RETHINKING SECONDARY MENTAL HEALTHCARE

A Perceptual Control Theory Perspective

ROBERT GRIFFITHS, VYV HUDDY,
STUART EATON, JASMINE WALDORF,
AND WARREN MANSELL

ROUTLEDGE

'*Rethinking Secondary Mental Healthcare: A Perceptual Control Theory Perspective* provides a comprehensive deconstruction of the limitations of current mental healthcare design and delivery. Whilst the critiques in this book are stark, I don't think any of the observations of current provision will be received as a blindside by practitioners. An achievement of the authors is that they have been able to synthesise, using the theoretical lens of Perceptual Control Theory, and write about, their collective experiences as clinicians and users of mental health services, without the undertone of blame or *ressentiment* that often (perhaps, understandably) characterises critiques of psychiatry. This should enable the radical yet practicable ideas and solutions to be confronted without moral injury to any individual or group who have a stake in the quality and safety of mental health services. The deficiencies in care and compassion that are outlined in the book are, after all, a product of systemic rather than individual failings (i.e., conceptualisations of mental distress that are impersonal and of questionable validity, the pervasive experience of being 'too ill' or 'not ill enough' to receive any or certain types of support, and arbitrary limits set on the duration and intensity of the support that is offered). The book's fundamental proposition is that mental service design and delivery should be transformed via radical shifts in the ways that behaviour and distress are conceptualised. Namely, that behaviour is a product of efforts to control perceptual input, distress is a consequence of conflicting goals in the attainment of desired perceptual states, and that effective support should be characterised by the facilitated reorganisation of goal conflicts to reduce distress. It is, fundamentally, a profoundly optimistic text that everyone working in mental health should read.'

Owen Price, *Senior Lecturer in Mental Health Nursing, University of Manchester*

'This text will – I suspect – force professional readers to question many assumptions they hold about the nature of psychological distress and its alleviation, whilst simultaneously striking service users as common sense. Rooted in PCT, the text has wide-ranging implications for the way services are designed and delivered, advocating for the allocation of control to service users wherever possible. Time will tell whether the proposals stand up to empirical testing and deliver on the promise of more effective and efficient care. Irrespective, the over-arching aims of the text are I believe commendable and much needed in the context of over-stretched services.'

Marc Tibber, *Lecturer in Clinical Psychology, University College London*

'A shroud of pessimism has long stymied secondary care mental health services. The people who use them have been viewed as passive recipients of their own care. In this brilliant book, Robert Griffiths and colleagues draw from Perceptual Control Theory to reimagine services that place people as central agents in their own recovery. People are driven by individual goals and are seen

as controllers of their own perceptions. Given the right environment, people are capable of solving the inevitable conflicts that emerge when dealing with the complexity of their lives. The challenge then, is to create environments that allow people and families to creatively address these conflicts, in order to find their own solutions. This book provides a blueprint for services to do just that, and in doing so, moves secondary mental health care to a place of hope and optimism.'

James Kelly, *Lecturer in Clinical Psychology, Lancaster University; and Consultant Clinical Psychologist, Greater Manchester Mental NHS Foundation Trust*

'This original and insightful text offers a fresh perspective on the organisation of mental health care and support. The recognition that control over aspects of one's life, or lack of it, might be the most crucial consideration regarding disturbances to mental health is the pivotal touchstone for examining identified shortcomings of mental health services and pointing to solutions. The proposed remedies appear to have great promise in tackling the alienating features of contemporary services, offering a route to more democratic, relational, person-centred responses. Even if the suggested approach to redesign is not to be adopted wholesale, this book offers clear food for thought for practitioners, service users and families who are rightly concerned about the lack of choice within services overly reliant upon coercion rather than consent.'

Mick McKeown, *Professor of Democratic Mental Health, University of Central Lancashire*

'Radical, practical and humane. This work deserves to be a seminal text in the field of secondary mental healthcare and required reading for students, practitioners and managers who wish to be a part of the solution, rather than the problem.'

Nathan Filer, *author of* This Book Will Change Your Mind About Mental Health *and* The Shock of the Fall

'As many mental health services seek to redefine how care is provided, this book gives a theoretically sound framework for coherent patient-perspective-care. Perceptual control theory is offered as a guiding model for mental health services and potentially for shaping communities and society. As a service model and an approach to psychological therapy, PCT gives us something properly new and inviting as an alternative. As a psychological therapy, Method of Levels is truly oriented to patients' priorities, from the timing and duration of sessions to the moment-by-moment content. The book itself is a collaboration between those who have used mental health services and those who work in them. The superb writing in this book is made richer with the views and stories of patients.'

Christopher Whiteley, *Chief Psychologist, Central and North West London NHS Foundation Trust*

'This book succeeds in that all too rare a feat of being both an enjoyable read, alongside explaining some important ideas in easily digestible form. As a clinical psychologist within the NHS who, in addition to delivering psychological therapy, is also involved in service evaluation, design, and management, there are many lessons contained within these pages for me to consider. As a parent of two feisty children, the lessons the book has taught me about control, conflict and reorganisation have also contributed towards me upping my game on the parenting front. So, if you want to improve your standard of therapy, or survive and thrive within services, which we all know have a long way to go, or if you want a solid strategy to remain present and compassionate alongside feisty family or friends of your own, then give yourself the chance to enjoy this book like I did.'

John Mulligan, *Lead Clinical Psychologist,*
Manchester Early Intervention Service,
Greater Manchester Mental Health NHS Foundation Trust

'This is the most important and exciting book I've read in a long time. It explains in everyday language recent developments in psychological science which have profound implications, and the potential completely to transform mental health services. The principles it sets out are revolutionary, but also simple – and liberating for both clinicians and those experiencing mental health problems. The book is supremely practical too, and full of stories that inspire.'

Anne Cooke, *Consultant Clinical Psychologist,*
Clinical Director, Doctoral Programme in Clinical Psychology,
Canterbury Christ Church University

Rethinking Secondary Mental Healthcare

This book considers how principles derived from a theory of human behaviour – Perceptual Control Theory – can be applied to create mental health services that are more effective, efficient, and humane.

Authored by clinicians, academics, and experts-by-experience, the text explores the way Perceptual Control Theory (PCT) principles can be applied within the secondary mental healthcare system – from the overall commissioning and design of services to the practice of individual clinicians. A range of topics relevant to the delivery of secondary mental healthcare are covered, including community and inpatient working, the delivery of individual psychological therapy, the use of restrictive practices, and working with relatives and carers. The book concludes by describing PCT's unique contribution to the field of mental healthcare.

The book, one of the first of its kind, will be of interest to students and practitioners from a range of health and social care backgrounds, as well as service managers, commissioners, academics, and policymakers.

Robert Griffiths is Lecturer in Mental Health at The University of Manchester. He is also Director of the Mental Health Nursing Research Unit based in Greater Manchester NHS Foundation Trust.

Vyv Huddy is Lecturer in Clinical Psychology and Academic Director on the University of Sheffield Doctorate in Clinical Psychology where he provides training, supervision, and mentoring to postgraduate clinical psychologists in training.

Stuart Eaton is an expert-by experience and former registered mental health nurse, and has ten years' experience of working in secondary care mental health services.

Jasmine Waldorf is an expert-by experience, mental health advocate, and community arts practitioner currently leading art workshops for adults with severe mental illness at Arts Network Charity. She is also a mentor for Sydenham Arts, supporting young people in Lewisham who are pursuing careers in the creative industries.

Warren Mansell is Professor of Mental Health at Curtin University, Perth. He has published over 100 peer-reviewed works on Perceptual Control Theory and its application to mental health, including two therapy manuals, and two edited interdisciplinary handbooks.

Rethinking Secondary Mental Healthcare

A Perceptual Control Theory Perspective

Robert Griffiths, Vyv Huddy,
Stuart Eaton, Jasmine Waldorf,
and Warren Mansell

Routledge
Taylor & Francis Group
LONDON AND NEW YORK

Designed cover image: © Image designed by Nicholas Young

First published 2024
by Routledge
4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
605 Third Avenue, New York, NY 10158

Routledge is an imprint of the Taylor & Francis Group, an informa business

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data
Names: Griffiths, Robert (Lecturer in mental health), author. | Huddy, Vyv, author. | Eaton, Stuart, 1973- author. | Waldorf, Jasmine, author. | Mansell, Warren, author.
Title: Rethinking secondary mental healthcare : a perceptual control theory perspective / Robert Griffiths, Vyv Huddy, Stuart Eaton, Jasmine Waldorf, and Warren Mansell.
Description: Abingdon, Oxon ; New York, NY : Routledge, 2024. | Includes bibliographical references and index. |
Identifiers: LCCN 2023022071 (print) | LCCN 2023022072 (ebook) | ISBN 9780367485085 (hbk) | ISBN 9780367485061 (pbk) | ISBN 9781003041344 (ebk)
Subjects: LCSH: Mental health counseling--Methodology. | Perceptual control theory.
Classification: LCC RC466 .G75 2024 (print) | LCC RC466 (ebook) | DDC 362.2072--dc23/eng/20230807
LC record available at https://lccn.loc.gov/2023022071
LC ebook record available at https://lccn.loc.gov/2023022072

ISBN: 978-0-367-48508-5 (hbk)
ISBN: 978-0-367-48506-1 (pbk)
ISBN: 978-1-003-04134-4 (ebk)

DOI: 10.4324/9781003041344

Typeset in Times New Roman
by SPi Technologies India Pvt Ltd (Straive)

Contents

Preface

This is a book about how mental health services can be designed to help people work towards personally meaningful goals. While there was sufficient similarity between our goals as authors to enable us to collaborate in the writing of this book, a key tenet of Perceptual Control Theory (PCT) is that no two people will share an identical set of goals. In the spirit of PCT, therefore, we thought it would be apt for us to start this book by telling you something about the personal motivations of each of the authors for writing it.

Robert Griffiths

The first time I heard the term 'Perceptual Control Theory' (PCT) was in around 2009 while reading an article written by Warren Mansell (Mansell, 2005). I didn't realise at the time that the theory described in the article would have such a profound impact on me, both professionally and personally.

By the time I read Warren's article, I had been working in mental health services for just over a decade. First as a support worker, then as a community mental health nurse, and then, after completing post-qualifying training in cognitive behavioural therapy (CBT), as a psychological therapist. After registering as a mental health nurse in 2002, all of my clinical experience has involved working in community mental health teams – first in Assertive Outreach and then in Early Intervention in Psychosis services.

By 2009, I was becoming interested in approaches to therapy that moved beyond traditional CBT, including 'third-wave' cognitive therapies – Acceptance and Commitment Therapy and Compassion Focused Therapy, for example. It seemed as if all the different approaches to therapy that I was learning about could be helpful for some patients, some of the time. But the more I learned about these different approaches to therapy, the less things seemed to make sense, and the more questions sprang up for me.

When was it appropriate to use therapy X rather than therapy Y, for example? Was it possible to integrate some elements of different therapies, and, if so, how should that integration take place? What about the fact that the various approaches all recommended that therapists engage in such different activities

during therapy sessions (e.g., thought diaries, chair work, mindfulness activities, verbal reattribution, behavioural experiments, and so on). Who is best placed to decide when and in what order these therapeutic activities should be carried out? And how could I reconcile the fact that descriptions of *how* the therapies work varied so widely between approaches? None of the answers I found to these questions were particularly satisfactory.

In 2013, I began working as a psychological therapist for a clinical trial of a novel cognitive behavioural therapy for people diagnosed with bipolar disorder. The study was led by Warren and his colleague, Sara Tai. The approach being evaluated integrated conventional CBT ideas with elements drawn from PCT. I remembered the paper Warren had written and read it again, along with other papers about PCT, including the work of PCT's originator, Bill Powers. Not long afterwards, I made contact with Tim Carey, who was the first person to develop a psychotherapy based on PCT principles, called the Method of Levels (MOL) (Carey, 2006). In addition to reading everything I could find on the subject of PCT and MOL, I started attending MOL training and clinical supervision sessions delivered by Tim, Warren, and Sara. Soon after, I made contact with Vyv Huddy, and we started to deliver our own training on MOL.

What really appealed to me about MOL as a therapy was the extent to which it was firmly grounded in the fundamental principles of PCT. It quickly became apparent to me, however, that the implications of PCT went far beyond informing what an effective psychotherapy should look like (although that is clearly an important issue in itself). If we understand health to be a state in which people can control important aspects of their experience satisfactorily, for example, then PCT can help us think about how we design mental health services to make them as helpful as possible; by making them resources that people can use in order to maintain control over those things that they consider to be important. More widely, we can use PCT to consider issues such as the kinds of communities we want to live in, and what sort of society we want to create. The potential applications of PCT seemed limitless.

In 2016, I was awarded a Clinical Doctoral Research Fellowship by the National Institute for Health and Care Research. This enabled me to complete a PhD in Clinical Psychology that explored the use of MOL for people using Early Intervention in Psychosis services. Since completing my PhD, my research has continued to focus on how PCT can be applied to improve outcomes and experiences for people using mental health services.

Writing this book has been a great opportunity to think in depth about how PCT might contribute to improving secondary mental healthcare. I was delighted that Stuart Eaton and Jasmine Waldorf were able to join the writing team so that the book is informed by their experiences of using mental health services. Ultimately, I hope this book contributes to the development of a new perspective for understanding mental health difficulties – which all of us can encounter at times in our lives – in order to create mental health services that are more capable of helping people live the lives that they want to.

Vyv Huddy

In 2012 I was working hard to set up a pilot mental health service in two south London prisons. The service remit was to enable people experiencing psychosis to be identified as early as possible and supported with psychological interventions. It had been a big change for me, and I struggled with implementing traditional CBT in this noisy, chaotic, and charged atmosphere. I changed tack and tried an approach to CBT for psychosis that was pioneered in veterans' hospitals in the United States. This way of working encouraged a light touch approach and seemed to help the talking therapy sessions to get started. The approach suggested a central role for awareness in bringing about change, specifically what was termed self-reflectivity – which referred to the most basic ability to think about one's own thoughts and feelings. This was conceived to occur in a hierarchy with some self-reflectivity considered to be more complex than others. The task of therapy was to support people to develop greater levels of this 'good stuff'. The trouble was, I didn't have long enough with most of the people I met to help them do this, even if it was possible, and I was becoming increasingly sceptical that it was. The key thing that resonated with me was that awareness was important somehow. But I didn't know at that point why awareness is so critical to how people move from states of distress and anguish, to resolving them.

Whilst I was doing work in the prison I was also working as an academic. One topic that interested me at the time was how people think their way through emotional problems and to what extent imagination played a role in this. In the autumn of 2012, I attended a seminar on a related topic, and I had the good fortune to hear a talk by Warren Mansell about Perceptual Control Theory (PCT). I was intrigued by the talk and sought out a conversation with Warren afterwards. This turned out later to be a pivotal moment for the last ten years of my professional life. In the conversation, I commented that many therapies encourage people to adopt some sort of language – this bothered me, I said to Warren, because it seemed we therapists risk putting words into people's mouths rather than help them voice what's important to them in their own words. I added that my recent work on self-reflectivity had allowed me to move on from this, but I was stuck. Warren commented that I should check out Method of Levels – I liked what he had to say about it. Awareness was central to MOL, but this was based on a more parsimonious, coherent, and clinically intuitive theory.

From there on, Warren and I began corresponding regularly and we decided to work on a writing project together, focused on understanding imagination from a PCT perspective. At the same time, I started reading more about MOL and attended a workshop run by Tim Carey. I was again extremely impressed with what Tim had to say. I felt he was expressing things that had always frustrated me about the way mental health services were designed. Crucially, he also had solutions that seemed to be easy enough to implement – given the courage.

This experience gave me the confidence to start using MOL in my practice at the prison. It took me a while to drop some of the goals I'd grown used to; like endlessly summarising or offering my interpretations of what people were saying and what it might mean to them. But through taking these things away, I found that people seemed to have much more space to talk about their perspective on their hardships. Further, it seemed by inviting them to notice shifts in their awareness they could get themselves to useful new perspectives. The feedback from them was so encouraging that I committed to the approach. I took a pause from clinical work for a couple of years and then started working in an acute inpatient mental health setting, using MOL. I then began delivering workshops with Rob Griffiths, and eventually supporting an evaluation of MOL in the inpatient mental health setting.

A key aspect of my current role is focused on training mental health practitioners to work in a range of settings – most of my teaching focuses on secondary care settings. There are many aspects to working in this context – supporting individuals and families, consultation with teams – and yet existing books on applications of PCT to mental health services have primarily focused on individual therapy, with some attention to service design. I was thrilled to be invited to contribute to this book because it allows an opportunity to fully lay out the implications of PCT for the design of services and interventions. We can showcase what can be achieved if this perspective were to be more widely adopted. Crucially, we will explore this from the perspective of staff and patients by working alongside Jasmine Waldorf and Stuart Eaton.

There is another story relevant to this book that links back to South London Prisons. Around the time I met Warren I was asked to do a talk on National Prison Radio – which broadcasts just to prisons in the UK – about mental health. I thought my voice wouldn't necessarily cut it with the prison population, as a clinician and, possibly, figure of authority. I pondered on this and decided to put out a message on my NHS trust service user involvement message board to seek someone who'd received care from mental health services who was willing to talk about their experiences. One of the people to get in touch was Jasmine. I was impressed, informed, and moved by what she had to say in the interview. The person asking the questions was someone detained in the prison – it seemed to me that this enabled the conversation to happen with only the essential assumptions, based on considered curiosity and fostering a free-flowing dialogue. Jasmine and I went on to work together delivering training for clinical psychologists and it's been an enriching relationship. As we began working on this book, I suggested that we would really benefit from Jasmine's perspective and am delighted she was able to join us.

Stuart Eaton

I was diagnosed with bipolar disorder 28 years ago. At first, the diagnosis helped me to make some sense of experiences that had coloured my life. But, as

time passed, I began to have more questions about the nature of my experiences and how they are managed in the mental healthcare system.

After a difficult episode, I was signposted to one of the fledgeling early intervention in psychosis teams, and I stayed under the care of this team for three years. During this time, I volunteered with the early intervention team and, from the experience I gained, was able to secure a role as a Support Time Recovery Worker. Following a number of years in this role, I started mental health nurse training and, after qualifying, I went on to work as an inpatient nurse, first on an acute mental health ward and then a rehabilitation ward. I then worked as a care coordinator for a community mental health team and an inner-city early intervention team.

The sense of a lack of control is one that pervades the experience of being a service user. There is the obvious lack of control (although often fleetingly) of one's own experiences. This is coupled, however, with the control that is wrested from the service user. There is a constant threat to your liberty based on a body of knowledge that is only understood by 'professionals'.

I began to think about the notion of control and mental health and was drawn to Perceptual Control Theory (PCT) and the work of Bill Powers and Tim Carey. I was interested in the concept of humans adjusting their behaviour to maintain control over their perceptions. In particular, I became aware of the Method of Levels (MOL), a psychotherapy based on PCT. I met with Tim to record a MOL video that has been used to train therapists in the approach.

In my view, the concept of control is never more important than in a healthcare setting, and I sincerely hope that this book poses some interesting questions to help develop tomorrow's secondary mental healthcare services.

Jasmine Waldorf

Diagnosed with bipolar disorder aged 17, at a time when my peers had little to no understanding of mental ill health or psychosis, it wasn't long before advocacy became my focus. I met Vyv Huddy in 2010 through the South London and Maudsley NHS Foundation Trust (SLaM) Involvement Register and we worked together with National Prison Radio, going into HMP Brixton to create a piece on recovery from psychosis, experiences of hearing voices, and avenues for seeking help. This project was the beginning of an 11-year journey of collaboration for Vyv and me in the field of mental health advocacy. Over this time, along with another Involvement Register member, I trained 50 Child and Adolescent Mental Health Service staff and school nurses in a service user-led model of best practice, spoke at the National Health Service (NHS) acute adult inpatient convention, and was invited by Vyv as a guest lecturer to share my experiences of early intervention services and first-episode psychosis, where I addressed first year clinical psychology students at University College London on effective practices and methods of self-reflection.

The function of art in disseminating personal narratives and fostering holistic benefits is hugely inspiring to me. Following a period of voluntary work answering the helpline at 'Moodswings' mental health charity, I founded my own mental health and art not-for-profit, 'Wednesday's Child'. This organisation delivered free or donations-based community workshops. We created a supportive, safe space for those struggling with mental health problems to come together and share positive coping strategies, whilst engaging in creative activities led by emerging artists. In 2018, Wednesday's Child was invited to talk at a seminar in Leeds for NIPS (Nourishing Inspiring, Playful and Supportive), a non-profit organisation that creates events for adults and children, where we championed the holistic benefits to mental wellbeing reaped when carers and children collaborate creatively with one another. Alongside running Wednesday's Child, I worked with children and families at the Whitworth Art Gallery and taught both art and relationships and sex education in pupil referral units and emotional behavioural difficulty centres in Greater Manchester, engaging with vulnerable young people with complex mental health and challenging behavioural needs. I am now a practising visual artist and art facilitator, currently working at the Arts Network UK charity, delivering practical art workshops for adults with severe mental illness.

In 2017 I was introduced to Method of Levels and invited by Vyv and Tim Carey to contribute to Tim's book *Patient-Perspective Care: A New System for Health Systems and Services* (Carey, 2018). I was struck by its radically empowering methodology and felt that, finally, this was a move in the right direction for routine NHS mental healthcare. A therapy predicated on the individual needs and goals of each service user is something I had long campaigned to see, and here Tim and his peers were outlining a practical framework for exactly that. When Vyv shared writing on Perceptual Control Theory (PCT) with me, and I began to unpack the potential it had when applied to mental health services, I was immensely inspired. PCT creates a lens through which to reframe the practice of support services through its unrelenting acknowledgement that each and every patient has differing goals that, when realised, will create a personal sense of relief from mental distress. Its implementation as the backbone of care would create a dynamic re-evaluation of the most effective means for individual healing. I am hugely grateful to have been invited to contribute to this book with my experiences of using mental health services. I owe my life to the National Health Service (NHS), and it is with compassion to practitioners of mental healthcare that I lay out my view that change is needed if services are to evolve in tune with the needs of patients. Applying the principles of PCT to our understanding of issues like ward dynamics allows us to adapt to meet the needs of patients by providing a greater level of thought into how we ascertain what the goals of those individuals' might be. It has been a labour of love to contribute to this text. My co-authors' drive to include the experiences of Stuart and me is testimony to their service user-led approach.

Warren Mansell

At the turn of the millennium, when I began my training as a clinical psychologist, my first placement was at the Bethlem Royal Hospital in London. The hospital was founded in 1247 and became the origin of the word 'bedlam', meaning 'a place or situation of chaos and confusion' – complete loss of control – the antithesis of what we, as humans, typically strive for in life. When I worked on psychiatric wards, the situation was never this extreme, but it was not ideal. The psychiatrists were very approachable and knowledgeable, but they clearly held the authority, and their assumptions regarding diagnosis and medical treatment were rarely open for change. The multidisciplinary team valued the contributions of psychologists, but we all tended to assume this would work by 'allocating' a psychologist to a patient for regular sessions. Yet the more I worked in this context, the more I realised that we, as professionals, had set up and maintained a system that limits the opportunities that patients could have to get the kinds of psychological support they want and need.

I had discovered Perceptual Control Theory (PCT) a few years before I started training, but I hadn't realised its transformative potential. Then, in 2005, when Tim Carey invited me to shadow him delivering Method of Levels (MOL) in primary care, its implications became much clearer. People with lived experience of mental health problems need to tell us what it is they want and need. As scientific practitioners, we use the concepts of science to help build and maintain mental health services, but the science we choose needs to be the basics – not 'getting in the way' of any reasonable patient preference – it needs to be parsimonious, agile, and efficient. But maybe most importantly, it needs to be grounded in a fundamental observation of nature. Other theories choose learned behaviour, thinking processes, or emotional regulation as their grounding phenomenon. PCT uses control.

I began to discover that if I consistently ask myself the questions, "What am I trying to control right now? What might other people be trying to control?", then the answers revealed new opportunities to provide support, whereas asking only about learned behaviour, thinking, or emotional states often seemed to lead to a cul-de-sac, and a responsibility for the psychologist to offer the solution. In contrast, asking authentically curious and present moment questions, as we do in MOL, seemed to open up people to explore what bothered them right now, and forge their own solutions.

At least a decade ago, Sara Tai, myself, and other colleagues had started writing a therapy manual for people with a diagnosis of bipolar disorder. It was based partly on PCT, but had focused on understanding and managing mood swings, and it tended to stick to the structure of traditional cognitive behavioural therapy. Our model of mood swings turned out to receive robust empirical support, but the therapy itself, on the other hand, didn't show clear superiority to the other forms of support and treatment that people with a bipolar disorder had received. Rather than stick to the therapy, or even adapt

it, we decided to embrace what people in recovery were telling us – provide the kind of support we need when we need it – and to do this we needed a universal, patient-led approach; we needed MOL as a one-to-one conversation and we needed to return to PCT to reconsider the design of services. Rob Griffiths and Vyv Huddy joined us on this enterprise along with Stuart Eaton and Jasmin Waldorf who provided the essential accounts of their lived experience and their own recommendations. Rob took the lead in writing the book, owing to his long-standing experience of working in secondary mental healthcare and his acute grasp of PCT. This book is our attempt to condense this experience to square the science and lived experience of mental health service design.

References

Carey, T. A. (2006). *The method of levels: How to do psychotherapy without getting in the way*. Living Control Systems Publishing.

Carey, T. A. (2018). Carey, T. A. (2018). *Patient-perspective care*: *A new paradigm for health systems and services*. Routledge.

Mansell, W. (2005). Mansell, W. (2005). Control theory and psychopathology: An integrative approach. *Psychology and Psychotherapy: Theory, Research and Practice*, *78*(2), 141–178. https://doi.org/10.1348/147608304X21400