

BREAKING THE CYCLE OF REJECTION
**THE PERSONALITY DISORDER
CAPABILITIES FRAMEWORK**

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For more copies of this document, please contact your local development centre or the central team in Leeds.

Contact NIMHE Central Team

The National Institute for
Mental Health in England
Blenheim House
West One
Duncombe Street
Leeds LS1 4PL

Tel: 0113 254 5000

Web: www.nimhe.org.uk

NIMHE is part of the modernisation Agency at the Department of Health

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Description	This Framework supplements the NIMHE policy guidance on personality disorder. It sets out a broad framework of staff capabilities to support the development of new training programmes for staff in a wide range of specialist and non-specialist agencies. It will help those planning and delivering training to ensure that staff have the capabilities to respond effectively to the needs of people with personality disorder and underpin whole-systems approaches to service development.
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Contact Details	Alison Kerris National Institute for Mental Health in England 2nd Floor, Bloomsbury House West One, Duncombe Street Leeds LS1 4PL 0113 254 3812 alison.kerris@nfmh.nps.gov.uk
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BREAKING THE CYCLE OF REJECTION

THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK

Contents

	Foreword	04
	Executive summary	05
1	SECTION ONE Introducing the Personality Disorder Capabilities Framework	06
2	SECTION TWO Meeting the needs of service users	10
3	SECTION THREE The broader policy context	16
4	SECTION FOUR The Personality Disorder Capabilities Framework	22
	Appendices	32
	I Acknowledgements	32
	II Contact details	34

FOREWORD

The publication of the National Institute for Mental Health (NIMHE) guidance on personality disorder, *Personality Disorder: No Longer a Diagnosis of Exclusion*, was an important first step towards ending the marginalisation of services to people with this deeply stigmatising diagnosis.

The guidance aimed to ensure that, in addition to the development of both specialist mental health and forensic services to people with personality disorder, staff would be equipped with the education and training they need to work effectively. The NIMHE guidance signalled the commitment of the DH to pump prime the development of new training initiatives to underpin the policy implementation process.

This document, the Personality Disorder Capabilities Framework, has been produced by NIMHE to support this pump priming process. It does this by highlighting some of the capabilities, appropriate to interactions with people with personality disorder, required within services, by staff at all levels of their careers. In recognition of the fact that, in many cases, people with personality disorder seek help from a wide range of specialist and non specialist agencies, it aims to describe what capabilities are required across the whole system. This is the first time that this has been attempted. It is not, therefore, a definitive list. As the policy guidance is implemented, our understanding of what is required, and in particular how these capabilities may be applied by different professional groups, or within specific services will evolve and understanding will grow.

Through eight Regional Development Centres and our website: www.nimhe.org.uk we will be working to support local and regional agencies and partnerships to assess training needs and define the content of education and training programmes to support the development of approaches which will break the cycle of rejection, which is so frequently experienced by people with personality disorder.

Contact details for the eight NIMHE Regional Development Centres are provided. Do get in touch if you want to discuss any of the issues discussed in the document, or to explore ways forward for personality disorder services in your area.



Professor Eddie Kane

Senior Advisor to the Department of Health
Forensic and High Secure Psychiatric Services

NOTES

¹ NIMHE (2003) Personality Disorder: No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder. Department of Health

EXECUTIVE SUMMARY

Purpose

This document provides further information on the implementation of the NIMHE guidance on personality disorder: *Personality Disorder: No Longer a Diagnosis of Exclusion* which was published in January 2003.¹

Training: one of the keys to policy implementation

As part of the process for implementing the guidance on personality disorder, local health and social care communities are asked to assess how agencies across primary and specialist health care, A&E services, housing and social services, are responding to and providing for people with personality disorder. This assessment should be followed by inter-agency arrangements to redesign and improve services. Training may be critical in improving services, particularly those provided by generic workers whether in health, local authority or voluntary sector services. Evidence suggests that there are particular training needs amongst staff working in primary care, in self-access health services such as hospital emergency departments, PALs services, housing agencies and the police. This framework is designed to support local and regional partners and Workforce Development Confederations in designing and commissioning the required education and training.

The Characteristics of the Framework

The Framework is based on a number of clear principles aimed at breaking the cycle of rejection, which has characterised the debate about personality disorder and shaped service delivery up to now. It is driven by optimism about the possibility of creating responsive and non-stigmatising services, promoting social inclusion and delivering better outcomes for individuals with a diagnosis of personality disorder.

The Aim of the Framework

The Personality Disorder Capabilities Framework identifies the specific capabilities required of staff working with people with personality disorder in a range of settings and at various different stages of their careers.

Agencies wishing to develop training programmes for staff will be able to use the Framework as a guideline to identify which groups of staff require training to support the user pathway at identified points including:

- Initial access and referral;
- Sustained episodes of treatment and care;
- Supporting recovery and stepping down from treatment.

Staff can expect to develop these capabilities through innovative, multi disciplinary training courses, at appropriate levels for their job roles, which are linked to career/ skills escalator approaches and life-long learning frameworks. Staff should be able to progress along the personality disorder skills escalator to achieve senior clinical and/or managerial positions within the web of new services that will emerge in the next few years, as the NIMHE guidance is fully implemented. New local training programmes will ensure that people with the right attitudes, values and life experiences to work effectively with people with personality disorder are also provided with the necessary skills and knowledge. These training programmes, or components of them, should be embedded fully within local education and training programmes at all levels.

An Evolving Framework

The Framework should be seen as a work in progress, underpinning the development of new training programmes for staff in order to further the implementation of the NIMHE guidance. One by-product of this implementation process will be better knowledge about what constitutes effective service models for people with personality disorder – and of the capabilities required of staff. This increasing knowledge and confidence will ensure that the Framework continues to evolve.



1 SECTION ONE INTRODUCING THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK

Purpose

This document represents an important step forwards in the implementation of the NIMHE guidance on personality disorder: Personality Disorder: No Longer a Diagnosis of Exclusion which was published in January 2003.² A copy of the NIMHE guidance can be downloaded from www.nimhe.org.uk

The document sets out a Framework to support the development of practitioner capabilities and workforce capacity programmes within new, dedicated personality disorder services, in mainstream mental health services, primary care and in the wide range of other agencies involved in treating and supporting people with personality disorder. The Framework is at the end of this document

The fundamental aim of this Capabilities Framework is to help create a workforce that has a better understanding of personality disorder and is more aware of its impact on individuals, families, agencies and society more broadly. This workforce will be able to respond more appropriately, compassionately and non-judgementally to behaviours that are often hard to understand and change. The workforce should be able to work more confidently within well managed teams delivering the wide range of evidence-based interventions that we increasingly understand can help those labelled personality disorder to make positive changes in their lives in much the same way as people with other forms of mental illness. This workforce will also be able to support and empower those who use services, taking into account their needs for social support and the resources to support daily living and will be able to collaborate across teams and sectors to access these services.

These efforts may interrupt the cycle of rejection that is deeply implicated in the development of personality disorders and which is compounded by the negative and rejecting attitudes and practices of many agencies.

Developing the Framework

The Personality Disorder Capabilities Framework builds on *The Capable Practitioner Framework*³ proposed by the Sainsbury Centre for Mental Health (SCMH), which sets out a list of practitioner capabilities for multi disciplinary groups of staff working within mainstream mental health services. The Personality Disorder Capabilities Framework identifies the specific capabilities required of staff working with people with personality disorder in a range of settings and at various different stages of their careers. The NIMHE Guidance envisages that, in future, mental health services and other agencies will be better prepared to respond to the needs of people with personality disorder. It is appropriate therefore to ensure that the capabilities required of staff in this area are fully integrated into pre and post qualifying training for all mental health care staff to ensure that this aspiration can be realised. Indeed, many of the required capabilities for work in this area are exactly the same as those required in other areas of mental health services. These 'core' capabilities are listed in detail in the SCMH Capable Practitioner

Framework and are therefore not included here. A copy of the *Capable Practitioner Framework* can be downloaded from: www.scmh.org.uk

The Personality Disorder Capabilities Framework takes into account the emerging work on the 'shared capabilities' of the mental health workforce being undertaken by a range of national partners under the auspices of NIMHE, which is beginning to map out the potential content of a pre-registration core curriculum for all mental health staff to underpin specific, professional training. The NIMHE guidance is clear that in future, staff will need to develop the capability to work with people with personality disorder in their initial training and that opportunities for updating and extending these skills will need to be provided through continuing professional development and other forms of life long learning.

The Framework also links with other key national workforce development initiatives within the NHS and related sectors. It draws on extensive research into the availability and characteristics of

existing training relevant to work with people with personality disorder undertaken to support the development of Personality Disorder: No Longer a Diagnosis of Exclusion and a number of other technical papers, which informed its conclusions.⁴ These papers can be accessed at: www.nimhe.org.uk/archivepolicy/nhs.asp#pd

The Framework was tested and modified by a working group of experts from a variety of agencies and disciplines.

The development process was strengthened by the comments of a number of service users who shared their experiences, described good multi disciplinary practice from their perspective and underscored the need for the user's perspective to be central to the development of approaches which work.

Members of the expert group, the service-users group and others who supported the development process are listed at Appendix I.

We are grateful to the many people who have helped with the development of the Framework.

NOTES

- 2 NIMHE (2003) Personality Disorder: No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with personality disorder. Department of Health
- 3 Sainsbury Centre for Mental Health (2001) The Capable Practitioner. A framework and list of practitioner capabilities required to implement the National Service Framework for Mental Health
- 4 <http://www.doh.gov.uk/mentalhealth/personalitydisorder.htm>
- 5 Duggan, Conor (2002) Pathways in and out of secure care for people with personality disorder. www.nimhe.org.uk/archivepolicy/nhs.asp#pd
- 6 Duggan, Maria (2002) Developing Services for People with Personality Disorder: The training needs of staff and services. www.nimhe.org.uk/archivepolicy/nhs.asp#pd

Why do we need a Capabilities Framework?

Lack of Skills and knowledge

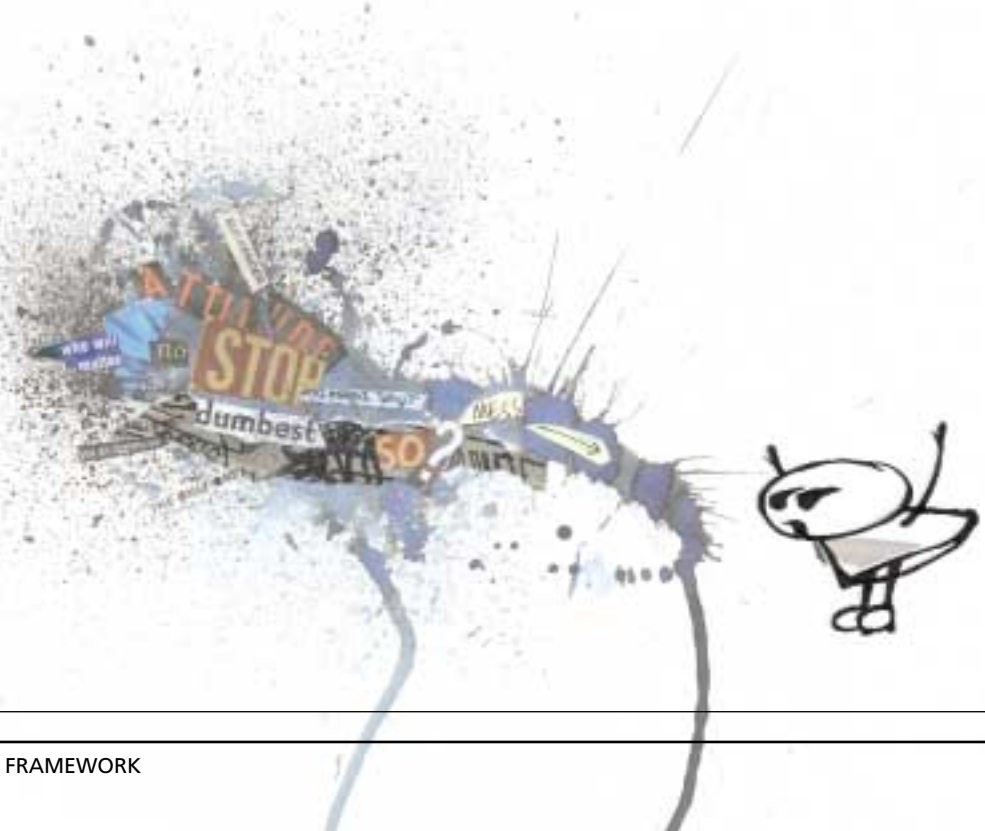
There is very limited good-quality evidence about what happens at the moment to people with personality disorder outside of the high secure sectors. However, such evidence as exists suggests that people with personality disorder very frequently become revolving door patients, attempting to obtain help from a wide range of community services that are often unable and / or unwilling to provide it. There may be particular problems in primary care when specialist services reject people with personality disorder and refer them back to GPs. Like other clinical staff, GPs and other disciplines within primary care teams have very little specific training in the diagnosis, treatment and

management of personality disorders; yet, they are frequently the first point of contact for many service users. Similar difficulties are reported within PALs services, and in the range of self-access services, often provided by the voluntary sector, to which people may turn for help, as well as in social housing.

The lack of adequate community-based provision has a triple effect. The endless cycle of rejection can intensify the distress and therefore the difficult behaviour of some individuals. It also means that those who are receiving intensive support and therapy, possibly in in-patient settings, can experience numerous barriers in returning to the community and in coping

effectively. This in turn impacts on the capacity of the specialist services to successfully treat and rehabilitate patients.⁵

The NIMHE guidance cites evidence that the negative attitudes and practices of many agencies reflect a lack of skills and knowledge in relation to the specific needs of people with personality disorder.⁶ Staff currently have no explanatory framework for the challenging behaviours which may be exhibited by people with disorders or the skills to address these behaviours effectively. As a consequence they may respond with negative judgements and exclusionary practices, which may deny individuals the services they need, including health care.



The scope of the Personality Disorder Capabilities Framework

The Personality Disorder Capabilities Framework aims to describe what is required of all staff working with people with personality disorder, in primary care, in secondary mental health services including new personality disorder units and in the wide range of other community based agencies, which people may contact.

THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK ENCOMPASSES:

- Performance – skills practitioners need to possess and what they need to achieve in the workplace
- Ethics – integrating a knowledge of culture, values and social awareness in professional practice
- Reflective practice. The capability to effectively implement evidence-based interventions
- A commitment to lifelong learning.⁷

Levels of capability

The Framework recognises that staff may need different levels of the same capability depending on their roles and functions within different service contexts. It introduces the concept of the skills/careers escalator which enables the development of valued career pathways in working with people with personality disorder, recognising that, as in many other areas of health and social care provision, some of the most valuable work is undertaken by those who may not have formal professional qualifications – or indeed by service users themselves. The range and complexity of the needs presented by those with personality disorder requires the co-ordinated input of many different disciplines and of specialist and non-specialist agencies. As a consequence, many of these staff may work outside of the mental health sector, or indeed, the NHS or local authorities. These staff need an appropriate level of understanding and skill in engaging, communicating with, delivering specific services to and undertaking appropriate referral of people with personality disorder who request help.

Capabilities for management and leadership

Moreover, as the NIMHE guidance points out, the management of teams and the leadership of organisations providing services to people with personality disorder are particularly important. Without this, there is likely to be a high degree of staff burnout, absenteeism, sickness and disillusion. Staff working in specialist community agencies will need to be supported just as much as those within dedicated services in sustaining good practice. The Framework outlines the management and leadership capabilities required

to support staff and therefore to ensure the sustainability of services. In line with the whole systems approach of the NIMHE Guidance, the Framework outlines capabilities in liaison and consultancy, which should be central to the role of managers and leaders within specialist services in supporting the wider service network.

Capable organisations

Staff can only become and remain effective if the organisation and system within which they work understands what is required to support capable practice. Good management and leadership are key. However the capable organisation requires more than this, including:

- Operational models that can respond to the complexity of the needs presented by service users⁸
- Ease of access to appropriate levels of treatment and support
- The development of standards for multi disciplinary service delivery⁹
- Cross boundary and cross agency agreements to support the, movement of service users away from dependency on services and towards proper social inclusion.
- Consistent support for staff teams
- Access to supervision, education and training.

Sustaining learning

The concept of the capable organisation has important implications for the way in which learning opportunities are delivered and sustained. This Framework illuminates some of the content of education and training programmes for staff working with people with PD. However, it does not recommend or imply any particular mode of delivery. The boundary between training, practice development and supervision is very blurred in mental health and all of these may have a role to play in supporting and extending the capabilities of staff. Attention is increasingly being focussed on learning approaches that support effective team and service functioning. These may include distance learning, whole-team training and practice development mentoring amongst others. The challenge will be to identify models that can be applied to groups of staff drawn from services across whole-systems as well as within discrete services and teams. One by-product of the implementation of the Framework may be greater confidence about which approaches work.

Who is the Framework for?

This Framework is relevant to the challenges faced by the wide range of organisations involved in delivering health, social care, housing, employment and other support to people with personality disorder, their carers and members of their wider social networks. It is therefore relevant for all of the following:

- NHS organisations; including PCTs, mental health trusts (general, acute and community services), strategic health authorities and workforce development confederations
- Social Services
- Independent GP practices
- Housing agencies
- Criminal Justice System agencies.

It is useful for staff throughout these organisations from board level to those involved in service delivery.

It is also relevant for professional and regulatory bodies and education providers in further and higher education who will work with trusts and other organisations to translate this framework into curricula at various levels to develop a career skills escalator for working with people with personality disorder.

It will underpin the implementation of the NIMHE guidance *Personality Disorder: No Longer a Diagnosis of Exclusion*.

How can you use the Framework?

The Personality Disorder Capabilities Framework can be used in a variety of ways, depending on your role within an organisation. For example:

- To initiate 'whole-systems' workforce development planning for personality disorder services
- To develop targeted training for specific groups and sectors within a strategic approach to implementing the NIMHE guidance on personality disorder
- To align career and training pathways to existing lifelong learning approaches within trusts and other organisations
- To influence the development of multi-disciplinary pre and post qualification training locally, regionally and nationally.

- To align the content of pre-registration and CPD programmes for the mental health disciplines
- To strengthen the management and leadership of personality disorder services.

It can also be used to develop user-focused approaches to training and to stimulate the development of programmes that actively involve service users as trainers.

NOTES

⁷ Sainsbury Centre for Mental Health: (2001) The Capable Practitioner. www.scmh.org.uk

⁸ Haigh Rex and Pearce Steve (January 2003) Clinical Ideas for a comprehensive personality disorder service for the Thames Valley. unpublished

⁹ Birmingham and Solihull Mental Health NHS Trust. Standards for Clinical Teams: From medium security into the community. unpublished

Towards Positive Practice

De-stigmatising personality disorder

In order to work positively with people with personality disorder, there is a need to understand the causes and the consequences of this complex condition. In recent years, the emphasis on risk and dangerousness associated with a very small number of people with personality disorder, has obscured the fact that very many people with this diagnosis are highly vulnerable to abuse and violence themselves – and to self-harm and suicide.¹⁰

The NIMHE guidance aims to challenge the discriminatory association between personality disorder and dangerousness by putting in place services aimed at reducing vulnerability and promoting more effective coping by individuals.

Service users themselves suggest another way of understanding the issues, which they face.

" *We have been damaged, often early in life and we have grown up with mistaken beliefs about ourselves. For these reasons we have difficulties with relationships because we often believe that we are unlovable and we are very sensitive to rejection. For that reason, we need easier and known access to services.* **"**

" *We suffer from post-traumatic personality disorder. We have a reactive mental illness.* **"**

Developing reflective practice

People with personality disorders can behave in ways that might appear to invite rejection. They may feel that no help is ever good enough, they may be hostile or demanding. They can, at times, sabotage all attempts at help. This can be frustrating and difficult for practitioners. Skills and knowledge are required to enable staff to understand the reasons for this behaviour; to 'rise above' rejecting, judgmental or compulsive responses and to reflect calmly about what may be happening. Practitioners who have these capabilities can maintain a focus on the underlying needs of individuals and can sustain the effort to assist the individual in developing less destructive ways of dealing with relationships. These staff can also support the individual in obtaining the range of social resources that are a fundamental determinant of good mental health, including housing, employment, social support and access to leisure and educational opportunities.

From revolving doors to pathway approaches to care and treatment

The inadequacy of integrated service provision and the lack of skills within the workforce means that, at the moment, people with personality disorder are obliged to seek help from multiple agencies. An example of this negative, 'revolving door' pathway is described on the next page. The implementation of the NIMHE guidance will ensure that a more coherent approach is taken at local level to responding to these needs. The development of a skilled workforce will be key to these developments.

NOTES

¹⁰ Moran, Paul (2002) The Epidemiology of Personality Disorder. www.nimhe.org.uk/archivepolicy/nhs.asp#pd

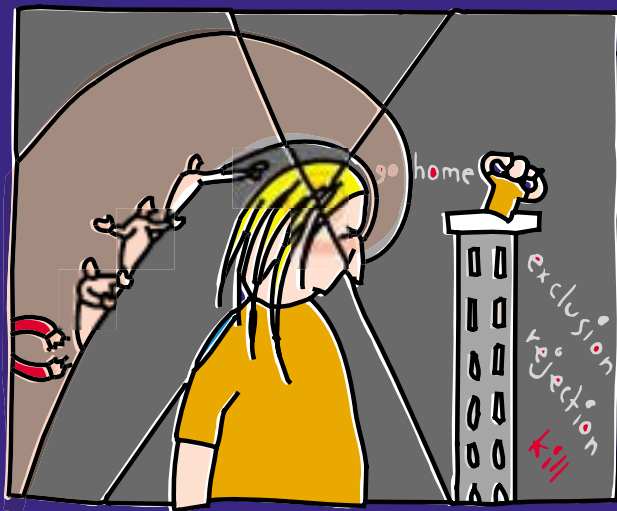
¹¹ From a service user quoted in Personality Disorder North Essex News. July/August 2003 – issue 24



Case study

THE PATHWAY OF EXCLUSION

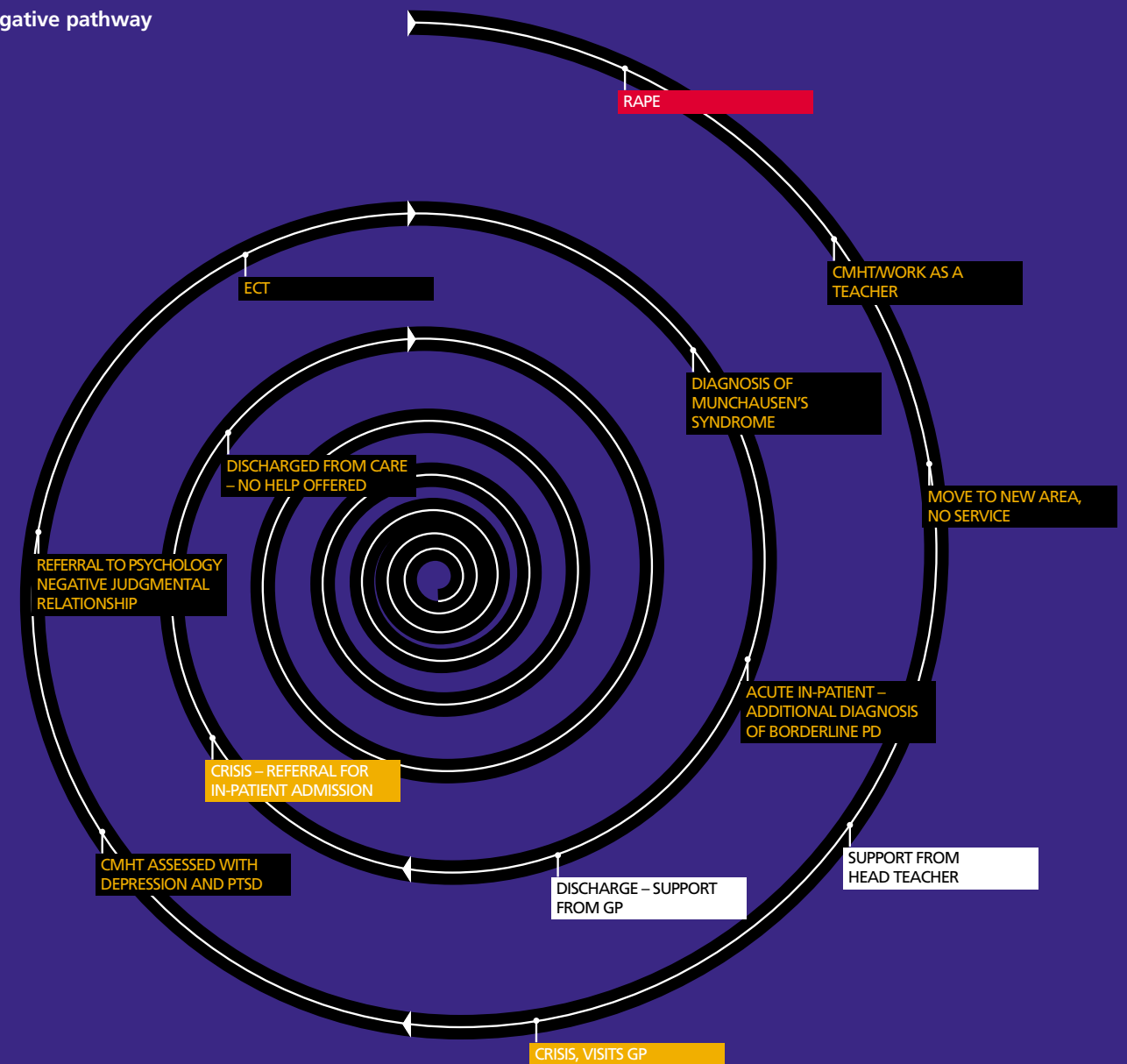
Miss S is 32 and single. She first had contact with MH services 12 years ago. She had been brutally raped 18 months earlier. She received 6 months support from a CPN, which had to terminate when Miss S left the area. For the next 6 years she worked as a teacher and received some support from her head teacher. At the end of 1997 she felt she needed help and found a GP to whom she explained everything. She was immediately referred to MH services for assessment. Her initial diagnoses were depression and PTSD and she was referred to psychology.



Her relationship with her psychiatric team was very difficult. The team seemed to have very ambivalent feelings towards her care. At one point she was 'forced' to undergo ECT by being threatened with sectioning. When nothing seemed to work they diagnosed her with Munchausen's Syndrome. When she tried to discuss this with a member of the team she was labelled as combative and argumentative. This diagnosis resulted in her losing her career. One year later she was discharged from an acute inpatient stay – her discharge note added Borderline Personality Disorder to the list of diagnoses. She sought help from her GP in understanding this new term. The GP admitted she didn't know much about it – but agreed to work with her and together they learnt about this disorder, its symptoms and treatments.

The following year one of her GP's colleagues saw her whilst she was in crisis. Ms S asked for an assessment for admission to the acute ward. The GP turned her away saying now that she was not mentally ill – she JUST had a personality disorder. When she asked what she was supposed to do as asking for help wasn't working she was told to "go home and kill herself."

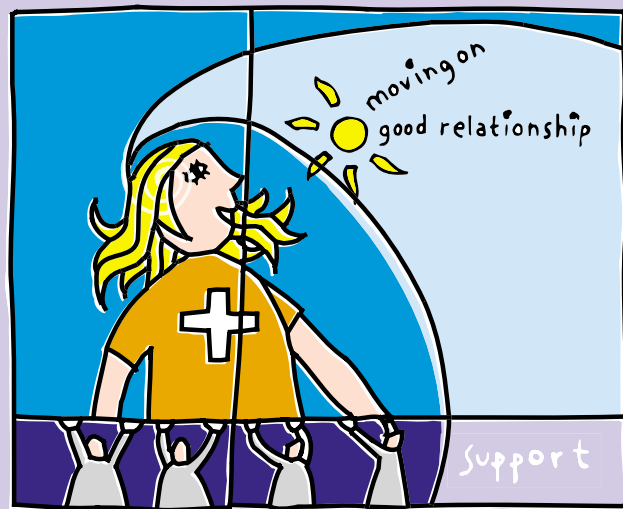
The negative pathway



This particular story has had a positive outcome, although this is not the usual experience of those who approach services for help at the moment. This positive process has been a consequence of a commitment to sustaining flexible and co-ordinated support from a wide range of capable staff, within different agencies. The implementation of the NIMHE guidance will, in time, ensure that these capabilities are more widespread and that many more service users have proper support and effective treatment and care.

Case study

THE RECOVERY PATHWAY



On recovering from this crisis Ms S complained to the hospital medical director, who took over her care. The change in this relationship was instant. She felt supported at last by her psychiatrist who listened to her and worked with her. The psychiatrist prescribed a number of different medications to find the best ones for her symptoms. Her psychologist saw her regularly for work on getting her more settled emotionally. Her GP reviewed her fortnightly and as necessary if she was in crisis. Her psychiatrist reviewed her case and said that the ECT was given for no medical reason. The diagnosis of Munchausen's Syndrome was overturned. The psychiatrist, psychologist and GP remained in close contact through letters and email.

This relationship ended when the psychiatrist changed jobs, however she arranged for Miss S to be placed under the care of another colleague whom she thought would be able to work well with Miss S. This new relationship was good from the start. He listened and explained things to her as needed.

She has now had consistent support from her GP and psychologist for 6 years and good psychiatric support for three years. She has completed a course of Dialectical Behaviour Therapy (DBT) and is self harming less frequently. She has done some work with her psychologist on dealing with the traumatic thoughts around the rape. Her care team see her regularly and respond quickly to any crisis. The change over the last couple of years has been dramatic – this she feels is due to both the DBT and the fact that she has consistent support from her GP, Psychologist and Psychiatrist.

She is now moving on, using the insight she has gained to help deliver the DBT course in her area from a service users perspective and is helping others both locally and nationally to live with this diagnosis.

Recovery and Personality Disorder

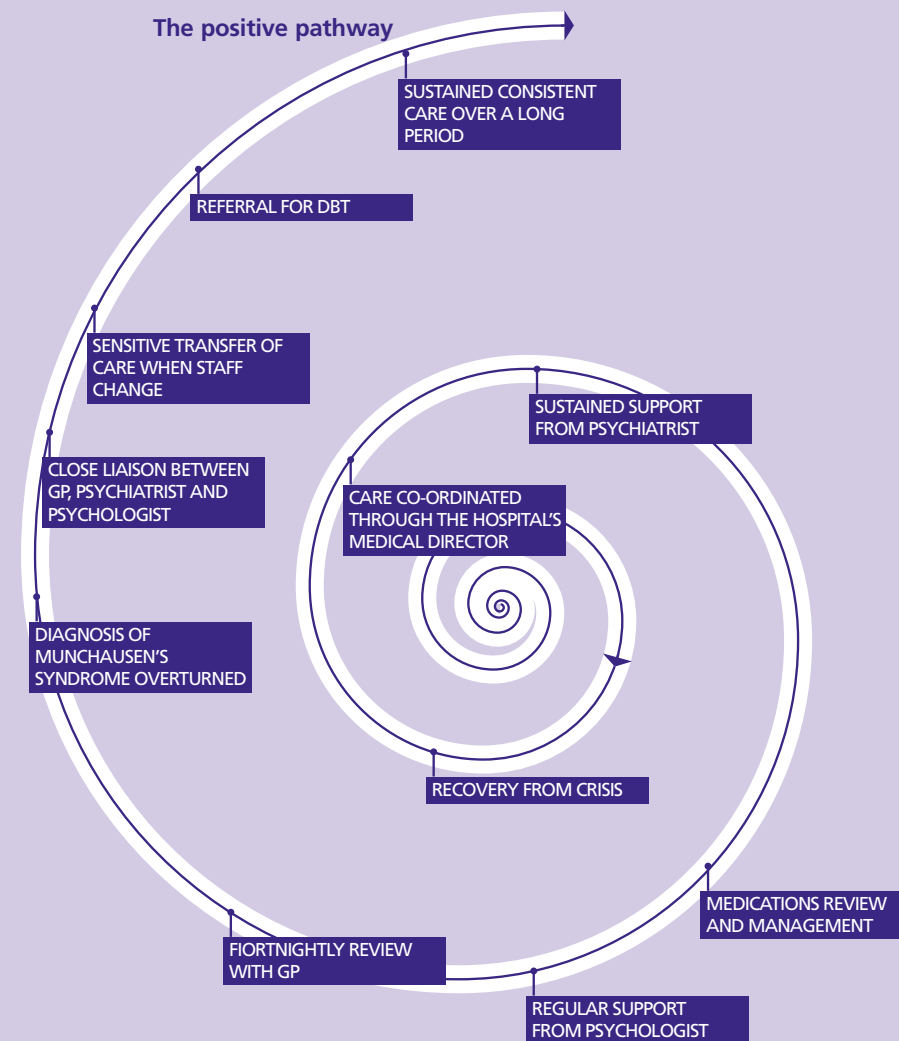
As this story illustrates, the concept of recovery, which is gaining ground within mainstream mental health services, has been influential in shaping the Personality Disorder Capabilities Framework.

Driven in large part by an increasingly assertive and sophisticated user movement, the concept directly challenges the previously negative judgements held by mental health staff and society at large about the prospects of those affected with mental

illness. These negative judgements are particularly problematic for people with personality disorder, which has up to now been a deeply stigmatising label. The condition has, until recently, been considered untreatable by many specialist mental health services. As a consequence, the psychological and social distress experienced by people labelled as personality disordered has been compounded by their exclusion from services. It has been suggested that:

" In Britain we have the remarkable phenomenon that large numbers of quite severely disordered people who require considerable therapeutic effort are deemed 'untreatable' "

However, these negative views are increasingly being challenged by the findings of research. The NIMHE guidance devotes significant effort to specifying treatments for which there is growing evidence of effectiveness. However, it is clear that, in order to be effective, treatment and support regimes should be intensive, are frequently long term and based on a clear treatment alliance between clinicians and patients. These kinds of relationships and the interventions that are delivered through them require well-trained staff with positive attitudes and an appreciation of ethical practice issues.



NOTES

12 Gunn J. (April 2000) Future directions for treatment in forensic psychiatry. The British Journal of Psychiatry. Vol 176. Page 332-339

Modernising Mental Health services

The ways in which the mental health disciplines and related staff groups develop, update and extend their capabilities are currently under scrutiny from the Government, Strategic Health Authorities and Workforce Development Confederations. This scrutiny reflects a range of demand and supply factors, which affect the implementation of the overall NHS modernisation agenda in relation to mental health and the development of personality disorder services in particular.

Demand factors

The Mental Health National Service Framework

On the demand side, we can identify the requirements of national mental health policy for the development of responsive, effective and comprehensive services to people with mental ill health and their carers, as set out in the Mental Health National Services Framework. Standards 4 and 5 of the Mental Health NSF are directly applicable to the development of personality disorder services. The publication of the NIMHE guidance was expressly designed to assist local services in interpreting and applying these standards to this neglected and marginalised area.

See:

www.doh.gov.uk/nsf/mentalhealth.htm

Reform of Mental Health legislation

It is proposed that there will be a new Mental Health Bill in the near future which will propose a broad, generic and inclusive definition of mental disorder. It is likely that this new legislative context will highlight the need for new community and in-patient services for people with personality disorder.

See: www.doh.gov.uk/mentalhealth for further information

Developments in Mental Health commissioning

Additionally there are a range of demands arising from changing commissioning behaviour by PCTs, which will increasingly want to ensure that both service and training delivery supports modernisation goals and targets.

Further detailed Information about mental health modernisation can be obtained at: www.nimhe.org.uk and at: www.doh.gov.uk/mentalhealth/atozpubs

NHS Workforce Modernisation

More broadly the recent publication of HR in the NHS, the human resource strategy for the NHS makes clear that in future jobs will be evaluated according to the skills, knowledge, responsibilities and qualifications they require rather than traditional 'titles'.¹³ Pay progression will take place at a series of 'gateways' linked to the demonstration of applied knowledge and skills following assessment through the establishment of a personal development plan for each staff member.

See: www.doh.gov.uk/hrinthenhsplan for further information

The NHS Knowledge and Skills Framework

The NHS Knowledge and Skills Framework (KSF), will help staff develop their capabilities to the full in a particular NHS post. It will help to ensure better links between education, development and career and pay progression. It has strong links with a number of other skills-based initiatives such as the Lifelong Learning Framework in England¹⁴ and it will be important

in supporting the NHS Plan goal of developing a workforce focused on patient care and service improvements. It has particular relevance to the development of a workforce, which has the right capabilities to implement National Service Frameworks. The KSF will not replicate existing work, for example on national occupational standards, but rather will provide a common framework, which unites existing initiatives with local standards in a way that supports the consistent development and appraisal of staff as they move around the service. The KSF, it is suggested, is 'A common way of describing applied knowledge and skills that could be used for any post in the NHS and gives employers and staff a common currency for use in recruitment and development'.¹⁵ The linkage between lifelong learning, the KSF and service modernisation will be supported increasingly by the NHS University (NHSU) which will be fully established in 2003.

See:

www.doh.gov.uk/thenhsksf/kssummary for further information

The national policy context will drive the development of new career pathways where certain kinds of aptitudes and emotional characteristics may be as or more important than formal professional qualifications and where competency involves the appropriate blending of knowledge, skills and attitudes within specific service contexts.

Supply factors

Recruitment and retention

On the supply side, there are many workforce-related challenges related to mental health modernisation. There are critical staff-shortages across a range of roles and functions within services from top to bottom and skills and practices have not kept up with the pace of change in both clinical and non-clinical areas. There are likely to be particular challenges in recruiting and retaining staff to work directly within personality disorder services without the incentives of training and career progression. There is increasing recognition that career pathways need to be opened up to enable those from non-standard backgrounds to work competently within services and to have opportunities to progress within their careers at their own pace.

The proposal to define and develop the new role of **Support, Time Recovery workers**, to work with service users as part of the mental health team is an example of mental health workforce modernisation.

For further information about mental health workforce modernisation see: www.doh.gov.uk/cgwt/mhbackground.htm

Inconsistent services

There is significant disparity in the availability of services for people with personality disorder. As the NIMHE guidance makes clear only 17% of mental health trusts provide a dedicated service currently and within the rest, there is very variable provision. Moreover such services as exist are characterised by a disparity of therapeutic approaches and service delivery models. As a consequence, people with PD are forced to seek help on the margins of existing services – through emergency departments, through inappropriate admission to in-patient wards, on the caseloads of CMHT staff, in primary care or through other self-access services. This is no longer tenable. If the NIMHE guidance is to be implemented and standards are to be achieved in a uniform way across the country the development of a local strategic approach to service development is essential.

Inadequate pre- and post qualification training

Recent research suggests that pre-registration and pre-qualification training, for most mental health disciplines, generally provides little specific content that would enable trainees to understand and feel confident to assess or manage personality disorder, although those who are interested in this area of work can sometimes seek out training attachments that may address this gap. This is also true of the courses chosen for the purposes of continuing professional development (CPD).

Furthermore, the supply of relevant training is limited at both pre and post qualification levels. Such training as exists is frequently driven by the energy and commitment of local 'product champions' rather than the strategic needs of services. As a consequence, training provision is skewed towards addressing the interests of these committed individuals. There is very little training that is particularly relevant to the needs of staff working in generic, community based services including primary care, PALS, emergency departments, social housing, social services or the voluntary sector, although these agencies are undoubtedly burdened by the demands made by people with personality disorder. However training development has not, to date, been configured to address the needs of service users or carers holistically or to support the efforts of the wide range of services potentially involved with individuals whose needs are both profound and complex.

See: www.nimhe.org.uk/downloads/ReportJuly112002.doc

The Personality Disorder Capabilities Framework aims to support a strategic approach to workforce and skills development across the systems within the national policy context described above.



NOTES

¹³ DH (March 2003) Agenda for Change: proposed agreement. DH Publications

¹⁴ DH (November 2001) Working Together – Learning Together. A Framework for Lifelong Learning in the NHS. DH Publications

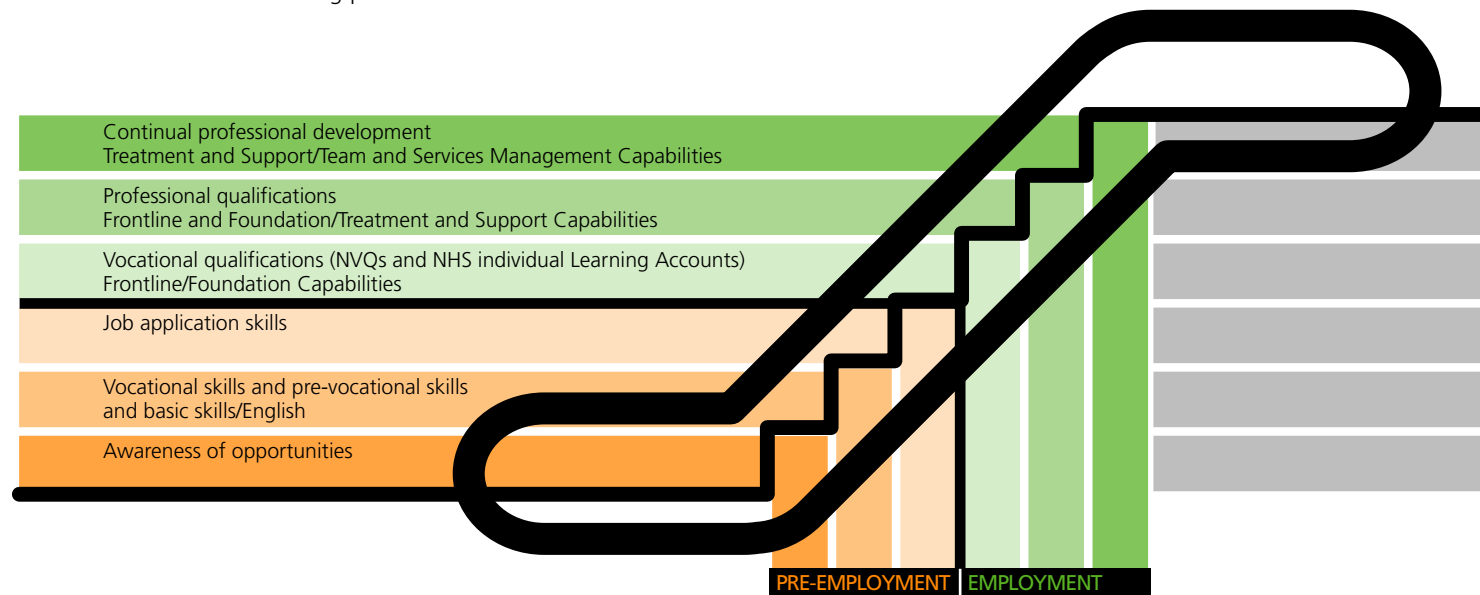
¹⁵ DH (March 2003) Agenda for Change: Knowledge and Skills Framework. DH Publications

The Personality Disorder Career/Skill Escalator

NHS human resource modernisation involves a commitment to giving people without professional qualifications, or who work within the NHS and related sectors at relatively low skill levels, opportunities to progress their careers through training and development to professional level and beyond. The escalator puts in place 'stepping-on points', cadet schemes, role conversions and back to work schemes amongst other developments and 'stepping off points', to enable staff to quickly deliver new capabilities, to direct resources into new areas and support and develop new and existing professional roles.

Skill escalator approaches already exist in many NHS organisations. Individual learning accounts enable staff to develop their capabilities within the escalator framework. It is being rolled out through the Workforce Development Confederations as the key framework for commissioning education and training to support the managed progression of staff, and to assist in enhancing local ability to accurately predict non-medical career staff pathways through to consultant practice. It is already being used to plan sensitively for specific care groups.¹⁶ The approach may be particularly valuable in areas where the local

population – and hence the potential pool for recruitment – is ethnically diverse and where people may not possess UK-recognised qualifications or in areas of high deprivation, where levels of educational attainment may be generally poor. It provides a possible route into NHS employment for people with lived experience of mental illness, including personality disorder.



The escalator approach aims to open up opportunities for groups of staff whose developmental needs have been overlooked hitherto and is therefore a rational workforce-planning tool in relation to the development of personality disorder services. The development of a career escalator for working with people with personality disorder enables a 'whole-systems' strategic approach to workforce recruitment, retention and development to underpin systems-wide approaches to intervening in the cycles of rejection described above. It also enables innovative approaches to recruitment, drawing in people with the personal attitudes and attributes required for work within the new services rather than formal professional qualifications. This opens up the potential field for recruitment to this developing service area, and ensures that staff in these new services are not 'stuck' in their roles but are offered routes into mainstream careers in mental health and associated services. They can also develop real expertise in working with this group and in managing the team and organisational aspects.

For example

ASSISTING TOWARDS MANAGEMENT

46 year old Ms V had been a nun for over 20 years, during which time, in addition to the obligations of her religious vocation, she worked as an assistant in a variety of settings, including a residential home for older people, a residential service for vulnerable teenage mothers and a drop-in-centre for rough sleepers run by the Order. On leaving the Covent, she needed to obtain regular employment but was hampered by a lack of formal professional qualifications – and by the prejudice of many potential employers towards her religious background.

She eventually obtained employment with a voluntary organisation working with people with substance abuse problems, many of whom also had other mental health problems, including personality disorder. She found that she had an aptitude and liking for the work, and was able to engage and communicate very effectively with service users and was perceived as a supportive member of the team. It quickly became clear that her life experience, though differing

from the norm, had enabled her to develop many personal qualities and attitudes, which were of great value to both service users and colleagues. She quickly became a well-respected and valued member of the team.

The organisation arranged for Ms V to obtain an NVQ level 2 in care at a local further education college in the first year of her employment. She was subsequently able to obtain a level 3 Certificate in Mental Health, (see <http://www.mhcn.org/cmhw.htm>) with support from her employer. Building on this foundation. Ms V now wishes to obtain formal professional qualifications and to work in specialist mental health services. She is particularly interested in working with people with personality disorder and in applying psychosocial perspectives to mental distress. Her employing organisation is currently negotiating with the local mental health trust to develop a dedicated personality disorder service and is exploring how to ensure that there are adequate training opportunities available for



all staff, enabling those, such as Ms V, to obtain training and qualifications. Ms V feels that, with support, she can develop her capabilities to obtain leadership and management positions in a field that she finds 'fascinating and rewarding' to work within, notwithstanding her late start and 'unusual' background.

NOTES

¹⁶ North East London Workforce Development Confederation. (November 2001) The Workforce Planning & Education Strategy.

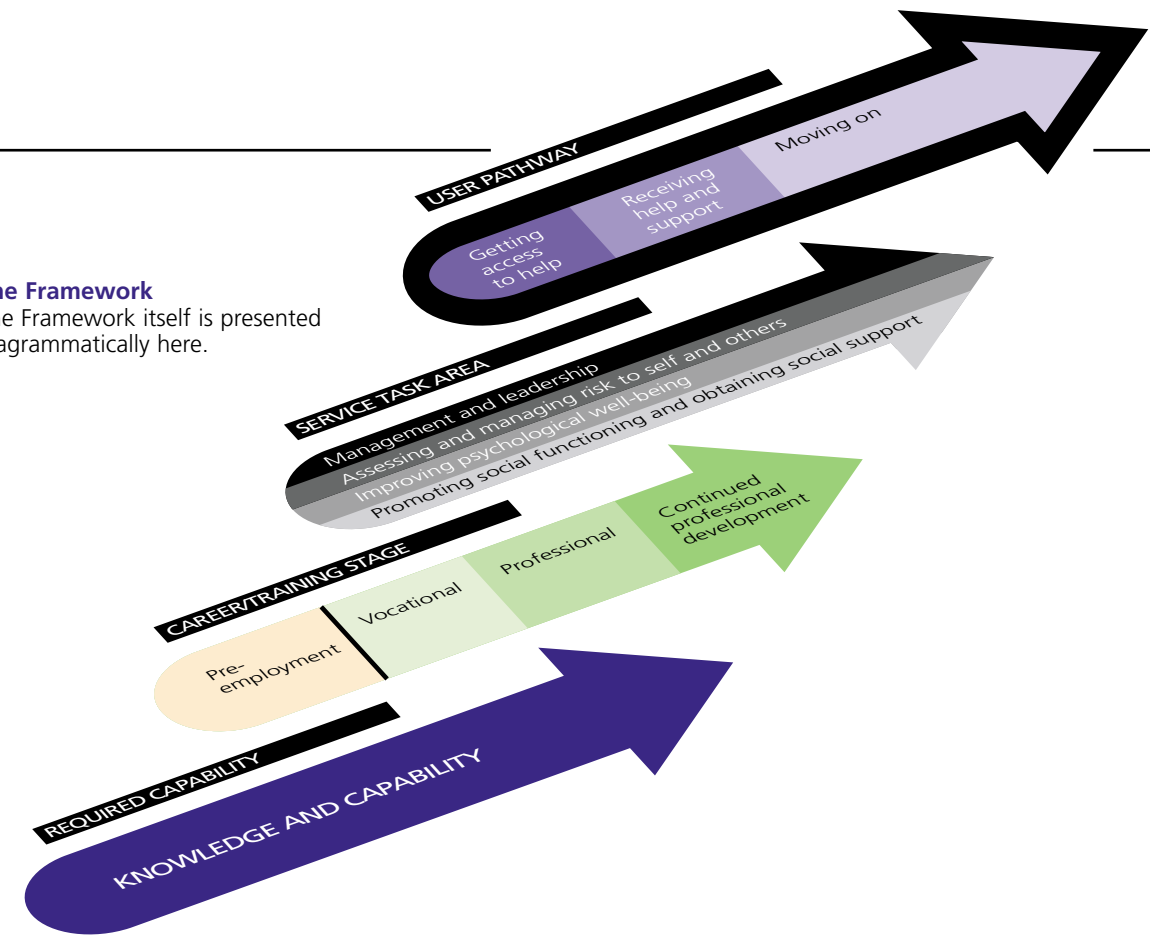
THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK

The underlying principles

The Personality Disorder Capabilities Framework outlined below reflects the following principles as distilled from the NIMHE guidance and the accompanying technical papers and the comments of the working group and service users and other informants:

- Training should be based on respect for the human rights of service users and their carers
- Training programmes should consider how best to reflect the views and experiences service users and carers
- Training should be aimed at breaking the cycle of rejection at all levels including self-rejection, the social support system, practitioners and the wider health and social care systems
- Training should encourage patient/client autonomy and the development of individual responsibility
- Training should be multi agency and multi-sectoral
- Training should support team and organisational capacity as well as that of individual practitioners
- Training programmes should be connected to meaningful life long learning and skill escalator programmes
- Training should be based on promoting learning in approaches to treatment and care that are supported by research evidence, where it exists.

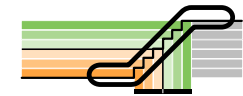
The Framework
The Framework itself is presented diagrammatically here.



Using the Framework

Agencies or partnerships wishing to develop training programmes for staff will be able to use it as a guideline to identify which groups of staff require training to support the user pathway at identified points and then select from the list of capabilities those to be addressed within training programmes.

For example			
STAFF GROUP/SERVICE	CAREER/TRAINING STAGE	IMPACTS ON USER PATHWAY	CAPABILITIES REQUIRED
PALS Service	Vocational qualifications	Accessing appropriate and timely help	Primarily from Promoting Social Functioning domain
Primary Care Team Professionals	Professional and CPD	Accessing appropriate and timely help Receiving co-ordinated and effective help and support Moving on from intensive treatment and supporting improved coping	Selection from all Capability domains



The Capabilities

Promoting Social Functioning/ Obtaining Social Support

CAREER/TRAINING STAGE

PRE-EMPLOYMENT

EMPLOYMENT

VOCATIONAL EDUCATION

PROFESSIONAL TRAINING

CPD

Awareness of behaviour as strategy for coping

Awareness of the importance of social support and social resources in promoting social inclusion and social functioning

Awareness of the concept of recovery

Understanding of the impact of stigma on people with personality disorder

Awareness and understanding of the need to respect the diversity, difference and rights of people with personality disorder

Awareness of the roles of different agencies in assessing the needs of and allocating resources to people with PD

Awareness of the role of social care disciplines and agencies within the overall care plan for people with PD

Awareness of local and regional referral mechanisms

Capable of contributing to the assessment of the needs of people with personality disorder for social support and resources

Capable of applying an understanding of diversity, difference and rights to interactions with people with personality disorder

Capable of providing advice or training in community living skills for service users, their carers and families under direction

Capable of contributing to and supporting the development of positive strategies for challenging stigma and promoting social inclusion in partnership with service users

Capable of identifying and collaborating with local specialist and non-specialist community resources available to service users and their families to assist them in maintaining the quality of life under direction

Capable of working with the personal and social networks of service users and carers under direction

Capable of supporting therapeutic regimes aimed at improving behaviour and social functioning under direction

Capable of supporting programmes aimed at relapse prevention and sustaining coping skills under direction

Capable of liaison across disciplines and agencies on behalf of service users under direction

Capable of evaluating the impact of work to support the social needs of people with personality disorder under direction

Capable of reflective practice

Capable of applying an understanding of diversity, difference and rights to interactions with people with personality disorder and supporting other staff in maintaining positive and respectful attitudes

Capable of contributing to the development of positive strategies for challenging stigma and promoting social inclusion in partnership with service users

Capable of appropriate referral to specialist and non specialist community agencies to obtain social resources for service users and their carers

Capable of supporting the personal and social networks of services users and their carers and families

Capable of advocating on behalf of services users and their networks within the team, organisation and externally

Capable of developing and delivering therapeutic regimes aimed at improving and sustaining and coping skills

Capable of developing positive strategies for challenging stigma and promoting social inclusion in partnership with service users

Capable of delivering training in pro social modelling and other techniques for improving coping skills

Capable of contributing to family and community integration needs assessment

Capable of applying concepts of boundary maintenance to interactions with individuals

Capable of supporting reflective practice in individuals and within teams

Capable of supporting other staff in applying an understanding of diversity, difference and rights to interactions with people with personality disorder and supporting other staff in maintaining positive and respectful attitudes

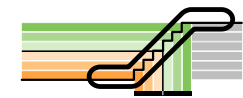
Capable developing positive strategies for challenging stigma and promoting social inclusion in partnership with service users

Capable of developing social care services for service users in collaboration with other disciplines and agencies

Capable of applying and extending the evidence base regarding social interventions to service developments

Capable of assessing the impact of social interventions on individuals and their networks

Capable of promoting the profile of social perspectives and social interventions within the team and organisation



The Capabilities

Improving psychological well-being

CAREER/TRAINING STAGE

PRE-EMPLOYMENT

Awareness of theories regarding the causation of personality disorder

Framework for understanding personality disorder within the national policy context

Awareness of treatment options

EMPLOYMENT

VOCATIONAL EDUCATION

Capable of applying a critical understanding of the natural history of personality disorders to interactions with people with personality disorder

Capable of establishing and maintaining long term therapeutic relationships with service users under direction

Capable of providing advice or training in community living skills for service users, their carers and families under direction

Capable of understanding and applying the classifications of personality disorders under direction

Capable of applying theoretical perspectives to the treatment of personality disorder under direction

Capable of supporting psychological treatment regimes under direction

Capable of contributing to the assessment of co-morbid factors

Capable of contributing to the delivery of a range of psychological interventions under direction

Capable of collaborating with multi-disciplinary colleagues and services

Capable of working accountably within teams and organisations and awareness of the impact on teams of working with people with personality disorders

Capable of reflective practice

PROFESSIONAL TRAINING

Capable of applying a critical understanding of theories of personality disorder: subjectivity, symptoms and social function, reliability and validity

Capable of the clinical assessment of personality disorder and other mental health needs using standardised instruments and contributing to the formulation of treatment and care plans

Capable of applying case formulation based on a range of evidence based models

Capable of establishing and maintaining long term therapeutic relationships with service users and supporting other staff in maintaining therapeutic relationships

Capable of applying awareness of clinical significance and treatment methods appropriate for various categories of PD

Capable of assessing co-morbid factors

Capable of planning and applying a range of evidence-based psychological interventions

Capable of collaborating with multi-disciplinary colleagues and services

Capable of tolerating frustration and anxiety

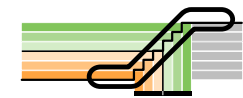
Capable of working accountably within teams and organisations and awareness of the impact on teams of working with people with personality disorders

Capable of supporting reflective practice in individuals and within teams

CPD

Capable of extending the evidence base in relation to psychological treatments for various categories of PD

Capable of evaluating the impact of psychological treatments on individuals, groups and services



The Capabilities

Assessing and managing risk to self and others

CAREER/TRAINING STAGE

PRE-EMPLOYMENT

EMPLOYMENT

VOCATIONAL EDUCATION

PROFESSIONAL TRAINING

CPD

Awareness of risk to the individual and to others in the context of personality disorder

Awareness of risk assessment and risk management methodologies

Awareness of risk to self and others from offending behaviour

Awareness of local policies and procedures

Capable of applying a critical understanding of risk in interactions with individuals

Capable of applying risk assessment and risk management strategies under direction

Capable of contributing to actuarial and dynamic risk assessment strategies, paying attention to the risk of offending or of harm to self or others, under direction

Capable of monitoring signs of relapse and taking appropriate action under direction

Capable of undertaking actuarial risk assessment paying attention to the risk of offending and of harm to self or others

Capable of undertaking a dynamic risk needs assessment paying particular attention to cognitive and inter-personal factors, substance abuse and life style indicators

Capable of understanding and supporting criminogenic needs assessment paying particular attention to cognitive and inter-personal factors, substance abuse and life style indicators under direction under direction

Capable of undertaking a family and community risk needs assessment

Capable of planning and delivering interventions based on case formulation addressing specific risk factors, providing proposals for risk management and for motivating individuals

Capable of applying an understanding of legal and ethical issues in the context of risk assessment and management

Capable of collaborating with multi-disciplinary and multi-sectoral risk management plans

Capable of reflective practice

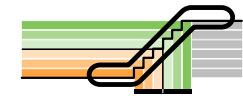
Capable of developing systems of risk management based on current evidence

Capable of evaluating risk management strategies on individuals, groups, teams and organisations

Capable of providing leadership for programmes aimed at tackling offending behaviour

Capable of extending the evidence base regarding the impact of offender behaviour programmes in relation to PD

Capable of evaluating the impact of offender behaviour programmes on individuals, groups, teams and organisations



The Capabilities

CAREER/TRAINING STAGE	PRE-EMPLOYMENT	EMPLOYMENT		
		VOCATIONAL EDUCATION	PROFESSIONAL TRAINING	CPD
Management and leadership	<p>Awareness of the roles of managers and leaders within personality disorder services</p> <p>Awareness of the importance of self management in interactions with service users, colleagues and the wider organisation</p>	Capable of critical and reflective practice in the delivery and management of value-based services to individuals with PD	Capable of reflecting on own and others' reactions to clients and offering a considered response	Capable of applying a critical understanding of underlying principles, main frameworks and theories of effective leadership and management of change
		Capable of recognising limitations and the need to seek support, supervision or the involvement of other agencies	Capable of bearing hostility and aggression without retaliation	Capable of applying these principles and frameworks to practice, to include effective communication, influencing, negotiating, coaching and conflict resolution
		Capable of bearing hostility and aggression without retaliation	Capable of using and offering support and supervision	Capable of applying knowledge of the underlying principles of motivation theories and their application in motivating and inspiring teams and individuals
		Capable of managing self and others in the context of national and local policies in relation to PD	Capable of maintaining clear personal and professional boundaries	Capable of appraising relevant internal and external factors that might influence the way in which PD services operate
		Capable of applying a critical understanding of the importance of management and leadership in supporting team and organisational functioning in relation to PD	Capable of managing self and others in the context of national and local policies in relation to PD	Capable of identifying, analysing and evaluating strategies to improve the effectiveness of multi disciplinary team working
		Capable of applying a critical understanding of contemporary theories of leadership and management at an appropriate level	Capable of providing professional supervision to individuals and teams	Capable of translating policy into practice within the team and organisation
		Capable of working across traditional service boundaries to include a wider systemic and multi-agency approach to ensuring seamless and effective care is provided	Capable of providing leadership and support to non-specialist staff and services	Capable of developing a positive networking culture and strategies for sharing good practice in developing services to people with PD
			Capable of applying a critical understanding of the importance of management and leadership in supporting team and organisational functioning in relation to PD	Capable of developing and maintaining cultures and strategies which are positive in relation to PD
			Capable of contributing to organisational change: positive partnerships with users and carers, promoting strategies for social inclusion, challenging stigma	Capable of leading and sustaining innovations in service models and treatment options for people with PD
			Capable of working across traditional service boundaries to include a wider systemic and multi-agency collaborative approach to ensuring that seamless and effective care is provided	Capable of providing clinical leadership and supervision to teams and organisations
		Capable of leading programmes of career development within PD services		

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SERVICE USER FOCUS GROUP

Ms Mary-Anne Ambrose	Colchester
Ms Yolande Hadden	Berkshire
Ms Sheena Money	Berkshire
Ms Donna Smart	West Midlands
Ms Jayne Treby	Jersey
Ms Nikki Tysoe	Berkshire

MEMBERSHIP OF THE EXPERT GROUP

Mr Ian Baguley	National Programme Manager Mental Health Workforce Development
Ms Heather Castillo	Advocacy Services Manager North Essex Mental Health Partnership Trust
Mr Tony Butterworth	Chief Executive Trent Workforce Development Confederation
Ms Jackie Craissati	Head of Forensic Clinical Psychology Services The Bracton Centre
Ms Maria Duggan	Independent Consultant
Dr. Rex Haigh	Consultant Psychotherapist Winterbourne House
Ms Roslyn Hope	Director of National Workforce Development Programme
Professor Eddie Kane	Senior Adviser on Mental Health and High Secure Services Department of Health
Ms Mhairi Macpherson	Director of Modernisation East London & The City Mental Health NHS Trust
Dr Gill McGauley	Consultant Forensic Psychotherapist Broadmoor Hospital
Dr Kingsley Norton	Director The Henderson Hospital
Ms Laura Roberts	Chief Executive North Manchester PCT
Dr Anthony Roth	Joint Course Director, and Chartered Clinical Psychologist Department of Clinical Psychology, UCL
Dr Pete Snowden	Consultant Forensic Psychiatrist Ashworth Hospital
Professor Brian Thomas Peter	Director of Psychological Services The Raeside Clinic
Ms Deirdre Vereker	Training Co-ordinator Turning Point

CONTACT DETAILS

NIMHE Development Centres

Eastern

NIMHE Eastern Development Centre
654 The Crescent
Colchester Business Park
Colchester
Essex CO4 9YQ
Tel: 01206 287 583
EMail: John.Mahoney@doh.gsi.gov.uk

East Midlands

NIMHE East Midlands Development Centre
Pleasley Vale Business Park
Outgang Lane
Pleasley
Mansfield
Notts NG19 8RL
Tel: 01623 819370
EMail: Carolyn.Steele@doh.gsi.gov.uk

London

NIMHE London Development Centre
11-13 Cavendish Square
London W1G 0AN
Tel: 020 7307 2433
EMail: Peter.Horn@londondevelopmentcentre.org

North East Yorks and Humberside

NIMHE North East, Yorkshire and Humberside
Development Centre
Blenheim House
West One
Duncombe Street
Leeds LS1 4PL
Tel: 0113 253 3821
EMail: Sally.Prescott@doh.gsi.gov.uk

North West

NIMHE North West Development Centre
Hyde Hospital
Grange Road South
Hyde SK14 5NY
Tel: 0161 351 4920
EMail: Dean.Repper@nimhenorthwest.org.uk

South East

NIMHE South East Development Centre
Parklands Hospital
Aldermaston Road
Basingstoke
Hampshire RG24 9RH
Tel: 01256 376 394
EMail: Richard.Ford@sedc.nhs.uk

South West

NIMHE South West Development Centre
2 Tower Lane
Tower Street
Taunton
Somerset TA1 4AR
Tel: 01823 337879
EMail: Paddy.Cooney@mhswnhs.uk

West Midlands

NIMHE West Midlands Development Centre
Osprey House
Albert Street
Redditch
Worcestershire B97 4DE
Tel: 01527 587 620
EMail: Ian.McPherson@nimhe.wmids.nhs.uk

Department of Health leads

Nick Benefield
Secure Commissioning Team
Sefton Health Authority
Burlington House
Crosby Road North
Liverpool L22 0QB
Tel: 0151 478 1804
Email: Nick.Benefield@secure.nwest.nhs.uk

Prof. Eddie Kane
GONW
Sunley Tower
Room 1809
Piccadilly Plaza
Manchester M1 4BE
Tel: 0161 952 4294
Email: Eddie.Kane@doh.gsi.gov.uk

Dr Pete Snowden
Clinical Director
Ashworth Hospital
Parkbourn
Maghull
Liverpool L31 1HW
Tel: 0151 472 4501
Email: snowypool@aol.com
and also SNOWDE-P@ashworth.nwest.nhs.uk