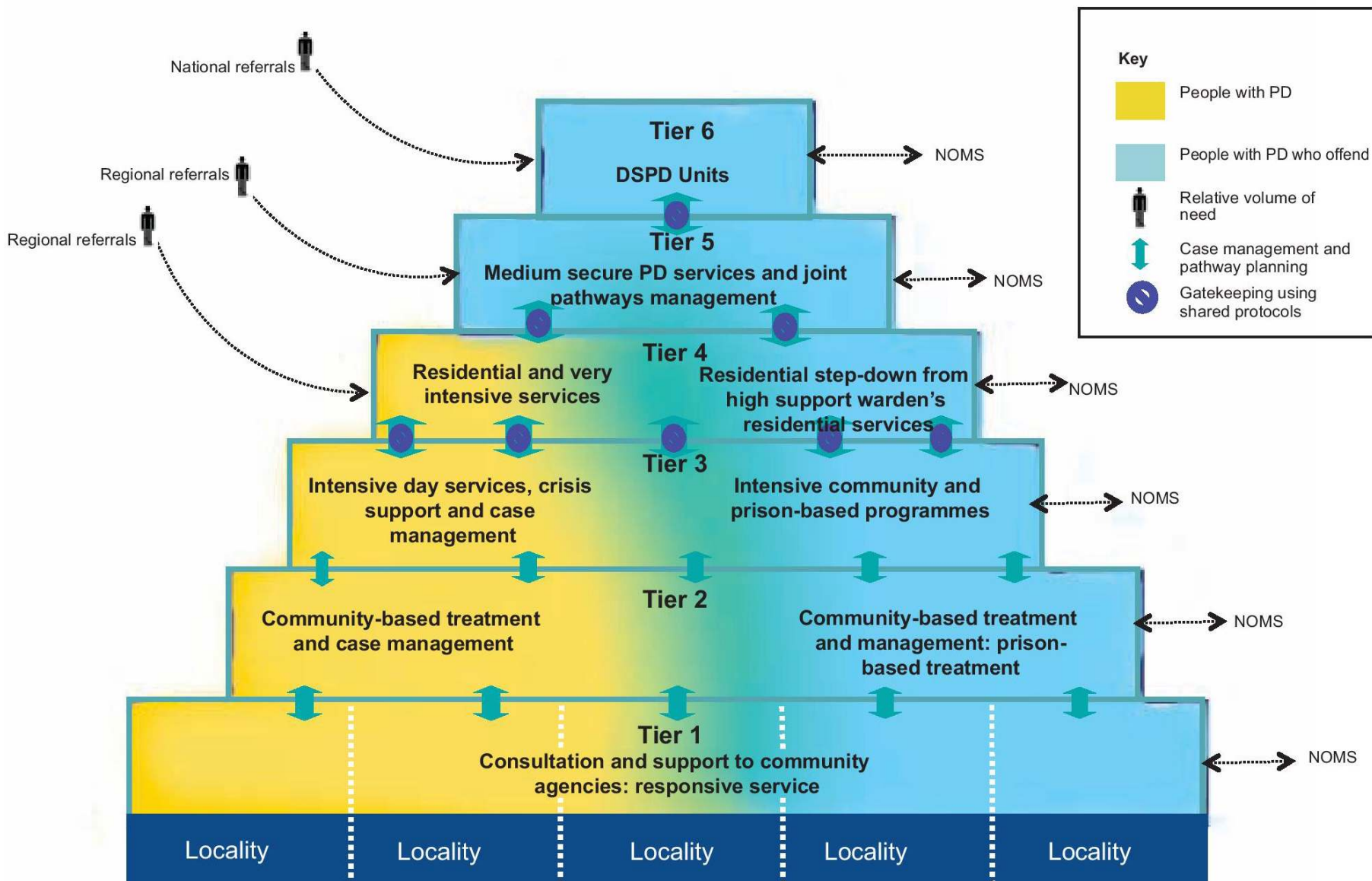


Personality Disorder: Using A Recovery Approach

CleanMed Europe
18.09.2013

Dedicated services for personality disorder (Department of Health 2009)



Sussex Partnership
NHS Foundation Trust



The National Pilots 2004-2007

11 new pilot projects:

4 “big ones”

5 new therapeutic communities

**Therapeutic community
approach in 3 others**

2 managed networks

**2 dialectical behaviour therapy
(DBT) based**

2 largely service user led

1 early intervention

The Haven, Colchester:

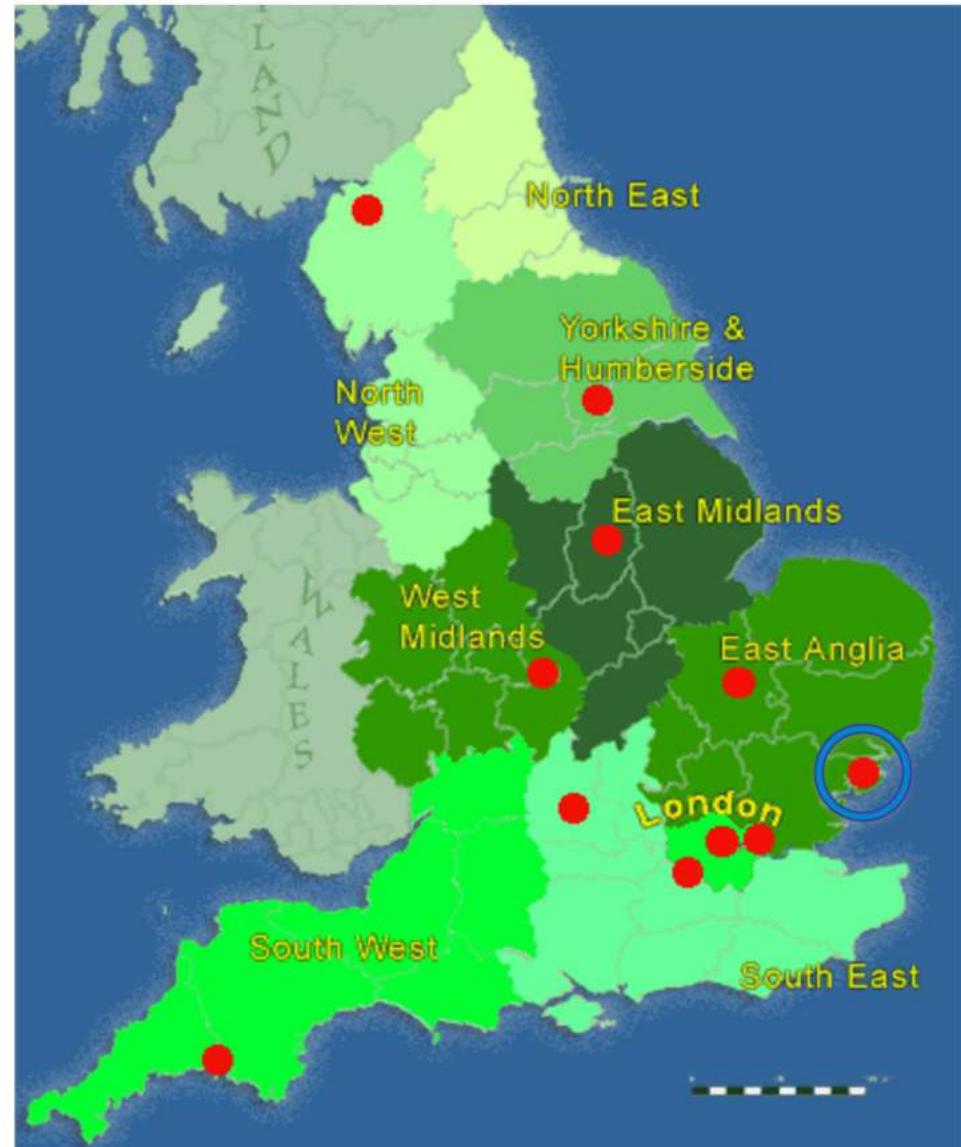
Community Service

**Therapies in partnership with
local NHS Trust**

24-hour helpline

Crisis Drop-in

Crisis Beds / Respite





BORDERLINE PERSONALITY DISORDER

THE NICE GUIDELINE ON TREATMENT AND MANAGEMENT

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



ANTISOCIAL PERSONALITY DISORDER

THE NICE GUIDELINE ON TREATMENT,
MANAGEMENT AND PREVENTION

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

General principles to be considered when working with people with borderline personality disorder

1. Active participation
 2. An assumption of capacity
 3. Being consistent and reliable
 4. Teamwork and communications
 5. Realistic expectations
- (NICE, 2009)

BLUEBELL HOUSE (Burgess Hill)

Complex needs/personality disorder Tier 3
Flexible attendance (half, one, two or three days)

Three layers:

- Holding environment (crisis and risk management)
- Skills development and life management
(STEPPS, STAIRWAYS, occupational therapy)
- Therapy (mentalization based therapy, art therapy,
interpersonal therapy)

Other therapeutic elements

Keyworking, support sessions, community

IRIS (Information and Recovery Internet Support)

Friends of Bluebell House



$$\uparrow \text{value} = \frac{\text{outcomes}}{\text{costs}}$$

economic
social
environmental ↓↓

HEALTH OUTCOMES FOR BLUEBELL HOUSE

Quality and Outcome Indicators

Bluebell House is reducing:

- Bed Days
- Crisis Team involvement
- A&E contacts

Improvements in symptomatology of Personality Disorder

Qualitative feedback

High levels of satisfaction and positive evaluation

ECONOMIC IMPACT (The Haven 2011/2012)

Cost Saving Analysis Using last 50 Registered Clients in 2011/2012 based solely on NHS services	Annual Average 2 Years prior to Haven	Annual Average since Attending Haven	Reduction in service usage	Unit Cost of Service (£)	Total Saving (£)
Psychiatric Inpatient Admissions ¹	33	6	27	4815	130,005
Section 136's (No. of times)	29	3	26	1,313	34,138
Other Sections (No. of times)	12	1	11	1,313	14,443
Use of Crisis Team ²	47	9	38	184	6,992
Use of CMHT	23	10	13	2,523	32,799
Use of Hospital Day Care Services	29	2	27	126	3,402
Use of Neril	449	192	257	40	10,280
Use of Substance Abuse Services	17	7	10	1,029	10,290
Use of Eating Disorder Services	7	0	7	426	2,982
Psychological/Counselling Service use outside of Haven	31	6	25	60	1,500
Use of GP	607	398	209	36	7,524
Use of A&E	88.5	47	41.5	105	4,358
General Hospital Admissions	37	21	16	686	10,976
Gross Saving to NHS (based on sample of 50)					269,689
Saving per client (based on sample of 50)					5,393.77
Gross Annual Saving to NHS (based on 162 registered clients)					873,790.74
Gross Annual Saving to NHS (based on 270 registered clients)					1,456,317.90

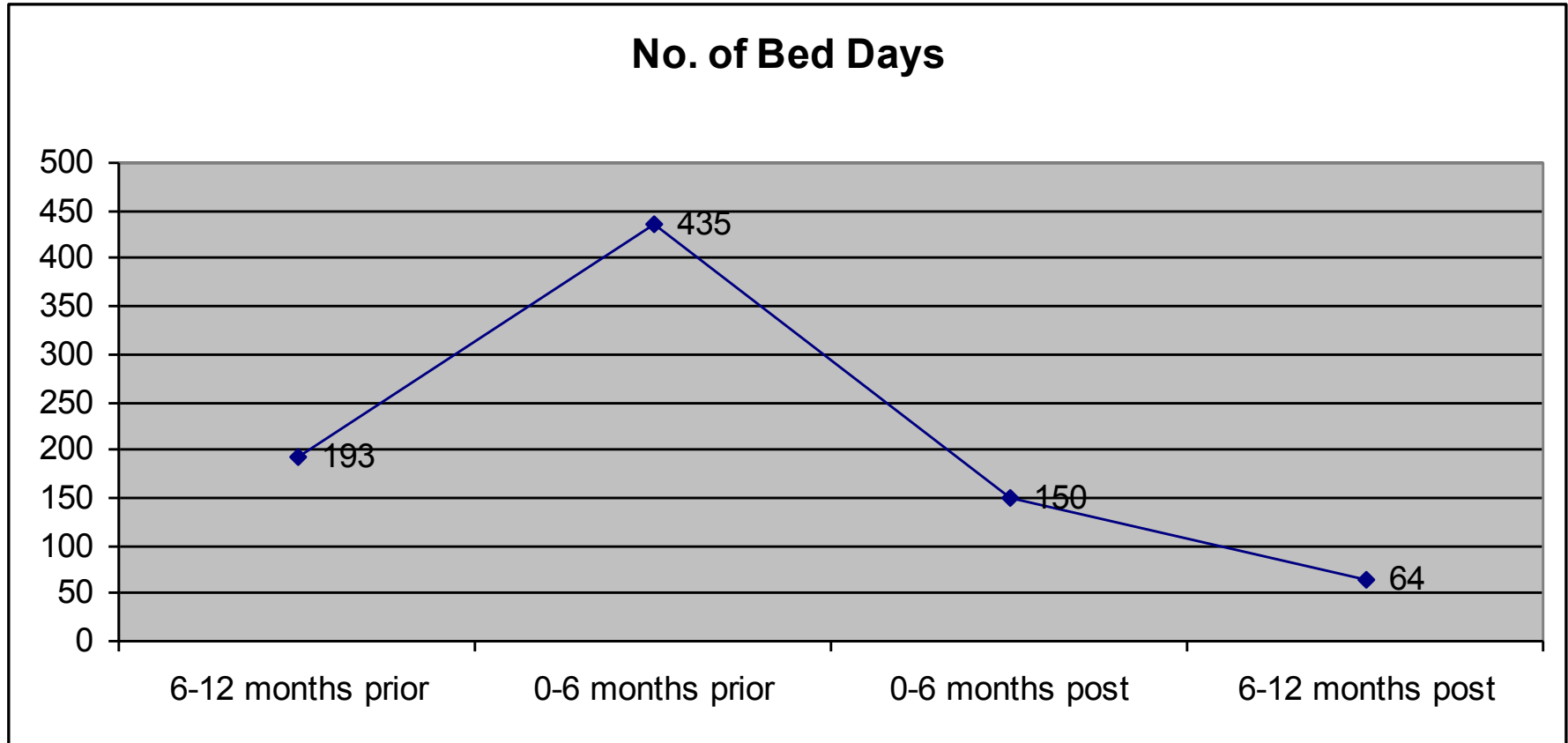
¹ Psychiatric inpatient admission cost based on day rate of £321 and average bed stay of 15 days

² Crisis team cost based on £184 per contact but using Personal Social Services Research Unit's cost of £30,592 per case the annual saving per client increases to £9,536 and that the total annual saving to the Clinical Commissioning Group, at the end of year 3, would increase to over £2.5m.

Jennie's journey (in her own words)

"Jennie Hallett had her first encounter with mental health services in 1989, aged 23. She is the youngest afterthought of classical musicians parents where a highly charged emotional household is the norm. She continued to bounce around services for the next 17 years, somehow working and obtaining a BSc, collecting numerous sectionings and diagnoses that didn't fit and her first major physical diagnosis. Aged 39 she 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."

ENVIRONMENTAL IMPACT (Bluebell House)



Inpatient admission (inc. bed days) = 380kgCO₂e

12 months prior to Bluebell House: 573 x 380CO₂e = 217,740kgCO₂e

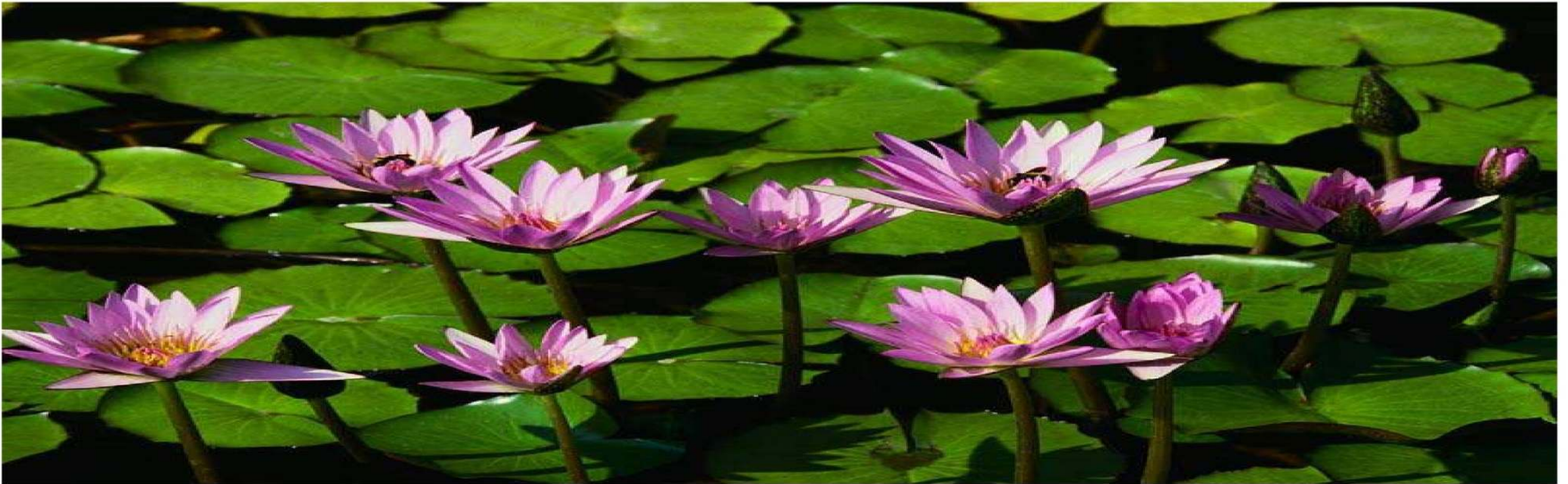
12 months post-Bluebell House: 214 x 380CO₂e = 81,320kgCO₂e

Using generalised figures for hospital stays in NHS England (Tennison 2010)

Adele's final thought

"One of the big things is believing that recovery is possible and giving people a chance. For so long it seemed that personality disorder was for life, so a belief that people can change, that it's possible, is so important, followed by supporting people in making that change. My experience was of not quite daring to believe in hope, so keep holding out that hope and believing in someone no matter how much they keep pushing your buttons or seem to be making no progress. Notice the small changes and treat them like big changes. If somebody stops coming in for a while and then starts coming in for only an hour at a time don't get frustrated as for that person it may seem really big. Hold on to the small things as they may eventually turn into bigger things. Recovery isn't quick. It doesn't happen overnight. It's a very slow gradual process."

**Don't let anyone underestimate
how far some clients and their
families might grow...**



**Work together... To build a bigger
picture, sustainable growth...**

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