

Nidotherapy

Second edition

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Nidotherapy

Harmonising the Environment
with the Patient

Second Edition

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University Printing House, Cambridge CB2 8BS, United Kingdom

One Liberty Plaza, 20th Floor, New York, NY 10006, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India

79 Anson Road, #06-04/06, Singapore 079906

Cambridge University Press is part of the University of Cambridge.

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www.cambridge.org

Information on this title: www.cambridge.org/9781911623052

DOI: 10.1017/9781911623403

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First published 2009

Second edition 2019

Printed and bound in Great Britain by Clays Ltd, Elcograf S.p.A.

A catalogue record for this publication is available from the British Library.

ISBN 978-1-911-62305-2 Paperback

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For all those who have shown us that nidotherapy is an equitable, humane and successful approach in so many mental disorders and to Phil Harrison-Read for lighting the spark.

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Foreword

It gives me enormous pleasure to write this foreword for this second edition of *Nidotherapy*.

A great deal has happened in the last 9 years and nidotherapy has developed increased credibility as a viable and effective treatment for a great number of mental disorders. We are at a critical time in our provision of treatment, as rationing has now become commonplace in health services across the world and so advances that are cost-effective are needed urgently. Many of the concepts and techniques in this book were pioneered in the late 1980s and early 1990s at the NHS Trust of which I was chief executive and need to be embedded as mainstream practice not only in psychiatry in the United Kingdom but internationally.

This new edition is likely to be adopted by clinicians throughout the spectrum of mental health care ranging from nurses, occupational therapists, psychologists, social workers, psychiatrists and creative therapists such as art therapists and music therapists.

This book will be an essential aid to all of those interested in this therapy and its essential principles. I predicted 8 years ago that in not too many years from now nidotherapy will not only be in common use but also seen as an essential tool in helping those with severe and enduring mental health problems in no lesser way that psychopharmacology is seen as an essential ingredient in current treatment nowadays. You will also note from reading this book that nidotherapy has many fewer adverse effects than drug treatment. When you take into account the major mental impact of the recent devastating fire at Grenfell Tower in west London you can understand the importance of environmental changes and the potential scope of nidotherapy.

*Dr Peter Carter OBE
Former Chief Executive and General Secretary
Royal College of Nursing*

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Preface to the Second Edition

This book was first published in 2009, and a great deal has happened with nidotherapy since then. The treatment has been introduced to Sweden (where there are now over 250 nidotherapists; the 2009 book has been translated into Swedish, *Nidoterapi*, 2013), Canada, Australia, Denmark, New Zealand and Iran (where there is interest in translating the book into Farsi). To show that Sweden is currently in the ascendance in this area, the University of Uppsala has just carried out an external review (KoF17) of its performance and instead of following the conventional strategy of assessing research performance, grant income, publications and societal impacts, it has carried out an evaluation of ‘functioning of its various research environments, with particular focus on the preconditions that underpin quality and renewal’ (Uppsala Universitet, 2017, p. 11). This might seem a play on words but it is not. The university environment is the clay from which its successful research is fashioned. Measuring the outputs alone is not enough.

There is now a CPD Online module on nidotherapy, and two randomised trials have been published showing its possible efficacy over other active treatments. An annual training workshop is now a major event and attracts an international set of delegates. The treatment has also expanded from the treatment of personality disorder and severe mental illness to the management of challenging behaviour in intellectual disability, the management of addictive disorders and comorbid psychosis and substance use disorders (where the treatment was recommended for further research by a NICE guideline in 2012), old age disorders, particularly dementia, occupational mental health (Peter Tyrer has just given an invited keynote lecture on nidotherapy at the annual conference of the Faculty of Occupational Health of the Royal College of Physicians in Dublin) and eating disorders. It is also recommended as an adjunct to normal health care.

These involve different forms of delivery of the treatment that are addressed in this second edition. For several reasons this edition is now predicted to stimulate more interest as nidotherapy and environmental treatments are now very much in the public’s consciousness.

We recognise that all the previous paragraphs might grate a little and read too much like a publicity brochure, and so, like all such documents, invites an alternative view. There is such a view, expressed in its bluntest form, that nidotherapy is what mental health practitioners practise all the time (Ani & Ani, 2007), involves no special skills as anyone can deal with environmental matters, and is just a classic case of old wine being served in flashy new bottles. In this edition we are aware of the power of this criticism, but reject it almost absolutely, for the simple reason that our observations in practice show that environmental solutions are very low down on the list of mental health priorities.

The strongest evidence that nidotherapy is effective and different from standard care will have to come from a range of good qualitative studies, case-control studies and randomised trials and, although we have some to report, we are hoping others will get more established in the next few years. But there is a host of other evidence that nidotherapy is of value and could be applied, leading to benefit across whole areas of psychiatric practice. We hope this will come out clearly in the rest of this book.

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Acknowledgements

More people than can be imagined have contributed to this book, sometimes unknowingly and disproportionately. We acknowledge them in an alphabetical sequence rather than one of importance, as it is so difficult to decide on the relative merits of time, effort, sacrifice and generosity. So here we go. We thank Nancy Ababio for her nursing initiatives in nidotherapy; Anthea for contributing to the introductory chapter in her inimitable way; Barbara Barrett for being our cost-effective champion and for her help with Chapter 10; Susanne Bejerot and Mats Humble for showing that the blue and yellow flag of Sweden is truly environmental; Sue Bowles of Acorn Villages, Manningtree in Essex, for promoting the path of nidotherapy towards virtual reality in people with intellectual disability; Alastair Campbell for recognising why his brother Donald remained supremely self-confident despite having schizophrenia; Peter Carter for tolerating, and sometimes encouraging, what he correctly describes as ‘creative disruption’; Deirdre Dolan for pretending not to know the subject but practising it all the time; members of the Early Intervention Service in Paddington for their understanding after they suddenly realised what they had taken on in 1988; T. S. Eliot for showing that J. Albert Prufrock needed nidotherapy; Ethel and Heather for showing how their lives could be transformed; Catherine Gardiner for seeing the light very early; Ian Lambert and David Milner for their promotion of pastoral nidotherapy; Sandra O’Sullivan for never faltering; Ben Spears for showing that environmental analysis can trump psychoanalysis; and the many, many patients who have contributed to the insights in this book. The previous sentence is the longest one you will be reading, so savour it while you can.

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Authors' Note

Most of the case studies in this book have been altered to change names and remove information which could identify the patient. Some of the case study patients described represent the combined experience of several cases.

There are two exceptions. We thank Anthea, whose story introduces the book, for giving us permission to tell her story using her name and autobiographical details. Simon Burgon explicitly wished for his poetry and writings to be published under his name and we thank his estate for their support and permission.

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