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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.

Notes

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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.

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 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.
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. 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 disordered 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 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.

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.

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. 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 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 scope of the Personality Disorder Capabilities Framework

The Personality Disorder Capabilities Framework, published in January 2003 by the Sainsbury Centre for Mental Health, is an initiative to systematically describe what is required of all staff working with people with personality disorder. It outlines the management and leadership capabilities that are essential for effective care and minimises the risk of staff burnout, absenteeism, dependency on services and service users away from service users.

**Levels of capability**

The Personality Disorder Capabilities 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 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 focused 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.

**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 focused 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.

**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.
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.  

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.
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.”

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

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 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. 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.

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.
THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK

SECTION THREE
THE BROADER POLICY CONTEXT

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 the roles that are 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.

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/sfmentalhealth.htm

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See: www.doh.gov.uk/sfmentalhealth.htm

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.nimh.org.uk and at: www.doh.gov.uk/mentalhealthatscpa/.

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. 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/hrinthensplan 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 England 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 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’.

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/themhksf/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/cgw/mlhbackground.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.


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.
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 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.mhn.org.uk/mhw.html) 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.
The NIMHE guidance acknowledges that there is a need to develop the skills and capacity of staff if a strategic approach to service development is to be successfully implemented. The Capabilities Framework set out in this document will underpin new training initiatives for staff across the wide range of specialist and non-specialist agencies that work with people with PD. The framework also addresses the training needs of whole teams and organisations with specific reference to the management and leadership requirements that are at a premium in personality disorder services.

As this framework is implemented, in time, local service systems will support staff in various agencies in developing capabilities in identification, referral, assessment, treatment and care at appropriate levels. Staff will use these capabilities within a broad range of local services which support the pathways of people with a personality diagnosis, and which aim towards recovery. 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.

Service users have most to gain from the implementation of this Framework. Staff with greater awareness of personality disorder and the capabilities to identify, refer, support and treat in inclusive and non-judgmental ways are the key to better outcomes for people with personality disorder. This framework identifies an approach, which can ensure that the very broad range of staff potentially involved in this are enabled to develop these capabilities.
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.

For example

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

Promoting Social Functioning/Obtaining Social Support

- 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 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

CAREER/TRAINING STAGE

PRE-EMPLOYMENT

EMPLOYMENT

VOCATIONAL EDUCATION

- Capable of contributing to the assessment of the needs of people with personality disorder for social support and resources
- Capable of providing advice or training in community living skills for service users, their carers and families 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 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 delivering training in pro social modelling and other techniques for improving coping skills
- 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

PROFESSIONAL TRAINING

- 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 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 coping skills
- 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 supporting reflective practice in individuals and within teams
- 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

CPD

- 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 of 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

**Section Four: The Personality Disorder Capabilities Framework**

**Improving psychological well-being**

<table>
<thead>
<tr>
<th>Awareness of theories regarding the causation of personality disorder</th>
<th>Framework for understanding personality disorder within the national policy context</th>
<th>Awareness of treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capable of applying a critical understanding of the natural history of personality disorders to interactions with people with personality disorder</td>
<td>Capable of establishing and maintaining long-term therapeutic relationships with service users under direction</td>
<td>Capable of applying theoretical perspectives to the treatment of personality disorder under direction</td>
</tr>
<tr>
<td>Capable of providing advice or training in community living skills for service users, their carers and families under direction</td>
<td>Capable of applying the classifications of personality disorders under direction</td>
<td>Capable of supporting psychological treatment regimes under direction</td>
</tr>
<tr>
<td>Capable of understanding and applying awareness of clinical significance and treatment methods appropriate for various categories of PD</td>
<td>Capable of contributing to the assessment of co-morbid factors</td>
<td>Capable of collaborating with multi-disciplinary colleagues and services</td>
</tr>
<tr>
<td>Capable of contributing to the delivery of a range of psychological interventions under direction</td>
<td>Capable of planning and applying a range of evidence-based psychological interventions</td>
<td>Capable of working accountably within teams and organisations and awareness of the impact on teams of working with people with personality disorders</td>
</tr>
<tr>
<td>Capable of supporting reflective practice</td>
<td>Capable of collaborating with multi-disciplinary colleagues and services</td>
<td>Capable of tolerating frustration and anxiety</td>
</tr>
<tr>
<td>Capable of establishing and maintaining long-term therapeutic relationships with service users under direction</td>
<td>Capable of applying a critical understanding of theories of personality disorder: subjectivity, symptoms and social function, reliability and validity</td>
<td>Capable of working accountably within teams and organisations and awareness of the impact on teams of working with people with personality disorders</td>
</tr>
<tr>
<td>Capable of contributing to the formulation of treatment and care plans</td>
<td>Capable of applying case formulation based on a range of evidence-based models</td>
<td>Capable of supporting reflective practice in individuals and within teams</td>
</tr>
<tr>
<td>Capable of extending the evidence base in relation to psychological treatments for various categories of PD</td>
<td>Capable of evaluating the impact of psychological treatments on individuals, groups and services</td>
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</table>
## The Capabilities

### Assessing and managing risk to self and others

<table>
<thead>
<tr>
<th>CAREER/TRAINING STAGE</th>
<th>PRE-EMPLOYMENT</th>
<th>EMPLOYMENT</th>
<th>VOCATIONAL EDUCATION</th>
<th>PROFESSIONAL TRAINING</th>
<th>CFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of risk to the individual and to others in the context of personality disorder</td>
<td>Capable of undertaking actuarial risk assessment paying attention to the risk of offending and of harm to self or others</td>
<td>Capable of undertaking a dynamic risk needs assessment paying particular attention to cognitive and inter-personal factors, substance abuse and life style indicators</td>
<td>Capable of undertaking a family and community risk needs assessment</td>
<td>Capable of developing systems of risk management based on current evidence</td>
<td>Capable of evaluating risk management strategies on individuals, groups, teams and organisations</td>
</tr>
<tr>
<td>Awareness of risk assessment and risk management methodologies</td>
<td>Capable of applying risk assessment and risk management strategies under direction</td>
<td>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</td>
<td>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</td>
<td>Capable of providing leadership for programmes aimed at tackling offending behaviour</td>
<td>Capable of providing leadership for programmes aimed at tackling offending behaviour</td>
</tr>
<tr>
<td>Awareness of risk to self and others from offending behaviour</td>
<td>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</td>
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<td>Capable of extending the evidence base regarding the impact of offender behaviour programmes in relation to PD</td>
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</tr>
<tr>
<td>Awareness of local policies and procedures</td>
<td>Capable of monitoring signs of relapse and taking appropriate action under direction</td>
<td>Capable of undertaking a dynamic risk needs assessment paying particular attention to cognitive and inter-personal factors, substance abuse and life style indicators</td>
<td>Capable of undertaking an understanding of legal and ethical issues in the context of risk assessment and management</td>
<td>Capable of supporting criminogenic needs assessment paying particular attention to cognitive and inter-personal factors, substance abuse and life style indicators</td>
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<td>Capable of planning and delivering interventions based on case formulation addressing specific risk factors, providing proposals for risk management and for motivating individuals</td>
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<tr>
<td></td>
<td></td>
<td>Capable of collaborating with multi-disciplinary and multi-sectoral risk management plans</td>
<td>Capable of collaborating with multi-disciplinary and multi-sectoral risk management plans</td>
<td>Capable of providing leadership for programmes aimed at tackling offending behaviour</td>
<td>Capable of providing leadership for programmes aimed at tackling offending behaviour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capable of reflective practice</td>
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</tr>
</tbody>
</table>

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**Breaking the Cycle of Rejection**

**The Personality Disorder Capabilities Framework**
Management and leadership

Awareness of the roles of managers and leaders within personality disorder services

Awareness of the importance of self management in interactions with service users, colleagues and the wider organisation
APPENDIX I

ACKNOWLEDGEMENTS

Particular thanks are due to Dr Steve Miller at the South West London and St George's NHS Mental Health Trust who shared useful insights from his work with service users on a user-oriented training programme, to Professor Brian Thomas Peter of the Birmingham and Solihull Mental Health Trust for his generous contribution of ideas and graphics and to Dr Rex Haigh for contributing ideas on service models and for facilitating the contribution of service users to this work.

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BREAKING THE CYCLE OF REJECTION

THE PERSONALITY DISORDER CAPABILITIES FRAMEWORK

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