Nurses take the lead in setting up an innovative service for people with personality disorder

People with personality disorder were often seen as ‘revolving door’ patients but a service has cut hospital stays, reduced medication and increased independence.

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This article describes a novel community based service for personality disorder. Initially a pilot scheme in Oxfordshire, this nurse led service was so successful that other areas have set up similar programmes. Based on four tiers of therapeutic care, the service has substantial user involvement and aims to help people with personality disorder lead more fulfilling lives.

INTRODUCTION

Until recent years, personality disorder was deemed untreatable by orthodox psychiatry – a belief that stems from poor quality studies – and many people were excluded from services (Dolan et al, 1997).

The Oxfordshire Complex Needs Service (OCNS) was set up as a Department of Health pilot project to test an innovative approach to providing community personality disorder services. The ethos of the service is that people can recover and change the way in which they relate to themselves and others in order to lead more fulfilling lives.

People with personality disorder are likely to have had relationship and attachment difficulties that began early in life. These common interpersonal difficulties tend to be extreme and are probably in part adaptive responses to adverse early life events.

The prevalence of all personality disorders is generally accepted as 4.4%, or 5.7% if associated behavioural patterns of personality disorder are included (Coid et al, 2006). Yet one study on 303 UK primary care attendees found that as many as 24% of the sample had a diagnosable personality disorder (Moran et al, 2000).

The OCNS works with people in all 10 categories of the condition (see Background box) and clients are commonly diagnosed with more than one disorder.

SETTING UP THE SERVICE

Staff were recruited in 2004, and services gradually established over an 18 month period. The OCNS is now running at full capacity with 200 treatment places.

The multidisciplinary team offers advice, supervision and consultation. The service treats the most chaotic and disturbed clients with histories of severe abuse, deprivation, violence, high levels of self harm, suicidality and high use of services.

People with personality disorder had previously been “revolving door” patients, using inpatient psychiatric care, community teams, accident and emergency departments and primary care, often with poor outcomes. The OCNS offered choice and hope of recovery to people who were often rejected or excluded by services.


ROLE OF NURSING STAFF

Mental health nurses are at the core of the service, occupying seven of the 14 posts.

Nursing leadership has evolved at all levels and is strongly encouraged and supported. Nurses have changed, challenged and influenced the provision of community personality disorder services.

The service values staff wellbeing, which has been instrumental in delivering tangible improvements in patient care and quality of life. Staff turnover and sickness levels are unusually low for mental health teams.

The model is now being replicated in Wigan, Belfast and Milton Keynes.

PRACTICE POINTS

- The more autonomy we allow nurses, the more creative services can be developed and delivered.
- Nurses often have a diverse wealth of experience that can be harnessed to deliver new therapy opportunities for clients.
- Real involvement of current and former clients in every level of the service fosters a spirit of valuing, ownership and accountability. This principle equally applies to nurses and leads to high morale in teams, low staff turnover and exciting learning curves in personal development.

STRUCTURE

The OCNS aims to help high users of services and those who are significantly disabled move out of mental health and other services and lead a more satisfying and less distressing life.

Split into tiers, it caters for people aged 18 and over; for those aged over 65, there is a dedicated group therapy programme. Participation is voluntary, and self referral is encouraged.

While there is no set criteria, in general the service is intended for those whom other services find difficult to help towards recovery, and whose problems have been long term and intractable.

Tier 1 – engagement and consultation

User involvement lies at the heart of the service. There is no waiting list for referrals and clients are engaged at tier 1 until they are ready to move on. The next step is offered when they decide to make significant changes to their situation.

People who suffer from psychoses, learning difficulties, persistent cognitive deficits or who are consistently unwilling to look at their own contribution to their problems and the possibility of change are less likely to benefit. For these groups, discussion is recommended before referral.

Many people who meet the criteria for
BACKGROUND

The American Psychiatric Association’s (2002) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) lists 10 personality disorders, with an additional category for behavioural patterns that do not match these but do exhibit characteristics of a personality disorder. According to the DSM-IV, a diagnosis must satisfy general criteria, such as experience and behaviour deviating markedly from the expectations of the person’s culture, as well as specific criteria listed under the specific personality disorder.

There is a large variation in the reported prevalence of this condition, which can be explained by differences in sampling procedures, diagnostic instruments and the categories included (Coid et al, 2006).

EVALUATION

Anonymised data from the OCNS is externally evaluated by Imperial College and the Mental Health Foundation and there is also a continuous internal auditing process. A randomised controlled trial is in progress. Clinical questionnaires are used to measure individual members’ progress and the service as a whole.

A recent internal audit showed a 50% increase in referrals over a six month period. Evaluation is important in a climate of NHS resource constraints. This therapy programme is not a quick fix but a 2-3 year process. Brief therapy has a high profile and, although we acknowledge its value, there are limits to its long term effectiveness in personality disorder.

Audit and evaluation of our service has shown the following:

- High levels of client satisfaction, less dependence on benefits, high rate of return to education and employment;
- A 50% reduction in psychological medication;
- A 50% reduction in visits to A&E;
- A 70% reduction in admissions to psychiatric hospital;
- A 65% reduction in visits to psychiatrists/mount health teams.

NEXT STEPS

Tier 4 needs to be re-evaluated; endings in therapy are known to be uncomfortable. Although this is normal and much can be gained from clients completing a healthy ending process, tier 4 was the last part of the service to be bedevilled and, in hindsight, it would have been useful to start with the end in mind.

We are looking to view this tier as a thread that should start at engagement level and be an active strong link throughout the programme. A pilot in partnership with Restore, a voluntary mental health organisation, is looking at this issue.

REFERENCES


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