

Personality disorder: using a recovery approach

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What are personality disorders?

Ongoing maladaptive patterns of inner experience, cognition and behaviour, which impact on an individual's capacity to relate to others and/or themselves in culturally expected ways.

In the 20th Century, the widespread belief was that personality disorders were untreatable and for life. *Personality disorder: no longer a diagnosis of exclusion* (NIMHE 2003) challenged this viewpoint, highlighting how personality disorder services should be a core part of mental health trusts. Eleven new pilot projects were then established throughout England (Crawford and Rutter 2007).

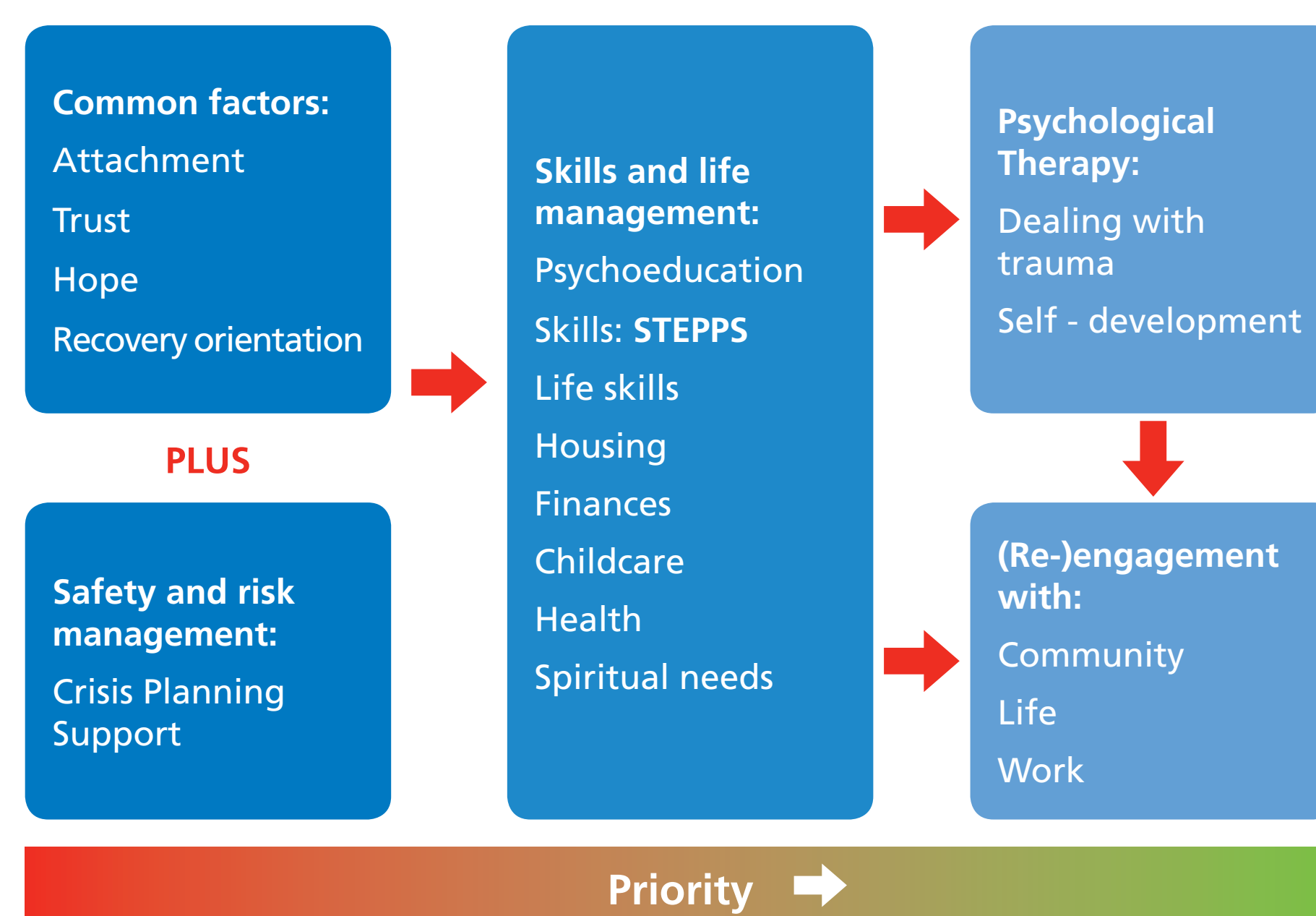
Recovery Support Centres in Sussex

Sussex Partnership has two specialist Recovery Support Centres for adults with problems related to personality disorder/complex needs, Bluebell House in Burgess Hill (tier 3 service, opened 2011) and the Lighthouse in Hove (tiers 1-3, opened 2013). These services:

- aim for individuals to have the opportunity for long term support during recovery and return to community life
- have changed the philosophy and basis for engagement of service users by referring to 'membership', de-emphasising 'discharge', and encouraging the notion of the services as a resource for support not requiring a crisis or escalation of symptoms in order to access help
- have an ethos of joint working with members, encouraging members to take responsibility for behaviour that has an impact on others, for their programme and for their wellbeing
- have developed IRIS (Information and Recovery Internet Support), providing out of hours moderated support for members, information and social networking, offering an alternative to unmoderated sites such as Facebook

The model

The centres follow a three-phase model (see diagram below): creating a holding environment (risk and crisis management), skills development and life management (including occupational therapy, STEPPS and STAIRWAYS psychoeducational programmes), and psychological therapy (including art therapy, mentalization practice, interpersonal therapy).



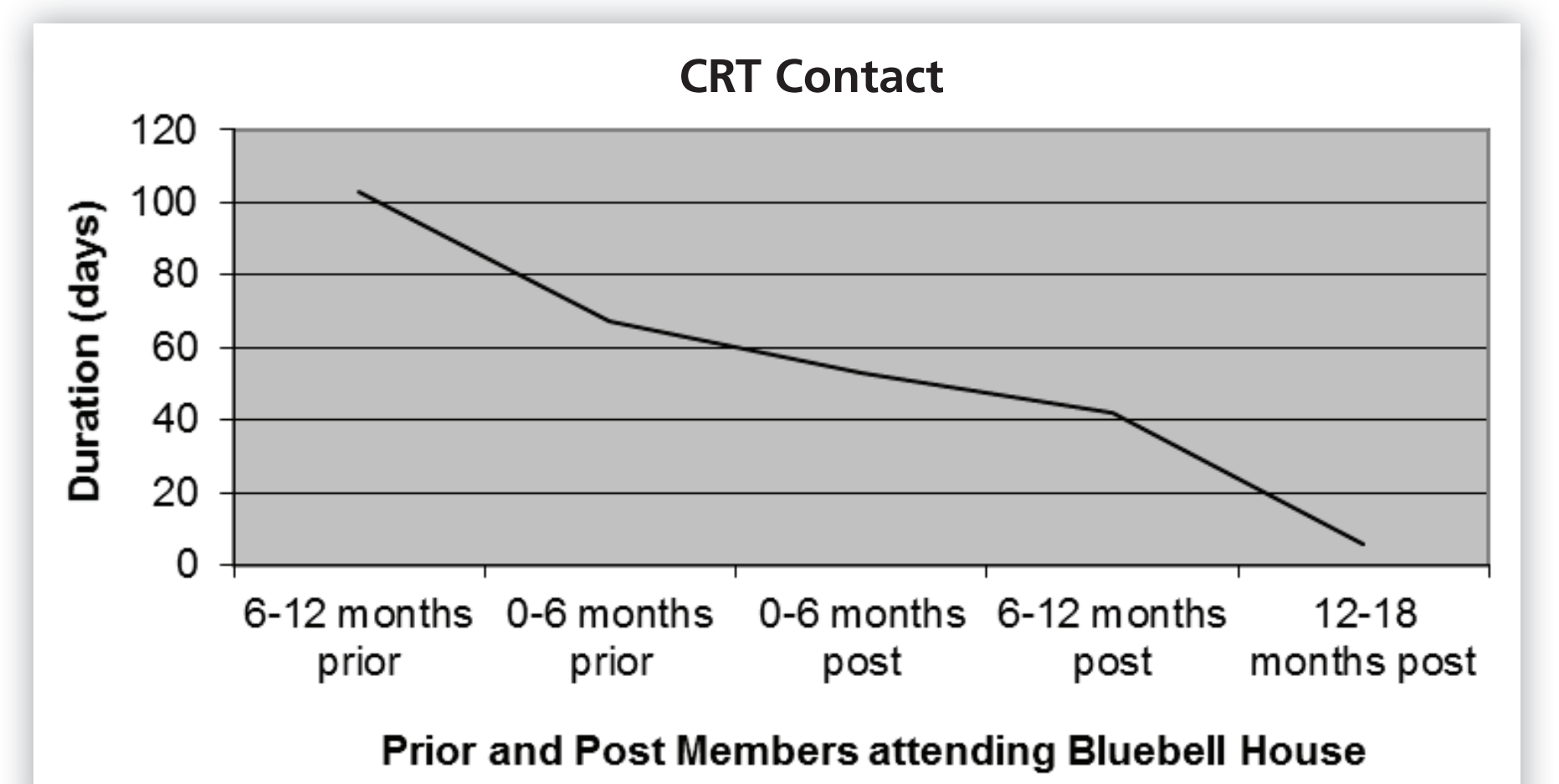
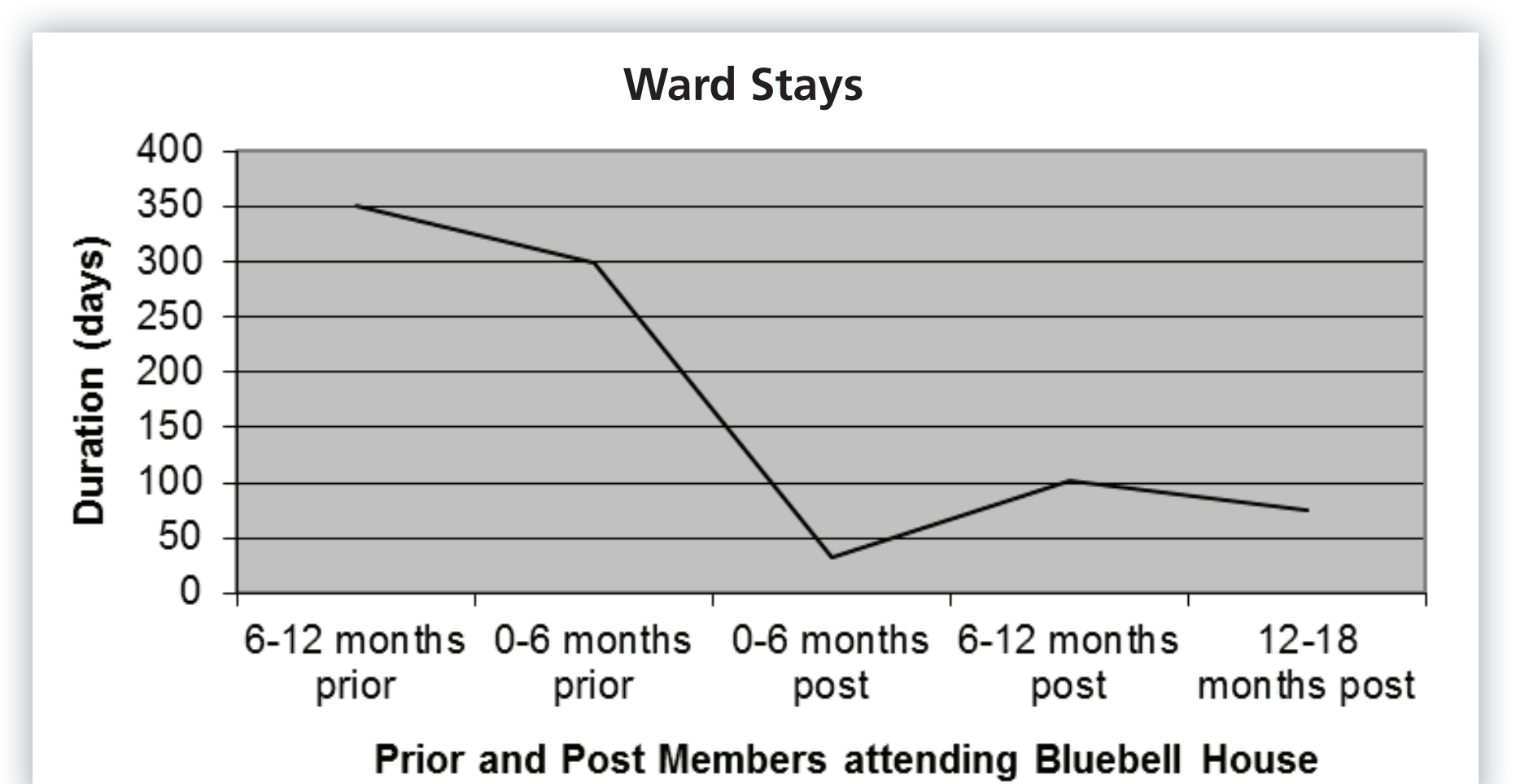
Occupational therapy at Bluebell House

All members are offered occupational therapy groups daily, including: arts and crafts, cooking, creative writing, independent living skills, music, photography, projects, relaxation, sewing and weekly planning groups. Gardening, papier mache and pyrography are current member-led groups. Groups are co-facilitated with assistant psychologists and periodically changed to meet the needs of the members and respond to their feedback.

The two occupational therapists take some time getting to know members through groups and informal contact before undertaking an occupational therapy assessment process. Interest checklists are followed by MOHO assessments (MOHOST, OCAIRS, OSA or OPHI-II) with the goals from these feeding into ongoing individual occupational therapy contact and/or member's keyworking sessions. Occupational therapists are contacts for Aspire Sussex adult education, Citizens Advice Bureau, Sussex Oakleaf and vocational services in the area.

'Triple bottom line' outcomes

On average, Bluebell House attendance reduces acute hospital bed days, crisis team (CRT) involvement and A&E contacts for our members (see table above right), and there are improvements in symptomatology of personality disorder leading to a reduction in medication use. These outcomes meet the 'triple bottom line' of social, economic and environmental agendas, with social benefits for the members, economic benefits for these services and environmental benefits due to the reduced carbon footprint.



Jennie's journey (in her own words)

"Throughout her adult life, Jennie collected numerous sectionings and diagnoses that didn't fit. Aged 39, Jennie had a major admission and was determined not to see 40 and created havoc for services. Under section for a year she finally was able to have a diagnosis that in time felt comfortable. Post discharge, Jennie completed STEPPS and STAIRWAYS and was one of the service user volunteers that helped set up and worked at Bluebell House. She has been able to move on to paid employment with Sussex Oakleaf at the Lighthouse in Hove and continues to work on her recovery daily. To be continued"

References:

Crawford M & Rutter D (2007) Lessons learned from an evaluation of dedicated community-based services for people with personality disorder, *The Mental Health Review*, 12(4), 55-61.

NIMHE (2003) *Personality Disorder: No longer a diagnosis of exclusion – Policy implementation guidance for the development of services for people with personality disorder*. London: NIMHE.

Acknowledgements

Thank you to Aftonia Yakoub (Occupational Therapist) and Cleo Williamson (Assistant Psychologist) at Bluebell House.