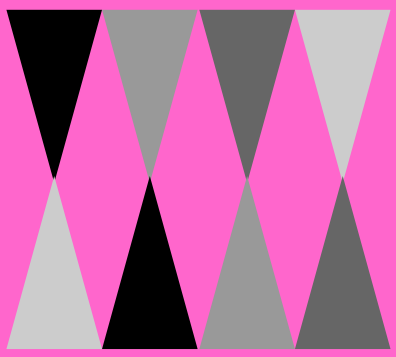
Issue Seven— Spring 2020

Borderline Derbyshire

Newsletter of the

Derbyshire Borderline Personality Disorder Support Group

Accounts from those with BPD/EUPD



Info for group meetings

For anyone affected by Borderline Personality Disorder (BPD) also known as Emotionally Unstable Personality Disorder (EUPD)

Find out what's new in Derbyshire for those with Personality Disorders

Who we are…

Committee—core members

Sue—chair/founder

Vicky—secretary

John—treasurer

Other committee members

Jodie—activities co-ordinator

Ryan—volunteer

At long last, Derbyshire is to have a personality disorder pathway, to be known as the Emotion Regulation Pathway. On Monday 6 January, Dave Woods, who will be leading the pathway, and Vicki Baxendale, Head of Nursing at the Derbyshire NHS Trust, attended our Ilkeston group in the afternoon, and then the Chesterfield group in the evening...

We both enjoyed and learnt from the visits and you made us feel very welcome, thanks. It also seemed that you have two very well engaged and supportive groups: I was very impressed by the attendance. *Dave*

Dave's outline of the pathway, which is still very much a work-in-progress, can be found on pages 6 to 11, followed on pages 12 and 13 by some of our thoughts on how it came about, and our concerns for it's future.

Welcome to *Borderline Derbyshire*...

Derbyshire Borderline Personality Disorder

SUPPORT

Group

News

The United Reformed Church

Thank You!

United Reformed Church

(Little Eaton)

We would like to thank everyone who was involved in raising funds for us throughout 2019. The money will help us considerably, but the faith you have shown by making us your good cause of the year means so much more. We are a relatively small organisation; a niche group who has suffered from so much stigma. You have restored our faith and have given us hope for the future.

Some of our members have been involved in interviewing potential nursing students. They have done, and continue to do, an excellent job and we are immensely proud of them.

Bryony

The group is fantastic! I meet new friends, have a laugh and get lots of information.

I'm Bryony's mum, and I enjoy the support and friendship of the group.

Annie

DERBYSHIRE BORDERLINE PERSONALITY DISORDER SUPPORT GROUPS

Swadlincote

3rd Monday of the month between 1-3pm Fire Station Community Room, Civic Way

Chesterfield

1st and 3rd Monday of the month between 7-9pm above the Saints Parish coffee shop, Church Way

Ilkeston

1st Monday of the month between 1-3pm Fire Station Community Room, Derby Road

Matlock

2nd Monday of the month between 1-3pm Imperial Rooms, Town Council Building, Imperial

Jodie

I get the support I need at the group. It makes me feel comfortable and safe.

Also known as Emotionally Unstable Personality Disorder (EUPD)

I'm Jodie's partner. I get a better understanding of what BPD is and make new friends in the same position.

Ryan

If you would like to know more, please email Sue on derbyshireborderlinepd@gmail.com, or phone/text 07597 644558

Our Groups...

- Began in Chesterfield in October 2017. We now have 4 locations and will be expanding later in the year.
- Are run by a committee of five.
- Are run on a structured basis, rather than drop-in.
- Are for anyone affected by BPD, including friends, family members and CPNs/support workers.
- Are for the purpose of providing a safe space in which like-minded people can come together for information and support.
- Have contributed massively to the campaign for a personality disorder pathway, which was set up in January 2020.
- Have a minimum age restriction of 18.
- Have full disabled access, including toilet.
- Offer free tea, coffee, squash and biscuits.
- Include time for sharing.
- Do not pressure members to interact in any way.

Cluster 8 Pathway Discussion Document

DHCFT is developing an enhanced offer for people with Borderline Personality Disorder (BPD) / Emotionally Unstable Personality Disorder (EUPD). This includes a clear structured pathway with a choice of evidenced-based treatments. There a number of different personality disorder presentations described within diagnostic systems. We are, at least initially, focussing on the needs of people meeting criteria for Borderline or Emotionally Unstable PD. In this document we use these two diagnostic labels interchangeably. This document presents our vision based on the evidence base, national guidelines and our learning from other trusts. *It is intended as a starting point for further discussion and development of our pathway and services.*

Our use of the 'personality disorder' language and diagnosis

Borderline Personality Disorder and Emotionally Unstable Personality Disorder are medical labels to describe ways in which a person thinks, feels and behaves. We are aware that a personality disorder diagnosis can be hugely stigmatising and impact on how people view themselves and how others view them. The diagnosis can also be very useful: it can help in understanding lifelong problems, suggests evidence-based interventions and can allow access to services and therapies.

As we develop our pathway we have made the decision to use the clarity diagnosis provides as a way of identifying those people who are likely to be most helped. As part of our assessment we will consider diagnosis and talk honestly and openly about what it means. At the same time our assessment will go beyond diagnosis to individual understandings of the impact of life experiences and social and environmental factors on the ways people cope. These individualised understandings best inform how people might move towards recovery and beyond the diagnosis. Through education, training and practice we will also strive to challenge the stigma associated with 'personality disorder', promoting non-judgemental and trauma-informed understandings of the person. We do not always require a formal diagnosis: access to our pathway is not determined by whether somebody has a diagnosis or not but whether their needs can be met by our treatment programmes.

Principles of our pathway

The underlying principles of our pathway are drawn directly from the best available evidence, particularly from NICE guideline for Borderline Personality Disorder (2009 and reviewed in 2018), and the 'Shining Lights' Personality Disorder Consensus Document (2018).

The NICE guideline describes how BPD is characterised by "significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour. There is a pattern of sometimes rapid fluctuation from periods of confidence to despair, with fear of abandonment and rejection, and a strong tendency towards suicidal thinking and self-harm. Transient psychotic symptoms, including brief delusions and hallucinations, may also be present. It is also associated with substantial impairment of social, psychological and occupational functioning and quality of life. People with borderline personality disorder are particularly at risk of suicide." Mortality rates from both suicide and other causes are significantly elevated in those diagnosed with BPD.

Many people with this diagnosis out of desparation and a lack of confidence in their own skills look to others to take responsibility for their decisions, solutions and needs. This can include seeking a medical solution to their problems. Thus services can inadvertently undermine the person's capacity for self-care and NICE recommends that mental health services devise treatment plans and pathways to minimise this.

We are proposing that service users with EUPD now follow a NICE compliant pathway: from specialist structured assessment to specialist treatments. We are shifting to seeing our service users as people with difficulties who, with our help, can develop skills and build a life worth living. Thus we encourage our service users taking responsibility for, and actively engaging in, finding solutions to problems and making life choices, enhancing their skills and confidence. We will expect people to attend clinics rather than receive home visits and they will have clear goal-focused care and treatment. We acknowledge that engaging in change is difficult, and at the same time believe that our service users are able, with appropriate support, to go on this recovery journey.

We recognise the influence of the past on the present, and that adults with EUPD commonly report having experienced physical, sexual and emotional abuse early in their lives, as well as other adverse child-hood events. Our pathway will take into account the individual's history, their experience of close relationships in early childhood, and the impact on them of any trauma they have experienced. We understand that these experiences shape a person's patterns of relating to others in the present.

Therefore, we will support the building of trusting therapeutic relationships between the service user and their pathway worker. We will seek to offer people safety and choice, and build trust through collaboration and empowerment. Care must be understandable, reliable and predictable. Thus we are building clear pathways, delivered by specially trained staff. Staff will have access to a range of training, supervision and peer networks that enable their own continued development and well-being, and best support them in developing with their service users non-judgemental understandings, hope and optimism. We have brought together and expanded existing treatment options and are striving to provide equitable services and access across the Trust. We will implement a common assessment approach, and will use two main specialist treatments, both NICE compliant and with a strong and growing evidence base for their effectiveness: Structured Clinical Management

(Bateman and Krawitz, 2013), and Dialectical Behaviour Therapy (Linehan, 1993; 2015). We will also liaise with colleagues working in different ways (including the psychodynamic and CBT services) to consider whether there to join our combined offers within this pathway.

In order to make the best use of available resources and maximise accessibility, we have implemented a tiered approach with different levels of intervention based on complexity and need. We believe, in keeping with NICE guidance, so that effective treatments for EUPD are best delivered in community settings, and so that skills can be learnt and practiced and relationships built in the settings where they will be used. However, until people have learnt and practiced new skills they are likely to benefit from support from crisis services and, in certain circumstances, acute hospital admission. NICE recommend any hospital admissions are brief and time-limited at times of acute risk and that admission should be avoided where possible (via the provision of crisis and home treatment).

It is vital to have consistent approaches across community, crisis and inpatient services and to support transitions between services. Thus we are engaging with our crisis and inpatient teams, to consider moving towards more evidence-based models of care with EUPD and, in particular, effective ways of understanding and responding to risks that promote long term recovery. Risk management guidance for EUPD can deviate from typical management strategies designed for acute suicidal presentations in other psychiatric disorders (e.g. in major depression or psychosis). With EUPD active interventions designed to prevent chronic suicidality have a tendency to be ineffective and even counterproductive, reinforcing the very behaviours they are designed to treat (Linehan, 1993).

Staffing the pathway

The pathway will be staffed from a combination of new and existing posts. There is a new full time Personality Disorder Services Lead post (currently seconded into). The pathway will include the two active and well-established community DBT teams: one based in Chesterfield and one based in Derby. These teams provide group and individual DBT sessions accessible by users of all 9 CMHTs and are made up of CPNs and Clinical Psychologists. 6 staff each work 0.4WTE into the North Derbyshire DBT team and 5 staff work (though not all up to 0.4WTE) into the South Derbyshire DBT team.

We are recruiting into a total of 20 full time Cluster 8 Pathway Practitioner posts trust wide to provide specialist care coordination and treatment within each CMHT (3 in each Derby City team, and 2 in all other teams). Their roles include providing Structured Clinical Management individual and group work, and providing care coordination to people accessing the Coping with Emotions and DBT Skills groups. 10 of these posts are funded by new monies, and 10 will be re-engineered from existing posts. As of December 2019, we have appointed into 8 of these posts with start dates of January 2020, and are going back out to advert imminently. In addition, we are recruiting into three 0.4WTE Clinical Psychologist posts to provide additional therapy capacity and support to those CMHTs without existing Clinical Psychology time within the DBT teams.

The Cluster 8 Pathway in Derbyshire

In order to promote coherence and consistency throughout the pathway we have adopted the 4 phases and principles outlined in Structured Clinical Management to guide and structure a person's journey along the pathway. With shared referral, assessment, socialisation and transition phases.

Access to the Pathway

People who may benefit from the pathway will be identified within CMHTs.

Inclusion criteria

Reasons for considering assessment in the Cluster 8 Pathway include:

- Cluster 8 and meeting criteria for CPA
- Identified BPD or significant traits
- High use of services: repeated presentations and treatment failures, including high use of inpatient beds
- Long history of poor coping beginning in early adulthood
- Intense and unstable emotional experiences
- Self-harm / overdose or other parasuicidal behaviour
- Impulsivity (eg. drugs, alcohol, relationships, other reckless behaviour)
- Relationship difficulties: whether absent or chaotic

People should be aware of the reasons this pathway has been suggested for them, and have had a minimum general orientation to the approach: particularly the *structured, active and goal focussed nature of treatment.* People should have consented to meeting with a pathway worker for further discussion and assessment. This orientation assists us in establishing rapport & gaining commitment from the person.

Exclusion criteria

People with BPD often have comorbid disorders. Comorbid Axis I & II disorders will be identified and assessed for suitability, for example:

- This pathway is NOT for people with primarily anxiety, mood or anger management problems.

- Clear and significant antisocial personality disorder traits, or other clear personality traits such as narcissistic personality disorder traits may lead to exclusion from our service depending on their impact on risk to others and engagement.
- Untreated or active psychotic states and acute anxiety and depressive states often prevent people from engaging with group interventions, and may lead to the recommendation that they be re-referred at a later date when their condition is stabilised.

Assessment Phase

The pathway emphasises the importance of the assessment process. It is extremely important that people whom services feel meet the diagnosis of BPD are properly assessed and understood.

The NICE quality standards (2015) recommend that people have completed a semi-structured diagnostic assessment before being given a diagnosis. We will use, as a minimum, borderline and antisocial sections of the Structured Clinical Interview for DSM Axis II Personality Disorders (SCID-II).

The assessment process in our pathway is seen as the start of the journey for the service user. The assessment involves several key components of which the diagnosis is only one. Other key functions are: to validate the service user's experiences, to help look at their strengths and goals as well as their needs, to help them understand what a personality disorder is, and the limitations of the diagnosis. The assessment will also cover crisis responses.

The assessment process looks to go beyond diagnosis and work with the person to identify underlying factors that could have led them to cope in less helpful ways and, subsequently, meet diagnostic criteria for BPD.

Whenever possible, the assessment process will look to link the family and carers into services. The role of family, friends, and partners is seen as an important part of the care and treatment making up the Triangle of Care.

As an outcome of the assessment, next steps will be discussed with the person.

Next steps may be outside the Cluster 8 Pathway including:

- *7 Steps*: an established 7 session skills building group using a DBT approach.
- Return to *'standard CMHT treatment'*: for people who cannot engage in the pathway but for certain reasons cannot be safely discharged back to their GP.
- *Discharge from CMHT* if no clear goals and role of services identified. For people who are not able to engage, the pathway will provide safe discharge guidance and an open re-referrals approach acknowledging that timing for recovery is also an important component.

Next steps and specific interventions offered within the Cluster 8 Pathway

- *Coping with Emotions group*: 18 weekly group sessions with 10 biweekly 1:1 sessions. Group uses a DBT and CFT informed approach.
- *Structured Clinical Management*: weekly individual sessions over a 12 month period with weekly problem solving group work offer. Focuses on building skills in managing emotions, impulsivity and relationships.
- *DBT Skills Group*: 24 or 48 week group plus weekly individual sessions teaching and practicing skills in mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness.

The final part of the assessment process involves socialisation. The aim here is to promote understanding of the treatments offered, including what is expected of the service user what to expect from services. Sometimes service users may not feel ready at the end of the assessment process to engage in the active treatment part of the pathway – in these cases the service user is referred to the introductory phase.

All assessors have completed specialist training in personality disorder and have significant PD specific assessment experience or attended training in assessment.

Introduction and Socialisation phase

This introductory phase is the link between the assessment and starting treatment. In line with NICE guidance our longer-term treatments involve group and individual contact, and sometimes the prospect of group treatment can feel overwhelming. The introductory phase looks to work with people to help address their concerns and fears about group work.

In the introductory phase we will work on:

- A deeper understanding of difficulties and how they have developed
- Setting short term and long term goals
- Agreeing treatment contracts so people know what to expect and what is asked of them
- Developing a safety plan to help in difficult times

Treatment phase

Our treatment programmes are clearly structured and time limited. Service users then know what to expect and how long they will be in active treatment. This gives them time to prepare for the ending as well as helping to keep them and their practitioner focused on the short and long term goals.

Structured Clinical Management

Structured Clinical Management (SCM) is an evidenced based approach that enables generalist mental health practitioners, the Cluster 8 Pathway Practitioners, to work effectively with people with borderline personality disorder.

SCM provides generalist mental staff with a coherent systematic approach with weekly individual sessions over a 12 month period. Sessions include case management and advocacy support, with an emphasis on problem-solving, effective crisis planning, medication review and assertive follow-up if appointments are missed. SCM focuses on here and now problems in managing emotions, managing impulsivity and managing relationships.

SCM also has a weekly group work offer, attendance at this gives the best chance of improvement.

Coping with Emotions Group (CWE Group)

The Coping with Emotions Group uses a combination of DBT techniques and Compassion Focussed Therapy (to target shame and self-criticism), and runs for 20 weeks. The whole programme consists of 2 modules of 9 weeks each – group intake occurs at the start of each module.

Suitable clients for this group will have either a diagnosis of BPD or significant traits suggestive of this disorder, and may have histories of self-harm or damaging impulsive behaviour, but WITHOUT current life threatening self-harm or high levels of suicide risk.

We offer biweekly individual contact alongside attendance at the Coping with Emotions group, but we are not able to fully monitor and manage risk issues. We therefore request that appropriate measures are in place to monitor and manage risk within the referring team.

In addition, group attendance can sometimes lead to a short term increase in distress. *We recommend that participants in this group also have opportunity for 1:1 sessions with a key worker or care co-ordinator in their home CMHT, to support their motivation and progress in the group, particularly at times of distress or higher risk.*

DBT Skills Programme

The DBT Skills Programme offers intensive individual therapy and group skills teaching over the course of 6 to 12 months.

This programme is designed for people who have a BPD / EUPD diagnosis and who are at significant risk of self-harm, suicide or of other life threatening or severely self-damaging impulsive behaviour. Full DBT programme may also be appropriate for more complex presentations, including those with multiple personality disorder diagnoses.

If they are assessed as suitable and agree to engage in the programme, clients will be offered a contract of 6 to 12 months, thereby making a commitment to attend weekly individual therapy as well as a weekly 2 hour DBT skills group.

We follow the standard DBT treatment plan developed by Marsha Linehan (2015), which includes protocols for both individual therapy and group skills training, both of which the client must attend. The skills group consists of 3 modules of 8 weeks each, teaching skills in mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. These interventions are based on the DBT formulation of BPD problems and symptoms.

People contract to take the modules either once or twice through. There is a rolling intake for the skills group which occurs at the start of every 8 week module.

The person can be seen individually in their own locality, but would need to travel to Chesterfield or Derby to access the DBT skills groups.

After completing the group programme, people will be able to access our post- DBT programme DBT Advanced Groups (see below).

Discharge transition phase

It is acknowledged that endings and transitions can be difficult for in people with EUPD and may evoke strong emotions and reactions. Consequently, all treatment programmes offer a 6 month transition phase. Within this phase, service users have continued telephone access to their Cluster 8 Pathway practitioner. They also have the option of taking three banked (these can be planned or crisis sessions) sessions. This is aimed at supporting this transition to living without the support of the Cluster 8 Pathway and CMHT services.

People who have completed the DBT Skills or Coping with Emotions Groups have access to an Advanced DBT Group. These meet on a monthly basis in Chesterfield and Derby. Access is following discussion with their individual DBT worker. Attendance is on informal, drop-in basis. The aim of this group is to support clients to

consolidate, maintain and further develop skilful and regulated behaviour.

DBT Advanced Group
The Advanced DBT Group meets on a monthly basis in Chesterfield and Derby, and is open to people who have completed the DBT parts of the pathway (Coping with Emotions Group and DBT Skills Programme). Attendance is agreed following discussion with their individual DBT worker. Attendance is on informal, drop-in basis. The aim of this group is to support clients to consolidate, maintain and further develop skilful and regulated behaviour.

Therapeutic discharge and easy return
Sometimes the service user does not complete the assessment process or is unable to commit to or engage meaningfully in the treatment programme. In these cases, when further contact with the pathway is unlikely to be beneficial and may even reinforce therapy interfering behaviour, the person will be discharged.

A safety plan will be put in place, ideally completed with service users. The reasons for therapeutic discharge will be discussed openly with the person, together with any expectations regarding what would need to change for them to access our pathway again. We acknowledge that change is a complex and cyclical process, and make clear that people can be re-referred at any point in the future.

'Standard CMHT treatment'
In some cases, an extended socialisation and engagement phase may be needed for people who cannot engage meaningfully in the pathway but for certain reasons cannot be safely discharged back to their GP. We are asking a lot of our service users, whilst offering a lot at the same time. The pathway acknowledges the difficulties in these new ways of working by providing an extended socialisation period that is designed to give people time to get ready for the treatment aspect of the programme and addresses barriers to group work, attending clinics etc.

The reasons for this will be discussed openly with the person, together with clear plans regarding what would need to change for them to access our pathway again.

This extended socialisation will usually be provided by CMHT staff. All CMHT staff will receive a foundation level of training in understanding and working with PD to enable them to be most effective in this role, and be supported by Cluster 8 Pathway staff in addressing motivational issues.

'7 Steps Group'
The 7 Steps group has been developed and piloted in Killamarsh CMHT in order to reduce significant pressure on DBT waiting lists and thus waiting times for therapy. It teaches key skills useful in reducing self-harm and other impulsive behaviour, improving relationships and better managing emotions. It can provide a full treatment for some people, and for others it can function to prepare them for higher intensity interventions in order to avoid ineffective intervention and reduce dropout rate.

The 7 Steps Group may be best offered within the wider CMHT, as appropriate attendees are unlikely to meet criteria for CPA, or benefit from the extended interventions and phases offered within the Cluster 8 Pathway. However, the 7 Steps Group may be supported / co-facilitated by pathway staff.

Approach to medication
Psychotropic medication continues to be used in the long-term management of personality disorder, despite widespread guidance and research evidence that this is ineffective or harmful. There is no evidence that any drug reduces the overall severity of problems for people who are diagnosed with EUPD, and NICE propose that drug treatment should not be used specifically for BPD or its associated symptoms

NICE (2009) sets out that before starting a treatment for a comorbid condition in people diagnosed with EUPD, the diagnoses should be reviewed, especially if either diagnosis had been made during a crisis presentation. It is also necessary to review the effectiveness and tolerability of previous and current treatments, alongside discontinuing ineffective treatments.

To address these issues we will develop pharmacy educational programmes for the service users.

People open to the pathway have access to psychiatric and pharmacy reviews within the CMHT. These are used to assess and treat any co-morbid disorders as well as providing advice and guidance on medication.

Inpatient treatment
Despite the frequent use of inpatient admissions in the management and treatment of people with EUPD there is expert consensus that long admissions in standard psychiatric inpatients units are unlikely to be helpful in treatment and can be counterproductive.

As stated above, we believe, in keeping with NICE guidance, that effective treatments for EUPD are best delivered in community settings. If hospital admission is necessary at any point, it is recommended that this is relatively brief and with a clear goal and timescale in mind. Contact with the Cluster 8 Pathway worker will continue during the admission wherever possible.

Training

We are committed to developing our staff's understanding, confidence and skill. Our pathway will develop a modular training strategy in line with core competencies as defined by the 'Personality Disorder Capabilities Framework' (NIMHE 2003) and informed by 'Meeting the Challenge, Making a Difference' (DoH, 2014).

We will provide an enhanced level of training to Cluster 8 Pathway Practitioners and DBT groupwork facilitators, as well a tiered model of awareness and practice training accessible to all clinical staff to enable them to work effectively and safely with personality disorder.

Training opportunities include externally facilitated Structured Clinical Management Training; DBT training provided externally by British Isles DBT and internally using Association of Psychological Therapies (APT) training; and Internally facilitated APT 'ADDRESS' training in working with Personality Disorder. We will also deliver bespoke internal training on relevant topics including understanding trauma and dissociation, general therapy skills and validation, structured assessment and discussing diagnosis, enhancing motivation and stages of change, chain and solution analysis, goal setting, the problem-solving approach and mindfulness.

Cluster 8 Pathway Practitioners and DBT workers will be expected to attend regular 1:1 and group clinical supervision to support their continued development. Our model of a small team of practitioners working within CMHTs is designed to promote safety and confidence in our staff, support their wellbeing and prevent burnout.

Future priorities

We are in phase 1 of our Cluster 8 Pathway implementation. Priorities for future developments include:

Lived experience workers: we hope to develop peer support roles for people who have lived experience of personality disorder. We want to use their expertise to support people on the pathway and beyond, supporting their transition into valued roles within the community.

We will seek to coproduce training with these lived experience workers.

Carer Support. We acknowledge the very important role that carers provide, we aim to support this further by developing a carer education and support programme.

In order to support discharge and sustain recovery we hope to develop a significant offer to support valued activity and occupation. This may well be best provided in group work developed with our occupational therapists and lived experience workers. This offer will help people reintegrate in society and develop a life worth living.

Extending the therapy options within the pathway, including more trauma-focussed approaches, using different therapy models to promote choice.

Alternatives to admission. We have limited access to crisis beds within our Trust, we need to consider how to best support people in crises and develop alternatives to admission.

Engaging with different service domains including social care, police and criminal justice, emergency services, primary care to consider more effective, consistent and trauma informed approaches in each of these areas

Dr David Woods, December 2019

The following month, Dave sent the following summary/update ...

The Emotion Regulation Pathway

Derbyshire Healthcare are developing a new treatment pathway for people with significant emotional regulation and relationship difficulties: people who may fit with diagnostic criteria for Borderline or Emotionally Unstable Personality Disorders. After consultation with users and providers of services we have named this new offer the 'Emotion Regulation Pathway'. We aim to improve peoples' experience and their outcomes by providing high quality interventions delivered by highly trained and well-supported staff. We also aim to reduce our reliance on expensive and often less than ideal out of area hospital stays by improving access to intensive community based treatments. This fits with the aspirations of the NHS Long Term Plan to "eliminate inappropriate out of area placements for non-specialist acute care by 2021", and thus reinvest monies in intensive and effective community-based support.

The Pathway will include existing Dialectical Behaviour Therapy (DBT) individual and groupwork and a new Structured Clinical Management offer delivered within each CMHT. We are also looking at expanding this offer in the future to provide greater choice. The pathway will be accessible to people who are open to the adult CMHTs, although access to DBT treatment will also be considered for people open to other trust services. If you think you would benefit from these services, please discuss with your CMHT or other worker.

Structured Clinical Management is an evidenced based approach that enables generalist mental health practitioners to work effectively with people with borderline personality disorder. SCM is a structured and supportive approach. There is an emphasis on building skills, problem-solving, effective crisis planning, medication review and follow-up if appointments are missed.

As well as a new Clinical Lead role, we are recruiting to a total of 20 Pathway Practitioner posts (10 of these posts are new and 10 re-engineered from existing roles). The Pathway Practitioners will have access to enhanced training and supervision and will be working with reduced caseloads in an intensive way. We will also be expanding our DBT services and are recruiting into new psychologists posts to support this.

As of late January 2020 we have recruited into 7 practitioner posts and 2 part time psychologist posts, and we are interviewing again this very week. We have significant staff training planned over the next month, with almost 70 targeted training places on 3 different courses. We aim to skill up our whole organisation to work more compassionately and effectively!

We are very excited about the opportunities to improve our services through the Emotion Regulation Pathway and hope that the benefits begin to be felt as our pathway grows and develops! **Dave Woods, 21 January 2020**

The following words were written for the Mental Health Together (MHT) online bulletin, February 2020. I was co-chair of MHT when it acted as a steering group for priorities to put forward to the Clinical Commissioning Groups (CCGs). During this time I sought to raise awareness of the serious lack of statutory services for people with personality disorders, and the need for a pathway. This pathway has now been established.

At last, there is to be a pathway in Derbyshire for people with Borderline Personality Disorder (BPD). Various organisations have been campaigning for this, including MHT and Borderline Arts. They have done a wonderful job and have been commended for it. However, I would like to pay tribute to the members of my own organisation, the Derbyshire BPD Support Group, whose contribution has also been significant in raising awareness of the need for such a pathway. Since early 2018 we, as a group, have made several presentations at events including a Joined-Up Care Derbyshire workshop as well as for the Derbyshire Voluntary Association (DVA) and LINKS. I feel immensely proud of our voluntary sector in Derbyshire; their support has been extraordinary.

As part of our campaign to raise awareness of BPD we produced and published a report on the needs of those affected by BPD in Derbyshire. Forty of our members contributed to the report, baring their souls on the problems and stigma they have faced when trying to get help for their condition. The report was seen by the clinical lead of the new pathway, Dave Woods, prompting him to visit two of our groups, and around 35 members attended to discuss the new pathway with him. Naturally, we are all pleased to see that services for people with BPD are now on the NHS agenda for Derbyshire. Statutory support has been woefully inadequate up to now, with people continuing to self-harm and to suffer extreme symptoms. Let's not forget that one in ten people with BPD take their own lives!

The new pathway, now called the 'emotion regulation pathway' is only a month old. It's far too early to judge how effective it will be, but I remain sceptical. The reason behind the new service, I have been told, is to reduce the number of acute hospital beds being used by those with BPD. This (and the fact that the new service was initially called the 'Cluster 8 pathway') suggests a focus on individuals with more severe symptoms, possibly at the expense of those with low and medium difficulties. There will be more money for Dialectical Behavioural Therapy (DBT), but this will not be just for those with BPD, meaning that a significant amount of the new funding (£600,000 per annum) could be diverted away from those with BPD. After years of stigma and poor services, I sincerely hope that my scepticism is misplaced. Time will tell!

Sue Wheatcroft, February 2020

Members' reactions to the pathway

- **The pathway is for people within the adult CMHT and so the over 65s could be denied.**
- **No specialist or high level psychological treatment skills are required to attend the training course.**

- **The pathway is only for those under a CMHT, but some of us have already been discharged because, before the pathway, there was nothing they could do for us. Even if we manage to get back into the CMHT, we will be at the bottom of the waiting list**

However…

We are determined to remain positive. The introduction of a pathway is a massive step forward and, regardless of the real reasons behind it, we look forward to a better service for people with BPD*

***The pathway is initially for those with BPD, but it is expected that it will eventually include other personality disorders.**

Our members have a wealth of experience, vital to the understanding of living with BPD, and are willing to help towards the training of anyone interested in working with people with this condition. We frequently have visitors to our groups for this very purpose. Our door is always open.

Member's story...

Everybody who has Borderline Personality Disorder will experience different symptoms in different ways. Therefore the best way to support someone is to never dismiss their feelings, reactions or triggers; alternatively validate and reassure them.

Personally, my experience is varied to say the least! Some days I can function with mild symptoms, relatively easy to manage; on the contrary there are days so intense every waking hour is a battle in my own mind. Fighting with myself between living, existing or just giving in to everything and dying. For someone on the outside our coping mechanisms can seem extreme but for us in that moment of desperation or need for control, they can often feel like the only possible thing in the world.

Often in these intense situations we may use self-harm such as cutting as our way of feeling that control that is essential to help us feel safer. Unfortunately though, we often know this is unsafe and unsustainable, yet as presentations of mental health conditions continue to appear in ever younger children there is a worrying correlation to the amount of children who are cutting. This is appearing as an ever more 'popular' trend because of the social pressure imposed on young people to fit in to a clique or 'social circle', consequently resulting in this dangerous cutting form of self-harm becoming increasingly visable in our world.

This however causes all self-harm to be categorised as attention seeking. Unfortunately for people who use cutting as a coping mechanism to deal with severe mental illness symptoms, this means our actions are labelled as attention seeking and is often dismissed as 'not real' or 'not bad' or 'for attention' which can cause increased sensitivity and severity of symptoms hence enhancing our distress and trepidation of the world around us.

Derbyshire Recovery and Peer Support Service

Community support

Rethink Mental Illness has been awarded a contract with Derbyshire County Council and the four Derbyshire CCG's to deliver a county-wide Recovery and Peer Support Service.
Delivered in partnership with People, Potential, Possibilities (P3) and Derbyshire Federation for Mental Health (DFMH), the service will help people improve and maintain their mental health and wellbeing and reconnect with their local community by offering access to targeted one-to-one staff support, telephone support and community groups, and is open to anyone over the age of 18 living in Derbyshire who is experiencing mental ill health.

Services We Offer

- Targeted support through one-to-one and group sessions.
- Self help and peer support
- Telephone support
- Advice and information on mental illness.
- Recovery education to help manage and understand your mental health
- Social activities in the local community

Signposting to other sources of community and specialist support

Single Point of Access

If you would like to contact the service, we are open from 9am - 5pm Monday to Friday. Please email DerbyshireRecoveryPeerSupportService@rethink.org or call us on 01773 734989.

Live Webchat

Our Derbyshire Recovery and Peer Support service can be contacted via webchat. This is available between 9:00am and 5:00pm Monday to Friday. A chat icon will appear at the bottom right when this is available.

SMS

You can also contact our service using our SMS text messaging service. To use this then please text us on 07537410028.

Find us on Facebook!

Like and follow us on Facebook to find out what's happening in and around your area!

The Derbyshire Borderline Personality Disorder Support Groups have received invaluable support from RETHINK, and the Derbyshire Peer and Recovery Service, and we are immensely grateful.

Supported by…

Rethink Mental Illness

Public Health

North Derbyshire CCG

Derbyshire County Council

Derbyshire Dales District Council

Foundation Derbyshire

Derbyshire Recovery and Peer Support Service

Derbyshire Voluntary Action

Lloyds Bank

United Reform Church

We welcome ex-offenders, and are proud to be a member of…

CLINKS

supporting voluntary organisations that work with offenders and their families