

Treatment manual



Brief Education Supported Treatment

What should I expect from this intervention?

How often will we meet?

- We will meet for six sessions
- Each session will be about an hour long

The focus of the sessions will be on understanding your emotions and how they may make you act sometimes.

What will I do in each session?

We will work our way through a number of worksheets which will work as a guide to each session. This will help to make sure that we cover everything that we need to over the six sessions, to try to make them as useful to you as possible.

The worksheets will cover:

- What emotions you experience and what happens when you do
- What mentalisation is and how we use this
- What emotional instability is and how it might affect you
- What happens when mentalisation breaks down
- What we can do when this happens and what other people can do to help
- How to develop a plan to support you when things are difficult

Agendas

At the start of each session we will set an agenda or plan together. Please feel free to add to things to the agenda that you want to cover.

In between sessions

There may be some things for you to do or practice between sessions. This will help you to start to make some changes outside the sessions, to use the ideas that you have learnt in the sessions and apply this to other areas of your life.

Any questions?

**Choose one emotion you would like to think about in more detail.
Have a think about what happens to you when you experience this emotion;**

- What thoughts do you have?
- How do you feel?
- What happens in your body?
- What happens to your facial expressions?
- What type of things do you do?

Although some emotions can seem difficult, emotions are actually very important and helpful to us. Some of the reasons we have emotions are:

- **Protection** – One of the basic functions of emotion is to protect us. If we are threatened, we have an immediate response which serves to give us the best chance of survival.
- **Communication** – Emotions help us to communicate with other people. They help us to understand what is happening for someone else, and for other people to understand what is happening for us (we will talk about this more in Session 2 when we talk about mentalisation).
- **Motivation** – Emotions encourage us to act, to do something which will help relieve emotions you do not want or to create emotions you do want.
- **Enjoyment** – When we don't have to protect ourselves, or strive for survival, we can be happy, rest and enjoy ourselves.

We all have lots of different emotions. Our emotions change during the day depending on what is happening, how we feel, what we are doing and what we are thinking.

Our emotions are always changing.



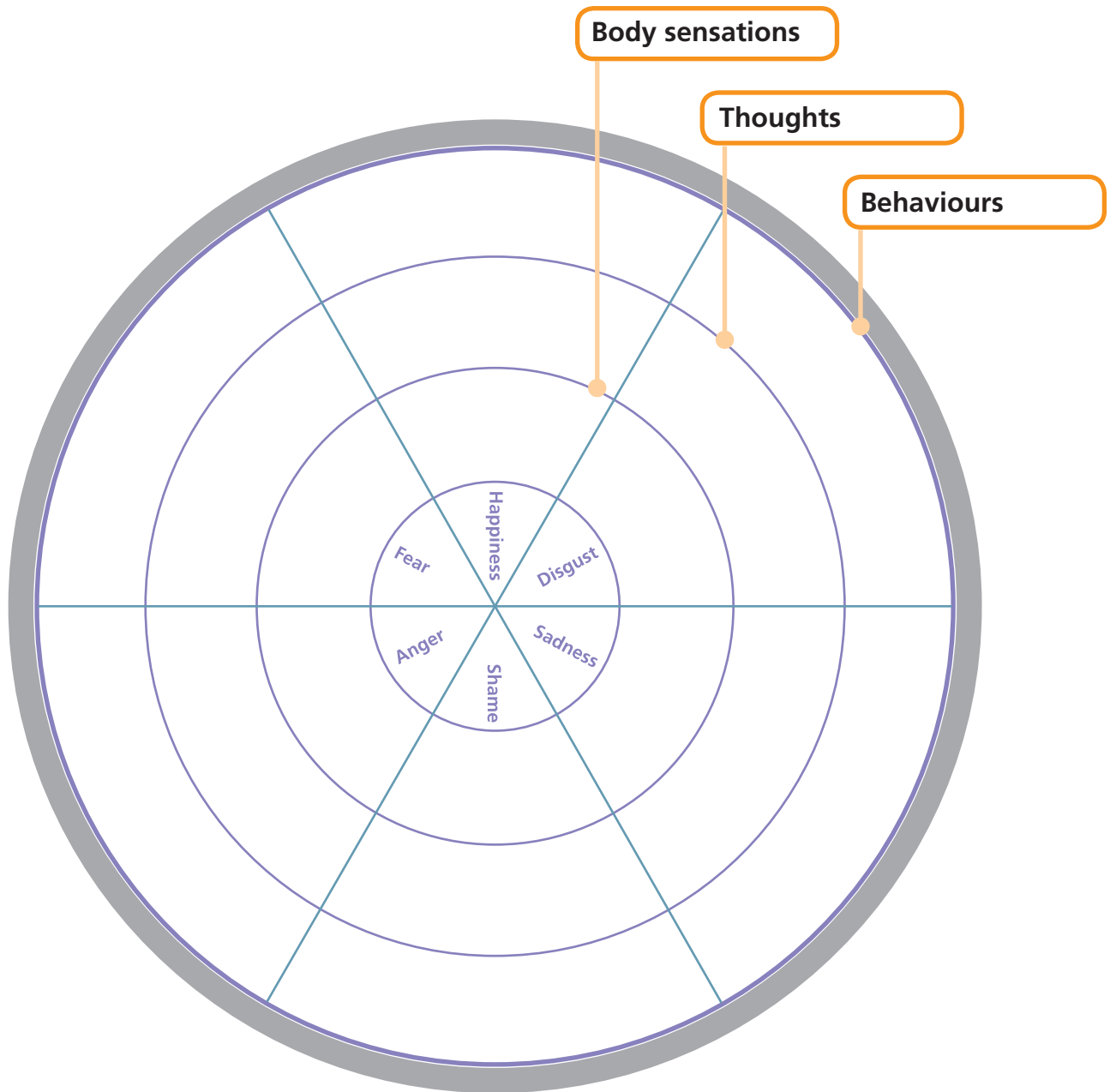
Some emotions can feel more difficult than others.

Think about the emotions in the wheel below and try to fill in the spaces for:

- **Thoughts (What goes through your mind when you feel this way?)**
- **Body Sensations (What happens in your body?)**
- **Behaviours (What sort of things do you do?)**

Start with happiness, and then choose some others to complete.

My emotions wheel



Session review:

- How did you find the session today?



- Any questions?
- Let's choose something to practice this week

Session 2

Aim - To understand what Mentalisation is.

Today's agenda:

- How was last week's session / the week been?
- What is mentalisation
- Having a go at mentalising
- Looking at situations from your own life and your emotion wheel
- Anything else?

Mentalisation Fact Sheet

Mentalisation is how we understand what other people do in terms of their thoughts and feelings. When you wonder what another person is thinking or feeling you are mentalising.






In order to do this you have to be curious about the other person's feelings or emotions and to know that there may be different answers.

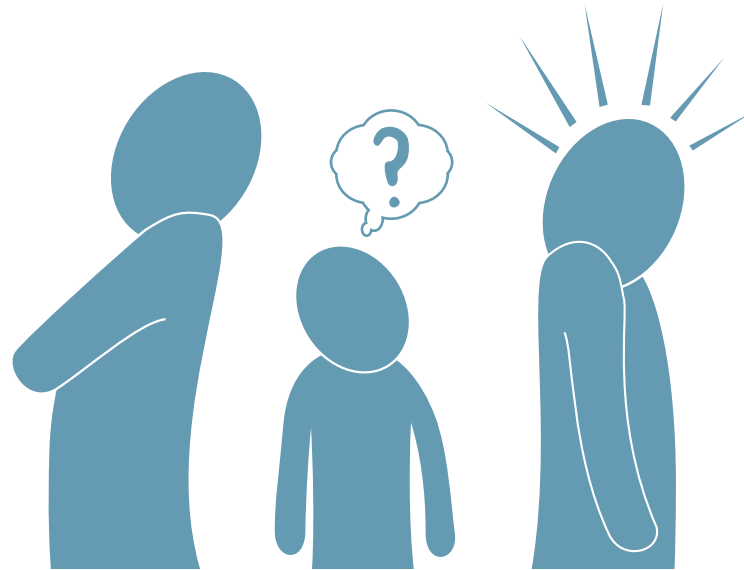
Important to remember: The focus is on how they are feeling NOT what they are doing

We also mentalise our own thoughts and feelings which can help us understand why we might do some things which we talked about last week doing your "Emotions wheel".


Let's think about the example for "Happiness" from your emotions wheel.

You	Person 1	Person 2
<p>What are you doing?</p> <p>What are you feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 

Sometimes mentalising goes wrong for all of us. This is most likely to happen when we are feeling very upset or worried or angry. When this happens other people stop making sense to us and it can be hard to know how we feel inside. At these times we tend to act on our feelings to try and manage them.



Let's think about an example when you felt sad or angry and self-harmed. What was going on?

You	Person 1	Person 2
<p>What are you doing?</p> <p>What are you feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p>	<p>What are they thinking?</p> <p>What are they feeling?</p>

Session review:

- How did you find the session today?



- Any questions?
- Let's choose something to practice this week

Session 3

Aim – to understand emotional instability.

Today's agenda:

- How was last week's session / the week been?
- What do I do when my emotions become difficult to manage?
- What do we mean when we talk about emotional instability?
- What are the early features of emotionally unstable personality disorder (or Borderline Personality Disorder)?
- How does emotional instability affect me?
- Anything else?

How do I deal with emotions?

Take a look back at the emotion wheel you completed in Session 1. Spend some time thinking about the behaviours you show when you experience each of these emotions.

- How do you feel about these behaviours?
- What happens to you and to other people when you behave this way?

What is emotional instability?

We have put together a leaflet which gives you some information about emotional instability. The leaflet talks about:

- What emotional instability is
- Some of the types of difficulties people with emotional instability may experience
- Some of the reasons why people may suffer with emotional instability
- How you can understand and cope with emotional instability in a helpful way

Take a look at pages 1-3 of the leaflet now.

What are the features of emotional instability and how do they affect me?

It is often helpful to go through the symptoms and features of emotional instability.

For some people it's a relief to know that there's a name for their problems and they're not alone. For others, of course, being given a "label" like this is pretty difficult to swallow. But I hope we can discuss this too.

Below are the most important features of emotional instability. Under each there's a space where you could write if and how this symptom is there in the story of your life.

- 1. Fear of abandonment.** When it seems as though important people might go away you can feel frantic and sometimes try everything you can think of to get the person back.

2. Interpersonal instability. Relationships with other people are always very strong. It seems as though everyone is either a really important good person who you want to get close to or a rotten bad person who is threatening you. Sometimes the same person can seem both good and bad in the same day even.

3. Unstable sense of self. It is terribly hard for you to know what you want to do, who you really are and what your true wishes and feelings are.

4. Mood instability. It seems as though you can never tell what mood you will be in. You can be up one minute and then miserable the next.

5. Waves of feeling awful. A particularly nasty feeling is a wave of misery, self-disgust and agitation that just comes out of nowhere and lasts a few hours or a day or so. At such times it is hard to function and you feel you cannot bear it and would do anything to take the feeling away.

6. Self as “bad”, “evil” or “disgusting”. You have a strong inner feeling that you are bad or wicked or disgusting in some way. Even if other people say that this is not so you feel that this is just because other people have not realised it yet.

7. Problems with anger. Sometimes you get incredibly angry and even have outbursts of fury which may lead to you suffering from the reactions of others.

8. Impulsivity. Lots of times you suddenly get it into your head to do things that you later regret and which, when you think about it later, seem to be quite dangerous or damaging.

9. Suicidal behaviour. You have made previous efforts to end your life or behaved in such a way as to put your life at risk with the thought that it might end.

10. Self-harm. You use self-harm to end bad feelings or to punish yourself or to communicate how bad you are feeling.




11. Unhelpful mood-altering behaviours. You sometimes use drink or drugs or sex or risky behaviour to lock out bad feelings and for a thrill because life feels so difficult and hard to cope with.

12. "Emptiness". You experience a feeling of being empty on the inside.

13. Threatening, odd or unusual symptoms. On occasion things have been so bad that you have felt that people were threatening you or plotting against you and you might even have heard voices or thought people were talking about you or to you in circumstances where this was not likely.

Session review:

- How did you find the session today?

		
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- Any questions?
- Let's choose something to practice this week

Session 4

Aim – to think about what helps when mentalisation goes wrong.

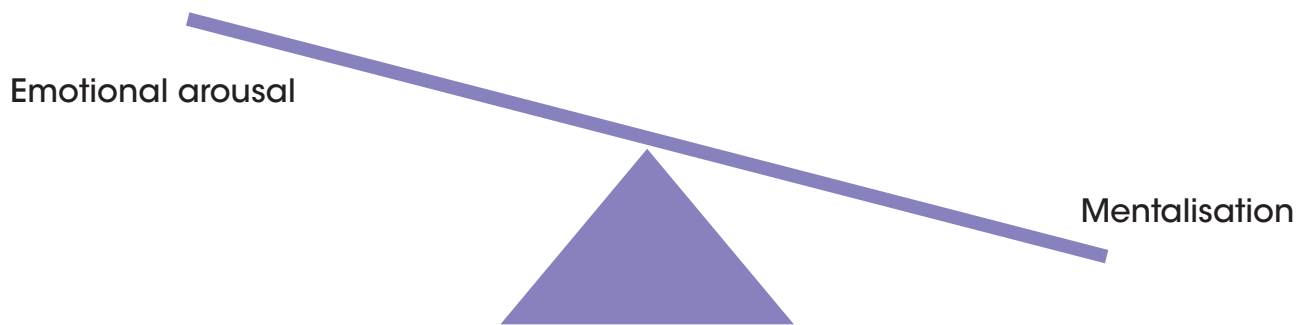
Today's agenda:

- How was last week's session / the week been?
- Thinking about when mentalising goes wrong and why
- What might help when things go wrong?
- Anything else?

Take a look at pages 3-5 of our leaflet about emotional instability. The work we do in this session will help to further explain the information in this part of the leaflet.

Why does mentalisation go wrong?

When we become distressed or upset by things we start to lose the ability to mentalise and the more upset we become the worse this gets. This can end up being a bit like a seesaw.



When we stop being able to mentalise we cannot think straight, we feel emotional and act to reduce this rather than anything else. And at these times we might get angry, cry, run away or even self-harm in order to reduce our levels of distress.

Can you think of some times when this might have happened?

If we look at the picture we did in Session 2 how do you think the other people are managing? Are they mentalising you well?

Sometimes this pattern of mentalising break down can become a bit of a stuck cycle.

When this happens we can try to find ways to help our ability to mentalise start up again. A helpful starting place is the STOPP technique which you can practice so it gets easier to do.

Stopp

Take a breath

Observe:

What am I thinking?
What am I reacting to?
What am I feeling in my body?

Pull back:

Put in some perspective.
See the bigger picture.
Is this fact or opinion? How would someone else see this?

Practise what works:

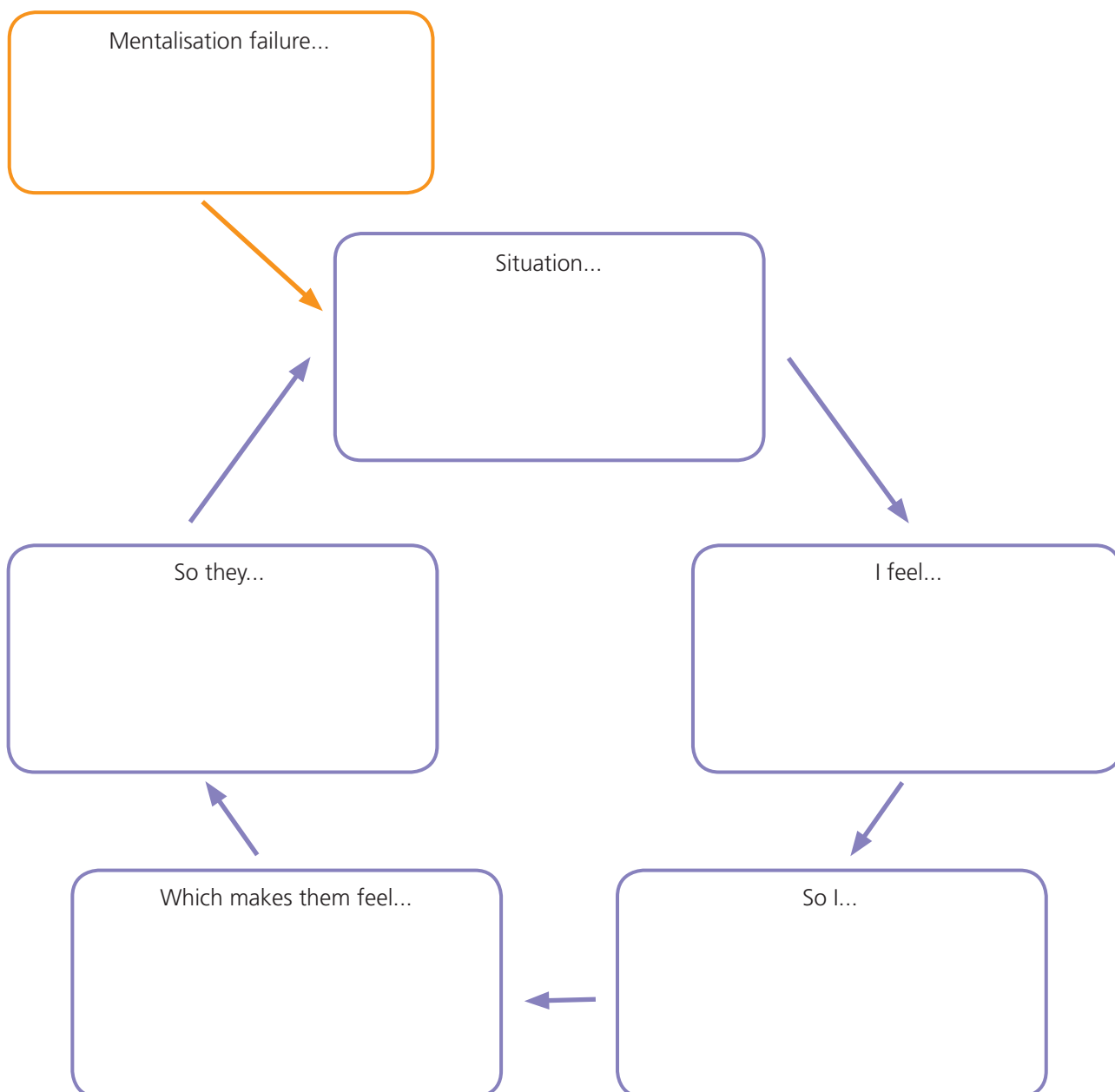
What's the best thing to do for me, for others,
for this situation?



You can even download the STOPP app at:

<https://play.google.com/store/apps/details?id=stopp.submarine.gg&hl=en>

Let's think about a time when things have gone wrong and try to understand what was going on.



If we were to look at this situation with the other people in it what might they be thinking or doing?
What could they do that would help you feel better?

Are there any things that you could do that would help?

You	Person 1	Person 2
<p>What are you doing?</p> <p>What are you feeling?</p> <p>what could you do that would help?</p>	<p>What are they thinking / feeling?</p> <p>What could they do that would help?</p>	<p>What are they thinking / feeling?</p> <p>What could they do that would help?</p>

Session review:

- How did you find the session today?



- Any questions?
- Let's choose something to practice this week

Session 5

Aim – to plan ways of helping you manage your emotions.

Today's agenda:

- How was last week's session / how has the week been?
- What can I do when I am struggling with my emotions?
- What can other people do to help me when I am struggling?
- Making a plan to use when I am struggling
- Anything else?

What can I do when I am struggling with my emotions?

Page 5 of our leaflet about emotional instability talks about self-help. The work we do in this session will help to further explain some forms of self-help to support you with managing emotions.

Take a look back at the work you completed last session.

Now spend some time thinking about what would have been helpful to you at this time. Think about:

- What helps me calm down when I am upset or angry?
- What can I do to help me calm down?
- What do I need from other people when I feel this way?

We have talked about how our ability to mentalise breaks down when we have intense emotions. In order to try and restore our ability to mentalise, we need some time to **stop** and **think**.

It is important that the people who are helping us take these steps too.

Stop	Take a breath
Think	What am I thinking and feeling? What are others thinking and feeling?
Respond	What do I need?
Repeat	Repeat these steps until things feel calm again

We are going to practice some good ways of helping to slow down and restore mentalising.

These are good skills to practice when you are feeling calm so that you know how to use them when you really need them.

1. Grounding

Grounding is a way of helping you to gain some distance from your emotion by bringing your attention to what is happening in the present moment. The idea is to ground yourself in what is happening right now, rather than getting caught up in thoughts and feelings.

Say out loud one thing you can see, one thing you can hear and one thing you can feel.

For example:

I can see the table.

I can hear the clock tick.

I can feel the chair I am sitting on.

Repeat this three times.

2. Self-soothing

Finding ways to calm and soothe yourself can help you to cope with overwhelming emotions and feel more in control.

Soothing techniques use all of the senses.

For example:

Sight: Looking at a picture you really like or a photo from a happy memory.

Taste: Sucking on a sweet slowly and paying attention to the flavour.

Sound: Listening to your favourite music or calming sounds such as rain or the sea.

Smell: Finding a smell you like. A few drops of essential oil on a tissue or hanky which you can keep in your pocket. A favourite perfume or moisturiser.

Touch: Finding a texture you like. A smooth pebble, a soft blanket or cuddly toy or a squeezey ball.

Use the space below to think of something which you can use to activate each of your senses in a calming way.

Sight

Taste

Sound

Smell

Touch

Now work through the next section to make a plan for how you can respond when you are struggling with your emotions.

“Could I cope better than this?”

How I have coped with my problems.

We have looked at the different ways I have tried to cope with my problems. I realised that I have good and bad ways of coping.

The good ways of coping I use are:

They are good ways because:

The bad ways of coping I use are:

They are bad because:

“When it all goes pear shaped”

My Crisis Plan.

These are the three main crises that happen to me:

1.
2.
3.

When these happen the ways it often ends are:

1.
2.
3.

My Crisis Plan.

What we agreed I could do about a crisis:

1. A way I could try and stop a crisis if one seemed likely:

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2. A way I could make a crisis less bad if one got started:

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3. Some people I could contact and ask for help and their phone numbers:

Session review:

- How did you find the session today?



- Any questions?
- Let's choose something to practice this week




Session 6

Aim - to reflect on your Crisis Plan




Today's agenda:

- How was last week's session / how has the week been?
- Examples of when you have used your Crisis Plan and it has gone well
- Examples of when you have used your Crisis Plan and it has not gone so well – what could we try next time?
- Anything else?

Let's look at your example of when it went well:



You	Person 1	Person 2
<p>What are you doing?</p> <p>What are you feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 

Let's look at your example of when it did not go so well:

You	Person 1	Person 2
<p>What are you doing?</p> <p>What are you feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 	<p>What are they thinking?</p> <p>What are they feeling?</p> 

Let's review your Crisis Plan together.

How confident do you feel about continuing to use your action plan now our sessions have ended?

											
	1	2	3	4	5	6	7	8	9	10	

What would help increase your confidence with this?

- What could help you remember to use your Crisis Plan?
- Who could help you with this?
- Is there anything else you can think of that would help?

Session review:

- How did you find the session today?

	
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- Any questions?

Appendix

“They say I have emotional instability: What does that mean?”

Who is this leaflet for?

Many young people we work with have issues around regulating their emotions and this has a significant impact on their lives. This leaflet is for patients and carers who want to find out more about emotional instability. It answers questions like: What is emotional instability? What problems do people with emotional instability have? Why are some people like this?

What is emotional instability (EI)?

Some of the issues we are describing as EI can be part of something called Emotionally Unstable Personality Disorder also known as Borderline Personality Disorder which you may have heard about. People with an Emotionally Unstable Personality Disorder will have lots of these issues for a longer period of time making the pattern of difficulties more chronic than for EI. While this is something we may consider in time we feel it is more useful to try and help people at an early stage before they develop an Emotionally Unstable Personality Disorder. Only a small proportion of people with EI will develop an Emotionally Unstable Personality Disorder and we hope that by recognising and helping people with EI we can reduce this happening in the future.

Personality disorders cover a wide range of issues and can describe a large group of people with very varied problems. This means they are not always clear or useful in terms of describing someone's difficulties. In addition they can be perceived by other people as a negative thing to have, making others react in particular ways which are not always helpful. We therefore feel it is not useful to give someone the diagnosis or label of a personality disorder until it is absolutely certain this is what they have and that it is useful for the individual for us to do so. However we do feel it is important for us to help people with the underlying problems included in EI.

People who suffer with EI generally notice they have a problem in their teenage years or their twenties. Often though, they may not think of their difficulties as a sign of illness. Instead they may struggle-on with the belief that their difficulties are a sign they are a bad or defective person. Sometimes other people – even professionals who ought to know better – say that people who suffer from EI are bad or manipulative or “difficult”.

Actually, people who have EI are suffering from a range of symptoms and difficulties that affect their whole lives, and make it difficult for them to cope and lead a contented life. The symptoms of EI can be very distressing, bewildering and disabling, not only to sufferers and to their friends and carers but also, to staff who try to help.

What problems do people with EI have?

People with EI may:

- Harm themselves, for example by cutting, burning or hitting themselves;
- Take overdoses of medication because they want to kill themselves; or they may not care if they live or die;
- Use street drugs or alcohol to numb or manage their feelings;
- Cause people who support them to have intense feelings of frustration, anger or hopelessness and even to behave in extreme ways towards them;
- Damage their relationships with friends and carers by:
 - Outbursts of rage
 - Intense involvement and then sudden detachment or rejection

- Desperately asking for more than the other person is able to give
- Withdrawing and impulsive or reckless behaviour
- Isolating themselves
- Behaving eccentrically or being excessively rigid in their attitudes or behaviour
- Feel profoundly lonely, abandoned or isolated;
- Feel empty, bored or blank most of the time;
- Often feel threatened or criticised even when this is not justified;
- Impulsively make important decisions, which they later bitterly regret; or do things that are seriously irresponsible, or even illegal, even though they know this is a bad idea;
- Find it difficult to make up their minds about what direction to take in life, what job to get, whom to have relationships with.

If this description fits you or someone you relate to and describes most of your/their adult life rather than simply being true for short periods of time, then you/they may have EI.

People with EI find that their moods may change from high to low, from friendly to angry and enraged, from feeling admired to feeling contemptible or even revolting, or feeling as though everyone else is useless. Everyone has changing feelings, but the people who suffer from EI have feelings which are extreme and which change wildly and in ways that do not seem to make much emotional sense.

Why do people suffer from EI?

As yet there is not a full explanation for why some people have EI and others do not. Probably, however, one of the most important reasons is related to difficult things that have happened to people during their life.

Many people who suffer from EI have had very difficult lives indeed. Some will have suffered emotional, physical or even sexual abuse in childhood or later on in life. Others will have had traumas of various kinds, like rape or serious illnesses later in life.

Yet, many people seem to survive difficulties in life without developing EI and some people with EI do not seem to have suffered trauma in their lives. So, difficulties in early life cannot be the only important factor. It is probably that some people are born with difficulties that contribute to the development of EI like an unusually severe tendency to be irritable or anxious; or, from the start, they have difficulties in regulating emotions or controlling impulses. Many others describe a real, but difficult-to-put-into- words sense of bodily discomfort: they feel that they or their bodies are “revolting” or “disgusting”.

But how can I usefully begin to make sense of EI in the here and now?

Most often lots of things seem to go wrong all at once for people with EI. But the main thing that is always a problem is difficulties in relationships to other people and in relating to oneself. Relationships can go wrong because people are born with difficulties in feeling ok about themselves (emotionally or physical) and this makes relating to others and oneself difficult from the start and, over time, leads to vicious circles of negative feelings and desperate and unhelpful behaviours. Or, relationship difficulties arise because people are not taught how to relate well in childhood and never get the chance to make this up in adult life. Frequently it is probably a mixture of both inherited and learned problems that lead to this crippling inability to relate well to others and oneself.

It can be helpful to think of two main problems in EI - poor mentalising and negative relationship cycles (relating to others and relating to oneself):

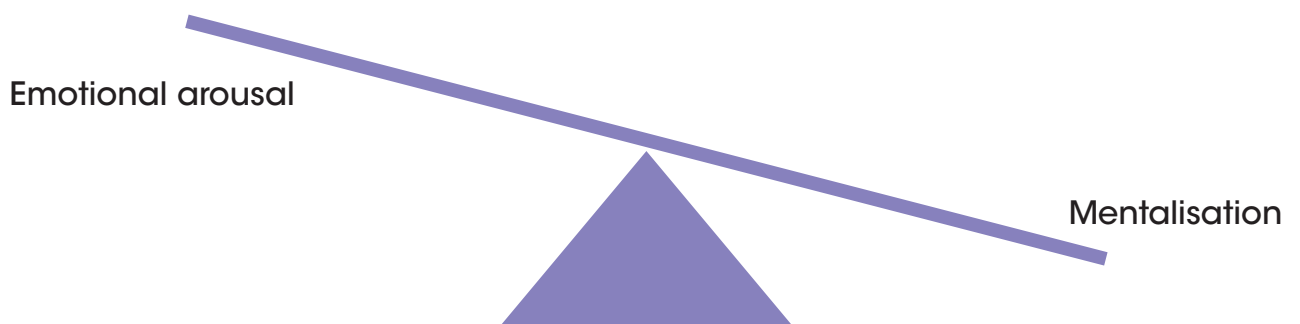
Mentalising

Mentalising is the ability to “mind other minds” and to understand misunderstandings. To see oneself from the outside and others from the inside.

Mentalisation is a skill, which develops in the context of early relationships when we are children. At birth an infant is unable to regulate their emotions themselves and relies on their parents or carers to do this for them. To do this the infant requires the caregiver to accurately understand and respond to the moment-to-moment changes in their emotional states. They then mirror this back to the baby labelling the emotion and controlling it or comforting them. As the baby matures he / she learns to recognise and label their own emotions and develops strategies to manage them.

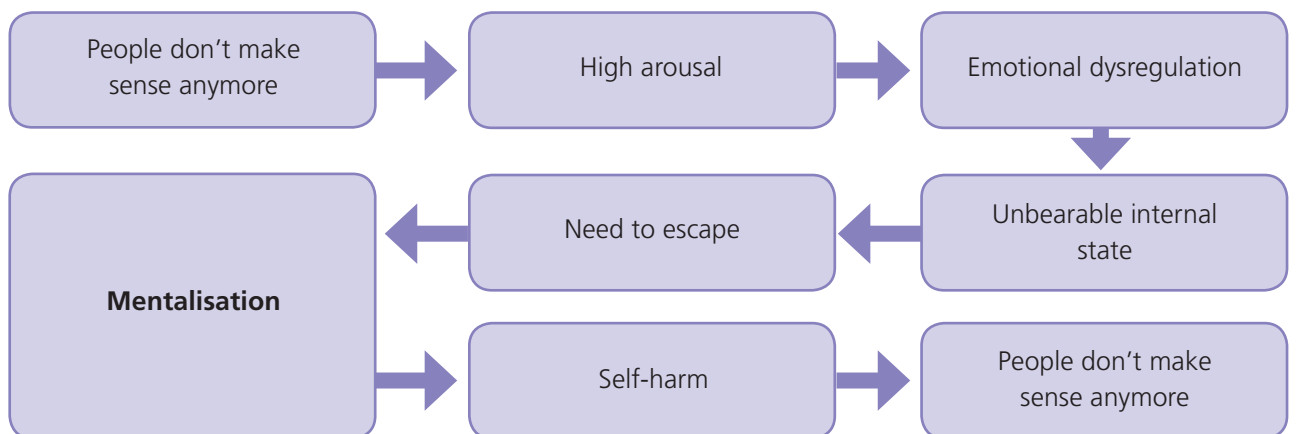
Mentalisation is therefore an awareness and understanding of how ones emotions and behaviours impact on oneself, on others and interpersonal relationships. When you are thinking about what you are feeling or wonder what someone else might be thinking or feeling you are mentalising. In addition when you are empathizing you are mentalising.

When we become distressed or upset by things we start to lose the ability to mentalise and a clear inverse relationship exists between emotional arousal and mentalisation.



When our ability to mentalise breaks down for whatever reason we stop being able to think straight and respond rationally to people and situations around us. We become emotional and then respond to this rather than anything else.

Example:



How can family, friends and carers mentalise?

In order to help we need to find ways of helping restore your capacity to mentalise and in order to do that we need to mentalise (for) you. This involves trying to understand what you are feeling not what you are doing.

This can be difficult if we become highly aroused or distressed by your behaviour particularly as it can involve harming yourself or putting yourself in dangerous situations. Others can then find it very hard to mentalise and

respond initially to your behaviour, forgetting to try and understand why you are doing it. So they need first to stop and to take a step back to try to understand your feelings or why you are doing what they are doing.

It might be helpful to think about this as four steps, a bit like the green cross code:

1. Stop
2. Step back / calm down (!)
3. Mentalise
4. Respond

Relating to others

We all relate to people using patterns that are learned in childhood and throughout life. These patterns lead us to behave in particular ways toward others expecting that they will behave in particular ways back to us. For example, we mostly expect to love and care for relations, friends and family, who we hope will love and care for us in return. That pattern of loving and caring is learned most often from our family and parents.

Relating to yourself

How we relate to others also forms the basis of the way in which we relate to ourselves. This can seem a slightly strange idea but everyone needs to relate to themselves in order to manage their life. You may catch yourself talking to yourself at times when you need to plan and consider your life, and this is an example of you relating to yourself.

The same patterns, which were learned in childhood for relating to others, are the ones we use to relate to ourselves. So, if bad patterns are learned in childhood, people relate to themselves in bad ways. They may criticise, demand, abuse and punish themselves rather than care kindly and compassionately for themselves. People with EI very often manage and care for themselves in crippling and abusive ways.

Possibly the most important pattern which people need to have when relating to themselves is one which can be called: **“Being a True Friend to yourself”**

When people use this in relationship to themselves they can think about their lives and the things in them that are going well and not so well. They can make plans to improve their lives and to reach their goals. But people with EI often find it hard to be a true friend to themselves. Mostly they are too self-critical and then, to escape from this criticism, they are driven to ways of coping that bring yet more criticism upon themselves. Sometimes, though, they let themselves off too lightly when they should recognise that they have done hurtful things to themselves and others. They find being kind to themselves very hard.

What can I do to improve my relationship with myself and others?

Self help

Self-help is a good way to start feeling better.

Reading and finding out about EI can also be a good idea.

Almost all people feel better if they can start to get their lives in order. Thinking about how you spend your time, with whom you spend it, and whether your current arrangements work for you is always a good start. If you have EI then it is probably even more necessary to concentrate on leading an ordered and healthy life. This should include daily routines that enable you (throughout the week) to keep your life ticking over. These routines should have times built in to do things you enjoy, to eat well, to exercise. You should pay particular attention to organizing those times when you might otherwise be tempted to abuse drugs, alcohol or self-harm.

If these elements are not part of your life already you could think about such things as:

- Making sure you have good friendships / taking steps to find friends and be with people;
- What kinds of exercise might be possible for you to do on a regular basis?
- How you might change your shopping, cooking and eating habits in order to eat regular, healthy meals;
- What are your self-harming habits and patterns and how you might change them?

Help from others

General health services

Many people will only ever get help from local general services.

Your GP is a good person to talk to. You should take the time and trouble to find and relate to a GP whom you like and trust.

Talking freely with your GP about your problems is important.

Many people feel a bit frightened of their GP, or worried that if they have a disagreement then the GP will lose sympathy for them. This is often not the case and spending time getting a good relationship with your GP is important.

Accident and Emergency

Some people who harm themselves end up in Accident and Emergency departments. Sometimes they feel that they are not treated well there. This can happen but it is important not to make things worse by behaving in ways that make it difficult for Accident and Emergency staff to do their jobs. Being abusive or violent, or behaving in ways that are a result of being drunk, can all seriously damage the work of the Accident and Emergency department and may result in other patients getting poor treatment. You are entitled to treatment in Accident and Emergency, and if you need it you should claim it politely and firmly. If staff treat you rudely or unfairly then complain using the complaints systems – which all NHS services have. Complaints are taken very seriously.

Formal treatments

When people talk about “formal treatments” they usually mean either talking therapies (involving psychotherapy of some kind) or drug treatments. Recently the Department of Health has produced an important set of recommendations on the treatment of people with EI. (You may have heard of such government guidelines from NICE: the National Institute for Clinical Excellence.) The following reflects these recent NICE guidelines.

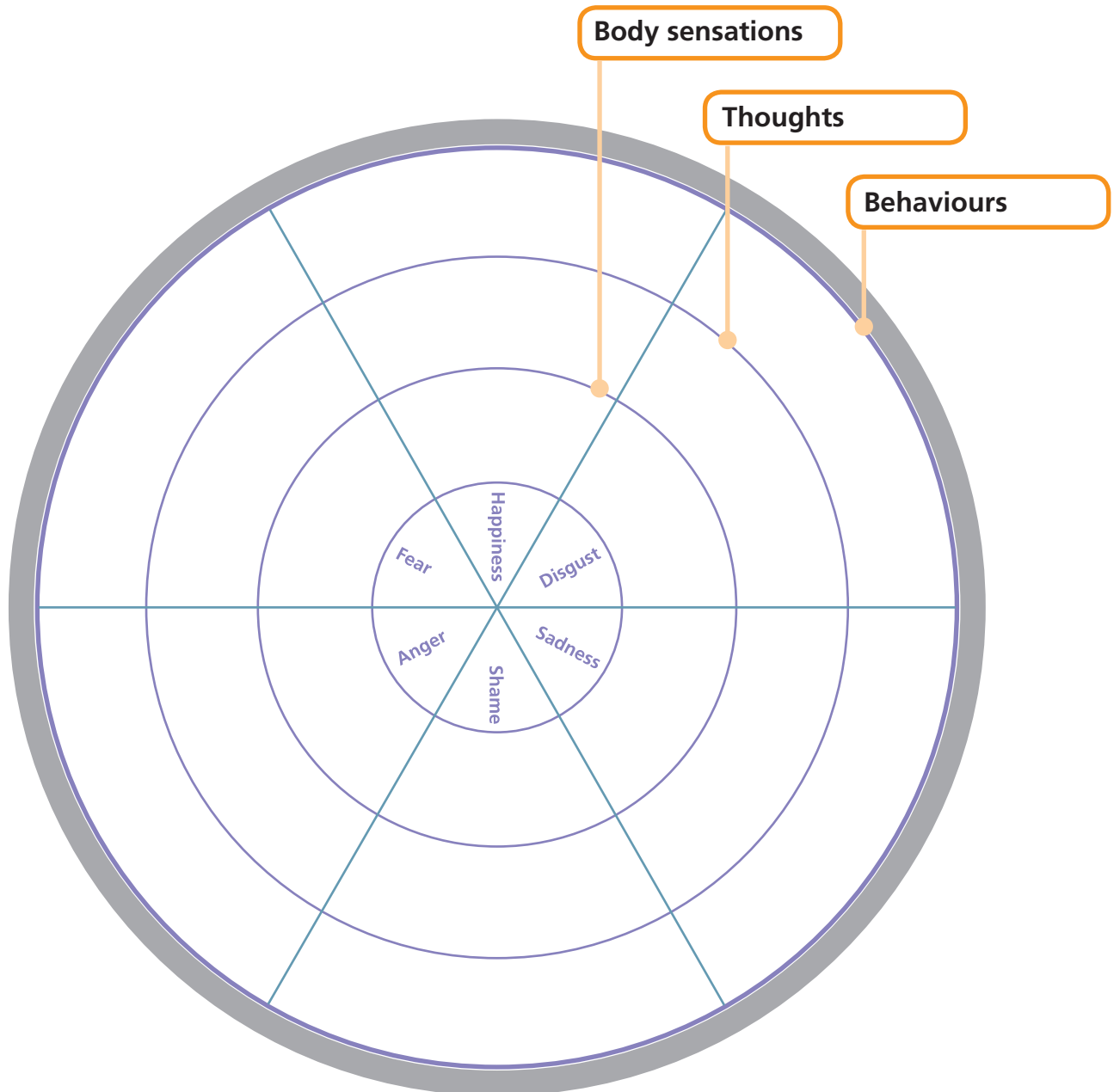
Psychological treatments

There is evidence that some forms of psychotherapy can be of benefit to people with EI. Psychological consultations are available to discuss therapy options if this is deemed appropriate.

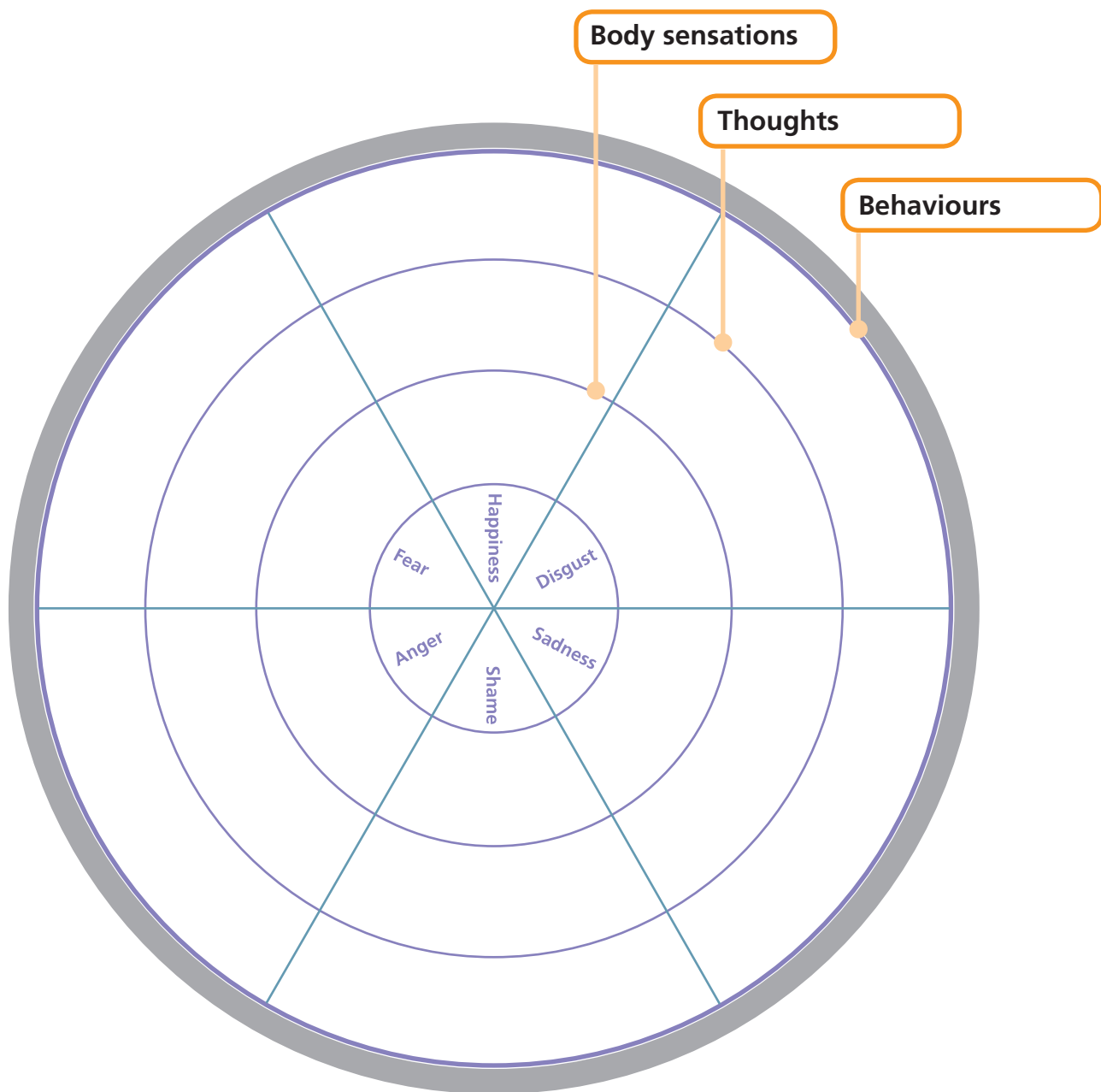
Drug treatments

NICE is even clear that there is no good evidence that current drug treatments work for EI or for the individual symptoms of behaviours associated with EI (for example; repeated self-harm, marked emotional instability, risk-taking behaviour or transient psychotic symptoms). So, sadly, no drug exists yet which offers a “quick fix”. Unfortunately, it is still the case that many patients with EI end up taking drugs like sleeping pills, tranquillisers or antidepressants for many years without any real benefit. Your GP or your psychiatrist will advise you about drugs and should offer help to reduce and stop unnecessary drug treatment.

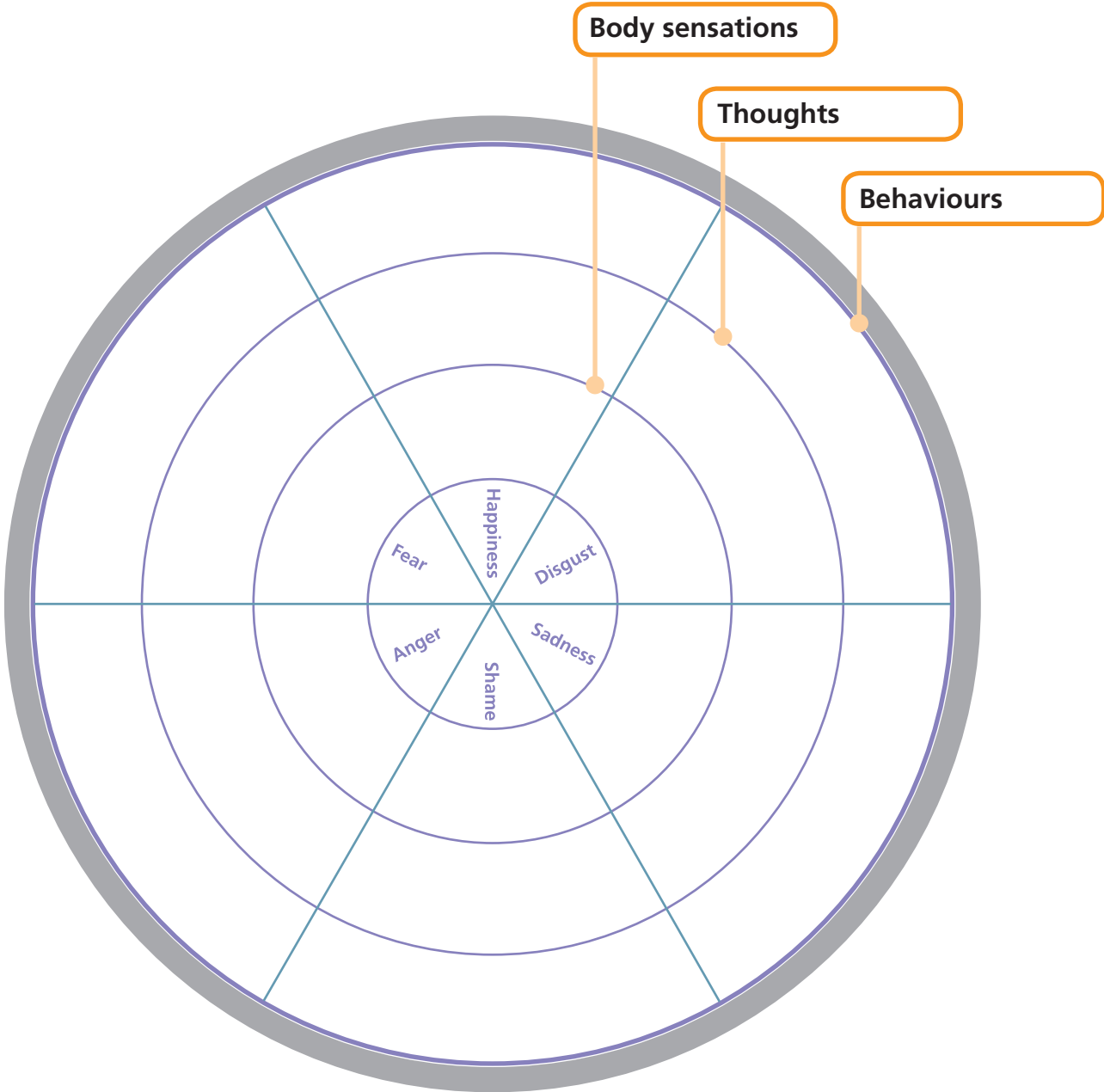
My emotions wheel 2



My emotions wheel 3



My emotions wheel 4



Norfolk and Suffolk NHS Foundation Trust values and celebrates the diversity of all the communities we serve. We are fully committed to ensuring that all people have equality of opportunity to access our service, irrespective of their age, gender, ethnicity, race, disability, religion or belief, sexual orientation, marital or civil partnership or social and economic status.

Patient Advice and Liaison Service (PALS)

NSFT PALS provides confidential advice, information and support, helping you to answer any questions you have about our services or about any health matters.



If you would like this leaflet in large print, audio, Braille, alternative format or a different language, please contact PALS and we will do our best to help.

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