

Renewal Therapy Service

Parameters of inclusion Policy

We are an inclusive organisation – including all protected characteristics such as race, culture, ethnicity, religion, gender, sexuality, and adult ages.

Any boundaries presented here are given with the sole aim of offering the safest environment for clients and in clear recognition of the boundaries and scope of skills, expertise, and capacity of Renewal Counselling Service.

Mental Health

We recognise that we offer a service allied to the mental health professions and that it is necessary to stipulate under this huge 'umbrella' term, which presentations we are qualified to manage, which presentations we could manage in partnership and which presentations we will rarely or never work with.

What we work with

We state that we are a service for mild to moderate mental and emotional problems such as anxiety, stress, low mood and depression, and factors that impact on mental health such as identity and relationships.

Boundaries

We are not a specialist service and do not deal with acute illnesses such as anorexia, active suicidality, severe life threatening self-harm or active substance dependencies. We also would not be able to work with certain brain injuries or advanced dementia. We reserve the right to refuse a service to anyone whose presentation is beyond the capacity, skills, and competency of the team - on the grounds of safety for the client and in accordance with the BACP Ethical framework.

Presentations we do not work with

We are not equipped to manage severe and enduring mental illness such as schizophrenia, paranoia, delusions, hallucinations, Bi polar disorder, or moderate to severe personality disorders.

Presentations we could work with in partnership

If a person who has had a severe or enduring mental health condition and has stabilised and would benefit from a talking therapy, we could consider working in partnership.

We would require a person wishing to access the service to be able to make psychological contact and to have had a period of stability on medication. Where there is a MDT, that they are aware of and in agreement that a talking therapy could be helpful to the individual. In cases where the person is open to secondary or tertiary mental health services that the service retains duty of care for the individual and in the case of escalating risks, that the counsellor could liaise with a team for the person's best interests with the prior written consent of the client.