about the format can really add to letters, and leave people feeling more 'heard'.

Just a few small changes in making the letters a bit more fulsome and in how things are phrased would make the letter more therapeutic for service-users. Hopefully this will put your mind at ease a bit, in that these letters aren't meant to be long or complex. The four guiding principles (that were assessed in the audit) are set out below and should help with setting out letters.

Therapeutic with a big 'T'
These are usually written once you have met someone for a little while to summarise those meetings together. As previous research has shown before inviting the recipients to consider change, options, alternative beliefs (Wright et al., 1996), or a more preferable ways to them of living their lives and relationships, those letters must first recognize and hear what they are experiencing. These are the type that Tansy writes. They are often longer and (try to) convey more complicated ideas and information.

Four Components of Helpful Letters

Acknowledgment of the problem
Identifying the main problem from an assessment and showing a compassionate and validating stance to the individual's current or long-standing difficulties.

Offering advice or information
Providing information about that individual's difficulty or helpful resources that can be accessed either discussed in the assessment or thought of afterwards.

Stating the action being taken
Letting the person know the outcome i.e. whether they will be seen again (outpatient/have been taken on), been referred elsewhere or back to their GP.

'Therapeutic' nature
Personalised and empathetic to the individual with inclusive language.

Created by: Rhiannon Bennett (*Pendine Psychology Placement Student 2012-2013*) and Dr Tansy Mayfield (supervisor)

The first paragraph: acknowledging the problem & personalised to the client

This should give an overview. This may thank the individual for coming or state that it was nice to meet the individual. Within this section the letter would identify the individual's problem, recognise the impact of that problem on the person and their life and acknowledge the effort they have made so far. This validation of what they have been through has been shown to be welcomed by service-users. The effort they make may be things they have tried in the past to help with their difficulties, trying to manage on their own, overcoming some of their difficulties, or even the effort made in attending the assessment. This individualised approach is what renders the letter 'therapeutic with a little t'.

Example Sentences

- It sounds as though things have became really difficult for you
- You described how…. (Presenting problems/or situational)
- Thank you for coming in to meet with me/us recently, and describing some of the difficulties you are having at the moment.
- During the assessment you told us about….
- It appears…(problem).. has been long standing and as such you are finding ………… difficult.
- ……….. is understandably upsetting/difficult.
- You were really open with me about some of the difficulties you have had, and how these have affected you.
- You told me that there are times/days when….
- (Name), you said that X was getting you down
- I was sorry to hear that….
- You described….
- You identified….
- You also expressed….

Example from letters

- Thank you for coming at the Pendine Centre on 5th of July for an assessment. You met then with myself, and X, community psychiatric nurse. It was very nice to meet you.

You described that for months you have been feeling low and isolated, and that you felt like you have lost your confidence. Consequently you felt like withdrawing from the world. You talked about your difficult upbringing, and that you have experienced difficulties in the relationships with some of your partners. You also described that you were happier when you were working and that you would like to be able to work again.

It sounds like things have been really difficult for you overall. You have been trying to make sense of a chaotic and unstable environment while growing up, and then struggling with challenging partners. For a long time, alcohol may have been a way of coping with all this. Lately you have been trying to deal with issues around alcohol use. This also meant that lately you had to cope with things on your own. This might have contributed to how you have been feeling.

Created by: Rhiannon Bennett (*Pendine Psychology Placement Student 2012-2013*) and Dr Tansy Mayfield (supervisor)

The second paragraph: Advice and Information

This should offer advice and information; some of this may be a repeat of what was offered in the assessment. This is particularly important if you will not be seeing the individual again/taking on, but is still important in reminding the individual of what external help was discussed in the assessment or might be offered by the team. Having the information written down provides more permanence. In addition there may be new information you have since thought of or been suggested by a colleague since the assessment.

Example Sentences

- We talked about….
- You may find it helpful to access services provided by a charity called….
- They (charity) would be able to provide you with….
- I am pleased to hear you are already doing X
- (Charity name) also run some very good (type of workshop/programme) and they might help you too.
- You may find X website useful, particularly the topics/part on ………
- I hope this information is useful to you in some way.
- It seemed as though it was important for you to tackle X.
- Sometimes people find X helpful
- I thought I would send you some information in the meantime (before outpatients) for you to have a look at.
- From our discussion it seemed like you might benefit from…

Example from letters

- From our discussion it seemed like you might benefit from some support to help avoid the type of difficulties you experienced in previous relationships. Please find enclosed some information about the Freedom Programme run by Cardiff Women's Aid. This is an 8-week course, next one will start in September (please see the schedule enclosed). If you are interested, you can then refer yourself directly, please find enclosed the referral form. Feel free to give them a ring if you wish to chat with them first.

Created by: Rhiannon Bennett (*Pendine Psychology Placement Student 2012-2013*) and Dr Tansy Mayfield (supervisor)

The final paragraph: Action and Outcomes

This should let the person know the action that is being taken or has been taken by the team. Changing the terminology use from "MDT decided this" or "the outcome of the MDT was this" to more inclusive and friendly language – such as "The team". Finishing the letter with a friendly final line where possible is good addition to the letter.

Example Sentences

- **It seems like we aren't able to be helpful to you at this time….**
- We are pleased to tell you that we do not currently feel you need our services, and therefore we are providing your GP with information to continue your care.
- We agreed that I would liaise with the team following the assessment. (Outcome)
- We have advised your GP to prescribe you an alternative (type of medication), (name of drug). If you experience no positive benefits from this please contact your GP who will re-refer you back to the team for further advice on medication.
- Should your circumstances change, and you feel that you require more support, please do not hesitate to contact your GP who can refer you back to the team.
- We discussed as a team and felt that it would be useful for you to be seen by one of our doctors.
- We felt that you might benefit from a further appointment with ……..and therefore a letter with an appointment date will be sent out in due course.
- We wish you all the best in the future.
- We felt …
- The team felt…
- The team feel that at this present time we cannot be of help to you, your GP will provide….
- Following our team meeting, it was decided to close your case back to your GP for now. However, you can be referred again in the future, if need be. You will, of course, continue to be under the care of….

Example from letters

- It seems like we aren't able to be helpful to you at this time. A copy of your assessment will be send to your GP and advised them to….You will continue to be under the care of …at present. Should your circumstances change, and you feel that you require more support, please do not hesitate to contact your GP who can refer you back to the team. We wish you all the best in the future.

Created by: Rhiannon Bennett (*Pendine Psychology Placement Student 2012-2013*) and Dr Tansy Mayfield (supervisor)

Finally, below I have provided example of letters categorised as therapeutic 'with a little t' in the audit, therapeutic 'with a big T' letters, and untherapeutic letters. Obviously outpatient letters/standard letters aren't therapeutic. Hopefully these examples will allow you to see the differences, and provide a few examples of good therapeutic letters. Please bear in mind the letters that were categorised as therapeutic 'with a little t' in the audit may not meet all of the other three criteria points.

Therapeutic "with a little t" from the Audit

Thank you for coming to the Pendine for your appointment on XX. We discussed the difficulties you had been experiencing recently in our team meeting.

It was apparent that a major factor in your recent difficulties was regarding your living situation, with your son and his children living with you in a flat that was not suitable for all of your needs. This was an issue that you intended to address with your son and his father.

There were also some long-standing difficulties relating to a difficult relationship with your mother and traumatic childhood experiences. As indicated in the meeting, you may find it useful to talk in the first instance with a counsellor at your GP practice and we have written to your GP recommending this.

Regarding your childhood experiences, you may also wish to contact New Pathways (tel 01685 379310), who provide counselling for people who have experienced childhood abuse.

You may also find it helpful to look at ways of managing stress more effectively, and there are course provided by the primary care liaison service, and we have included an information leaflet about this service with this letter.

Thank you for coming at the Pendine Centre on 5th of July for an assessment. You met then with myself, and X, community psychiatric nurse. It was very nice to meet you.

You described that for months you have been feeling low and isolated, and that you felt like you have lost your confidence. Consequently you felt like withdrawing from the world. You talked about your difficult upbringing, and that you have experienced difficulties in the relationships with some of your partners. You also described that you were happier when you were working and that you would like to be able to work again.

It sounds like things have been really difficult for you overall. You have been trying to make sense of a chaotic and unstable environment while growing up, and then struggling with challenging partners. For a long time, alcohol may have been a way of coping with all this. Lately you have been trying to deal with issues around alcohol use. This also meant that lately you had to cope with things on your own. This might have contributed to how you have been feeling.

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Following our meeting, it was decided to close your case back to your GP for now. However, you can be referred again in the future, if need be. You will, of course, continue to be under the care of CAU.

From our discussion it seemed like you might benefit from some support to help avoid the type of difficulties you experienced in previous relationships. Please find enclosed some information about the Freedom Programme run by Cardiff Women's Aid. This is an 8-week course, next one will start in September (please see the schedule enclosed). If you are interested, you can then refer yourself directly, please find enclosed the referral form. Feel free to give them a ring if you wish to chat with them first.

Also, you mentioned having dyslexia and finding it difficult to read so we thought this information might be helpful as they may be able to help with adult literacy, and also courses in self-esteem.

Cardiff Skills for Life Service
The Friary Community Education Centre
The Friary
Cardiff
CF10 3FA
029 2022 7472 / 3
Fax: 029 2022 7471
friaryac@cardiff.gov.uk <mailto:friaryac@cardiff.gov.uk>

I hope this information is helpful. If there are any questions, please do no hesitate to contact me.

Following your assessment at the Pendine Centre I have discussed your referral with the team who have agreed a course of action for you.

On the day you described cutting yourself with a craft knife when things become difficult. You described binge eating and self induced vomiting on a weekly basis when you are trying to restrain yourself from cutting. You described the bulimic behaviours as being present for a number of years and you have previously been referred to the Eating Disorders Service for this. In addition to this you described how your physical health has had an additional impact on what you are able to do during the day and that the cuts to your benefits have made budgeting difficult. We discussed how you cope with stress and you described using cutting and binge eating as ways of managing your worries and at times punishing yourself for how you feel you look.

The team felt that a referral to the Eating Disorders Service would be beneficial and this has been made, you also told me that you have self-referred to the CASIP self-harm group and I gave you the CALL number to contact should you need help out of hours.

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We will send an appointment with our Psychiatrist to review you medication and assess whether there is any other action that may be of benefit to you.

I have written to your GP and the Eating Disorders Service have written a letter to you which you should receive shortly.

Thank you for attending your appointment at the Pendine Centre recently. We appreciate that talking about your concerns may have been difficult for you. During the assessment you identified that you are currently having difficulty with low mood, anxiety and some panic symptoms. You described feeling fearful when you go out and that you are experiencing very vivid dreams, therefore disturbing your sleep. You also expressed that you experience quite severe panic attacks, describing some physical symptoms, i.e. dizziness, erratic breathing. These difficulties appear to be as a result of the numerous physical assaults you have experienced over the past year or so. You told us that you felt that the [drug], that was prescribed to you by your GP has been helpful, particularly with your sleep, we have therefore, following discussion in our multi-disciplinary team, suggested to your GP that this is increased to 30mg.
Due to the various symptoms that you described at the assessment and as discussed with you at the time of assessment we will make a referral to the Post Traumatic Stress Disorder service for their consideration. We have also enclosed information regarding Victim Support which we talked to you about at your appointment. At this time and after discussion with the multi-disciplinary team, you will not require any further follow up at the Pendine Centre at this time.

We wish you well for the future

Thank you for coming attending the Pendine CMHT for your assessment appointment with me on the XX.

In summary, I thought you had some symptoms of depression. The main symptoms that seem to trouble you at the moment are feelings of regret about how things have been for you in the past and anger with some people who you feel have adversely affected you.

My suggestion was that you continue on [drug], antidepressant and if you're not on the maximum dose you can go up to the maximum dose which is 120mg.

I would recommend that you engage in some long term counselling for roughly around a years duration. I suggest you contact MIND for this:

Cardiff MIND
166 Newport Road
Cardiff
CF24 1DL
Tel: 02920 402040
www.cardiffmind.org <http://www.cardiffmind.org>

Created by: Rhiannon Bennett (*Pendine Psychology Placement Student 2012-2013*) and Dr Tansy Mayfield (supervisor)

Thank you for coming to the Pendine Community Mental Health Team for your assessment yesterday. It must have been difficult for you to talk about your experiences in your home country. I am sending you this letter in English, as you said that you would be able to read it rather than your native language. This morning I fed back your assessment to the Team of workers at The Pendine CMHT and they suggested the following.

That, you restart taking [drug] 20mg daily immediately. They did not recommend that any change in your medication.

That, you use "Oasis, Cardiff" and the "Cardiff Refugee and Asylum and Seeker Welcome Group". I have included details of this group with this letter.

That, your GP, makes a referral to the Exercise Referral Scheme. This will give you assess to a Gym for exercise and will cost you £1.50 per visit. I have included details of this service with this letter.

The Team felt that they would be unable to offer you any services at present, so you will not be offered any further appointments. A copy of your assessment will be sent to your GP along with a copy of this letter. Should you need to be referred in the future, this can be done through your GP.

Best wishes for the future.

Therapeutic 'with a big T'

I will be writing a referral letter that gives some information to services in your new home area, but I also wanted to write a personal letter to you.

X, I have very much enjoyed working with you over the past 2 years and watching the changes that you have made in this time. Of course, whilst I know a bit about the changes you have made more recently, the truth is you had already been making a lot of positive changes over many years before you met Jill, let alone me.

If I think about the biggest and most significant change that *I* have seen, I think it is the acceptance you have shown yourself in acknowledging that you are neither guilty nor responsible for the very terrible things that were done to you as a child. No child – not even the most wilful or difficult or challenging – deserves to be exposed to mistreatment, abuse, humiliation and lies. This is especially true when the mistreatment is systematic and deliberate. You would not countenance it for another child, and quite rightly you are now beginning to see that it was unacceptable for you as a child too.

When we first met, we had such battles over this idea that you refused to take even a piece of paper off me which had positive words written on, on the basis that you did not deserve anything nice to be said about you! Whilst there are times now when you are very hard on yourself or despairing, I don't think these ideas (of being

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worthwhile, truthful etc) are so utterly foreign anymore. Nor do we have to go for a 'pincer movement' in order to cut off self-defeating ideas nearly so often – you're a push-over these days!

I know there are still times when things feel really tough. In the past year so this has been mainly in relation to your physical health, rather than your mental health. I know you are very concerned that people in Services do not mistake your very real physical health problems for your mental health problems, and that they separate the two things fairly. I would remind you that you should do the same – that you should consider when you are feeling fed up and down and rubbishy because of you back, rather than because of what you have been through in life.

I know that there are also times when you feel down and out-of-sorts in your mental health. At these times (whether caused by physical or mental health difficulties*) you can be tempted into being angry and upset with yourself (and your child self). I hope that you continue to show yourself more kindness and sympathy at these times, as you deserve. ** I am using 'mental health difficulties' as shorthand for the reaction you have had to the very damaging upbringing you had – maybe 'traumatic response' would be a fairer description.*

You have said to me sometimes that you feel like you need to let loose and go mad in order to wipe clean the slate and build things back up again. As you know, I have my doubts about whether this really needs to happen, or whether you are already undergoing a personal revolution.

You were also concerned that you were moving at a time when you were making such good progress. I know that you feel (reasonably) well supported by Services here, but I don't think that your progress will be jeopardised by the move (aside from the normal stresses & strains of such a big move) because this kind of personal change is always a 'work in progress', rather than waiting for some neat end point. The critical thing for your well-being is always to know that your children are well supported – this move will give you the best chance of that, and I think that is fertile ground for continuing positive change.

It will probably surprise you to know that I have found you to be one of the most positive people I have met: your commitment to your children, and your belief in them and their intrinsic goodness is a real testament to human spirit in the face of (what sounds like) crushing adversity. We have spent a bit of time thinking about where this belief in children comes from and we found a small - but very significant - number of people from your early years who were able to give you important and precious ideas (even if they were not able to rescue you/your child self at the time).

We have also woven some newer and more surprising people into your story to help you out of some of the binds you find yourself in – step forward Aunt C and her no-nonsense compassionate approach to faith: be open-minded, be kind, and be fair. I am sure she will be pleased to fend off your mother, whenever she has the cheek to occupy 'the red chair' (she's a woman who amply fills any chair by the way!). At the same time you have worked some influence on other people's stories. I still have what you wrote for the trainee psychologists last year. They found it tremendously helpful

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X, I have been very pleased to meet you along the way in life. I wish you and the girls luck and happiness for the move.

With best wishes

What has particularly struck me about you during our 3 months together is the importance you play within the family, how positively they view you, and your views about taking a non-medical approach. It is great that you are now helping your wife out around the house, feeling good about yourself and that the negative thoughts aren't around so much at present. It has been extremely rewarding to be involved in this process and I have thoroughly enjoyed our sessions together.

I like your building blocks analogy and hope this is something you can apply to new challenges, breaking it down in to manageable steps and acknowledging when you succeed at each step. I also hope the distraction techniques and challenging some of your thoughts - such as people looking at you in the supermarket - will be useful to you when trying something new in the future. You were concerned prior to going out for a drink about your hand trembling (impact of the medication), however we discussed that it wasn't such a big deal. That you could use the other hand, only fill the cup half full, wait until the shaking stops, or ask for a straw.

You seemed to have mastered shopping (after all your wife does quite a bit of it!) and it was great to hear that you managed to overcome the anxiety around being in a queue when she needed your help. During our first trip shopping together you told me about the thoughts of other people looking at you. When we tested this out in ASDA, you found that others were just getting on with their shopping, not paying any attention to you. You recognised that having something to do (find items) rather than pushing the trolley and being able to look around was helpful for you. You have now painted a lot of gnomes, and it sounds as though the bathroom and garden are beginning to take shape. I know your wife has many more gnomes for you to paint, and I remember you saying to me you find it quite relaxing – I must admit I have too! I am pleased you enjoyed your birthday meal out, and hope that you will take chances to have family meals out in the future, or even just with your wife. Father's day is soon approaching! I hope that you will continue to recognise that you are indeed very capable X – those delicious scones are an excellent example - and doing some tasks independently (on your own) may help your confidence to increase further. Like we have said, when you do something on your own you can do it your way – it doesn't matter how you get to making the scones (adding more flour accordingly or using the mixer) and whether the methods used are identical or different to someone else.

During the past three months, there have been times when I have visited and you have been having a down day. It is important to remember that we all have occasional "down in the dumps" days and not to dwell on these too much, or give yourself a hard time. During these times I have suggested that you try and find an enjoyable task, something relaxing such as painting gnomes. This may lift your mood. I remember how on these down days with a little persuasion you agreed to paint gnomes and bake scones. You told me after you felt a little better having done

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these. I think this seems like a useful 'tool' to remember and use when you are feeling a bit down. You told me that talking about things is helpful for you, even though our sessions have ended; you have a supportive family who I have seen are happy to help in anyway. With this in mind, I am sure they would be happy for you to talk about things with them.

The biggest challenge is to continue to motivate yourself, to find things to do rather than sitting doing nothing or sleeping. We talked about the effect of doing nothing, leading to you thinking more negatively about yourself, and resulting in you feeling lower in mood. We discussed it as a vicious cycle and one you no longer wish to be in. The morning you suggested we go for a walk is a great example of you taking a bit of control, and we talked about continuing with this in the future. Being the one to suggest fishing to your son, not waiting to be asked to do something or approaching your son and asking him if he fancies doing something together.

It is important for you to be able to say no to tasks you do not enjoy, for example the cinema. Equally though, you must recognise those times when it is the anxiety that is making you not want to go. When we discussed the gym, we all agreed there were symptoms of anxiety coming through, during that appointment with Tansy you mentioned "worried about the code to get in" and "worried about others looking at me". In these instances, it may seem difficult, but you have successfully tackled the anxiety symptoms before around shopping. I remember coming to you after you had been to the gym with your son, you were very hard on yourself X, seeing this as a failure. I, however, saw this as an accomplishment for trying and making the effort to go to the gym. I hope if a similar situation arises in the future, you will be a bit kinder to yourself.

I hope this may be useful to you and your wife to serve as a reminder of some of the building blocks you have developed. It was a pleasure to meet you X, and I wish you well for the future.

Best Wishes

Thank you for coming in to see me recently: it was pleasure to meet you both and I was very interested to hear about some of the very difficult things that you have faced over the past few years. I know we are going to meet again in September, but as you were both so interested in thinking about things, and in making some changes that I thought I would send you some information in the meantime for you to have a look at. Not all of it will suit you, but it might be that there is some interesting stuff in there too.

The Mind website (http://www.mind.org.uk/help)has some really useful leaflets including ones about anger, violent impulses, stress, depression and domestic abuse (this information comes under the general heading 'abuse') - they are well worth looking at. Go to the website, click on 'information and advice' at the side of the page, click on 'diagnoses and conditions' and look through the topics. They also have a leaflet on paranoia: I really do not think that you, X, have paranoia in a psychiatric sense (which is often a sign of other illnesses) - its more like chronic mistrust and possessiveness (I sometimes talk about "Paranoia with a capital P"

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and "paranoia with a little p" to distinguish between a psychiatric diagnosis and the more 'ordinary' (but uncomfortable and unhelpful) feeling of suspicion and mistrust). If you read this leaflet it might reassure you that there is not something more sinister (like a psychosis) going on.

I cannot recommend specific websites for anger management (many of them have links to courses or therapists and it is not always obvious whether these are well qualified, well regulated therapists so I advise some caution) however at CalmZone (http://www.thecalmzone.net/talk/issues/anger/) there is a very useful NHS produced leaflet on anger management - scroll down and click on Controlling Anger: A Self Help Guide.

I have also enclosed some 'book prescriptions' for you. There is one for you, X, on anger management, and 2 for you, Y, on self-esteem and depression. You can borrow the books from any library: you don't need to be a member. The leaflet also points you in the direction of some other useful websites. If you don't have access to the internet let me know when we meet and I will try to get copies of the leaflets for you.

I hope some of this stuff is interesting to you, and gets you both thinking some more about changes you would like to make. I have some ideas about the sort of help that might be useful to you and we can talk more about this when we meet next time (thank you, X, for reminding me of the date and time!).

Not Therapeutic

Thank you for attending Pendine CMHT recently for assessment.

During the assessment we discussed and agreed the following with you:-

- Increase drug to 150mg morning and 75mg night.
- Referral to SERVICE (completed date).
- You were uncertain whether you would like GP counselling but would let your GP know if you want to be referred for this in the future.

We discussed your case with our Multi-Disciplinary Team on XX - the outcome was the team agreed with the above plan with no further recommendations.

We do not need to follow you up at Pendine CMHT, however if you have any concerns please see your GP who can re-refer you at any time.

Following discussion in our team meeting on XX, it was felt that the best course of action would be to refer you to the specialist Service based in YY.
You should receive a letter from their service confirming the referral and their proposed course of action in due course

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