Personality Disorder Services
Highly specialised services for women and men
From our Tier 4 and non-secure PD services 72.7% of service users were discharged to either their usual place of residence or to a community based support service.
Introduction

As a national provider of specialist mental health services, we offer a wide range of services specifically designed to support those affected by a personality disorder.

Our national network of hospitals has more than 140 specialised personality disorder beds for men and women, including those in medium and low secure settings, tier 4 and non-secure services. These services offer a range of therapeutic interventions including Dialectical Behavioural Therapy (DBT) and Schema Focused Therapy, designed to help people tackle their symptoms and progress with their lives.

As well as specialist personality disorder services we can also offer modified treatment programmes within some of our other services, including our eating disorder service at Cygnet Hospital Ealing and our learning disability service at Cygnet Hospital Beckton. Each of our personality disorder wards offers a therapeutic environment with individualised care plans and a focus on outcomes.

Information and communication is key. We provide full weekly reports on service users, keeping those who commission services up to date on progress and next steps.

Discharge Outcomes

- Average length of stay is usually between 9 and 12 months

From our Tier 4 and non-secure PD services (last 12 months):

- 72.7% of service users were discharged to either their usual place of residence or to a community based support service

From our Secure PD services (last 12 months):

- 43.8% of service users were discharged to their usual place of residence
- 25.4% of service users were discharged to a non-secure inpatient rehabilitation service

Who can we support?

We can support men and women aged over 18 with a diagnosis of Personality Disorder.

Bed Availability

A bed availability tool is available on our website where you can find up-to-date details of beds available throughout Cygnet’s nationwide services.

www.cygnethealth.co.uk

Risk

We’re not risk averse – we take measured risks and place service users at the centre giving them opportunities to test themselves and therefore move toward recovery more quickly. We have implemented a scheme of collaborative risk assessments and risk planning, working with service users to understand their risks and engage in the risk assessment process.
Cygnet is amongst the UK’s leaders in service user involvement.
Service User Involvement
Cygnets are amongst the UK’s leaders in service user involvement.

- We are committed to truly having service users at the centre of their treatment. We use a person-centred care planning approach. This means services users, their carers and staff work together to understand what is important to the service user. Needs and recovery aspirations are identified and working together, goals are agreed, care plans developed and progress closely monitored.

- We launched and continue to run the National Service User Awards, which remains the industry-standard in service-user led awards and recognition for achievement.

Therapeutic input
Our teams work with service users to build a strong therapeutic alliance based on mutual trust and respect. Our treatment programmes use evidence-based models of care, Dialectical Behavioural Therapy (DBT) and Schema Focused Therapy, along with a number of additional interventions to enhance service users’ recovery journey. Individual psychological assessments help identify the most appropriate therapies for each service user, making sure support is person-centred.

Different therapies are available at individual hospitals, with programmes tailored around the individual needs of service users.

Dialectical Behavioural Therapy (DBT)
DBT is a psychological therapy developed to support individuals with emotional and interpersonal difficulties that lead to self-harming behaviours and suicidality. We can offer adapted DBT programmes to meet individual needs, for example to support individuals with a learning disability. Overall, DBT supports people to improve their quality of life and develop healthier and helpful relationships.

Skills Training
Skills training focuses on four main skills: mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness. Mindfulness is one of the core elements and is the foundation for all the other skills taught. Skills training is undertaken in group sessions.

Individual Therapy
Building on the group sessions, each person is asked to focus on positive behaviour, set targets and monitor progress – this helps people make therapeutic changes and learn skilful coping behaviours.

Schema Focused Therapy
Schema Focused Therapy ultimately aims to help individuals to change negative, maladaptive patterns of thinking and behaviour and works in three main stages. The first supports people to identify the schemas that are causing them difficulties; the second to help learn how to identify when the schemas are playing out in everyday lives, and the final stage focuses on behaviour change and replacing negative thoughts and behaviour with new, helpful ones.

Nursing
Using My Shared Pathway and the Recovery Star, our nurses work with people to develop care plans which meet the person’s own individual needs. Many of our nurses are DBT trained, both in skills giving and as 1:1 therapists, to maximise the support to the core programmes offer.

Occupational Therapy (OT)
OT programmes include education, physical exercise, learning new skills such as assertiveness and problem solving, physical health monitoring, daily living skills, budgeting and accessing activities in the wider community. Occupational therapy is delivered through one-to-one sessions and groups to encourage learning from one another. All OT programmes are recovery focused and needs led.
we are able to provide ongoing support to reinforce skills
Added Support
Cygnet’s personality disorder wards provide highly structured environments designed to promote recovery. As well as the ward therapy timetable, every person has a personal therapy programme, with contribution from all members of the multidisciplinary team.

Some of the therapies offered across our sites include Cognitive Behavioural Therapy (CBT), trauma focused interventions such as EMDR (Eye Movement Desensitisation and Reprocessing) and ISTDP (Intensive Short Term Dynamic Psychotherapy).

Service users are also offered relaxation sessions, pampering, aromatherapy, drama, art, music and pet therapy.

Psychiatric/Medical Team
Each unit has leadership from a consultant psychiatrist who formulates the overall treatment plans and liaises with the rest of the team to ensure that appropriate psychological interventions and medications are delivered according to an individual’s needs. The consultant psychiatrist is usually supported by a specialty doctor/associate specialist. The medical team assess and monitor all areas of physical and mental health needs, making the necessary referrals to achieve and maintain optimum physical health. There are individual hospital arrangements in place to ensure the primary care needs of service users are met including GP visits.

Social Work
The social work team support service users in building and maintaining links with family and friends, assessing home environments, providing advice regarding benefits and liaising with outside agencies. All social work input is determined by individual assessment and need.

Substance Misuse
Individuals with a Personality Disorder frequently experience difficulties with addiction. Substance Misuse Practitioners will assess need and provide input to explore these issues.

Educational and vocational programmes
Many of our hospitals offer on-site qualification programmes and all have good links with local colleges and charities to offer educational courses and work experience opportunities. Some of our services offer on-site vocational opportunities, such as our service user-led café at Cygnet Hospital Stevenage and our Community Farm at Cygnet Hospital Kewstoke.

Discharge and transition
Discharge planning begins from admission. At some services, including Cygnet Hospital Beckton and Cygnet Hospital Bierley, there is a specific pre-discharge step-down as part of the pathway towards community living.

The final pre-discharge phase lasts for 2-3 months; this phase aims to support service users to sustain their recovery and maintain the skills and functioning achieved during their stay. At the end of this period a CPA meeting is held to outline the future care plans and continuity at the point of discharge.

Some of our personality disorder services provide an extended care pathway of ongoing, post-discharge DBT programmes, typically lasting 3 months.

Following discharge from our inpatient services, we are able to provide ongoing support to reinforce skills in the community setting. By aiding a smooth transition into the community we hope to enable service users to maintain a successful discharge.

Post-discharge support packages can be tailored to meet individual needs and a menu of flexible options is available, including: attendance at hospital skills group sessions, attendance at 1:1 DBT sessions at the hospital and 1:1 telephone DBT support.
Range of Specialist PD Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium Secure PD</td>
<td>1 Cygnet Hospital Beckton (East London) 020 7511 2299</td>
</tr>
<tr>
<td>Low Secure PD</td>
<td>2 Cygnet Hospital Bierley (West Yorkshire) 01274 686767</td>
</tr>
<tr>
<td>Eating Disorders with DBT programme</td>
<td>3 Cygnet Lodge Kenton (North West London) 020 8907 0770</td>
</tr>
<tr>
<td>Tier 4 PD (NHSE funded)</td>
<td>4 Cygnet Hospital Derby (Derbyshire) 01332 365434</td>
</tr>
<tr>
<td>Non-secure PD (CCG Funded)</td>
<td>5 Cygnet Hospital Ealing (West London) 020 8991 6699</td>
</tr>
<tr>
<td>Locked Rehabilitation with DBT programme</td>
<td>6 Cygnet Hospital Kewstoke (Somerset) 01934 428989</td>
</tr>
<tr>
<td></td>
<td>7 Cygnet Lodge Kewstoke (Somerset) 01934 428989</td>
</tr>
<tr>
<td></td>
<td>8 Cygnet Hospital Stevenage (Hertfordshire) 01438 342942</td>
</tr>
<tr>
<td></td>
<td>9 Cygnet Hospital Bury (Greater Manchester) 0161 7627250</td>
</tr>
<tr>
<td></td>
<td>10 Cygnet Hospital Sheffield (South Yorkshire) 0114 2793346</td>
</tr>
</tbody>
</table>

Find us

- Male
- Female
- Male & Female services available
Sample Treatment Outcomes

The following treatment outcomes have been supplied by the Tier 4 Female PD service at Cygnet Hospital Beckton, New Dawn.

Outcomes for New Dawn Ward (Average HoNOS Scores)

HoNOS scores for New Dawn Ward can be seen to demonstrate a steady reduction over the course of admission. In particular there was a marked decrease in the need for a secure environment.

State-Trait Anger Expression Inventory-2 (STAXI-2)

The STAXI provides measures of the experience (State and Trait), expression (In and/or Out) and control (In and/or Out) of anger.

The findings from the Anger assessment scale indicate a subtle trend towards a reduction in the experience and expression of both State and Trait anger.

The reduction in experience and expression of anger is noted in conjunction with an increase in anger control, both with regard to internal and external strategies.

Rotter’s Locus of Control Scale

Scores 13 and above are considered to be indicative of external locus of control and scores of 12 or less are considered indicative of internal locus of control.

Locus of Control refers to the extent to which individuals believe that they can control events that affect them. Individuals with a high internal locus of control believe that events result primarily from their behaviour and actions. Those with a high external locus of control believe that powerful others, fate, or chance primarily determine events.

Decrease desirable

While a significant change is not noted there is a subtle trend towards a decrease in scores over time. This suggests a slight shift from an external locus of control to a more internal. This indicates that individuals are more able to see events as a result of their own actions.
The Rosenberg Self-Esteem scale measures a person's level of self-esteem based on their perceptions of themselves, both individually and in comparison with others. Scores range from 0 – 30, with higher scores indicating higher level of self-esteem. The Rosenberg indicates a significant positive clinical change to participants self-esteem at the 6 months stage, which is maintained and further increased following their engagement in 12 months of DBT.

The Five Factor Mindfulness Scale measures five facets of mindfulness: Observe, Describe, Act with Awareness, Non-judgemental and Non-React. The scores suggest that individuals, following 12 months of the DBT programme, are more able to observe their emotional experience and thoughts and then act with awareness rather than impulsively. Additionally, this scale illustrates an improved ability to manage the tendency for rumination which has been shown to be a major contributor to the likelihood of self-harm or suicide. Changes on the other facets of mindfulness fluctuate more and therefore these skills may need further time of develop and could be influence by personal practice.

The DERS assesses individuals, typical levels of emotion dysregulation across six separate domains; Non-acceptance of emotional responses, Difficulties engaging in goal directed behaviour, Impulse control difficulties, Lack of emotional awareness, Limited access to emotion regulation strategies and Lack of emotional clarity. Higher scores indicate higher levels of emotion dysregulation. The DERS indicates reductions across each of the domains of emotion regulation. This would suggest that at the end of 12 months skills coaching and individual sessions service users are more aware of their emotional experience, are more accepting of their emotions, less impulsive and more able to engage in goal directed and emotion regulation strategies.