

**CONSULTANT PSYCHIATRIST  
INFORMATION PACK**

**August 2010**

## **CONTENTS**

1. Introduction to The Retreat
2. The Posts on Offer
3. Terms and Conditions of Service
4. Training and Research at The Retreat
5. Working at The Retreat
6. Services provided by The Retreat
7. Structure of The Retreat
8. Finances of The Retreat
9. General information about York

## **Appendices**

- A. Outline List of Responsibilities and Duties
- B. Person Specification
- C. Information on The Disabilities Trust

## 1. INTRODUCTION TO THE RETREAT

The Retreat has throughout the 200 years of its history been a byword for the importance of a humane and therapeutic environment for those suffering mental disorder. At a time when the experience of mental health patients is causing concern, in-patient units are seen as anti-therapeutic, and when the professionals offering the service struggle with increasing pressures, we are still striving to offer model care in a homely and therapeutic setting.

Working within the over-arching principles of humane practice inherited from our history and from our continued association with the Religious Society of Friends (Quakers), we have over the past 15 years transformed the operation and standing of The Retreat. Our general strategy is to offer services characterised by the quality of the relationships between staff and patients, with the intention that The Retreat should be the place people would choose to come to if they suffer mental disorder. We know we still have work to do to get all our systems in place in support of this goal, and want the appointment of these new psychiatrists to bring an infusion of ideas and enthusiasm to our team.

As the Quaker Mental Health Charity we are an independent organisation. Nevertheless, some 95% of our income comes from statutory services, a testimony to our success in developing quality services directed at specific needs. In the current political and economic context, it is a favourable moment to build on this, and we are looking for psychiatrists with the energy and vision to help us do so.

## 2. THE POSTS ON OFFER

### **Neuropsychiatry of Brain Injury (0.5 wte); Care and Rehabilitation of Older People (1 wte)**

There are currently one and a half whole-time equivalent posts available. This represents an expansion of one existing full-time post, with the continuation of a half-time commitment to Neuropsychiatry of Brain Injury, and the expansion of a half-time post in Psychiatry of the Elderly. The expansion is in response to growing needs in the service, and a recognition that we can organise our service into a service for the rehabilitation of older people, and a service primarily for people with cognitive impairment associated with challenging behaviours. These populations clearly overlap, and we can configure the posts flexibly to accommodate the right candidates. We would like to hear from people interested in any part of or combination of the three primary elements.

### **Care and Rehabilitation of Older People**

This is an exciting expansion of an existing post with responsibility for leading and developing the service for older people at The Retreat. This includes a group of people with long histories of mental disorder and association with services, to whom we want to offer a service which is genuinely aimed at recovery, and at rehabilitation to the highest level of independence they can achieve.

Not all these people are over 65, and it is more important that the service is suited to the individual than that they fit a particular age bracket.

We also offer services to people whose primary problem is a dementing illness, and who are thus experiencing progressive loss of skills. Usually this is associated with significant problems caused by disturbed behaviour. Our goal is to create a setting in which such people can regain their composure and attain their optimal level of relating to others, and to support them and their carers through the experience of the illness. We are interested in developing our skills in end of life care for this group, and in general in finding ways to minimise the disruptive interruptions in relationships which often accompany such an illness.

The post is predominately concerned with the in-patient service, providing continuing treatment for this patient group at The Retreat and at our community house in Haxby, four miles from the city centre. The work in Haxby is supported by an Associate Specialist working 2.5 sessions weekly.

There is the opportunity to develop a specialist out-patient service for older people.

The task of the post-holder is to help us create a model service for these patient groups, and they will be encouraged and supported in developing links with other people working to the same ends. They will be actively involved in the planning and development of the service, and in the training and support of staff of all disciplines within the unit.

The Retreat is an independent hospital whose referrals come principally from NHS Commissioners. The post holder will be actively involved in assessing referrals and in developing appropriate Multi- Disciplinary referral and management procedures.

### **Neuropsychiatry at York House**

This half-time post is responsible to our joint venture organisation, York House Ventures, which has been created through alliance with The Disabilities Trust to offer a neurobehavioral model of rehabilitation to people with complex needs following brain injury. York House is part of The Retreat's main buildings, and the post-holder is part of the peer group of Consultant Psychiatrists working in The Retreat, sharing the on-call arrangements.

The post-holder is a senior member of a well-developed Multi-disciplinary Team including Neuropsychologists, Nurses and therapists in allied disciplines, and will share in the day-to-day management and care of service users in a 28-bed unit. There are plans to extend this shortly by a further 10 beds.

The primary task is to undertake the psychiatric care of this group of people who have quite diverse problems, and to ensure the Team has the highest quality psychiatric support. This includes contributing both to investigation and diagnosis, and the appropriate use of medical intervention, psychological and social management of the patient group.

This post may involve limited out-patient work doing assessments and follow-up work with people from the wider services of The Disabilities Trust.

The holders of each of the above posts will work to develop relationships with referrers and commissioners, and will help us develop our systems to meet the evolving demands arising from the Commissioning Process and the expectations of the CQC and other agencies. The Retreat has a history of welcoming scrutiny by any interested party, and it remains our policy to respond positively to examination by others.

### **Proposed Timetable**

In the Care and Rehabilitation of Older People Service, the proportion of time allocated to specific tasks will broadly be as follows:

In-patient care	50%
Out-patients and assessment of referrals	15%
CPD, Audit and Administration	15%
Service Development/Flexible	20%

The Neuropsychiatry of Brain Injuries work will be divided more like this:

In-patient care	60%
CPD, Audit and Administration	20%
Service Development/Flexible	20%

A job plan will be drawn up with your agreement at the beginning of your employment, but an outline list of responsibilities and duties, together with a person specification, is attached at Appendices A and B.

There are currently four Consultant Psychiatrists at The Retreat, rising to four and a half with the creation of the new post. The on call duty rota is currently one in four, rising to one in 4.5 with this new post. Whilst we appreciate that this on call rota is quite frequent, it ensures continuity of care for our patients and is not particularly onerous in terms of actual call-outs, predominantly because we are a specialist hospital rather than a typical acute unit.

General medical services are provided through a Service Level Agreement with a local team of General Practitioners. Practice nurses and Doctors visit The Retreat regularly, and we have a plan to develop an on-site GP base to allow a more ordinary access to GP services. Cover is provided by GP out of hours service.

### **3. TERMS AND CONDITIONS OF SERVICE**

The terms and conditions of service are substantially similar to those determined for the National Health Service (NHS). The successful candidates must be full-time employees of The Retreat and there is no right of independent private practice. The Retreat will, however, be supportive of activities which benefit both the individual and the organisation.

We have our own contributory defined benefit pension scheme, which is not compatible with that of the NHS: NHS accumulated years cannot be transferred in. You will be eligible to join this scheme.

The salary, which is negotiable, will be based on your experience and compare favourably with salaries offered in the NHS.

We would also expect you to reside within 15 miles of The Retreat, although we do have limited single accommodation available on site if this were not possible in the short-term.

We are conscious that if you are moving out of the NHS this is a big step and would be happy to discuss any concerns you might have in relation to this, and respond flexibly to these.

#### **4. TRAINING AND RESEARCH AT THE RETREAT**

Our intention is that The Retreat should establish itself not only as a centre of clinical excellence, but should support this by ensuring staff are well trained and are engaged with regional and national service issues. There is financial support available for training and development which meets the objectives of The Retreat.

The Retreat is fortunate in having the Learning Resource Centre, which is a designated RCN Regional Resource Centre for Mental Health. It has a well-stocked library with a wide range of mental health, psychiatry, psychotherapy and psychology publications. Staff are encouraged to recommend purchases to enhance our current holdings and journal subscriptions are reviewed annually. The Centre is equipped with eight computers with Internet access. Current CD-ROM databases include CINAHL and COCHRANE. A part-time member of staff is available to assist with enquiries, searches and use of equipment.

The Retreat wishes to establish a research strategy that encompasses building a culture of research awareness among our staff, developing routine evaluation of outcomes as part of Clinical Governance, and carrying out more formal research studies in collaboration with external partners. We would welcome any research plans or commitments and support the post-holder in developing links with research partners.

The Retreat is a founding member of the national Research Centre for Occupation and Mental Health (RCOMH), which aims to facilitate and coordinate research exploring the relationship between mental health and meaningful occupation. We also have research relationships with the York Neuro Imaging Centre (YNIC) and the University of York's Psychology Department.

Good informal and teaching links exist with the Clinical Psychology Departments at the Universities of Hull/York and Leeds and with the Centre for Criminal Justice, Economics and Psychology at the University of York where discussions of collaborative work are taking place. We are also exploring links with the Hull/York Medical School.

#### **5. WORKING AT THE RETREAT**

Our emphasis is on providing high quality patient care, so case loads are low enough to allow sufficient time with the patients to give them the consultant input they require.

The fact that we are a small organisation means that individual professionals are encouraged to follow their own initiative. Most units have no junior doctor input, so Consultants must be able and willing to operate at all levels and there is no place for standing on status. Our nursing and other colleagues are equally flexible, and our goal is to achieve good mutually supportive teamwork.

As a Quaker Charity with a well-known place in the history of psychiatry, we have a standing which is greater than the scale of The Retreat might indicate. While the Quaker ethos is not an intrusive one in the day to day operations of The Retreat, our Directors are predominantly Quakers, and our staff are expected to take into account the expectations and ideals of the Society of Friends.

We are keen to maximise the patients' capacity to take responsibility for their own recovery and therefore tend to work in an imaginative way, for example using complementary and creative therapies to enhance mainstream treatments wherever possible.

The Retreat provides a very good working environment, with an excellent Resource Centre and easy access to the University of York and to the Teaching Hospitals of Leeds. It is also within easy reach of large academic centres at Sheffield, Manchester and Newcastle.

Psychiatrists working at The Retreat enjoy great variety in their role, both in terms of their clinical workload and their non-clinical activity. As a charitable organisation, The Retreat is responsible for generating sufficient revenue to cover its costs, and the Consultant Psychiatrists play an integral part in this business development process.

## **6. SERVICES PROVIDED BY THE RETREAT**

### **6.1 General**

The Retreat provides mental health care to people throughout Britain and the world. We are able to decide on an individual's suitability for admission to The Retreat and set out to offer a flexible service individually tailored to a patient's need in order to help those who have difficulty receiving treatment through more conventional services. Notwithstanding the continuing evolution of services in the NHS, The Retreat remains the place to where people are referred when they have exhausted services elsewhere. Hence the psychiatry practised here is demanding and challenging.

Allocation of particular general psychiatric patients to individual Consultants is by negotiation within the Consultant group. It is our practice that individuals cultivate particular interests and may focus on one group of patients, but we try to maintain a broad general psychiatric practice for all our Consultants.

## **6.2 Specialist Adult Services**

### **Naomi**

This is a 15-bed unit whose work focuses on eating disorders, anxiety disorders and mood disorders, usually in women. The work is informed by CBT, and is conducted in group settings offering a modified Therapeutic Community experience. The Consultant to this service is Dr Andrea Brown.

### **Acorn Programme (for Self-Defeating Behaviours)**

This is a specific treatment programme for women who self-harm or have eating disorders, and who attract a diagnosis of Personality Disorder. The Psychiatrist involved is Dr Chris Holman. It is located next to Naomi unit and is a 14-bed group treatment programme using Dialectical Behaviour Therapy in a Therapeutic Community.

### **Hannah Mills**

This unit has 14 beds and two independent flats, and provides intensive rehabilitation for those with treatment resistant illness or complex needs. Length of stay in this area is between one and five years. The unit is Recovery focused and uses Psychosocial Interventions, CBT and DBT, principally in group format. The Consultant in this service is Dr Gill Smith.

## **6.4 Specialist Older People's Services**

### **George Jepson**

This is a 15-bed unit for older men (generally over the age of 65) with challenging behaviour and both organic and/or functional disorders.

### **Katherine Allen I**

This is a 12-bed unit for women suffering from dementia, usually with behavioural problems. A number of this group are increasingly disabled and some will receive terminal care here at The Retreat.

This unit is to move into newly refurbished facilities, the work on which is currently underway.

### **Katherine Allen II**

This is a developing service, currently for 11 people with long-standing psychiatric disorders and histories of hospitalisation. It is planned to upgrade a cottage in the grounds to give 7 further beds, and to move the service from its current location on the second floor as soon as possible.

### **The Retreat Haxby (Blair Atholl)**

This is a 19-bed community home with an attractive garden in Haxby for more able patients with functional illness who can benefit from greater access to community facilities. Blair Atholl was previously a general nursing home and became part of The Retreat service in June 2002. It is licensed to admit people from 50 years upwards, but the majority of residents are currently over 70.

## **6.5 Brain Injury Services In Conjunction With The Disabilities Trust**

For some years The Retreat had recognised that there was a lack of facilities for individuals with an acquired brain injury. In 1999 we entered into a partnership with The Disabilities Trust, a fellow charity, and developed York House, at that time a 14-bed brain injury rehabilitation unit on The Retreat site. Following the opening of York House, it became clear that there was a need for a service for individuals requiring long-term care, as York House provided care for up to 18 months. Consequently, we developed the second phase of York House, an additional 14 beds for those with long-term care needs. We are now planning a third phase of this service, which will be a move-on facility.

For further information on The Disabilities Trust, please see Appendix C.

## **6.6 Outpatient Work**

### **The Tuke Centre**

This takes place in a self-contained setting at the Tuke Centre, on the edge of the grounds of The Retreat. Psychiatrists are involved in the assessment of people for specific treatment programmes, or of patients referred on a private basis by GPs over a wide area. We offer ready access to psychodynamic and cognitive behavioural therapies through therapists employed by the Tuke Centre. We try to offer more time and opportunity for patients to be actively involved in considering their treatment needs than is possible within the NHS. This is a dynamic and developing service to which we hope the post-holder will contribute.

The Tuke Centre was established in 1991 to provide high-quality psychotherapy and counselling services at an affordable price; to provide a specialist resource for professionals; and to develop innovative projects for the wider benefit of society. The Centre's core staff are members of UKCP and/or BACP, and are backed up by a team of volunteer associate counsellors in the advanced stages of training, together with qualified counsellors working on a sessional basis.

A wide range of therapies is offered following initial assessment, and individual, couple and group therapy are carried out on a sliding scale of fees. As well as self-funded clients, the Centre offers a counselling service to local businesses for their employees. The qualified staff team provides individual and group supervision to counsellors, psychotherapists and other professionals.

### **Cognitive Behavioural Therapy (CBT)**

An outpatient CBT service is provided by a clinical nurse specialist using this therapeutic model. The caseload is an increasingly broad and demanding one as evidence of treatment efficacy extends. The service is over subscribed and a waiting list of 3-4 months is the current norm. In-patient Naomi services also use this resource and individual clinical supervision is another adjunct to the service.

### **Family Therapy**

As part of The Retreat's approach, we offer a Systemic Family Therapy service. This service is offered as an effective means of helping family members address difficulties in behavioural/mental health problems.

### **Trauma Services**

A small team lead by our Consultant Clinical Psychologist offer specific treatment for PTSD and related problems. This is linked to our work with Complex PTSD and Personality Disorder, in which we have a regionally-recognised reputation.

### **DBT Service**

A comprehensive DBT outpatients service is provided at the Tuke centre for patients who generally suffer from complex trauma; referrals are received from across the region.

## **6.7 Other Therapies**

Our aim is to provide as broad a range of complementary therapies as possible, thereby increasing the degree of choice available to patients. We therefore employ Music, Art and Drama Therapists on a sessional basis in addition to Occupational Therapists and Physiotherapists, a Pharmacist and a Social Worker.

## **6.8 Medical Staffing**

Dr Chris Holman – Medical Director - Consultant responsible for Acorn unit.

Dr Gill Smith - Consultant responsible for Intensive Rehabilitation Service.

Dr Andrea Brown – Consultant responsible for the inpatient CBT unit and outpatient Eating Disorder service.

Dr Alison Blakeborough – Associate Specialist – Retreat Haxby (Blair Atholl). 2.5 sessions

## **7. STRUCTURE OF THE RETREAT**

The Retreat has a central place in the history of psychiatry, being founded in 1796 by a group of members of The Religious Society of Friends (Quakers) who were appalled at the treatment of mentally distressed people of the day.

The conviction that all human beings have an essential spiritual equality, regardless of outward mental state, appearance, or worldly status, led to practices at The Retreat which came to be known as 'Moral Treatment'. Moral Treatment was a predominantly non-medical approach to mental distress which laid emphasis on the therapeutic power of social relationships, good nourishment, harmonious surroundings, and useful occupation.

Within The Retreat today we continue to reflect the values of two hundred years ago, particularly in terms of valuing the individual behind the illness, and we look to be innovative and visionary in the mental health field.

The Retreat remains a Quaker organisation, and the majority of The Retreat Directors, the formal trustees of the charity, must be Quakers. Responsibility for the day to day management of the organisation, however, lies with the Chief Executive, Jenny McAleese, who is supported by a Senior Management Team. All Consultant Psychiatrists report to the Medical Director who is a member of the Senior Management Team.

The Retreat has recently appointed a new Director of Clinical Services, Roland Woodward, and is undertaking a review of its management structure. This is particularly timely in view of current political developments and the need to rapidly revise our systems for management and adherence to Commissioning Contracts and developing expectations from the Care Quality Commission. We are committed to working positively with inspection and accreditation systems, and services are encouraged to recognise and meet good quality standards.

The Retreat has an established Clinical Governance Committee which offers Quality Assurance to the Directors.

## **8. FINANCES OF THE RETREAT**

As an independent charity, The Retreat has to sell its services in order to cover its costs. We do this to a variety of purchasers, including both statutory and private organisations and individuals.

Over the past few years we have worked hard to build strong relationships with the local statutory purchasers and to be their provider of choice for a number of specialist services. We have a good relationship with our local hospital trust and primary care trusts and see ourselves as very much part of the overall provision of mental healthcare in North Yorkshire. As such we are involved in the planning of services locally.

Outwith the area of North Yorkshire we are recognised as a provider of specialist services and are receiving an increasing number of referrals from further afield.

This focus and marketing effort have led to a strong financial performance in our service provision, producing trading surpluses to complement our investment income. The difference between The Retreat and a private sector organisation is that we have no shareholders to reward and any surpluses can be reinvested in the services we deliver.

Everyone within The Retreat plays an important part in the performance of the organisation and we are always looking to develop new services which further guarantee our success.

## **9. GENERAL INFORMATION ABOUT YORK**

York is a University City with great cultural and historical interest and good educational facilities. It is the principal commercial, cultural and service centre

for North Yorkshire. York itself is a thriving tourist centre with fine museums and churches including York Minster, the largest Gothic Cathedral north of the Alps, which is famous for its stained glass. Relics of Roman, Anglo-Saxon, Viking and Gothic periods can be found within the City walls. York is also home to the National Railway Museum which is the national centre for railway memorabilia. These and many other features bring many thousands of visitors to the area each year.

The University of York has several health-related departments. They include the internationally renowned Centre for Health Economics and the NHS Centre for Reviews and Dissemination as well as the Health Economics Consortium and Department of Health Sciences and Clinical Evaluation. The University also has an active music department and regular concerts are held at the University campus.

The York Medical Society (founded in 1831) has its own rooms in York and holds regular meetings throughout the winter, including social events.

Industries within the district include confectionery manufacturing, food processing, engineering, brewing and coal mining.

As a railway town communications by rail are of a high quality, especially to London and Edinburgh, and there are also direct communications to Lancashire, the Midlands, North Wales, South Wales and the South West. There are excellent road and rail links with easy access to the Yorkshire Dales, the North Yorkshire Moors and the Yorkshire coast. There is a direct dual carriageway link to the A1 and to the motorway network. The nearest airport is Leeds/Bradford.

## **OUTLINE LIST OF RESPONSIBILITIES AND DUTIES**

- To be the lead Consultant for Neuropsychiatry of Brain Injury and/or Care and Rehabilitation of Older People at The Retreat, and to contribute actively to the development of the service.
- To ensure your practice is of a high standard in all areas of your responsibility.
- To work as a member of the relevant Multi-Disciplinary Teams, within that being responsible for Psychiatric assessment and treatment of patients referred to The Retreat.
- To liaise effectively with referrers to The Retreat ensuring they receive the information they require.
- To support service evaluation, audit and research within The Retreat to allow effective development and monitoring of services.
- To support the training and development of the Multi-Disciplinary Team.
- To co-operate with medical colleagues to maintain good standards of clinical care.
- To provide specialist consultant psychiatric advice regarding service provision and delivery to colleagues within The Retreat.
- To ensure positive and effective working relationships with key individuals, both within and outside The Retreat.
- To participate in a programme of continuing professional development and annual appraisals.
- To provide mutual support and cover for colleagues within The Retreat on a rota of 1 in 4.5

## PERSON SPECIFICATION

Qualifications/Experience	Essential	Desirable
Membership of Royal College of Psychiatrists	x	
Specialist Registration with the GMC	x	
S12 registered doctor	x	
Worked as a Consultant within the NHS		x
General psychiatric competence	x	
Knowledge of psychotherapies	x	
Experience in old age psychiatry	x	
Experience in Neuropsychiatry	for older people's service x for neuropsychiatry post	
Experience in Rehabilitation psychiatry		x
Experience of treating health professionals		x
Experience of developing a service		x
Interest in Research		x
Knowledge of outcome measures	x	
<b>Personality/Personal</b>		
Energetic, adaptable	x	
Preparedness to contribute actively to the development of the service	x	
Full clean driving licence		x

## **INFORMATION ON THE DISABILITIES TRUST**

The Brain Injury Rehabilitation Trust (“BIRT”) is part of The Disabilities Trust and is a non for profit organisation (Charity No: 800797) providing a nationwide service to adults with a complex range of neurobehavioral disability and social handicap as a result of acquired brain injury. Our BIRT rehabilitation services offer a wide continuum of care, comprising two neurobehavioral units, both registered as independent mental health hospitals (York House and Graham Anderson House in Glasgow), seven rehabilitation residential units, six continuing rehabilitation units and a growing number of community houses. The company is also involved in joint working in Australia where services similar to those established within the UK have been opened.

### **York House, Neurobehavioral Unit, Registered Independent Mental Health Hospital**

York House specialises in the management of people with challenging behaviour, and/or complex mental health needs following acquired brain injury. Many of the clients present with complex brain injury and physical health problems (e.g. long term diabetes). It currently provides up to 28 beds and can take people detained under the Mental Health Act. York House provides the most intensive level of rehabilitation within the service. In addition to being registered with CQC, the unit also holds the Investors in People Award is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an international, not for profit organisation promoting excellence in rehabilitation services.

### **Referrals**

All current service users are being funded by PCTs nationwide, reflecting the unique service York House offers. Referrals are also accepted from medico-legal cases, but these are currently in the minority. Upon referral all clients are subject to a pre-assessment screening followed where appropriate by an inter-disciplinary assessment. If suitable, a formal period of assessment is then undertaken lasting twelve weeks. Further periods of rehabilitation are then negotiated with purchasers in cycles of approximately twelve weeks subject to ongoing funding being available.

The average length of stay within the neurobehavioral unit is approximately 18 months. Most Service users then go onto our community-based programmes around the country depending on where they are from. Others might stay on our slow stream rehabilitation unit (Phase 2).

### **Behaviour Problems**

The majority of behaviour and personality problems are associated with damage to frontal structures. Some service users lack arousal, drive and motivation. Others display a lack of inhibition, control, behave impulsively, act in a socially or sexually disinhibited way and often react in a manner disproportional to the cause of the frustration.

Many service users display episodic disorders of mood, ranging from episodic dyscontrol to more subtle alterations of mood and temperament that interfere with ability to co-operate with, or participate in, rehabilitation therapy. Depression and anxiety disorders are also common emotional sequelae evident in our service users

Other service users have psychiatric or quasi-psychiatric disorders, comprising various delusional syndromes, paranoid ideas, irrational or grandiose thinking and occasional dissociative personality disorders.

### **Treatment Teams**

The treatment teams are led by a Consultant Clinical Neuropsychologist and comprise Occupational Therapists, Speech & Language Therapists, Physiotherapists, a full nursing team and Rehabilitation Support Workers who receive in service training on a regular basis.

Psychiatrists work as a member of the interdisciplinary rehabilitation team, following the Care Programme Approach. They will receive detailed observational assessments of a client's behaviour in various situations, often in graph format. Such information can be used to systematically evaluate response to medication or other treatment interventions.

If you need any further information specifically about York House, please see [www.birt.co.uk](http://www.birt.co.uk) for the annual report, or contact Anna Headley, Service Manager, or Dr Ohr Barak, Consultant Psychologist on 01904 412666.