Personality Disorders Service

A day patient service specialising in the management and treatment of people with personality disorders.

South London and Maudsley NHS Foundation Trust
» I’m so thankful to the staff at the Personality Disorders Service. Working with people who have a personality disorder must be a pretty thankless job. I’m grateful to those who help people like me have a life worth living. «

Storm
Contents

Service overview 4
Our philosophy 5
Who is our service for? 6
Interventions 8
Our care pathway 11
Outcomes 12
Our facilities 14
Training and consultancy 15
Our team 16
Case studies 18
Referring to our service 22
Service overview

Our service provides expert treatment for people with a range of personality disorders.

We use a mentalization-based treatment approach within the framework of a therapeutic community. Our evidence-based psychotherapeutic day programme lasts for two years, and people are expected to attend between Monday and Friday for a minimum of three days a week.

» You gave us back some of what we should have had in the first place. What the service can achieve is amazing! «  Martha
Our philosophy

Our patients are often marginalised in society because of their emotional and interpersonal difficulties.

We work collaboratively with people so that they are able to take control of their lives and find fulfilling roles and activities within their community.

We achieve this through:

- Evidence-based mentalization treatment that enhances emotional understanding and control, enabling productive relationships with others
- A therapeutic community approach which models and develops effective social and interpersonal functioning

» I would never have imagined I’d be where I am... I’m so grateful to the staff and the service because they put so much work in and never gave up on me, even when I gave up on myself. «  Lilly
Who is our service for?

We provide a day service for people with non-forensic personality disorders, which other services have found difficult to help.

Eligibility

- 18+ years
- Male or female
- Serious personality disorder, including poor social functioning
- Interpersonal difficulties and multi-symptom presentation
- Repeat and severe self-harm
- Heavy use of local statutory services
- Support from local community mental health team and clinician

Exclusion

- Current and extensive drug or alcohol dependency
- Current psychotic episode
Interventions

People joining our service take part in an intensive induction programme, with an emphasis on teamwork, a buddy system, and people who start at the same time working together.

We provide a core programme of individual and small group therapy, in addition to a range of other interventions, within the framework of a therapeutic community.

Mentalization
This evidence-based treatment for people with borderline personality disorder (BPD) involves helping them to develop a narrative account of their intentions and feelings in relation to themselves and others. The exploration of individual issues through group and individual work also encompasses psychodrama, anxiety management, family work and focused occupational therapy.

Individual therapy
Each person is assigned an individual therapist, who they meet with once or twice a week before starting the programme, to address any potential barriers to treatment and to clarify the aims of treatment. The therapist also acts as the person’s care co-ordinator and is the main link between the person and other healthcare professionals. Patients meet with their therapist for 45 minutes once a week while in the programme.

Small group therapy
Each person joins a small group of up to eight people which is facilitated by two staff members. These group sessions take place twice weekly and last for one hour. This psychotherapeutic group explores the relationships of the people within it and often reflects people’s experiences of relationships in groups outside of the centre. While this group is based on mutual trust, respect and confidentiality, it is recognised that many difficult personal feelings may emerge and the work can be challenging.

Community meeting
A 40-minute community meeting is held after lunch every Tuesday to Friday. It is an open forum to discuss community-related issues and people are not expected to talk about their personal issues, although issues of safety may be raised.

Every Monday, a liaison meeting focuses on business and practical community-related issues like organising community events, including visitors’ days, unit parties and open days. There is an agenda that any service member (staff or patient), can contribute to and this meeting is chaired and minuted by patients.

Anxiety management
Anxiety management uses a structured cognitive behavioural therapy (CBT) approach to address each person’s specific anxiety difficulties. The group runs over 12 weekly sessions and involves education about anxiety, the sharing of experiences between group members and discussion of coping strategies to manage anxious thoughts and feelings.
There were turning points along the way, definitely. The group therapy, which was eight people and sessions twice a week, helped me to see the impact of my behaviour on others... and myself. «  Lilly

Psychodrama
Group members are encouraged to explore problems through action rather than talk about them. Action methods are used to enable past, present and future life events to be explored. Problems are highlighted and possible solutions are enacted rather than just talked about. The group may work with a theme or support a person to work on a specific issue with group members playing roles for each other. Psychodrama facilitates people to see themselves from the outside, gain insight and practice new ways of addressing their issues.

Occupational therapy
Early on in the programme, people meet with our occupational therapist for an assessment of occupational needs. This includes how they structure their time and manage practical aspects of daily life, like personal care, housing, finances, employment, social life, leisure interests and significant relationships.

Some people may see the occupational therapist for individual sessions if there are specific issues that require more focused work. This may include a home visit if there are particular problems in managing daily living activities.

Family work
Partners and families may be invited to attend a joint meeting with the patient’s therapist and a staff member with family therapy training. These meetings help families join together with the service in understanding the person’s difficulties and supporting them to work on their individual treatment goals.

Cooking groups
Staff and patients work together in small groups to produce a lunchtime meal for the community. In these groups patients are supported to work on any difficulties they experience in cooking a meal like shopping, preparing food, clearing up and working with others.

Future prospects group
In this group, people focus on specific practical issues, discuss their use of time outside the service and begin to work towards plans for the future. The group helps people consider ways they can find the skills and confidence to engage in the ordinary activities of everyday life.

Leavers’ group
Following discharge from the two-year programme, people are invited to attend this weekly group which takes place in the evening. This group facilitates the transition from the full programme, supports people to continue making changes, and identifies any need for further therapy.
Our care model

MENTALIZATION
› Recognise and manage emotions
› Become more self-reflective
› Accurate empathising
› Relationship focus

ENGAGING AND CONTAINING
› Planned transition from other services
› Ongoing treatment plan
› Crisis management planning
› Education sessions about the service and treatment model
› Outreach

PATIENT
› Understanding difficulties from different and multiple perspectives
› Learning ways to name and manage emotions
› Finding new ways to take control of everyday life
› Improved relationships with families
› Effective relationships with community-wide organisations

THERAPIES
› One-to-one therapy
› Small group therapy
› Psychodrama group
› Future prospects group
› Occupational therapy
› Family work
› Creative activities

THERAPEUTIC COMMUNITY
› Whole community meetings
› Self-awareness through social interaction
› Feedback from others

WORKING WITH OTHERS
› Family work and support to provide appropriate kinds of support for patients
› Working with health professionals and other support agencies to support transitions in joining and leaving
Our care pathway

Referral received with funding approval

Assessment (up to three sessions)

Pre-engagement and starters’ group (treatment goals set)

Two-year day treatment programme

Discharge from two-year programme

One-year leavers’ group

Not suitable for treatment and referred onto an appropriate service

Referred onto an appropriate service
Outcomes

Our service aims to provide evidence-based treatment to reduce people’s symptoms and improve their quality of life. We continually audit our outcomes to measure the effectiveness of our treatment.

Outcomes may include:

- Improved occupational capacity
- Improved interpersonal relations
- Reduced symptoms
- Reduced self-harm behaviour
- Reduced use of local services
- Support for families and carers

**Graph 1** shows the significant reduction in the number of deliberate self-harm acts by patients during the two-year programme and leavers’ group.

**Graph 2** shows the significant reduction in suicide attempts by patients during the first 12 months of the programme.
The Future Prospects group was interesting too. Like others, I thought I had no future so couldn’t see the point of it at first, but it turns out I was wrong. Family therapy with my mother was also incredibly helpful. For the first time, it felt safe to be open and honest. « Storm

1. Deliberate self-harm acts

2. Suicide attempts

LENGTH OF TREATMENT AT THE PERSONALITY DISORDERS SERVICE (MONTHS)
Our facilities

Our service is based at the historic Maudsley Hospital, which is internationally renowned for excellence in research, treatment and teaching in mental health. The hospital is based in South London and has close links to public transport.

Our facilities include a large room where community meetings, therapeutic groups, family meetings and supervision groups take place. We have five rooms for assessments and individual work. We also have a kitchen, dining room and lounge area where patients eat, relax and socialise.

» It takes a lot of hard work and commitment but you get out what you put in, and let me tell you it’s worth it! «  Anna
Training and consultancy

Our team offers advice and support for other healthcare professionals and community mental health teams.

We also provide teaching sessions on the diagnosis and management of people with personality disorders.

» You taught me how to deal with difficult feelings and emotions which builds better relationships between myself and others. The tolerance that you have showed in dealing with me at times is the highest I have ever experienced. « Patrick
Our team

Our specialist team includes psychiatrists, psychotherapists, an occupational therapist, audit and research assistant, administrator and housekeeper.

Dr Duncan McLean  BA, MB, BCir, MRCpsych
Consultant Psychiatrist

Dr McLean is a consultant psychiatrist in both the Personality Disorders Service and the Psychotherapy Service.

Other roles
He is involved in implementing the NICE guidelines for borderline personality disorder at the Trust.

Background
Dr McLean studied at Cambridge University and the Royal London Hospital. He was a trainee psychiatrist at the London Hospital, University College Hospital and the Portman Clinic. He qualified as an adult psychoanalyst in 1983 and as a child psychoanalyst in 2001.

Between 1986 and 2000, he was a consultant psychiatrist in psychotherapy at King’s College Hospital.

Research
Dr McLean’s research interests focus primarily on personality disorders.
Jann Oliver  EN (General), RGN, RMN, Psychotherapist in CAT (ACAT)  
Psychotherapist | Service Lead

Jann is the service lead and an adult psychotherapist in cognitive analytic therapy (CAT). She manages the team and is involved in teaching, training, supervision and audits.

Other roles
Jann provides training, teaching, advice and consultation on personality disorders within the Trust and to external parties. She is a clinical supervisor in CAT and, with colleagues, set up a basic training course in CAT at the Maudsley Hospital.

Background
Between 1978 and 1987, Jann trained and worked as a general nurse at hospitals in Rugby and Nuneaton, then largely specialised in working on a general female surgical ward.

She completed post-registration training, achieving her registered mental nurse (RMN) qualification at the Maudsley School of Nursing between 1987 and 1989. Her final placement was on an inpatient ward that went on to care for people associated with personality disorders. Jann specialised in this field, working as a charge nurse at the Maudsley.

In 1992, she sat a Diploma in psychosocial and family-centred nursing at the Cassel Hospital, Richmond. In 1994, she returned to the Maudsley to establish the Personality Disorders Service, alongside Professor Anthony Mann.

She completed a certificate in CAT at the Maudsley Hospital in 1999, and trained in clinical psychotherapy at Guy’s, King’s and St Thomas’ School of Medicine in 2003.
Storm

“My first contact with mental health services came at 13.”

When I was 12 years old, my mother and I were forced to move to an area I was terrified of – I once saw her beaten up by a gang of women there. It led me to feeling too scared to leave the house, I skipped school, became really isolated and started to overeat and self-harm.

Diagnosed with clinical depression, I was put on Prozac and saw child psychologists, but after witnessing my mother being beaten up again we were moved somewhere else.

I was 16 and it felt like a whole new start in life. I left school, started college, stopped seeing psychologists and I came off my medication. I was determined things were going to be better, but it didn’t work out.

“My self-harm was getting worse.”

I started binge drinking, smoking weed, bingeing and purging on food, and my self-harm was getting worse. I tried to take my life the day after my 21st birthday – my mother found me with some empty pill packets in one hand and an empty Jack Daniels bottle in the other. I'll never forgive myself for putting her through that.

The suicide attempt was the final straw for her. I was referred to the self-harm clinic at the Maudsley Hospital and then the Personality Disorders Service, where I joined their two-year programme of intensive therapy. The programme gave me access to various types of treatments and I could still go home in the evenings.

“I just wanted someone to fix me at first.”

We were assigned a nurse therapist – a ‘one-to-one’, as we called them. Our sessions were where my personal work happened.

There was lots of group work too; daily community meetings, a weekly session for decisions about the centre, and something we called ‘small group’. Another was psychodrama, where we acted out scenarios. When I heard about this group, I was one of many who said ‘no way’, but it was one of the most amazing things I've ever participated in. It could be gut-wrenchingly tough and side-stitching funny but always touched the heart. In groups, I’d sometimes find myself judging the way people acted before realising that, in certain situations, I responded in almost exactly the same way.

The Future Prospects group was interesting too. Like others, I thought I had no future so couldn’t see the point of it at first, but it turns out I was wrong. Family therapy with my mother was also incredibly helpful. For the first time, it felt safe to be open and honest.

“For me, my personality disorder meant loneliness and confusion.”

I knew something was wrong but didn’t know how to make it right. I was a drama queen and an attention-seeker and hated it, but didn’t know how else to be. I didn’t know how to get what I needed from people without putting them through hell. I didn’t know how to get what I needed from myself so I put myself through hell too.
Everything I did was extroverted – I was overly happy, overly angry, overly sad or overly silent. I exaggerated so that people knew what I was feeling without having to tell them in words, but people aren’t mind readers so it must have been incredibly frustrating for them, as it was for me.

“I developed an anxiety disorder.”

Don’t get me wrong, I wasn’t exactly the most confident person anyway, but I was giving up all my destructive coping mechanisms and suddenly cared whether or not I lived or died. The thought of dying was terrifying and it culminated in me feeling like I was dying all the time.

My social phobia became particularly bad, especially around strangers. I had to be escorted everywhere and buses were difficult. I struggled to complete a journey so eventually my one-to-one took me on a trip to London. We got on several buses – him sitting with me, sitting away from me, sitting on a different level, and ultimately with him sitting on a different bus altogether. That was the first time I’d been on a bus by myself in months.

One technique was particularly helpful. Rather than telling myself everything would be fine, I had to imagine myself doing the worst possible thing – throwing myself to the floor, screaming and shouting. It didn’t cure my anxiety completely, but it calmed me down.

“You join the leavers’ group when you go home.”

Leaving can be quite a shock to the system, but this was the place I could speak about post-treatment worries.

I concentrated on my anxiety – for which I was referred to the CBT service – my future prospects, and how I could overcome my dependence on my mother.

A few months before I left, my mother was diagnosed with cancer so facing this dependence has been particularly important. I’m pleased to say she’s had the all-clear for a while, but I’m still experimenting with looking after myself. I said I’d flat-sit for a friend for three months and have actually been there for a year-and-a-half. I’m moving back home, but I think I’ve proven I can be independent.

The CBT has also worked well. I haven’t had a panic attack for a few years, I can get on a bus without problems, and I sit upstairs every day, which used to be a definite ‘no no’.

“Volunteering has really helped too.”

While volunteering at the Maudsley Hospital, I helped out on reception when they were looking for a replacement administrator. I really enjoyed it so decided to fill out a job application form – only as practice really. To my surprise, they gave me the job. I’ve been working there for nearly two years and still love it.

I’m so thankful to the staff at the Personality Disorders Service. Working with people who have a personality disorder must be a pretty thankless job.

I’m grateful to those who help people like me have a life worth living.
Lilly

“I was completely lost.”

I became depressed in my final year of university. Nearing the end of my degree, I just wasn’t sure where I was going or who I was. I had high expectations for my exams, putting myself under quite a bit of pressure to do well, and at the same time I felt I had no future somehow.

I saw a counselling service through my GP, but things got worse. I became suicidal and started to self-harm and starve myself. I was in and out of hospital with crisis after crisis. I’d stopped socialising and was completely lost.

That’s when they referred me to the Personality Disorders Service.

“I turned my emotions inwards.”

I guess I probably hoped they were going to fix me – a bit like getting my hair done. Actually, I was very resistant at first and didn’t want to form relationships because I didn’t trust people.

One of the big problems was that I wasn’t able to express my emotions appropriately. It was hard to tolerate any emotion to be honest, but anger was a particular issue. It was like a ticking time bomb. I’d lash out, or it would be pent up so I’d turn it inwards. I was angry and desperate, and people around me were confused, though I couldn’t understand what I wanted either.

The first year in the service was quite full on and there were times when I’d disappear, but I always came back because I think part of me knew I needed it.

“I was desperate to get myself back on track again.”

It was more that I wanted to live life and manage, not just exist. It felt like I was in some kind of underwater tunnel, but I was already under the water so I had to keep swimming to get out at the other end. With patience and understanding from my therapist, I stopped fighting the process.

There were turning points along the way, definitely. The group therapy, which was made up of eight people and sessions twice a week, helped me to see the impact of my behaviour on others... and myself. During one particularly rough patch, I attempted to take my life and people were upset and angry. It made me realise what I was doing and that people cared about me. It wasn’t the ideal situation to learn that kind of lesson, but it happened and I became closer to people, like an extended family.

“I realised I mattered to people in the group.”

Finding support in other people wasn’t as nightmarish as I’d imagined. Even when the therapy was hard, I felt safe and there was always someone there for me. I had people around me who believed I could move out of the state of just existing. It took a long time to understand my behaviour – my ways of expressing what I needed – but the therapy helped with that.
I had a feeling that another group, psychodrama, would have a strong impact on me too, and it did. We acted out scenarios and role reversals, where you watch yourself from someone else’s point of view. That different perspective helped me, among other things, to learn how to confront people and express myself.

I was building up a toolbox to use in the real world and started to think of things I wanted to do – things I’d have been much too anxious about before. I learnt the clarinet, took up swimming – which I’d thought about for years but had never been able to face because of my obsessive compulsive disorder – and I also volunteered at the Maudsley Hospital, assisting with some of the occupational therapy groups. These kinds of things were called positive risk-taking and it was the first time in years I’d found enjoyment in something.

“I’ve learnt how to express how I feel and what I want, instead of resorting to things like self-harm.”

Two of my therapists left while I was on the programme and though that was difficult, instead of staying silent and disengaging, I was able to express how I felt and what I wanted, and they were able to accommodate.

That was about six months from the end of the programme and I was able to ask for an extension to my treatment, giving good reasons why. They gave me an extra three months and for those last months I put everything in. I did things that terrified me, but I knew I had the support. I became a lot more positive about making something of my life and I was able to express things in a safe way. I also started to believe I didn’t have to be the best at everything all the time, which was helpful.

“The whole experience has made me stronger.”

It’s not all been happy and rosy, but I look after myself a lot better. My weight was very low before but it’s higher now and has been stable for two years, and I no longer self-harm.

I am now at university full-time, studying for a masters. I would never have imagined I’d be where I am. I’m more aware of how best to meet my needs, I’m socialising and I’m able to plan ahead – like a holiday for next year. I’m so grateful to the staff and the service because they put so much work in and never gave up on me, even when I gave up on myself.

When you’ve finished the programme, you join an evening-a-week session called the leavers’ group, which is important as part of the transition period. I’m due to finish the leavers’ group next week and it’s a bittersweet feeling. I’m sad because I’ve built up some strong relationships, but I’m ready to leave. I finally feel like I have a future, like this is my second chance at life. It feels like life is waiting for me out there and I want to grab it with both hands.
Referring to our service

Referrals are accepted from consultant psychiatrists, community mental health teams, GPs and GP consortia.

Personality Disorders Service
Cawley Centre
Maudsley Hospital
Denmark Hill
London SE5 8AZ

Tel: 020 3228 2679
Fax: 020 3228 2680
jann.oliver@slam.nhs.uk
www.national.slam.nhs.uk

It’s easier than ever to find out more about our national services.

› Make secure online referrals
› Access detailed information about each of our national and specialist services, including service contact details
› View care options, interventions, outcomes and costs
› Read profiles of our experts
› Catch up on our latest research
› Discover the experiences of people who have used our services
› Sign up for our e-newsletter

Offering over 50 national and specialist services for adults and children, accepting referrals from across the United Kingdom.

Visit www.national.slam.nhs.uk today.
We offer evidence-based treatment for non-forensic personality disorders that puts individual recovery at the centre of our focus.

Dr Duncan McLean