

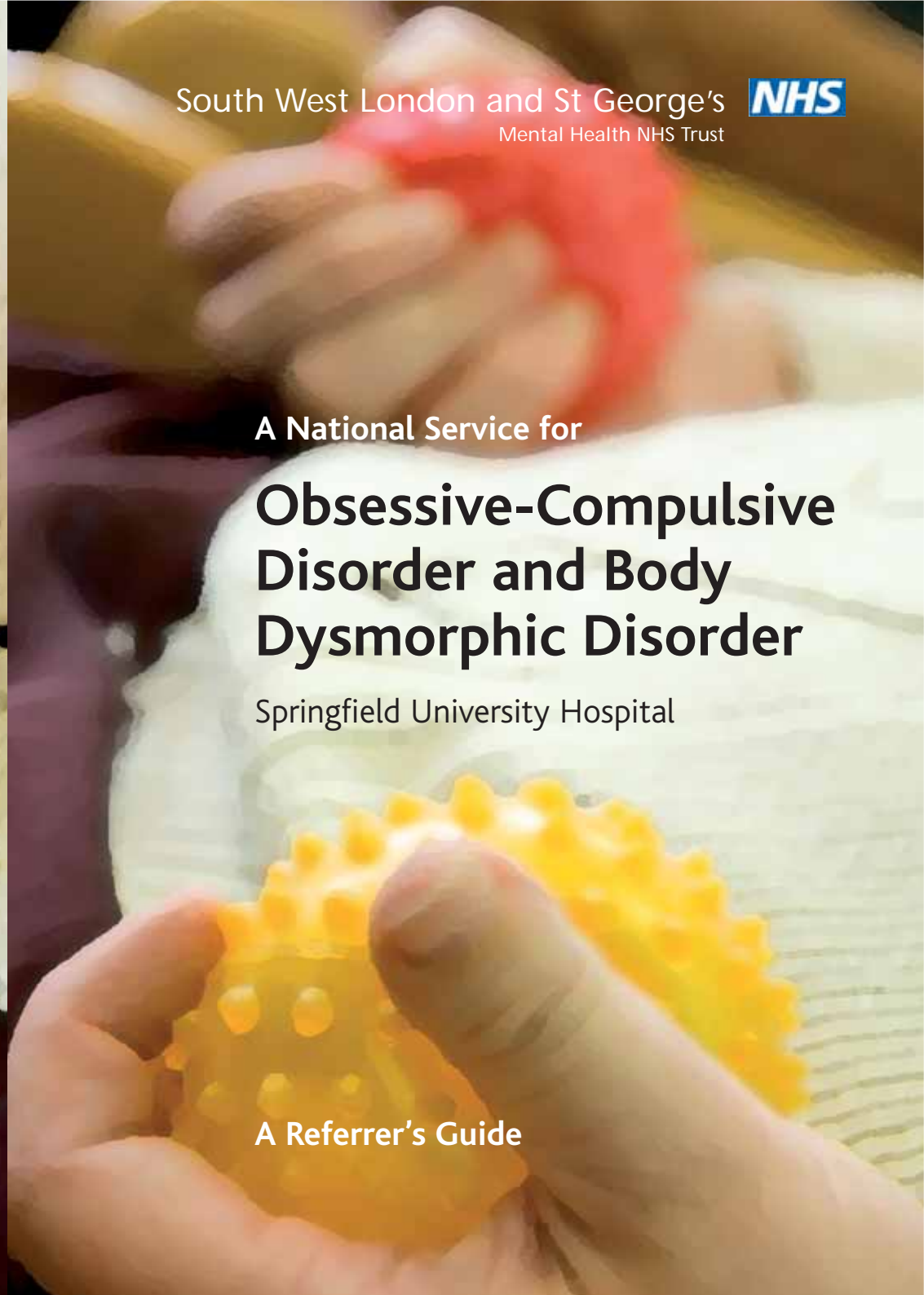


South West London and St George's 
Mental Health NHS Trust


A National Service for

Obsessive-Compulsive Disorder and Body Dysmorphic Disorder

Springfield University Hospital



A Referrer's Guide

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Who we are

We are a multidisciplinary national service funded by the National Commissioning Group (NCG) to provide treatment for the most severely ill patients (level 6) with Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) in the form of intensive home-based therapy, outpatient, and inpatient treatment.

The inpatient unit comprises ten beds, and we provide 24-hour care where appropriate. Ours is the only 24 hour staffed dedicated inpatient unit for OCD and BDD within the NHS.

The team comprises psychiatrists from training grades to consultant, nurses, specialist CBT therapists, health care assistants, physiotherapists, and occupational therapist.

We are committed to ensuring best practice and state-of-the-art treatments are delivered and developed throughout the UK. To this end we are involved in continual research and audit into all aspects of OCD, BDD and anxiety disorders and their treatment.

Who the service is for

As a National Service we are happy to offer advice and guidance on the treatment of OCD and BDD to secondary care mental health teams throughout the UK. In such cases we are able to advise whether or not the patient is suitable for treatment by the National Service, and if not suitable what should happen next and what treatments should be offered. If potential referrers are unsure of the suitability of a patient, we are always delighted to discuss the case with them and offer advice. As we are centrally funded, this also is at no cost to the referrer.

To be accepted for treatment in the National Service, patients must be over 18 years and be at Level 6 severity according to NICE guidelines as follows:

Yale-Brown Obsessive Compulsive scale (or YBOCS-BDD)	30 to 40
Previous treatment with SRI (serotonin reuptake inhibitor) drugs at BNF recommended doses for minimum three months*	Two trials
Augmentation of above, eg neuroleptic drugs, or higher than BNF recommended doses of SRI drugs, or a combination of SRI and tricyclic drugs	One trial
Previous treatment with CBT which included graded exposure and self-imposed ritual prevention	Two trials of which one should have taken place where symptoms are maximal (eg at home)

*It is recognised that some patients are unable to comply with the medication criteria due to their OCD symptoms. In such cases this is examined on an individual basis.

Home-based and Community Treatment

We are able to offer our expertise to treat patients who do not require inpatient admission in their own homes and in the community. This may take the form of intensive home-based therapy for those patients who are able to comply with a more rapid treatment path. Some patients are so disabled they are unable to come into hospital despite being unable to care for themselves. In such cases we can offer home-based therapy to start the treatment process with the aim of them coming into hospital. In addition, we may offer outpatient or telephone treatment sessions following more intensive interventions.



Inpatient Treatment

Some patients are so unwell they are unable to care for themselves or safely complete any community therapy. For these people inpatient treatment is necessary. To be eligible for inpatient treatment and 24-hour nursing care, we would look for clear reasons why less intensive approaches are not applicable. For example:

- Danger to self, eg failure to drink sufficient fluid to support health due to OCD
- Danger to others, eg impulsive acts leading to placing family at risk
- Extreme self-neglect, eg incontinence
- Complicating dual diagnosis, eg co-existing schizophrenia or eating disorder
- Severely disordered sleep pattern resulting in being asleep during the day and unable to awaken in time for therapy
- Diagnostic doubt requiring initial 24 hour observation.

We cannot admit patients detained under the Mental Health Act.



Referrals

Referrals are welcomed from secondary mental health services across the UK.

The referring team should complete the unit's referral form which can be supplied on request.

Mental Health teams may also seek telephone consultation.



Funding

As a centrally funded service, referrers and their respective NHS commissioners do not need to identify additional payment for the assessment or treatment of patients from England and Scotland. Patients from Wales and Northern Ireland will require a named patient service agreement.

What we offer

Once a patient has been accepted for assessment by the National Service, we offer an appointment at our clinic. This is a lengthy process and patients will be in the unit for 2-3 hours. A multi-disciplinary assessment takes place and full discussion is held with the patient and relatives about future treatment. At the end of the assessment a full assessment report is sent to the referring team, GP and to the patient. This report outlines the history and also our recommendations for treatment. The ideal situation is always that the patient, any carers and sometimes their key worker travels to the Unit and meets the Team to fully discuss treatment. This also gives patients the opportunity of visiting the ward if inpatient treatment is recommended. We do, however, realise that some patients are too ill to travel in this way. In such cases we may arrange to conduct a telephone assessment with the patient, to visit the patient together with the local team or, occasionally, to admit the patient directly for a two week assessment.

When the patient is seen for assessment, they are told what will happen next. In the case of home-based therapy, they will either be given a date to start therapy and the name of the therapist at this time or will be told when they will be given this. In the case of inpatient treatment, there is normally



a waiting list and they will be advised how long this may be and when they are likely to hear from us.

In the case of inpatient treatment, on admission, each patient is allocated a therapist and a named nurse. The structured start-up programme comprises three groups per day with a full programme of Occupational Therapy (both group and individual); individual CBT sessions as well as medication and physical health review. Other groups which form the programme include art, social skills, cooking and gardening.

Weekend home leave is a normal part of the programme once the patient is able to cope in this way. Patients are expected to try to implement changes learned on the ward in their own home. Such patients may need to contact the unit to discuss problems or just to say that they are managing well.

The involvement of family members is encouraged, both during an admission and after discharge home.

Regular formal reviews take place at 6, 12, and 24 weeks. The referring mental health team is expected either to attend or to teleconference as part of the CPA process.

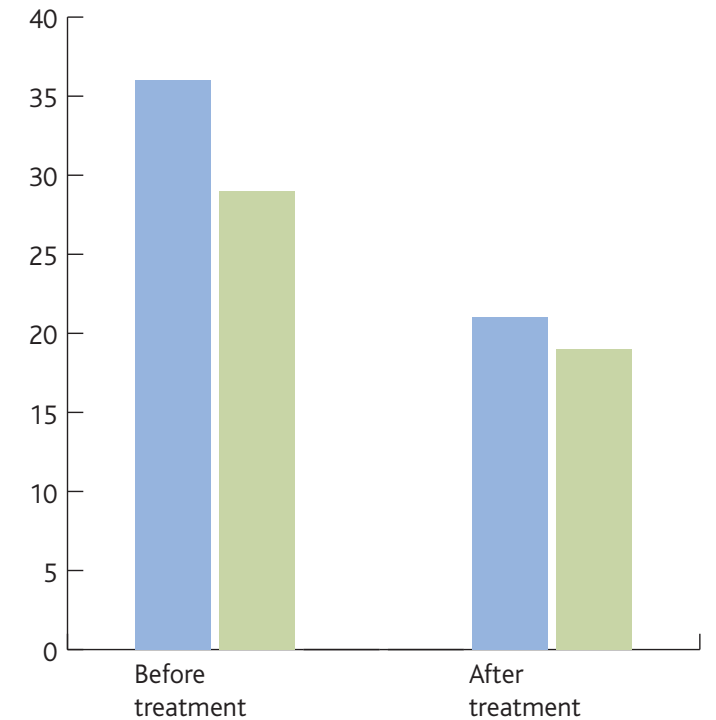


Clinical outcomes

Since 2008, we have obtained clinical outcome data on 117 patients (58 women and 59 men) suffering from OCD and BDD.

Average age of 37 years
(range 18 to 80 years, SD = 14)
Mean duration of OCD of 19 years
(range 4 to 50 years, SD = 11)
Mean stay in hospital of 18.7 weeks
(range 0 to 225 days, SD = 59)

Measure	Before Treatment	After Treatment	Statistical Significance P=value
YBOCS(sd)	34(4)	23(8)	<0.0005
BDI(sd)	27(11)	16(11)	<0.0005



YBOCS
Yale Brown Obsessive Compulsive Scale which measures severity of OCD, with 0 being a normal score and a maximum of 40 (therapist completed measure)

BDI
Beck Depression Inventory is a patient completed questionnaire which measures severity of depressive symptoms with under 10 being normal and a maximum of 63

Overall this represents:

- a 32% reduction in OCD symptomatology measured by YBOCS (n=117)
- a 40% reduction in Depressive symptomatology measured by BDI (n=61)*

* Not all patients are able to complete questionnaires due to severity of illness.



Case Vignette

Mr A is a 20 year old from North Lincolnshire with the diagnosis of early-onset OCD with hearing impairment, dyscalculia, dyslexia and developmental dyspraxia in the context of a pervasive developmental disorder.

He presented with a strong and over-generalised fear of contamination with gelatine, which has led to a complete avoidance of the use of his own hands. He was admitted to Heather Ward in October 2009 after attempts of serious self-harm, malnutrition and multiple treatment failures with the local services.

During the course of inpatient treatment, the severity of his OCD reduced by 75% (as measured on YBOCS). This has further reduced to 95% during the one-year follow-up period, with a complete remission in most of the symptoms of his OCD.

Contact details

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020 3513 6305
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How to find us

The nearest tube station to Springfield Hospital is Tooting Bec (Northern Line), a 12-15 minute walk.

Bus G1 serves Springfield Hospital itself. On nearby Trinity Road there are buses 219 and 319. On Upper Tooting Road there are buses 57, 155, 219 and 355. On Tooting Bec Road there are buses 249 and 319.



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