

ASHBURN CLINIC

A REFERRER'S GUIDE



INFORMATION FOR REFERRERS

496 Taieri Road
Private Bag 1916
Halfway Bush
DUNEDIN

Tel: 03 476 2092
Fax: 03 476 4255
Email: ashburn@ashburn.co.nz
Website: www.ashburn.co.nz



Disclaimer

Information in this booklet is correct at time of printing. Given the nature of the environment we work in, this information is subject to change without notice.

WELCOME

Dear Colleague

Thank you for reading this booklet about the services we provide at Ashburn Clinic, and the pathways of referral to us. I believe this will make it easier for you to consider treatment in our therapeutic community for your patients, and I hope you will feel free to make contact and talk with me if you need further information.

Dr Brett Ferguson

Medical Director



INTRODUCTION

Ashburn Clinic offers comprehensive psychiatric and psychotherapeutic treatment, in a therapeutic community environment where clients can receive skilled psychotherapeutic treatment, both individually and in group settings, as well as expert pharmacological treatment where necessary.

Referral is generally arranged through a health professional, often a general practitioner, counsellor / psychotherapist / psychologist or psychiatrist. Urgent referrals can be made by telephone, while less urgent referrals can be via letter, fax, email, or the website. Please note that the Ashburn Clinic site is smoke and alcohol free.

Ashburn offers proven programmes within the caring environment of our unique therapeutic community for the successful treatment of a range of problems, including:

Eating disorders

Addiction

Depression

Anxiety disorders

Sexual trauma

Life crisis

Personal issues

Relationship issues

We use various modalities including: Group Therapy (e.g. art, music), Medicine and Psychiatry, Individual Psychodynamic Psychotherapy, Psychosocial Nursing, all within the Therapeutic Community setting.

In-patient care involves residing in the Roy Muir residential unit where there is 24-hour nursing care. Accommodation and meals are included in this service.

Day-patient care is for those who reside in the Dunedin community and attend the therapeutic programme during the week. Lunches are provided.

Out-patient care is for those who attend appointments with a specialist clinical team member (usually psychiatrist). We provide out-patient clinics in Dunedin, Cromwell and Invercargill.

Staff are involved in comprehensive peer and supervision structures on both an individual and group basis.

ACCREDITATIONS

Ashburn Clinic is certified by the Ministry of Health to provide hospital care under the Health and Disability Services (Safety) Act 2001.

ACC certifies Ashburn Clinic as meeting the ACC Workplace Safety Management Practices (tertiary level) which align with the requirements of the Health and Safety at Work Act 2015.

Quality Auditing New Zealand certifies our Food Safety Programme as meeting the Requirements of HACCP and the Food Act.

MEMBERSHIPS

Ashburn Clinic is a member of the Community of Communities, a quality network of Therapeutic Communities affiliated with the Royal College of Psychiatrists' Research Unit in the UK. Community of Communities brings together therapeutic communities from around the world in a systematic quality improvement process that incorporates international standards, peer-review, sharing of ideas and joint discussion.



REFERRALS TO ASHBURN CLINIC

Referrals to Ashburn Clinic may be made for in-patient or day-patient treatment. Urgent referrals can be made by telephone, while less urgent referrals can be via letter, fax, email, or the website.

Access to our in-patient and day-patient services differs, depending on how the prospective patient is to fund their treatment. Details of each main funding source is as follows.

PRIVATE PAYING PATIENTS

Referrals are made to the Medical Director. In usual circumstances admission to in-patient services will be available promptly, although it is important that admissions are appropriately organised, and preferably take place during normal working hours.

MINISTRY OF HEALTH

Ashburn Clinic has a contract with the Ministry of Health (MoH) to provide treatment for patients with serious and/or complex psychiatric illness who have not responded to or require treatment not available in their local DHB.

The referral process is as follows:

The individual needs to have been assessed by a mental health service within a District Health Board.

If treatment at Ashburn Clinic is deemed appropriate by the individual's treatment team, they make a referral to one of five regional co-ordinators throughout the country depending on the location of the DHB. If the referral is appropriate the regional co-ordinator places them on a waiting list.

Patients are admitted when a place becomes available on a rotational basis.

The exception to this process is the referral of 'impaired professionals' (usually health professionals) who cannot be appropriately treated in their local area due to confidentiality and privacy reasons. These patients may be admitted immediately, following discussion with Ashburn Clinic and the Ministry of Health.

ACCIDENT COMPENSATION CORPORATION

The ACC Sensitive Claims Unit may, under some circumstances, fund intensive residential treatment at Ashburn Clinic for people with accepted sexual abuse claims. We need to emphasise that ACC view this option as being reserved for people who are suffering from very complex responses to their sexual abuse trauma and who have exhausted other community-based treatment options.

The approval process is external to Ashburn Clinic, and is initiated through the patient's ACC Case Manager, and the Sensitive Claims Unit. The patient must have an accepted sensitive claim and go through a process of assessment with ACC before a decision can be made regarding funding. The details of this process should be available from the patient's ACC Case Manager or through the ACC website (www.acc.co.nz/claimscare/making-a-claim/sexual-abuse/index.html).

If the application is successful, ACC will contact Ashburn Clinic and once the referral is accepted arrangements are made for admission.



INFORMATION ABOUT OUR SERVICES

THE ROY MUIR IN-PATIENT UNIT

This unit is located within the main hospital building and provides 24-hour nursing care for up to 28 people. There is a kitchen and small dining area, as well as a number of living spaces for patient use, (including a patient library with internet access). Wi-Fi is also available. There is also a patient operated canteen where people can purchase a range of items. The whole hospital campus shares a dining room in the main hospital building. Lunches and dinner are shared meals for the whole community. Each patient has their own bedroom, with bed, built in wardrobe and drawers, as well as a telephone, and television aerial outlet. There is a family / whanau lounge where patients can meet with family and friends in privacy.

ALEXANDER HOUSE SELF-CARE HOSTEL

Alexander House is a 17-bed accommodation facility (sited adjacent to and separate from the main hospital building) available to those attending the therapeutic programme. It offers further opportunities for patients to work towards greater independence as they move towards their discharge back into their own community. Most patients transition there from the in-patient ward, although direct admission to Alexander House is also available if appropriate. The House is not staffed, with patients working together to support each other, although they do have access to the on-call psychiatrist if needed after hours. House meetings are held regularly and attend to such things as allocation of practical household tasks as well as issues that come up around living and working together. It offers a comfortable and homely environment, with two pleasant living areas and a well-equipped kitchen providing space for relaxing or sharing meals together.

THERAPEUTIC PROGRAMME

Patients from both the Roy Muir in-patient unit and Alexander House self-care hostel both attend the same therapeutic programme which runs from 9am to 5pm Monday to Friday. In addition to attending the group-based programme, most patients have two 40-minute individual psychotherapy sessions per week, and meet with their psychiatrist regularly.

The emphasis of the therapeutic programme is on group work, facilitated by nursing, occupational therapy, and psychotherapy staff, using a variety of media. Attendance at some groups is prescribed by the clinical team. Group settings and the therapeutic environment allow for the re-creation of relationships. Examination of these relationships and the impact they have on people provides an opportunity for development of insight and change.

The following is a brief description of some of the groups offered:

Treatment Plans

On admission, people are encouraged and supported to develop some appropriate goals for their treatment. During this weekly group people share and discuss their identified goals and their progress towards meeting them.

Discharge Planning Group

Discharge Planning Group is a weekly group addressing the practical aspects of leaving Ashburn. It addresses life skills and work, accommodation and finances, and follow up arrangements.

Art Group

Art Group provides an opportunity to express feelings using different forms of art. The main objective is to open up to feelings rather than develop skills in art techniques.

Physical Sport/Exercise

Exploration of patient's physical selves is encouraged by taking part in organised physical activities.



Small Psychotherapy Group

A talking group where people explore difficulties/relationships and the way in which they interact with each other.

Substance Abuse Group

A talking, education-focused group for those with addictions to alcohol, substances, gambling.

Embedded in the main therapeutic programme are three prescribed programmes which specifically address people with eating disorders, addictions, and difficulties with day-to-day living and coping skills.

In all programmes, patients are encouraged to be involved, along with staff, in various administrative committees within the community. This ensures that patients maintain input into the day-to-day running of the hospital and provides therapeutic potential for patients involved. Regular whole-hospital meetings take place where patients and staff have opportunities to think and talk together about both the practical and dynamic issues that are current in the Ashburn community. Patients who are well enough are able to organise their own leave and leisure pursuits in the weekends, in discussion with the clinical staff and others in the community.

The clinical teams involved in a patient's management meet frequently as a multidisciplinary group to share information and monitor patient's treatment.

EATING DISORDERS PROGRAMME

The Eating Disorder Programme focusses on the treatment of people with primary eating disorders. There are two main aspects to this programme which are addressed concurrently. Following a thorough assessment (involving medical, dietitian, nursing and psychiatric staff) an individually-based programme is negotiated with patients to gradually work towards adopting healthy regular patterns of eating and activity / exercise. For patients who are underweight, particular attention is paid to nutritional management.

The second part of the treatment programme focusses on assisting patients to get a greater understanding of the underlying emotional and psychological factors that led to both the initial development of and the ongoing maintenance of the eating disordered thoughts and behaviours. This occurs through the group-based therapeutic programme (including a weekly psycho-educational group specifically for people with eating disorders) along with individual psychodynamically-based psychotherapy. Through addressing both the eating disordered behaviours and the underpinning issues that drive them, the patient is able to come to a greater understanding of the role their eating disorder plays in their life and make choices towards living more healthily.



ADDICTIONS PROGRAMME

The fixed-cost addiction programme has two main phases and follows on from a medically supported detoxification for those who require this.

The first phase is a two week assessment in which suitability for the treatment phase is evaluated. This includes a comprehensive psychiatric, psychosocial nursing, medical and motivational interviewing assessments.

The second phase is an eight week recovery-based programme presented as a series of workshops which include specific sessions on definition and models of addiction, its neurobiology, identifying and communicating feelings. Patients are encouraged to attend 12-step or other recovery groups in the community, and family and friends are invited to participate in meetings with staff.

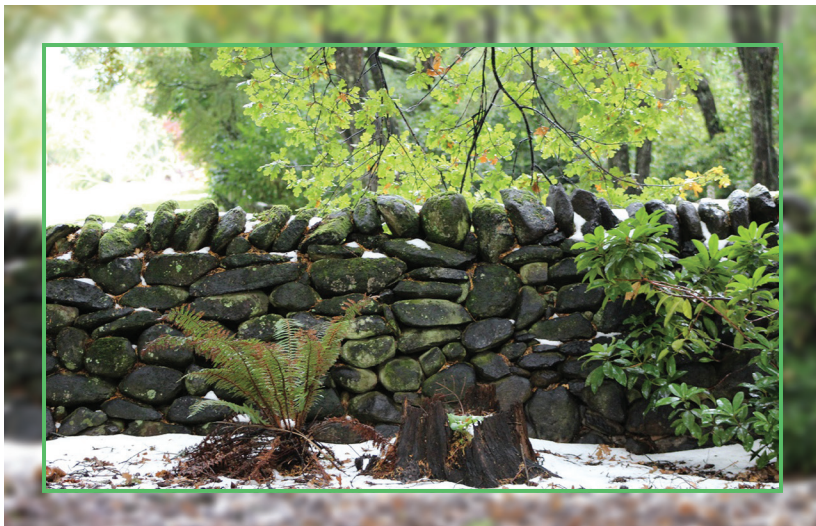
The addiction programme is embedded in the main therapeutic programme giving an opportunity to explore underlying issues related to the development of a person's addiction. It also provides an opportunity for the person to put into practice their learning about recovery including expression of emotions and communication style.



HEALTHY LIFESTYLES PROGRAMME

This programme particularly addresses daily living skills for people affected by their mental illness to the extent where they cannot attend to their activities of daily living. It is an occupational therapy led programme for those with identified difficulties in managing the basics of daily living, executive planning, and communicating with others. The programme uses activity as a basis to develop an understanding of a healthy lifestyle. Group activities promote communication, helping the person solve problems and learn from experiences, which enables group interactive skills to develop.

Daily groups are held to address patient's treatment goals, promote skill development, and provide psycho-education (e.g. relaxation and stress management, emotional regulation). Activity is the basis for learning, communication, and group work, enabling empowerment and the development of self-efficacy. Through belonging to a group, there is the opportunity for support and the potential to have open communication with others. Learning stems from being a working member of the community. There is an opportunity to assess the functioning level of individuals and provide step-by-step learning of new skills and coping strategies.



VISITOR ACCOMMODATION

Ashburn Clinic provides on-site accommodation for family and friends visiting patients at Ashburn Clinic. Please note that as part of the Ashburn site, our visitor accommodation is smoke and alcohol free.

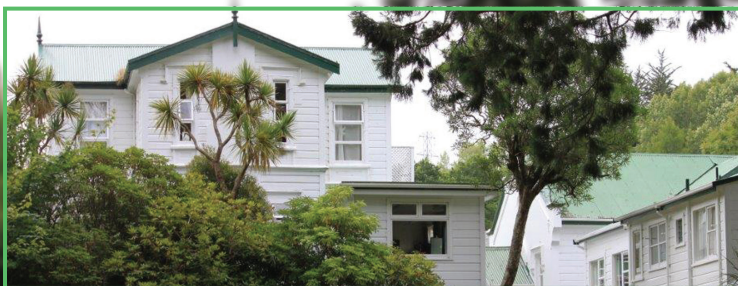
The accommodation is situated in the main buildings, but has its own access and is completely self-contained. There are four bedrooms, one queen, one twin and two singles. Each bedroom has a telephone for local calls. There are two bathrooms. The living area has a kitchenette with microwave and dining table and also a lounge area with TV and video. There are books, games, videos and toys available.

Breakfast is usually taken in the visitor accommodation, but lunch and night meals are offered in the patient dining room. The nightly charges are inclusive of all meals.

If relatives or friends are accompanying new patients on admission and wish to stay a night or two, please call the Administration Manager directly on 03 476 6058 to arrange this.

All other accommodation bookings should be arranged directly with the patient you wish to visit (though availability of a room can be checked with Administration Manager as above).

Thank you for taking the time to read our Referrer's Guide. If you have any questions or require further information please contact us on 03 476 2092 or email ashburn@ashburn.co.nz



For further information about any of Ashburn's services please call us. All enquiries are treated in the strictest confidence:

The Medical Director

Ashburn Clinic

Private Bag 1916

Dunedin 9054

Tel 03 476 2092

Fax 03 476 4255

Email ashburn@ashburn.co.nz

www.ashburn.co.nz

Ashburn Psychiatric Health Care is a registered, not-for-profit charitable trust.
Ashburn Hall Charitable Trust Charities Commission 24096

