



Dr Andrew Parker  
Consultant Psychiatrist

[www.drandrewparker.com](http://www.drandrewparker.com)

## *Clinic Guide*

*October 2023*

## CONTENTS:

<i>About me</i>	3
<i>Special Interests in Mental Health</i>	3
<i>Treatment Philosophy</i>	4
<i>Qualifications</i>	4
<i>About My Clinic Times &amp; Location</i>	5
<i>Appointments &amp; Fees</i>	6
<i>Initial Assessment &amp; Follow-up care</i>	6
<i>Crises &amp; Emergencies</i>	6
<i>Psychological Therapy</i>	7
<i>In-patient Treatment</i>	7
<i>Medication</i>	8
<i>Repeat Prescriptions</i>	8
<i>Self-help Resources</i>	9
<i>Driving (DVLA) Advice</i>	9
<i>Clinic Letters</i>	9
<i>Consent to Share</i>	9
<i>Communications Outside of Appointments</i>	10
<i>Billing &amp; Payments</i>	11
<i>When I may Initiate Discharge</i>	11
<i>Requests to Write Additional Letters</i>	11
<i>Second Opinion or Transfer of Care</i>	11
<i>Publications</i>	11
<i>PEACE</i>	12

## About Me:

I am a Consultant Psychiatrist, based in Marylebone, London. I have been working in private practice since 2007, and in mental health since 1998. Until 2010 I also held a substantive Consultant post in the NHS at St George's running an award-winning assertive outreach team.

I treat a wide range of conditions in adults from mild to severe depressive disorders, anxiety disorders, stress-related conditions, bipolar and bipolar spectrum, ADHD, psychosis, addictions, especially alcohol, cocaine and 'party drugs'.

My postgraduate training was at the Maudsley Hospital and Institute of Psychiatry, London, where I contributed to teaching and research. I studied Medicine at Guy's & St Thomas' Hospital, London. In addition, I have a first-class degree in Psychology and a Master's degree in Philosophy of Mind.

Much of my work is helping people to come through a severe life crisis or illness as smoothly as possible, or to achieve better stabilization from a recurrent problem. I take an evidence-based and person-centered, pragmatic approach, often with attention to existential questions: *What is the meaning of it all? What do I desire from life?*

My qualifications reflect my lifelong interest in all aspects of the human mind, especially the deeper aspects of what it is to be human. I look beyond the psychiatric medical model for wisdom, and I am very optimistic about people's capacity for transformation and growth.

## Special Interests in Mental Health:

I assess and treat most adult mental health problems. These include all kinds of **mood disorders** (depressive disorders, bipolar disorders), **anxiety disorders** (generalised, panic, OCD, PTSD, social phobia, hypochondriasis), **stress and chronic stress/burnout**, and **ADHD**. I have a special interest in **addictions**, especially **alcohol use disorders** (mild to severe), and misuse of **cocaine** and **'party' drugs**.

I do not assess eating disorders, opiate addiction, or autism in my clinic, unless very mild and not the primary condition.

I also have a strong interest in **spirituality & mental health**, and how the existential quest for deeper truth can lead to growth, healing, and transformation.

## **Treatment Philosophy:**

I aim to combine these elements in all my clinical work:

- A person-centered approach – building a strong therapeutic relationship.
- A scientific approach, taking account of the best available evidence and expert consensus guidelines (e.g., NICE)
- Knowing the person well enough to situate the clinical problem in context, to make best use of their strengths and resources.
- Enhancing the person’s ability to self-manage their condition, with or without medication.

I believe Psychiatry, as a profession, must have humility for the simple reason that the most significant aspects of the human mind (consciousness, free will, and value) remain a deep mystery. They cannot be fully explained by the physical makeup of the brain. Thus, whilst talk of “chemical imbalances” or the “brain misfiring” may be convenient shorthand, they are very limited metaphors.

The biological, psychological, spiritual, and social dimensions are all of importance and interact. Development of life, meaning & purpose is often an essential component of longer-term flourishing.

## **Qualifications:**

BSc	Bachelor of Science; First Class, Psychology. London.
MB BS	Medical Degree with distinctions. London.
MA	Masters with distinction. Philosophy of Mind. Warwick.
MRCPsych	Member of the Royal College of Psychiatrists

Section 12 Approved under the Mental Health Act (1983/2007)

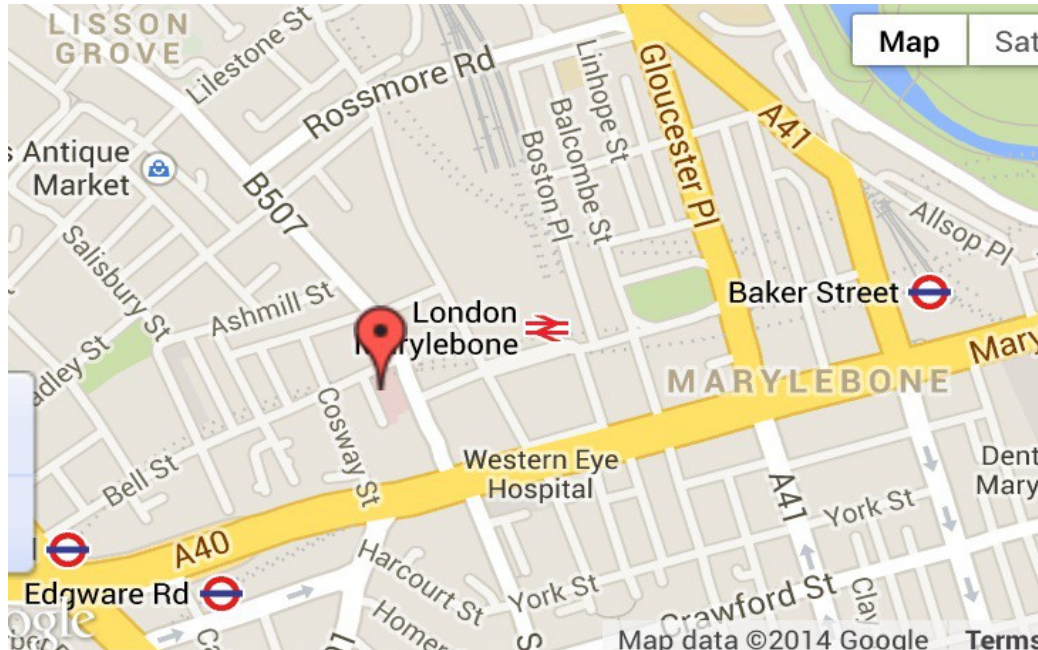
Specialist Register, General Adult Psychiatry & Substance Misuse (General Medical Council)

Member, British Association of Psychopharmacology

Member, Independent Doctors Federation

## About My clinic:

Consulting rooms at **Nightingale Hospital, 11-19 Lisson Grove Marylebone, NW1 6SH London**. I am independent of Nightingale, but one of their approved consultants. I have admitting rights to the hospital and all of their services.



Closest tube stations are Marylebone (2 mins walk), Baker Street (10mins), Edgware Road (8 mins). Street parking is usually available.

### New Referrals and Enquiries:

Tel: **0207 535 7729** (7700 out of hours)  
[pa.drparker@nightingalehospital.co.uk](mailto:pa.drparker@nightingalehospital.co.uk)

### Clinic Times:

Tuesday 9-6pm  
Wednesday 8-6pm  
Friday 8-2pm

Other times are occasionally available.

### In-Person & Remote:

Initial assessments - usually in-person. After then, a mix of in-person and remote consults are possible. For complexities, high risks, or crisis, in-person is often required. Hence, I cannot accept all referrals if living far from London.

For remote consultations please download the **Skype app** and **send me a wave**. My profile name is: **live:andrew.parker\_20**. Zoom or telephone are alternatives.

## **Appointments & Fees:**

All appointments are made via my secretary. Tues and Fri in person, Wed remote. Appointments not cancelled at least 24 hrs/one working day in advance, may be charged at the full fee. **This is charged to the patient, not insurer.**

- Initial assessment is usually 50-60 mins.
- Follow-ups are usually 20-30 mins.
- Self-pay patients can opt for longer follow-up appointments if required.
- ADHD assessments usually take 2.5 hours, usually as 2-3 appointments.

Please ask my secretary for an up-to-date list of fees.

If there is any problem in covering fees, then you must inform me immediately. I will try to be helpful where I can.

## **Initial Assessment & Follow-up Care:**

I will listen and take a full mental health history, including personal, family, and developmental history. The aim is to get a good understanding of the present difficulties and the broader context in which they have arisen. Some topics may be covered in more detail at follow-up meetings. If you are in immediate crisis, I will adapt the first meeting to support you through that.

Initial assessment leads to a formulation of the problems, including specific diagnosis or possible diagnoses. This leads to a discussion of initial treatment plan which we will discuss and agree together. Assessment is often not complete at the first meeting, but is an ongoing process, with adjustments to treatment plan as we go along.

**Agreement to assess does not guarantee that I can continue to offer follow-up.** Sometimes assessment reveals problems, complexity, or risks that I do not have the expertise or resources to manage safely in private practice.

If follow-up care is agreed, then we will continue to meet at a frequency determined by need, risks, and limits on funding. Follow-ups are usually 20-30mins.

## **Crises & Emergencies:**

I do not offer a 24/7 crisis service. However, I will endeavour to respond to calls or emails via my secretary 9-5pm Mon-Friday. Please state what the crisis is, and how urgently you need a response.

For current patients, **if urgent admission** to the Nightingale Hospital is required out of hours, then please call **0207 535 7700** and explain you are a current patient of mine.

## **Other Out of Hours Support:**

- attend the nearest A&E department or call NHS 111
- contact your GP out of hours service.
- Samaritans offer a 24-hour telephone helpline calling 116 123
- Call 999 if you need an ambulance.

## Treatment & Self-Help

I strongly encourage learning about your condition and self-help strategies alongside form therapy or medication. See under **Self-Help Resources** for some suggested websites and books.

## Psychological Therapy - Individual Therapy

If a referral to individual therapy is agreed, I will help you to identify a suitable therapist, either via the Nightingale therapy department or externally. There are many factors that determine this (e.g., availability, funding, in person vs. remote, modality of therapy). Sometimes I will encourage you to make direct enquiries to external services. Common modalities of individual therapy include:

- Cognitive Behavioural Therapy (CBT)
- Acceptance & Commitment Therapy (ACT)
- Mindfulness-Based Cognitive Tx (MBCT)
- Interpersonal Therapy (IPT)
- Dialectical Behaviour Therapy (DBT)
- Schema Therapy
- Psychodynamic Psychotherapy
- Exposure and Response Prevention CBT
- Sleep Therapy
- Addiction Therapy
- Solution-Focused Brief Therapy
- Existential Therapy
- Eye Movement Desensitisation & Reprocessing (EMDR)

## Family & Couples/Marital Therapy - *Available*

### Group Therapy:

Some mental health problems need a more intensive therapy approach. This is often provided via group therapy. Group therapy can be a powerful tool for insight and change. For moderate to severe addictions, it is often an essential component.

The Nightingale Hospital has a range of group therapy programme which can be accessed as an **out-patient** (“Daycare”) or **in-patient**. This includes a specialist **DBT programme** (Dialectical Behaviour Therapy) which is an excellent evidenced-based treatment for severe emotional dysregulation, self-harm tendencies, and for emotionally unstable personality disorder, in particular.

### In-Patient Treatment:

Where distress, vulnerability, or risks are high, or external support is insufficient, hospital admission under my care can be arranged at the Nightingale Hospital.

I also admit patients with alcohol and drugs problems to our **Addiction Unit** for our **detox programme** (7-10 days) or our **28-day Addiction Rehabilitation programme**.

## Medication:

Psychiatric medication is not a cure. However, it is often a useful – sometimes essential – part of treatment to enable a return to good mental health. Some people need medication only for a brief time, others indefinitely, or lifelong. It is important to take a collaborative approach when discussing whether to start or stop a medication. Individual experience and preferences are very important, as is an evidence-based approach with reference to expert guidelines.

I ask all my patients to read about their medication on the **Choice & Medication website**, which gives good quality information on common side effects and rare, but important possible adverse effects. The **Choice & Medication website** can be accessed here:

- <https://drandrewparker.com/resources/>
- <https://www.choiceandmedication.org/drparker/>

When considering a new medication, we will talk about its purpose for you and possible side effects. Some people like to have very detailed information, others prefer less. Some like to go away and think about it, others ask for a prescription immediately. I will always try to help with this process, adapting to your needs. Even if you have already started a medication, we will continue to discuss it, and I will ask about any emerging side effects or concerns. Thus, the process of informed consent is an ongoing process, not only at initiation. **I am always happy to provide more information if you need it, and to check the latest evidence on very particular questions.**

## Repeat Prescriptions:

GPs are often happy to continue prescribing once a medication has been started and the person is on a stable dose. I encourage this. For ADHD medications, GPs often require three months of stabilisation, and a shared care agreement needs completing. If I agree to GP prescribing, I will request this in a letter to them. The patient then needs to check with the GP surgery if they agree.

For ongoing private prescriptions that I am providing, please give **4-5 working days** to issue a prescription and provide the following information:

- Name and dose of every medication (for example, Sertraline 50 mg tablets)
- How often you take that dose (e.g., twice daily, once daily)
- How many days, weeks you require. (e.g., 2 weeks, one month)
- How you would like it provided: post prescription to home address; email to Nightingale pharmacy; email to an external pharmacy (you need to give email)

There is an **admin fee of £30 for arranging repeat prescriptions** outside of an appointment unless it is due to an omission or error.



## Self-Help Resources, Book Recommendations & Driving Advice

- [Help Guide.org](http://www.helpguide.org) – An excellent resource for self-help and psycho-education.
- [Choice and Medication](#) – Excellent guide to possible **medication** adverse effects.
- [Book recommendations \(2019\) \(PDF\)](#) – Self-help books organised by condition.
- <https://psycheducation.org> – Excellent info on mild forms of bipolar mood disorder
- [Addiction Recovery Guide for Families and Sufferers \(PDF\)](#)
- [Alcoholics Anonymous & 12-Step \(PDF\)](#) – AA/12-Step and evidence of effectiveness
- [DVLA Driving Rules \(PDF\)](#) – To check if your condition/medication needs declaring.
- <https://www.drinkaware.co.uk/tools/mydrinkaware-app> - Drinkaware app
- <http://www.blackdoginstitute.org.au> - Excellent resource on Depression & Bipolar
- <http://www.bipolar-foundation.org> - A UK-based Bipolar information site.
- <http://www.nightingalehospital.co.uk> - Leading provider for MH in Central London.
- <http://www.headspace.com> - fun introduction to mindfulness meditation. **App**.
- <http://www.mappiness.org.uk> - smartphone app for mood & stress monitoring. **App**
- <http://www.thementalelf.net/> - High-quality digest of recent evidence base. **App**.

### Clinic Letters:

I will write an initial assessment letter, which, with your consent, will be sent to the referrer/NHS GP and to you. I will often write further letters after follow-up meetings, but not always if there is little change. You will always have access to these letters. If you cannot access them, please let my secretary know. **Please check you spam/junk mail folder as the encryption system often leads to them landing there.**

### Consent to Share:

Prior to initial assessment I ask you to complete a form giving your consent for me to share your health information with others involved in your care (e.g., GP, therapist). You can add or remove consents at any time, by informing me in writing.

GP consent is always advisable. In some cases, I will insist on it as a condition of me offering treatment. This will generally be because of risks, complexity, or medication issues. Sometimes the information shared can be limited.

Please discuss with me if you are concerned about the information being shared.

### Requests to Write Additional Letters

Letters in addition to normal clinic letters are charged, according to Dr and secretarial time. Please check charges with my secretary.

## **Communications Outside of Appointments:**

Psychiatrists and other Doctors, by the nature of their work, are in consultations with patients much of their working time. So, they have **very little time for emails** outside of consultations. **Email is also not an appropriate medium for detailed discussion of clinical issues.** All detailed information should be shared within scheduled appointments (in person, remote, telephone), unless otherwise requested.

### **Medical secretaries' main roles are:**

- Managing the appointment diary
- Typing and sending out consultation letters and assessments
- Responding to brief concerns and passing these on to me where appropriate
- Similar to doctors, secretaries do not have time for lots of email exchanges – this takes them away from their core role.

### **Email is good for:**

- Requesting an appointment or scheduling a brief telephone call
- Confirming an appointment
- Alerting us that you are in crisis and need extra support. State briefly the crisis and how soon you feel you need a response (e.g., “same day” “this week”)
- Brief exchanges to clarify administrative things.
- Sending documents that have been requested.

### **What email is not good for:**

- Lengthy updates – these need to be discussed in a consultation.
- Discussing medication advice.
- Sending lengthy documents that have not been requested. I do not have time to read these (hundreds of patients). If you wish me to read them, then time will need to be booked to allow me time.

### **POLITE REQUEST:**

- Please keep emails to a minimum for the purposes indicated above.
- Please always respond promptly to messages asking to confirm appointments.
- Please only send emails within normal office hours 9-5pm, Monday-Friday. I do not offer an out of hours service. All emails should go via my secretary:  
**pa.drparker@nightingalehospital.co.uk**

*Thank you for your understanding on this.*

## Billing & Payments

It is always the patient's responsibility to ensure that there is sufficient funding for all appointments and treatment.

If insurer details with authorisation code have been provided, then invoices will be sent to the insurer. Otherwise, they will be sent to the patient or a designated third party if they have agreed to pay. All bills must be paid within 7 days of receipt. Shortfalls not paid by the insurer will be billed to the patient.

To pay or inquire about invoices, please contact **Vikram** at Civica Medical Billing and Collection T: **01494 387 823**

## When I May Initiate Discharge

Usually, the process of discharge from my care is discussed and planned. However, in some instances I will initiate discharge back to the GP or another service. This may be for reasons such as:

- Risks or complexity too high for me to manage safely in my clinic.
- Unpaid bills / no payment plan
- Poor engagement
- Lack of consent
- Ongoing alcohol or drug use
- Problems outside my expertise
- Need for multidisciplinary team

## Second Opinion or Transfer of Care

I'm always happy to assist with arranging a second opinion or transfer of care. Sometimes I will recommend a second opinion if treatment does not seem to be effective and the best way forward is not clear.

## Selected Publications:

**Parker AJR** & Mitcheson L (2007) *Beginning Recovery*. A 40-page self-help book created for families and patients affected by substance misuse. **DOWNLOAD available at [www.drandrewparker.com/addictions](http://www.drandrewparker.com/addictions)**

**Parker AJR** (2011) *An Introduction to Group Twelve Step Facilitation: Breaking Barriers and Myth Busting*. In *The Principles and Practice of Group Work in Addictions*, Ed. Hill R & Harris J. Routledge.

**Parker AJR**, Marshall EJ & Ball, DM. (2008) *Diagnosis and management of alcohol use disorders*. *British Medical Journal* Vol 336: 496-501.

**Parker, AJR.**, Andrew C, Giampietro V, Williams, SCR, & Phillips, M L (2002). *Threat perception in paranoid schizophrenia: An fMRI study*. *Schizophrenia Research*, Vol 53(3), 115 - 116.

**Parker AJR**, Cleare A & Wessely S (2001). *The Neuroendocrinology of Chronic Fatigue Syndrome and Fibromyalgia*. *Psychological Medicine*. Vol 31(8), 1331-1345.

**Parker AJR**. (2007) *Sexual Disorders*. In *The Mind: A User's Guide*, Ed. Raj Persaud. Transworld.

## *PEACE*

Peace is a mysterious thing. Sometimes there is peace, even in the midst of crisis. At other times, no peace at all, even with no crisis.

Deeper, more frequent peace can be fostered by choosing a path of authentic growth.

Peace is not a life without challenges and difficulties, but an attitude of acceptance, an outlook of hope, a good purpose, and a sense that underneath the troubles all is ok.

John Henry Newman wrote, "*Growth is the only evidence of life*". He also wrote, "*To live is to change, and to be perfect is to have changed often.*"

Recovering from mental health problems, and staying well, often requires significant change achieved via insight, willingness, courage, and perseverance. The fruit of this work is authentic growth, flourishing, and peace.

*There is no health without mental health.*



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