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## EALING ABBEY COUNSELLING SERVICE Referral Guidelines

Dear Referrer,

We would appreciate you taking a moment to read through this important information sheet which broadly covers:

- the scope and limitations of our talking therapy provision; and
- information we are seeking from you in making a referral to us.

We hope that this will help support clear care pathways; and as a way of minimising the need for repetitive assessment information from the service-user to the extent that the relevant information can be provided upfront by the referrer.

Currently we receive written referrals by post. Should you have any queries, our clinical manager, Ginny Ellis is available on Mondays and Wednesdays and can be reached by email, [ginny@eacs.org.uk](mailto:ginny@eacs.org.uk) or telephone, 020 8998 3361, although it may be easier to email first of all to arrange a mutually convenient time to speak.

We look forward to working with you further.

Kind regards

Deborah Saville – Director

### About EACS and our Practitioners

We are an established voluntary sector general counselling and psychotherapy organisation, where most of our practitioners are trainee psychotherapists and counsellors who are midway through, or near the end of their training on accredited post grad 4/5-year diploma/MSc/doctoral or BA programmes in psychotherapy or counselling. Some remain with us post-training and qualification.

Our practitioners all work in accordance with the professional guidelines and ethics of their accrediting body, usually the UKCP (United Kingdom Council for Psychotherapy); and the BACP (British Association for Counselling & Psychotherapy); or BPS. They receive regular clinical supervision and support from both EACS and their training organisation and are well-placed to work with a broad range of presenting issues.

We evaluate the clinical effectiveness of our work through CORE (Clinical Outcomes in Routine Evaluation); and from July 2023 will include GAD7 and PHQ9 scales for depression and anxiety.

## Cost and Timing of Face to Face Assessments and Counselling Sessions

**Assessments:** Our face-to-face assessments take place on Monday and Wednesday morning / early afternoon. There is a fixed charge of £20.00 (or £10.00 for those relying solely on benefits).

**Counselling:** We provide once-weekly counselling sessions Monday to Friday, both daytime and evening; and charge on a sliding scale according to income, with a guideline of £1 for every £1,000 of income. Our lowest fee for those relying solely on benefits is £5.00 during the day.

## Our Core Service User Group – Scope and Limitations

The level of mental health difficulties that our core group of service users typically present with, could be described as being at the more complex end of 'common mental health problems', - symptomatically manifesting in anxiety, depression or trauma symptoms that may have been present for some time.

We distinguish this from complex, more entrenched and severe mental health issues, often but not necessarily, accompanying a diagnosed mental illness.

Service users are usually struggling with multi-faceted, multi-layered life issues. Around half come to us via their GP or following an assessment or short course of counselling at Ealing IAPT, where it is felt that they would benefit from a longer period of support and the chance to work more in-depth to help bring about change.

We offer up to a year of weekly therapy for those who are able to benefit from this, although many people choose to come for a shorter period.

We do have some scope to work with more complex mental health issues, but our structure and resources are such that this is by definition limited: we are not a community mental health service and our staff cover is part-time Monday to Thursday daytime, so we do not in the normal course of our work have a clinical team on call should there be an emergency situation.

Inevitably such situations can and do arise from time to time, but we are in the main not resourced to ethically support those at greater risk of harm to themselves or others; or who are vulnerable to impulsivity under stress; and even if not currently at high risk of harm to self or others, whose current stable state is very fragile. This includes those with co-occurring drug and alcohol disorders who have not been through a programme; and where the substance misuse is directly impacting on their day to day functioning and ability to engage in once-weekly reflective therapy.

This means that we are better equipped to support those who have reached a point in their recovery where they are generally more stable and better able to function; and who have personal and professional support structures in place. These may be individuals who have responded well to previous psychological interventions and are sufficiently motivated and able to engage in a therapeutic relationship of once-weekly frequency.

## Referral Procedure

To help ensure that our face to face assessments are provided to those most likely to be able to benefit from our talking therapy provision, we ask for a brief referral report in the first instance.



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This enables us to carry out a 'Clinical Pre-assessment' without unnecessarily burdening the individual and it is only if we feel we may be able to support them, that we would go on to offer them a face to face assessment.

In reviewing the referral report, we may feel that a follow-up telephone call to the referrer is warranted, in order to gain some additional information to help us make an informed decision. Or we may want to speak directly with the service user by telephone in order to gather a bit more information. We will then write back to the referrer with our decision and/or suggestion for referral elsewhere.

### **Helpful information for the Referral Report**

Holding the above in mind, if you wish to refer a patient for counselling at EACS, we would be grateful if you could provide information that takes account of the following questions:

- What events have precipitated seeking counselling.
- The nature, duration and severity of the issues s/he is struggling with.
- Diagnosis and Psychiatric history.
- Any current / fluctuating / past risk factors to self or others.
- Medication details.
  
- How well are they generally functioning and what support do they have ie. family, friends, other relationships and activities including work.
- What professional support structures does s/he have in place.
  
- Have they accessed other mental health support and what form has that taken: was it beneficial?
- An indication of the extent to which s/he might be able to make use of counselling at this present time.
- In terms of their presenting issue/s, do they regard these as all external to themselves; or do they recognise something within themselves they wish to change and want help with?
  
- Is there a co-occurring drug and/or alcohol disorder? In which case, have they been through a treatment programme / are they currently abstaining / how long for?

### **Face to Face Assessments**

If we feel that we may be able to help, we will let the referrer know this and will undertake to contact the service user with a view to arranging an initial face to face assessment appointment (or via online video where appropriate). As with all our assessments, this does not guarantee that we will be able to offer them counselling/psychotherapy going forward, but our hope would be that we would be able to do so; or would be better informed about their needs and expectations to be able to signpost or refer them to a service more appropriate for their needs.



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