

Treatment programmes for Obsessive Compulsive and related disorders

PRIORY



Priory Hospital North London

Located in a secluded part of Southgate, North London, and set in several acres of private grounds, the Priory Hospital North London offers intensive treatment programmes for adolescents and adults with obsessive compulsive disorder (OCD), body dysmorphic disorder (BDD), health anxiety or a specific phobia of vomiting (SPOV).

Clinical Lead

Dr David Veale, Consultant Psychiatrist at Priory Hospital North London, has an international reputation in the fields of OCD and BDD having published both academic and self-help material on the conditions. He was a member of the National Institute of Clinical Excellence (NICE) working group that produced guidelines on treating OCD and BDD in 2006, Chair of the NICE Evidence Update in 2013 and a member of the World Health Organisation's advisory group on the revised classification (ICD-11) of obsessive compulsive and related disorders in 2013.

Additionally, Dr Veale is a Consultant Psychiatrist in Cognitive Behaviour Therapy (CBT) at South London & Maudsley NHS Trust, and Visiting Reader at the Institute of Psychiatry, Psychology and Neurosciences at King's College London.

Treatment

Treatment is offered on an inpatient, day-patient, or outpatient basis and follows the NICE treatment guidelines, which recommends the use of CBT to treat adolescents or adults with OCD or BDD, including exposure & response prevention.

Inpatient Service

Both adults and adolescents with OCD or BDD can be admitted to our inpatient service if their condition is too severe for outpatient treatment, or to help assist with geographical limitations.

In some cases, additional diagnoses such as depression, schizophrenia, or an eating disorder may make outpatient treatment more complex. Adolescents (aged 12 to 17) may be admitted to the Adolescent Unit.

Treatment Programme

The programme is designed to maximise understanding and engagement in the early stages of treatment. Patients are expected to conduct exposure or behavioural experiments at least three times a day, undertake homework diaries daily and complete weekly ratings of outcome.

In addition, all staff may model exposure or participate in behavioural experiments to help test out a patient's beliefs.

Inpatients receive:

- **Up to three individual sessions of CBT with their key therapist**
- **Group CBT sessions which are specific to OCD or BDD including compassion focused approaches**
- **Regular monitoring of progress, which is used to audit outcomes**
- **Complimentary groups from the general psychology programme**
- **Weekly reviews and meetings with Professor Veale**
- **24/7 nursing support and access to ward doctor**

Therapy may be combined with medication such as SSRI, clomipramine or augmentation to help support CBT and develop more positive outcomes.



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Outpatient or Day-patient Service

A weekly session or a more intensive outpatient programme of CBT may be offered to patients who would benefit from such treatment. The therapy would be based around the same treatment philosophy as the inpatient programme.

Family Therapy

Partners and relatives are encouraged to meet with the therapy team to help inform the approach and the best ways to support the patient's treatment.

High Specialised Service for OCD and BDD

The OCD and BDD service is commissioned by NHS England and CCGs for a national specialist service in treatment of patients with severe treatment refractory OCD and BDD in adolescents or adults. To obtain funding from NHS England, the patient must be referred by a Community Mental Health Team, be assessed to be in the severe category, and be treatment refractory to at least two trials of CBT and two trials of SSRIs (for BDD) and augmentation (for OCD).

Commissioning by a CCG does not require patients to be treatment refractory.

The Assessment Process

An initial assessment for suitability and treatment planning is offered with Dr David Veale and a member therapy team (if necessary), ensuring that the treatment plan is jointly agreed with the patient prior to admission.

If this is not possible, then an initial assessment may be conducted as a home visit or over the phone. The admission criteria can be provided on request, and a formal assessment of response to treatment is completed on the ward within the first two weeks - the assessment is focussed on the patient's ability to engage in treatment. At this point medication may also be reviewed.

Ongoing Support

There are several tools that can aid further development and it is advised that patients continue the programme with the following techniques.

Literature

- **OCD patients are encouraged to read the book "Overcoming Obsessive Compulsive Disorder"**
- **BDD patients are encouraged to read "Overcoming Body Image Problems"**
- **People with specific phobia of vomit and health anxiety should read "Overcoming Health Anxiety"**

All books are by David Veale and Rob Willson.

Teaching

Dr David Veale also regularly provides workshops and teaching in OCD and BDD for mental health specialists.

Self-help Groups

Priory Hospital North London provides premises for OCD and BDD self-help groups which meet monthly and attendance is free. For further information, visit the OCD Action website www.ocdaction.org.uk or the BDD Foundation website www.bddfoundation.org

We aim for patients to travel as short a distance as possible so they may return home on therapeutic leave as soon as possible in order to practise in their own environment. NHS patients must have an identified local care co-ordinator to discuss follow-up arrangements and attend a Care Programme Approach (CPA) meeting with a family member.

There should be follow-up by a local cognitive behaviour therapist who would preferably act as the care co-coordinator. Alternative follow-up arrangements including phone consultations, day-patient and outpatient care can also be arranged.

Referral and Admission

Confirmation of funding will be sought from the relevant Clinical Commissioning Group, private medical insurance company or other funding source. A referral from a GP or Consultant is normally required prior to admission. This can be made to Dr. Veale at:



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