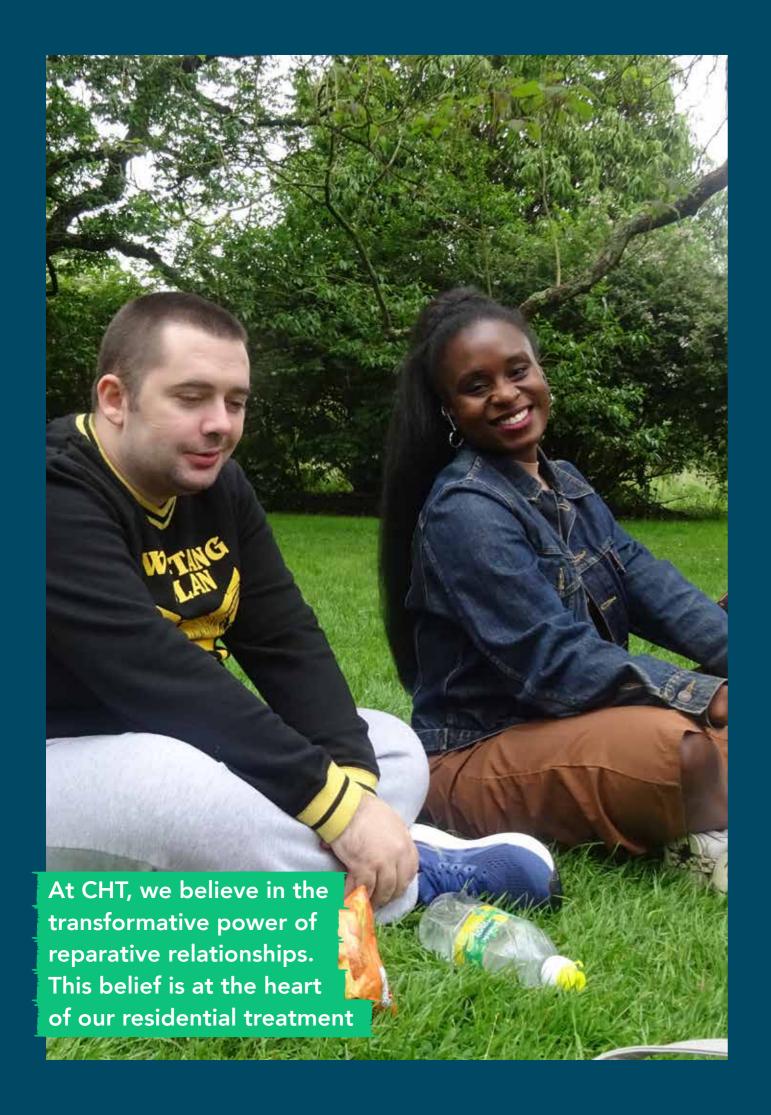
## Healing Through Connection

A relational approach to mental health recovery

**Our impact in 2023-2024** 







# The Power of Relationships in Mental Health Recovery

Humans are inherently social beings, and intuitively, we understand how important our relationships with family, friends, colleagues and our communities are in shaping our thoughts and feelings and in helping us understand ourselves and our place in the world.

Our connections with others also help us to process upsetting or traumatic events, which happen all too frequently - one in three people will experience trauma in their lifetime, often during childhood.

The Adverse Childhood Experience (ACE) study revealed that children who experience highly stressful or traumatic events such as abuse, neglect, poverty, or domestic violence, without safe, loving, or supportive caregivers, struggle to form secure attachments essential for their emotional development and their ability to process their traumatic experiences.

Consequently, these children find it challenging to form positive relationships with others, increasing their risk of experiencing further trauma during adolescence and adulthood. As adults, they face a higher likelihood of developing severe mental health conditions such as personality disorder, chronic depression, posttraumatic stress disorder, eating disorders, selfharm and physical health issues such as cancer and heart disease. They may face challenges with employment, education and independent living and be at increased risk of problematic substance use, poverty, sexually transmitted diseases, incarceration, being socially stigmatised, and becoming victims of violence. Each of these experiences interacts and compounds their trauma and sense of isolation.

Yet, despite decades of research and clinical insights, the roles of trauma and interpersonal relationships in influencing psychological distress and treatment often remain overlooked in the mental health field.

Mental health conditions are often pathologised, viewed as medical diseases or attributed to genetic causes. This perspective reduces treatment to a process done to someone, emphasising medication and frequently leading to social exclusion and even restraint. These approaches do not address the root causes of a person's distress or empower them to be part of their recovery. As a result, this leaves many feeling trapped in a cycle of crisis and care, where the hope of recovery can feel out of reach.

At CHT, we believe in the transformative power of reparative relationships. This belief is at the heart of our residential treatment, where recovery pathways are designed to consider each person's lived experience and the impact that social determinants and past trauma have had on their development. Our approach has been proven effective in improving quality of life and reducing hospital readmissions.

This report shares how our evidence-based approach empowers residents to engage actively in their recovery. You will read firsthand accounts from residents who have experienced significant improvements in their mental health and quality of life, learn about the positive impact of our approach on day-to-day life within our communities, and meet the passionate staff dedicated to making a difference.

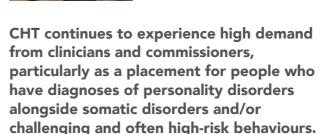
We will also share how we collaborate with partners across the sector to improve best practices and how we share knowledge about relational approaches to mental health.

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## A message from our Chief Executive



It is frequently said, but currently it appears true, that the level of distress among the people referred to us is getting higher. This year we have invested a lot of time and energy in strengthening CHT's therapeutic offer, aiming to foster an environment that enables our residents to embark on journeys of long-term change despite the challenges they experience. We have recruited three new Social Worker posts in our three high-support communities, increased our psychiatric input, and welcomed a Lived Experience Coordinator into the Senior Management Team (SMT).

We have refreshed our clinical model to make it more accessible to new staff and residents, and we are rolling out a new electronic client record and information system across our communities. The value of lived experience continues to drive our work. In collaboration with our residents, we have reviewed our staff and resident induction processes and are increasing co-production in training, service delivery and evaluation.

We have also added additional seminars on working with somatisation to our level 7 accredited Diploma in Relational Practice in Mental Health, which all staff undertake.

So, despite the often challenging environment, we're looking forward to the next year with excitement and hope.

**Dr Peter Cockersell** 

Chief Executive



## A message from our Chair of Trustees

I am pleased to report that CHT ends the year in a stable financial position. Our ability to maintain good referrals and have a full complement of staff is a testament to the dedication and hard work of our team.

The Board and I are incredibly proud of the staff across all our communities and our central office. In recognition of their commitment in sometimes challenging situations, we have increased our support to them this year. We have upgraded our Employee Assistance Program (EAP), improved maternity and paternity pay, increased the amount of clinical supervision and made our promotion structure more transparent to ensure staff have clear pathways for career progression.

Looking ahead, with such a committed, professional delivery team and strong leadership from Peter and our senior management team, I am confident that we will continue to provide safe, quality and empowering environments for our residents and staff while offering the best possible support within our communities.

So thank you to our staff, our friends, partners and supporters for their valued and continued support.

#### **Michael Watson**

Chair of Trustees

PAGE **04** Chair and CEO's welcome

### About us

We are the only not-for-profit 24/7 residential rehabilitation service in the UK for people experiencing acute and prolonged mental distress or the long-term impact of compound trauma.

Established in 1994, we offer a cost-effective alternative to hospitals for around 100 people each year through our seven therapeutic communities across London and the South East. These communities are Psychologically Informed Environments (PIEs) - supportive spaces that integrate trauma-informed practices into care, promoting understanding, positive relationships, and personal growth and recovery.

We support people living with mental health diagnoses such as psychosis and personality disorders, many of whom have multiple diagnoses, and live with physical health conditions or neurodiverse diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or Autistic Spectrum Disorder (ASD).

Our residents often have histories of self-harm, suicidal thoughts, problematic substance use and challenges with independent living. Often, they arrive at CHT in distress after lengthy or multiple hospital stays.



Research shows that the quality of therapeutic relationships is a reliable predictor of long-term health outcomes for people living with mental health diagnoses. Our relational approach emphasises trust, values lived experience, helps people feel heard and supported, and encourages reflective practice. It significantly benefits residents and staff and creates a culture that promotes recovery.

Our approach reduces hospital readmission rates and improves long-term health outcomes of our residents, the majority of whom achieve stability during the first 18 months of their stay with us.

## Our commitment to quality and compliance

We are committed to offering safe, quality care and support in our communities. We have robust monitoring policies and procedures to maintain good practice standards, including safeguarding practice, policy and training. Our Higher Support Communities are also registered with the Care Quality Commission (CQC) for the Treatment of Disease, Disorder, or Injury (TDDI).

#### Our outcome measures

We use tools including Dialog +, CORE, and Honos, as well as a range of outcome measures such as incidents, hospitalisations over time, transitions to lower support and the numbers of residents in employment, training or education. We also evaluate our day-to-day work and the development and progress of residents and staff through self-recorded outcome measures, regular supervision and group reflective practice.

"Here, I like that I feel like I'm an equal person in my care and my recovery. What I have to say is heard and it's important"



## Our commitment to Equality, Diversity and Inclusion (EDI)

We take pride in creating safe and inclusive environments, and our commitment to EDI ensures that everyone can be themselves and is treated with dignity and respect.

We celebrate diversity and the value of lived experience within our communities, staff teams, and board of trustees. We actively address issues of stigma or discrimination as they arise in the experiences of residents and staff, both within the community and in the wider world. We discuss these important topics during community meetings and reflective groups, encouraging everyone to recognise and appreciate individual differences.

## Our commitment to staff wellbeing and development

We are members of the Mindful Employer Charter and our reflective, relational approach provides a supportive, containing environment for our staff. We offer a supportive benefits package, and our evidence-based training and development programme equips staff with the expertise and confidence necessary to provide the best possible support to our residents. We train all staff to the highest standards, covering our policies and procedures as well as essential skills such as safeguarding, the Care Certificate, risk management, Psychological Informed Environments (PIE), and our clinical model. Additionally, we offer co-produced psychoeducation groups for both staff and residents.

Our service delivery staff have regular monthly supervision, attend facilitated reflective groups and can pursue our internationally accredited Level 7 Diploma in Relational Practice in Mental Health. Team Leaders receive further training through the ILM Level 4 Certificate in Leadership and Management.

### Our commitment to partnership working

We work with local authorities, NHS Trusts, voluntary organisations, police, probation, social services, housing associations and mental health services across the UK. We also collaborate with organisations internationally to support multi-sector learning and champion a relational approach to mental health treatment and recovery.



### Referrals

Our communities offer a cost-effective alternative to hospital for adults aged 18 and over, and serve as the next step for people recently discharged.

We accept referrals from the whole of the UK, from care coordinators, community mental health teams, social workers, hospitals or other professionals working directly with the person. Placements are typically funded through the resident's local authority or the NHS.

In 2023-2024 we received referrals from 32 local authorities and NHS Trusts across the country and welcomed 27 new residents into our communities.

To make a referral, please email referrals@cht.org.uk with supporting documents such as:

- Recent risk assessment
- Care Plan
- Support Plan
- Other information, including a psychiatric report, occupational therapist report or social circumstances report

Find out more at cht.org.uk/referrals



"I've been in five other supported living services before coming to CHT.

There wasn't the emphasis on community that there is here. I think a lot of mental health problems are caused by desperately wanting a connection and not knowing how to do that. And then you fall into negative behaviours. [At CHT], the feeling of community is really strong, and I think it's really important for mental health recovery. Loneliness and trying to go through recovery on your own is a lot harder"

### Our residents

Our residents experience acute and prolonged mental distress, often rooted in the long-term effects of compound trauma. Many have multiple mental health diagnoses and live with physical health issues along with histories of self-harm, suicidal thoughts, substance use, and challenges with independent living.

Almost all have experienced profoundly traumatic experiences in their childhood, with the majority having Adverse Childhood Experiences (ACE) scores of 4 or higher. Our residents often arrive at our communities in distress after lengthy or multiple hospital stays or repeated placement breakdowns.

98%

have diagnoses including personality disorder, psychosis, stress-related disorders, mood disorders or depression

OVER 65%

have Adverse Childhood Experience (ACE) scores of 4 or more, which means they experienced repeated, highly stressful or traumatic events during childhood

10%

live with physical health diagnoses, including fetal alcohol syndrome, diabetes, kidney disease, and COPD

53%

have more than one mental health diagnosis

20%

have neurodivergent diagnoses, including ADHD, ASD and Asperger's Syndrome

"Our residents bring so much of themselves because they're being so vulnerable and transparent. It demands that of you as staff, with boundaries of course, I think it's what makes it very person centred"

Lena, Service Manager at Lilias Gillies House

#### Jane's journey to reclaiming her autonomy

Jane had grown up regularly witnessing domestic violence and had been in and out of foster care as a young teenager. With no sense of safety at home, she struggled to trust others and to express her needs in a healthy way. Sometimes, things felt overwhelming, and she ran away or harmed herself. Each breakdown of her foster placements deepened her feelings of being unwanted.

When Jane joined our community in 2020 at the age of nineteen, she had already spent nearly two years in the hospital due to incidents of self-harm and overdoses. Initially withdrawn, she gradually began to feel safe through one-on-one therapy and support from her key worker. She expressed herself in a weekly journaling group and art therapy, helping her rediscover the voice that she had lost long ago.

As her confidence grew, her psychotherapist encouraged her to manage her own medication. Jane worked with our clinical team to create a self-medication plan, setting achievable goals together that staff could support her to meet with understanding and patience.

Jane told her keyworker that being trusted to manage her medication felt like a huge step toward independence, a stark contrast to her experiences in the hospital, where she felt stripped of her autonomy.

Creative therapies helped Jane rediscover the voice that she had lost long ago



## Our impact

we supported

96

people through our seven residential communities

we delivered over

1,000

therapy hours

33%

of our residents were in education, employment or training

we saw a

72%

reduction in hospital admissions among residents over 15 months

70%

of those who moved on were in lower support or independent living

20%

of our residents were engaged in external groups and activities

we worked with

32

local authorities and NHS Trusts across the UK

we saw a

46%

reduction in incidents among residents over 15 months

over

200

people attended our specialist mental health training

and

83%

of our residents told us they would recommend us to others\*

\*Residents who responded to our annual resident satisfaction survey

"Since I've been here I've not had a single hospital admission.

Because I've had that support and that knowledge that there's people who want to help me work through those difficult days. It's so nice to feel supported and feel free at the same time, which I didn't have for a long, long time before I came here."

### Our clinical model

Our clinical model is based on the belief that severe mental distress arises from experiences of trauma and damaged and damaging attachment relationships, often compounded by deprivation, inequality and stigma. These environmental factors create a psychosocial effect that profoundly influences a person's self-experiences, feelings, reactions, and behaviours.

Our clinical model is evidence-based and built around PIE, Therapeutic Communities, Recovery, Psychodynamic Theory, and Interpersonal Neurobiology principles. It comprises five key stages outlined below. This process is not linear; instead, it serves as a framework tailored to each resident, empowering them to progress at their own pace, with the ultimate aim of transitioning to lower support or independent living.

#### **Engagement**

Engagement is an ongoing process of creating meaningful connections that build emotional safety. At CHT, this begins at assessment and continues throughout our residents' journeys. Our therapeutic practitioners work closely with each resident to create their Recovery Plan, listening to their needs and respecting their boundaries while helping them build relationships with staff and peers and develop strategies for community engagement and daily task management. Successful engagement—whether with one person or the whole community—leads to attachment.

#### Attachment

Attachment is the emotional bond we form with another person. We form our earliest attachments as children through relationships with our parents or caregivers, and these foundational experiences influence our attachments throughout our lives. There are two types of attachment: secure and insecure. Secure attachments are formed from reliable, loving, and supportive relationships with our caregivers in early life. Children who do not

have safe, loving or supportive care or whose early attachments have been damaged may become insecurely attached. Most people who develop mental health problems have insecure attachment patterns.

We work with residents to nurture positive relationships and foster a secure base of attachment through a programme of one-to-one psychotherapy and therapeutic activities where all members of the community can spend time together in rewarding and enjoyable ways.

"I really like the staff who encourage us to achieve our goals. We are at peace with each other and there is so much care and understanding. I really like this place"

CHT resident

#### Containment

Containment is the feeling of belonging and safety, both physically and emotionally. It underpins all of our work. Everyone has a 'Window of Tolerance' for good mental health where they can manage stress and emotions. Those with broader windows adapt to life's ups and downs, while people who have experienced trauma may feel rigid or chaotic in similar situations. We support residents and staff in positive risk-taking and managing their emotions healthily, helping to empower them to recognise when they feel outside their Window of Tolerance and guide them back to a state of containment.

"The therapeutic programme and groups help me build confidence, learn and develop new skills and help me establish structure"

CHT resident

#### **Exploration**

The Exploration phase of recovery supports residents in (re)learning what they want from life and (re)discovering their potential within the CHT community and beyond. Exploration involves trial and error, courage, resilience, and curiosity, supported by the community's safe and nurturing environment. For some, it may include cooking a meal for the community or shopping alone; for others, it may involve pursuing new hobbies or finding a job or volunteering opportunity. This crucial phase builds greater self-awareness and self-agency, ultimately leading to Autonomy.

#### Autonomy

Autonomy is the final stage of growth for our residents. At this point, they acknowledge their interdependence and develop the self-agency to make decisions that balance personal needs with fairness to others. Residents become active community members, supporting peers, volunteering, and engaging in various work or study opportunities. While Autonomy is a celebration of progress, it also often brings feelings of loss around friendship and identity. Staff are crucial in this transitional phase, offering support as residents navigate the emotional challenges of moving away from a familiar community. Our staff can providing transitional support for several months after they depart from CHT.

"I feel really blessed to have been able to step down from higher support and move into my own flat at Fairhall Court. Living here has given me the opportunity to manage my own space. I feel like Fairhall Court has helped me to prepare to move on."

### Our Communities

We operate seven residential communities in London and the South East, each designed as a Psychologically Informed Environment (PIE). PIEs are supportive spaces that provide containment and integrate trauma-informed practices into care, promoting understanding, supportive, positive relationships, and personal growth and recovery.

#### Treatment & recovery pathways

Each person's treatment and recovery pathway is unique, and is tailored to their experiences and background. Residents regularly work with a key worker to develop their Recovery Plan and establish strategies for community engagement and daily task management. Many of our communities have a dedicated social worker, and we offer regular one-on-one psychotherapy sessions on-site with the Community Psychotherapist.

### Community engagement and activities

Residents actively participate in the management of the community by sharing communal responsibilities such as cleaning, cooking, and decorating shared spaces. They can also participate in group therapy activities, such as psychosocial groups, art psychotherapy or horticultural therapy. Alongside the running of the community, residents organise opportunities for day trips, therapeutic retreats, and group social activities—like coffee mornings or theatre outings—during regular community meetings.

## Resident training opportunities and co-production

Residents can participate in training, become peer mentors, participate in recruitment panels for new staff, share their perspectives during staff inductions, and join various organisational committees, including the fundraising committee, and our induction and move-on working groups.

#### Journey to autonomy

Residents typically stay with CHT for two to three years. During this time, we support them in developing more responsibilities and autonomy, preparing them to transition to semi-independent flats and, eventually, full independence. With our support, most residents achieve stability within 18 months.

### **Highams Lodge**

## 49-51 The Avenue, Highams Park, London E4 9LB 020 8523 4651 | highams@cht.org.uk

High Support Service | CQC registered





- 24-hour accommodation (waking nights)
- Mixed gender
- Adults 18+
- 15 ensuite-bedrooms
- Dedicated Social Worker
- On-site Community Psychotherapist
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

Highams Lodge is a large Edwardian property in Waltham Forest located 20 minutes from central London and a 5-minute walk from Highams Park Station. The community is close to large green spaces, a library, local shops, a gym, and a large superstore.

All bedrooms are ensuite, and live-in support is available throughout the night if needed. There's a newly refurbished kitchen, a comfortable shared lounge for community meetings and relaxation, and a therapy room that provides a private space for one-toone psychotherapy. At the end of our large garden, where residents can participate in regular horticultural therapy sessions, there is a summer house that includes a sensory corner equipped with musical instruments and art supplies. The garden also has outdoor gym equipment, a barbecue that we use every summer, vegetable planting beds, and a deck surrounded by sunflowers during the summer months.

#### **Lilias Gillies House**

## 169 Tollers Lane, Coulsdon, Surrey CR5 1BJ 01737 668112 | liliasgillieshouse@cht.org.uk

High Support Service | CQC registered





- 24-hour accommodation (waking nights)
- Mixed gender
- Adults 18+
- 15 ensuite-bedrooms
- Dedicated Social Worker
- On-site Psychotherapist
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

At Lilias Gillies House, our live-in support workers are available throughout the night if needed. Each bedroom has an ensuite bathroom, and the community features a large kitchen that is perfect for preparing meals together.

We have a newly decorated lounge filled with comfortable furniture where we host therapeutic groups during the week. The community has a spacious garden designed with numerous social areas, such as an outdoor fire pit and a sheltered outdoor space. Additionally, there is a separate therapy room that offers privacy for one-on-one psychotherapy sessions, and a calming sensory room provides a quiet space to retreat.

### **Mount Lodge**

## 5 Upper Avenue, Eastbourne, East Sussex, BN21 3UY 01323 411312 | mountlodge@cht.org.uk

High Support Service | CQC registered





- 24-hour accommodation (waking nights)
- Mixed gender
- Adults 18+
- 15 bedrooms
- Dedicated Social Worker
- On-site Psychotherapist
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

Mount Lodge is a 15-minute walk or short drive from Eastbourne Pier and the sea. The community has fifteen bedrooms with shared bathrooms, and live-in support workers are available throughout the night if needed.

Residents can access a shared kitchen, two lounge spaces for group meetings and activities such as art therapy, and a private therapy room for one-on-one psychotherapy. The newly refurbished summer house offers a relaxing space in a tranquil, natural setting equipped with sensory, music, and art materials. The large garden provides ample space for connecting with nature, including an outdoor shelter with seating.

#### **Richmond House**

## 21 Lancaster Park, Richmond TW10 6AB 020 8255 7267 | richmondhouse@cht.org.uk

Therapeutic Recovery Community



- 24-hour accommodation (sleeping nights)
- Mixed gender
- Adults 18+
- 7 bedrooms
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Resident training opportunities
- Weekly therapeutic programme

Richmond House, situated in the heart of Richmond, is a mixed-gender community that is staffed around the clock with sleeping live-in support available during the night if needed.

The community has seven bedrooms, each with access to shared bathrooms. Residents can enjoy a communal kitchen and a cosy shared lounge, where we also offer creative, bonding community activities, reflective groups, community lunches and psychosocial groups. A separate therapy room provides a light, airy, and private space for one-on-one psychotherapy sessions. The tranquil garden has lots of seating, and the beautiful Richmond Park is just a fifteen-minute walk away, so there's lots of opportunity to connect with nature.

### **George Dooley House**

## 66-68 West End Road, Southall, Ealing UB1 1JL 020 7998 9880 | georgedooleyhouse@cht.org.uk

Therapeutic Recovery Community



- 24-hour accommodation (sleeping nights)
- Mixed gender
- Adults 18+
- 6 bedrooms
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

George Dooley House is a mixed-gender community located a short distance from Southall Park and the bustling Southall Broadway shopping area. It is staffed around the clock, and sleeping live-in support is available during the night if needed.

There are six bedrooms with shared bathrooms, and the community has a garden and a shared kitchen, ideal for preparing and enjoying meals together. Group meetings and activities are held in the Group Room, while a separate lounge provides a space for relaxation and socialising. A private therapy room also provides a quiet area for residents to engage in one-on-one psychotherapy sessions.

#### **Onkar House**

## 14 Waxlow Crescent, Southall, Ealing UB1 2ST 020 7018 6990 | onkarhouse@cht.org.uk

Therapeutic Recovery Community



- 24-hour accommodation (sleeping nights)
- Mixed gender
- Adults 18+
- 6 ensuite-bedrooms
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

Onkar House is a mixed-gender community located in Southall, close to the large green space of Jubilee Park. It is staffed around the clock, and sleeping live-in support is available during the night if needed.

There are six ensuite bedrooms, and the community has a shared kitchen/lounge area. The garden has a BBQ and table tennis to enjoy during warmer months. In the garden is a separate large group room which is an excellent space for psychosocial groups and private one-to-one psychotherapy sessions.

#### **Fairhall Court**

## 114/124 King Charles Road, Surbiton, Surrey KT5 8QL 020 8399 3084 | fairhallcourt@cht.org.uk

Therapeutic Recovery Community (semi-independent move-on flats)



- Staffed Monday Friday, 9-5
- Mixed gender
- Adults 18+
- 9 semi-independent move-on flats
- Resident training opportunities
- Shared lounge, kitchen, garden area, therapy room and group room spaces
- 1:1 psychotherapy
- 1:1 key work sessions
- Weekly therapeutic programme

Residents at Fairhall Court are typically towards the end of the care pathway with CHT and tend to have greater autonomy. Each resident has a self-contained move-on flat, with support staff available from Monday to Friday, 9 AM to 5 PM.

The community is located a 10-minute walk from Surbiton rail station and a short distance from several parks and green spaces.

At Fairhall Court there's a community hub, a comfortable social space co-owned and looked after by residents. It has a lounge area, lots of plants, and a tea and coffee-making station. During the day, the hub is used for key work and group activities and in the evening, it's used for watching movies, playing together on the Nintendo Switch and socialising. There is also a private therapy room available for one-on-one psychotherapy sessions.

### Our Experts by Experience

We value lived experiences and encourage residents' participation in our communities, services, and management.

Residents play an active role in recruitment panels for new staff, share their perspectives during staff inductions, and participate in organisational committees, including our fundraising committee and our induction and move-on working groups.

One of our key strategic aims is to increase coproduction across the organisation by involving our residents in designing, delivering, and evaluating our service delivery, training, and communications and building a peer-support network that will help our residents thrive. In early 2024, we took an important first step in achieving this strategic goal by employing our first Lived Experience Coordinator, Vikki H, with funding from the National Lottery Community Fund.

Over the next three years, Vikki will develop our Experts by Experience program to improve our operations, amplify and expand the supportive environments within our communities, and support residents to build new confidence and skills that they can carry with them after leaving CHT.





### Training and development

As leaders in relational practice in the UK, we are committing to sharing our learning and improving best practices across the mental health sector and among professionals working with adults with complex needs through training, development and placement opportunities.

### Bespoke training for organisations

We offer affordable, bespoke training to local authorities, housing associations, charities and other organisations on topics which include;

- Leadership in Trauma-informed Care
- Psychologically Informed Environments (PIE)
- Personality Disorders and other mental health presentations
- Relational Safeguarding
- Mental Health Awareness
- Psychodynamic Theory & Practice

Between April 2023 and March 2024, we delivered 12 training courses for over 200 professionals at organisations across the UK.

### Level 7 Diploma in Relational Practice in Mental Health

We also deliver our internationally recognised and accredited Level 7 Diploma in Relational Practice in Mental Health for professionals working with adults experiencing emotional and psychological distress and mental health issues.

Over 25 students, including CHT staff, have benefited from this specialist Ofqual registered course, which covers topics including Psychodynamic theory and practice, Human development, the Impact of Trauma, the Role of Reflection, and Relational Safeguarding. This part-time, work-based course runs annually each September.



### Student placements

We offer clinical placements and Mental Health Familiarisation placements to trainee psychotherapists, training in modalities that complement our clinical model. This includes clinical training programmes for therapies such as psychodynamic, psychoanalytic, integrative, art psychotherapy, Gestalt therapy and counselling psychology.

In 2023, our placements offered valuable experience for twelve trainees from Regents University, Metanoia Institute, City University, Goldsmiths University and Roehampton University under the supervision of our Senior Psychotherapists. They provided over 400 one-to-one and group art psychotherapy sessions for residents and brought a wealth of expertise and enthusiasm that benefited our communities.

I had during my training as a psychotherapist. I learned so much from their unique and thoughtful model. I felt very supported throughout my time there, and the depth of supervision was excellent. I truly believe that CHT helped me become the psychotherapist I am today. For anyone who is interested in really practising what it means to put the relationship at the heart of everything they do, CHT would be the place for you!"

Alexia, an integrative psychotherapy trainee

# Sometimes, something as simple as a shoe can create a feeling of belonging

At Lilias Gillies House, our high-support community in Coulsdon, Crocs have become an unexpected but powerful symbol of shared identity.

During a weekly reflective group, where residents and staff come together to share, learn and reflect on their experiences in the community, our Service Manager, Lena, noticed that several members of the community were sporting a unique pair of Crocs! This sparked a vibrant discussion as residents and staff enthusiastically shared stories of how they had personalised their pairs with colourful charms.

Reflections from staff and residents revealed the significance of this shared experience. Forming meaningful connections is essential to our resident's recovery journey. The unexpected unity of that reflective group wearing Crocs, helped create a sense of belonging and solidarity. The stories of their customisations allowed residents to express their individuality through a common thread that weaves the community together.



### The Elly Jansen Award

#### Celebrating innovation in Therapeutic Communities



Each year, we are proud to host the Elly Jansen Awards, the only fund in the UK dedicated to research and writing on innovative approaches to therapeutic communities.

The awards are funded by Elly Jansen OBE, a prominent figure in developing therapeutic communities globally. In 1959, Elly opened her first therapeutic community for adults experiencing profound mental distress in Richmond. Over the next twenty years, she established more than 100 therapeutic communities around the world. Although she is now retired, Elly remains committed to advancing therapeutic communities.

In 2023, we received submissions from new writers and students worldwide. The entries were evaluated by an international committee of experts in the field and people with lived experience.

#### **Winners**

The winner of the 2023-2024 article entry was 'The Social Restaurant: Between Clinical Care, Communication, Fundraising, and Talents', submitted by the Rosa dei Venti therapeutic community in Italy. The Committee chose this

entry for its originality and contemporality, with the voices of the young people and others involved throughout, showing perspectives from inside and outside the therapeutic community and demonstrating the integration of a therapeutic community into the wider community.

Cazine McCarthy was the first runner-up for her well-presented article, 'A Phenomenological Study of Carer's Experiences in Relational Practice within Children's Residential Care'. Dan Neale was the second runner-up for his engaging article, 'The Use of Film & TV Clips for Training Therapeutic Community Practitioners'.

The Research Award was given to Adrian Hayes, Niamh Vaughan-Williams, Stephanie Hares, Sarah Devereux, Daniel McNamara, Hannah Davies, Ellen Talbot, Ellie Wildbore, Christina Dithmar, Sally Brookes, Rowena Pagdin for their proposal 'Empowerment in Action: Exploring Self-Agency in Therapeutic Communities & other Psychological Modalities for people with Complex Emotional Needs'. Judges noted this proposal was original and highly important, not just in the NHS setting but also for the wider therapeutic community and relational field.

#### Building connections and creating memories

#### Our therapeutic activities in 2023



Our clinical model includes therapeutic activities, group excursions, and connecting with nature, offering opportunities for community members to spend time together in rewarding and enjoyable ways, helping to nurture relationships and supporting positive risk-taking.

In 2023, staff and residents organised day trips to London Zoo and Bournemouth Beach, where they enjoyed mini-golf, a delicious lunch, and a scenic walk along the beach. Additionally, we held an end-of-year party in December featuring various games and festive food.

Another highlight of the year was a retreat to Magdalen Farm in Somerset for twelve residents and four staff members. Together, they participated in orienteering, campfire building, pizza making, wildlife spotting, and animal care. The experience offered an opportunity to learn new skills, enjoy a calming natural environment, engage with others and create happy memories.

One resident shared their experience:

"Magdalen Farm was a wonderful place - cosy and peaceful. I made new friends and lost all of the tensions. I had from city life. The therapeutic atmosphere helped a lot, as much as all of the other therapies I've had since being out of hospital, I will always remember this. Thank you to the staff at CHT and Magdalen Farm, I hope we can meet again in the future."

Tom, CHT resident

### Our partnerships

We collaborate with organisations in the UK and internationally to share the transformative outcomes of our work, support multi sector learning and champion a relational approach to mental health treatment and recovery.

We are proud to work with organisations such as TCTC (The Consortium for Therapeutic Communities), INDTC (International Network of Democratic Therapeutic Communities), Central and Cecil Housing Trust, and the Relational Practice Movement. We are members of the Royal College of Psychiatrists' Communities of Communities and are in the process of achieving their 'Enabling Environments' accreditation.

In 2023, staff, including our CEO, Dr Peter Cockersell; our Head of Training and Development, Iwona Munia; and our Head of Social Work, Anthony Jones, presented at international events on topics including Psychologically Informed Environments and Enabling Environments. They shared their insights at the Pathways from Homelessness 2023 International Conference in London, the TCTC Conference, and the INDTC Conference on Relational Practice in Florence, Italy.



#### **Our Partners**















### Thank you to our supporters

Our primary source of income comes from NHS and local authority placement fees, which ensure our service costs are covered. Any surplus we generate is reinvested to expand our services and support more people who need us, which aligns with our five-year strategy.

As a charity, we must fundraise for everything else, from art supplies to weighted blankets, sensory equipment, and memorable day trips for our residents.

We want to say thank you to all of our supporters, fundraisers, trusts and foundations, and organisations committed to relational practice and compassionate care whose generosity transforms lives and makes our work possible, including:

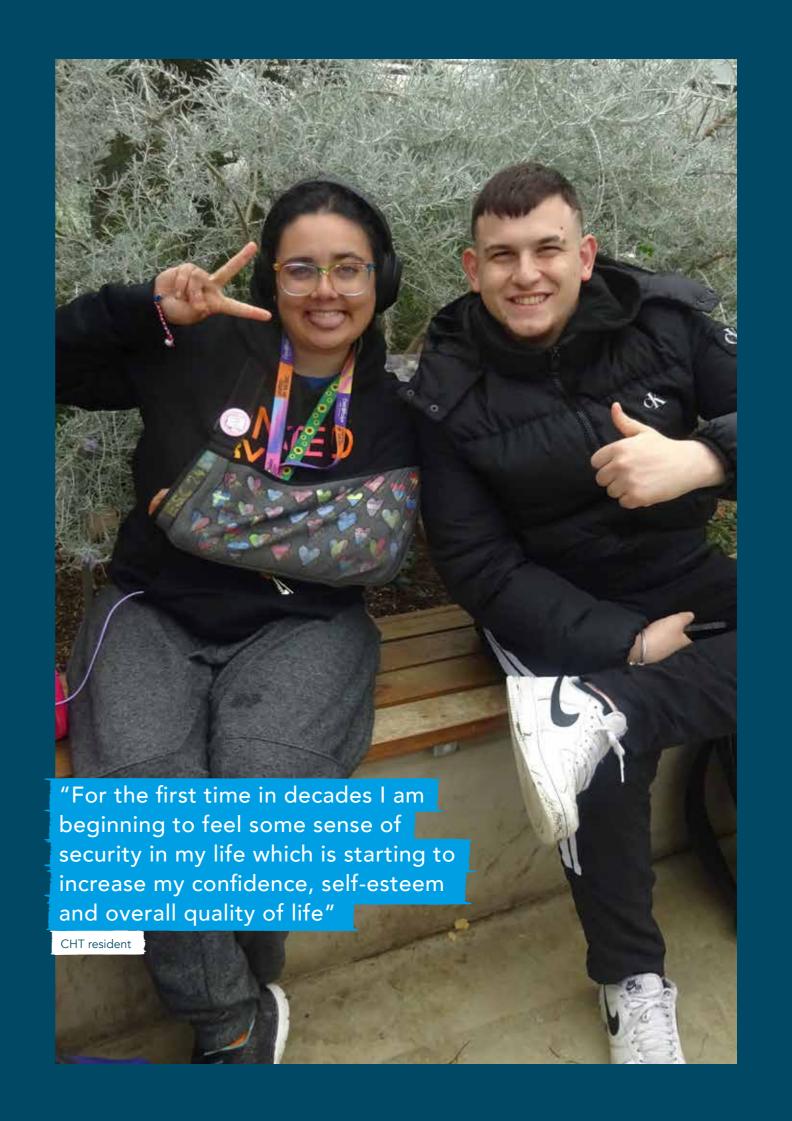
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A special thanks to our amazing fundraisers, including our Trustee Laura Eeles, who organised a charity clothes swap; Regan and Tania's family for their generous donations; and our residents, who organised community bake sales throughout the year.









#### **Community Housing & Therapy**

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