THE BALANCE

Admissions Guide

Private Residential Treatment

A considered first step toward private care.

Dedicated to one client at a time

MALLORCA / ZURICH

English / October 2026

A more personal place to begin.

Considering treatment can bring as many questions as answers. You may be looking for yourself, supporting someone close to you, or helping a person you advise.

This guide explains how THE BALANCE approaches private residential care: who it may suit, how admission works, and what life during and after treatment can involve. You can read it before speaking with us and return to it as your questions become clearer.

FIND YOUR WAY

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An inquiry is a conversation. You can ask questions and consider the recommendation before deciding whether to proceed.

What makes care personal.

The people responsible for your care, the place you live and the way treatment is coordinated all matter. THE BALANCE brings these together around you.

01

A residence dedicated to you.

Private living and a daily rhythm organized around one admitted client, rather than a shared treatment household.

02

Privacy beyond the walls.

At Campo Gran in Mallorca, the residences sit within 24 hectares of countryside. Zurich offers a different residential setting.

03

One coordinated plan.

Relevant specialists work toward shared priorities, with clear responsibilities and regular review.

04

Founder-led. Clinically directed.

Founder Abdullah Boulad leads the organization. Qualified clinicians direct assessment and treatment.

05

Assessment first.

Clinical suitability, the appropriate setting, the team and the agreed scope are confirmed before admission.

06

Life beyond your stay.

Return-home planning begins during treatment. Three months of personalized aftercare follow the scope agreed in your plan.

Suitability, residence, team and timing are confirmed individually before admission.

The whole person. The full picture.

People often come to us with overlapping concerns, previous treatment experiences and responsibilities that make time and privacy difficult to protect. We consider these together.

Mental health	Depression, anxiety, bipolar-spectrum conditions, obsessive-compulsive patterns and attention-related difficulties.
Trauma and stress	Post-traumatic and developmental patterns, burnout, chronic stress and emotional regulation.
Addiction	Alcohol, drugs, prescription medication, behavioral dependencies and repeated relapse.
Eating disorders	Eating-related concerns considered alongside physical health, nutritional needs and psychological factors.
Co-occurring concerns	Mental health, substance use, sleep, physical health and relationships that need one coordinated approach.

A diagnosis is a starting point for understanding. It does not determine admission or define the person.

The right setting comes first.

Before admission, clinical review considers your needs, safety, medical and psychiatric stability, treatment history and the support available in the proposed location.

WHEN RESIDENTIAL CARE MAY HELP

A private residential setting may be appropriate when several areas of health need sustained attention, ordinary appointments have not provided enough coordination, or a protected period away from daily pressures has a clear purpose.

The residence must be able to meet the person's current needs safely.

WHEN ANOTHER SETTING IS NEEDED

Some people need hospital care, medical stabilization or another specialist service before residential treatment can begin. The clinical team explains the recommended level of care and any conditions for admission.

If there is an immediate medical or psychiatric emergency, seek local emergency care. Do not wait for a routine admission or travel arrangement.

Read about suitability

ONE CLIENT AT A TIME

Privacy, in three dimensions.

Confidentiality.

Personal information and communication are handled within consent, professional duties and legal requirements.

Private living.

Your residence is not shared with an unrelated treatment client. Visits, access and daily arrangements are agreed around your care.

Physical seclusion.

At Campo Gran in Mallorca, a countryside estate provides space around the residence. This setting is specific to Mallorca, not every location.

One person. One coordinated plan.

Treatment starts with a shared explanation of what is happening and what may help. We call this a clinical formulation. It connects your history, current concerns, health, relationships and everyday life.

01

Understand

Bring clinical observations and your experience together.

02

Choose

Select the relevant disciplines, priorities and pace.

03

Coordinate

Clarify responsibility so specialists work toward shared goals.

04

Review

Discuss progress with you and adapt the plan as needs evolve.

The team is selected around the individual. Clinical leadership, psychotherapy, psychiatry, medical input and personal care management have clearly defined roles.

From first contact to a clear plan.

You do not need a complete account of everything that has happened. Begin with the concerns that matter now, and we will explain what information is needed next.

01

A confidential conversation

Discuss the situation, urgency, goals and the safest way for us to respond.

02

Clinical review

Relevant records, medication, current risks and existing care help the team assess suitability.

03

A personal recommendation

We explain the proposed setting, treatment direction, expected duration and any further steps needed.

04

Preparation together

Confirm the residence, care arrangements, consent, travel, communication and arrival details.

05

Arrival and assessment

Settle into the agreed setting while the team develops and reviews the first working plan.

Admission follows clinical suitability and confirmation of the agreed arrangements.

Arrive with a little less to carry.

Your admissions coordinator will provide a checklist for your situation. Share what is accurate and available; the team can help identify anything still needed.

HEALTH AND CLINICAL INFORMATION

Current medication

A list of medication, prescriptions, allergies and recent changes.

Relevant records

Requested reports and details of current treating professionals.

Current needs

Medical, nutritional, mobility, sleep or other concerns that affect care.

PRACTICAL ARRANGEMENTS

Travel and arrival

Valid documents, agreed travel plans and your arrival contact.

Personal essentials

Comfortable clothing, approved devices and familiar personal items.

Preferences and contacts

Dietary, cultural and accessibility needs; authorized contacts and companions.

Use the secure process provided by Admissions for clinical records. Bring medication in its original packaging where possible, and follow your clinician's instructions about medication and travel.

View the preparation checklist

Time to settle. Space to understand.

Arrival is paced around your immediate needs. Rest, orientation and a sense of familiarity are part of the first phase.

On arrival

Meet your contact, settle into the residence and confirm the essentials.

The first day

Review medication and safety priorities, rest, and establish an initial rhythm.

The days that follow

Meet the core team, continue assessment and discuss the first treatment priorities.

The pace follows clinical need and your capacity to engage.

Treatment shaped by what matters.

Your plan combines the approaches relevant to your situation. Each part has a purpose, and the team reviews the balance between therapeutic work, stability and recovery.

Psychological and psychiatric care

Individual therapy, psychiatric review and assessment informed by your history, current difficulties and goals.

Medical and physical health

Medication, sleep, nutrition, physical health and relevant investigations considered alongside psychological care.

Trauma and regulation

Trauma-informed, somatic and supportive approaches selected according to safety, readiness and the treatment plan.

Relationships and daily life

Family work, practical boundaries and preparation for home where they support the direction of care.

Specialist diagnostics or hospital services are coordinated when required. You will know which professionals are responsible for each part of your care.

A rhythm that responds to you.

An illustrative day balances focused treatment with nourishment, movement and time to recover. The actual schedule follows your needs and stage of care.

Morning

Breakfast, orientation and gentle movement when appropriate.

Late morning

Core clinical work such as therapy, assessment or medical review.

Midday

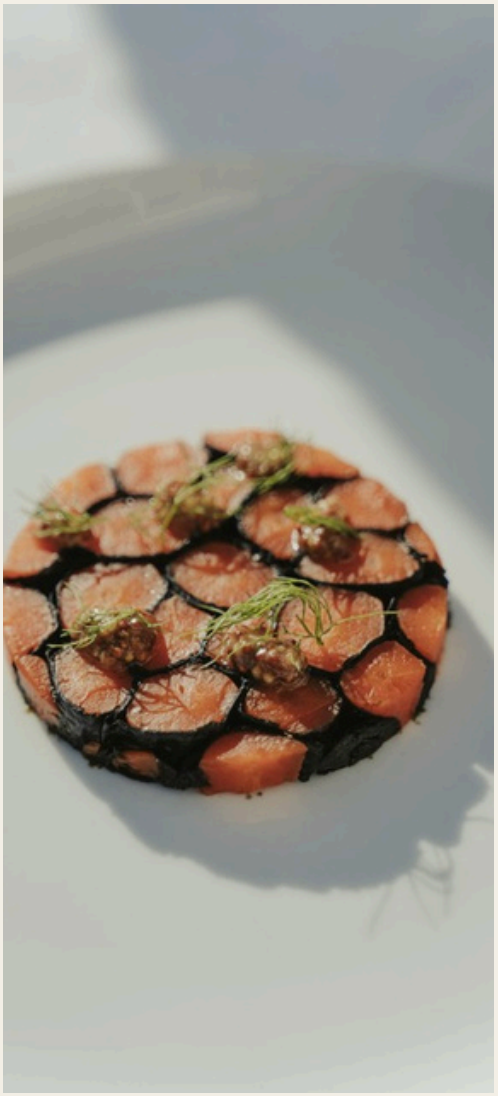
Lunch and a pause to rest and process the morning.

Afternoon

Selected clinical, somatic, family or supportive work.

Evening

Dinner, personal time and a quieter rhythm for sleep.



The team reviews the rhythm as treatment develops. Rest, private time and changes to the schedule are considered alongside clinical priorities.

THE PRIVATE RESIDENCE

A residence dedicated to you.

Your residence provides space for clinical appointments, meals, rest and ordinary life between sessions. The daily rhythm follows your individual plan. The property, facilities and private-use arrangements are confirmed before arrival.

Personal support

Care management helps coordinate the day and practical needs.

Daily nourishment

Chef-prepared meals and nutrition planning reflect individual needs.

Exact residence details and arrangements are confirmed before admission.

MALLORCA / SPAIN

Privacy beyond the walls.

24 hectares / 240,000 m²

At Campo Gran in Mallorca, our private residences sit within a secluded countryside estate. The difference is the space around your daily life, not only inside the villa: time outdoors, a quiet meal or a pause between appointments. The setting complements coordinated clinical care; it does not replace it.

The measurement describes Campo Gran as a whole. Your residence, private-use areas and access arrangements are confirmed individually.

Explore Mallorca

ZURICH / SWITZERLAND

Private care with Swiss connections.

Zurich combines a private residential base with coordinated access to Swiss-based specialists, diagnostics and medical services when indicated. Location is recommended according to clinical needs, practical circumstances and availability.

LONDON / ASSESSMENT AND CONTINUING CARE

London supports selected assessment, consultation, transition and aftercare around residential treatment in Mallorca or Zurich. Its role is continuity; residential care takes place in Mallorca or Zurich.

Explore Zurich

Room for the people who matter.

Family and trusted people

With your consent, involvement can include selected conversations, visits or preparation for returning home.

Existing professionals

Your clinicians and authorized representatives may contribute through clear roles and agreed information sharing.

Work and communication

Essential commitments, devices and contact are discussed individually so they can support your care and recovery.

Treatment designed for the life you return to.

Your home, relationships, existing clinicians and appropriate responsibilities are considered during treatment. The aim is a practical handover, clearly agreed support and increasing independence beyond the residence.

3 months of personalized aftercare

The format, frequency and responsibilities are confirmed in your individual continuity plan.

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01 Prepare the transition

Identify the routines, relationships and support needed after the stay.

02 Connect the care

Coordinate with home-location clinicians and agree who is responsible for follow-up.

03 Review and adapt

Discuss progress, early difficulties and any changes to the support you need.

International arrangements reflect local clinical requirements and the services available where you live.

Before you decide.

Will I share the residence with another client?

Each THE BALANCE residential program is dedicated to one client. Arrangements involving a partner, family member or companion are considered individually.

Do I need a settled diagnosis to contact you?

No. Begin with your current concerns. Existing records can help, and clinical review determines what further information or assessment is needed.

How quickly can admission happen?

Timing depends on clinical review, records, residence and team availability, and safe travel. Admissions explains the next steps for your situation.

How is the length of treatment decided?

A recommendation often begins with 4-8 weeks. Duration is guided by clinical needs and reviewed as treatment develops.

Can I stay in contact with family or work?

Contact, visits, devices and essential work are discussed with you and agreed around treatment, safety, privacy and rest.

Can I choose Mallorca or Zurich?

Your preference is considered alongside clinical needs, location capabilities, travel and availability. The team explains the recommended setting.

Begin with a conversation.

If you are considering treatment for yourself, someone close to you or a person you advise, our Admissions team can help clarify the next step.

CALL ADMISSIONS

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EMAIL ADMISSIONS

admissions@thebalance.clinic

thebalance.clinic

A conversation with our founder.

You may request a private conversation with Abdullah Boulad about the thinking behind THE BALANCE, our approach and what you can expect from the organization.

Clinical assessment and treatment decisions remain with the responsible qualified clinicians.

Request a private conversation

For the first conversation, tell us who you are seeking support for, the concerns that matter now and how you would prefer us to respond. Admissions will explain how to share detailed records securely.

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This guide provides a general overview. Individual care follows clinical review and the confirmed plan. Photography illustrates settings and care; the residence and team are confirmed individually.

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