

# Innovative practice in a systemically integrated personality disorder service

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**emergence**

CHANGING ATTITUDES BUILDING LIVES

# Evolution of personality disorder services within Camden & Islington

- DBT service: 1999
- LiveWork, DoH pilot: 2005
- MBT service: 2005
- KUF pan London delivery with Emergence: 2009
- Impact: 2009
- Organisational restructuring of services, community team: 2012
- Emergence contract: 2013
- PICT: 2013
- Schema service: 2014



**emergence**

CHANGING ATTITUDES BUILDING LIVES

Referral from Assessment Team, crisis team, acute services, CDAT, R&R, EIS, CAMHS, Eating Disorder Service, IAPT

Referral to community team

Referral to specialist therapies

Screening and allocation for assessment or discharge if inappropriate

CT assessment

Allocated to joint assessment

Therapies assessment

- Diagnosis of PD (SCID-II)
- Clustering at 7 or 8 (HONOS)
- Primary diagnosis is personality disorder rather than psychosis, depression, anxiety or trauma
- Meets service threshold

Discharge, practice based teams or PICT

DBT skills group and monthly telephone contact

**Community team**  
Offers 1:1 structured clinical management to service-users with complex psychological and social needs.

**MBT**  
Group and 1:1 intervention for up to 18 months aimed at improving ability to mentalize in relationships.

**DBT**  
Group and 1:1 intervention for up to 18 months aimed at developing skills to regulate emotions and reduce risky and impulsive behaviour.

**Schema Therapy**  
1:1 or group  
12-24 months  
Develop understanding of maladaptive coping modes and promote "healthy adult" functioning

**Other therapies**  
Where relevant, and to the extent that we are able to offer them, alternative formulation-based interventions may be offered.

Four follow up sessions over a year

# Innovation in response to local challenges

- Recognition of wide range of needs of service users with personality disorder
- Difficulties with engagement for the service user and the wider system
- Pathway changes and gaps in provision
- Increasing pressures on NHS resources and increase in demand resulting in longer waiting lists for specialist therapies
- Change in service criteria to include all diagnoses of personality disorder
- Local pressures on bed management and GP dissatisfaction following re-organisation