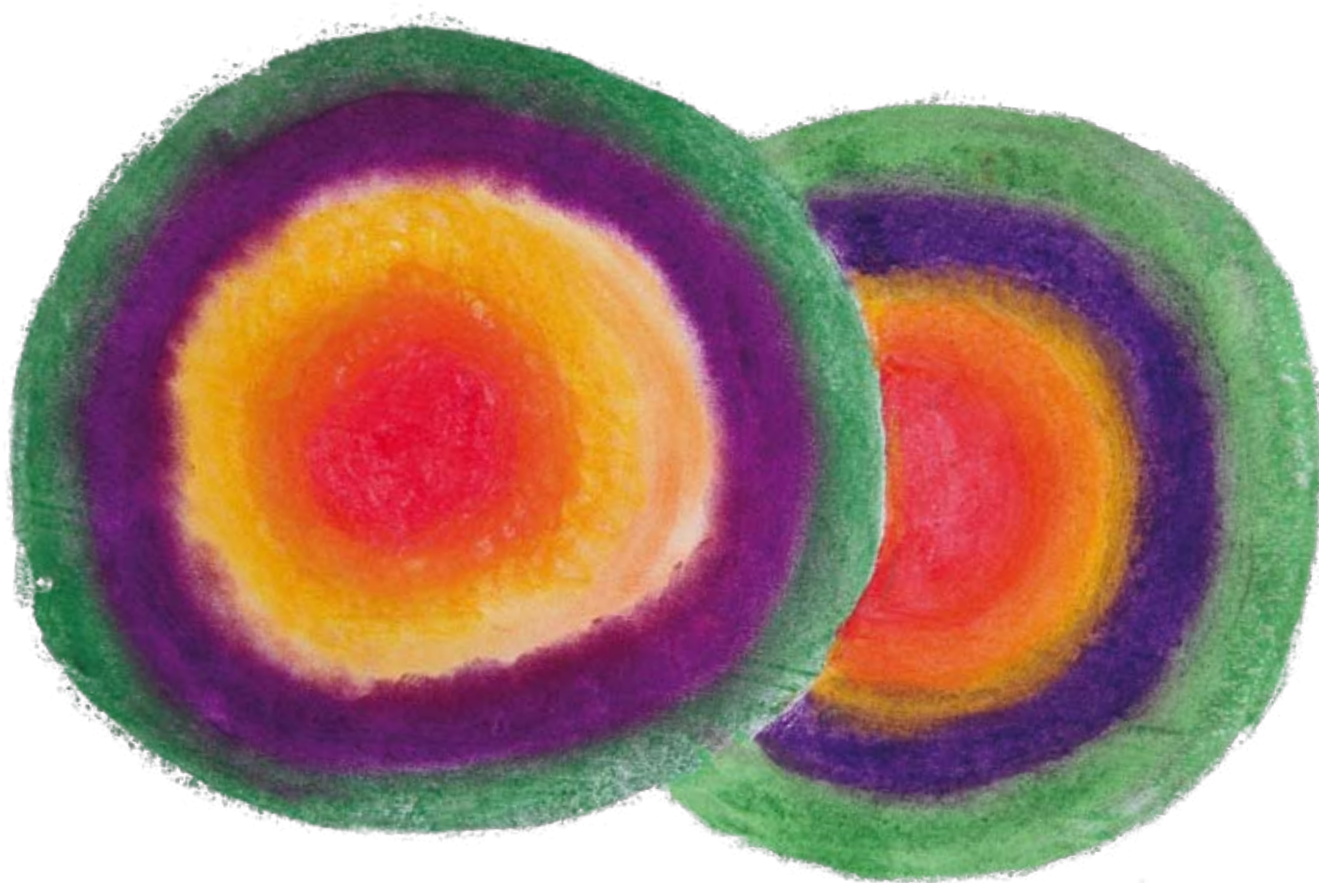


Self-harm Service

A specialist service designed to help people who repeatedly self-harm and who often have been diagnosed with borderline personality disorder.



» Six years ago, I was a drain on the NHS in every area including mental health. Yet, two weeks ago I was completely discharged from any support; the first time since I started primary school. I now know I am a good person who deserves good things from life. I enjoy being alive, enjoy each day and what that day brings. I enjoy discovering new things and learning when these things perhaps don't go in a positive way. But, the important difference now is that I have removed the mask I wore and am proud of the person I am. My life really is amazing. « **Leanne**

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Service overview

Our service provides treatment for people who repeatedly self-harm and who have chronic interpersonal difficulties. We aim to minimise a person's self-harm, while providing a safe environment where they can develop alternative and healthier ways to cope.

Our service has been designed to work with people who other services have found difficult to help, and who make frequent use of emergency services or multiple care agencies. Many of our patients have been diagnosed with borderline personality disorder, and also have a range of other mental health problems including eating disorders, anxiety, depression, and alcohol or drug misuse. They often have enduring emotional problems linked to adverse experiences during their early life.

King's Health Partners

Our service is part of the Mood, Anxiety and Personality Disorders Clinical Academic Group. SLaM has joined with King's College London, Guy's and St Thomas' NHS Foundation Trust, and King's College NHS Foundation Trust to establish King's Health Partners, an Academic Health Sciences Centre. King's Health Partners involves bringing clinical care, research and education much more closely together. Our aim is to reduce the time it takes for research discoveries and medical breakthroughs to become routine clinical practice. This will lead to better care and treatment for patients.

Visit www.kingshealthpartners.org for more information.

» Thank you for helping me face my past
and realise my future. « Louise



Our philosophy

We recognise that everyone is unique and foster an environment where each person's safety needs are met. Our staff encourage growth, learning and change, and support everyone in taking responsibility for their actions. We believe everyone should act as advocates to others, and attempt to do no harm.

Our service has a focus on health rather than illness, with an awareness of the problems associated with mental health and the need to promote education among the general public.

One significant characteristic of our service is that residents retain as much responsibility as possible across different aspects of their lives. We believe it is essential for each person to understand the choice between further self-harm and alternatives, so this choice remains open.

» **Thank you for believing in me and thinking I was worthwhile enough to be given a place and a chance at your extraordinary service.** « **Hannah**



Who is our service for?

We offer inpatient and outpatient treatment for people who repeatedly self-harm, and who often have been diagnosed with borderline personality disorder.

Eligibility

- › 18+ years
- › Male or female
- › Self-harm is the primary clinical problem
- › Support from local community mental health team

Exclusion

- › Detained patients under the Mental Health Act. However, we do assess detained patients as a first step towards engaging them in a later admission.

» Thank you all so much for the help and support you have given me – for the space to explore my emotions, and for tolerating my stropiness and stubbornness. Not only have I learnt valuable lessons to take with me, I can also keep valuable memories of trust, care and relationships. This admission has allowed me to discover who I am and has given me optimism for the future. I'm leaving here to go on to do bigger and better things. « Maria



Interventions

People admitted to the inpatient unit take part in individual and group sessions and are also able to take part in a detailed occupational therapy programme, including cooking, art and creative writing. We also provide a variety of options for patients at our outpatient service.

Outpatient interventions

- › Cognitive analytic therapy
- › Psychodynamic psychotherapy
- › Family therapy

Inpatient interventions

- › Individual sessions with an allocated nurse therapist
- › Individual safety planning sessions, to facilitate an increased capacity to make choices around self-harm
- › Group sessions, including a daily community group, weekend planning group and coping skills group
- › Family therapy
- › Occupational therapy groups, including movement therapy, creative therapies and a cookery group
- › 'Helping others to understand self-harm' patient-led group
- › Regular physical health reviews
- › Medication reviews
- › Care programme approach meeting prior to discharge
- › Family therapy

Our unit is organised around a structured timetable of group and activity sessions.

Individual sessions

Each person has two sessions a day with a specialist nurse. Discussion topics vary from session-to-session, but often include identifying and describing emotions, considering the triggers of distressing emotions or self-harm, self-esteem, body image, assertiveness and relationships.

Community group

This session provides people with the opportunity to experience the group before moving on to related work with members of staff. There are no set topics, and this lack of structure can often help residents work on anxieties and coping with ambiguity can be a valuable learning experience.

Coping skills group

This group has a specific teaching emphasis and involves handouts and worksheets. Sessions focus on three central areas that can be challenging: tolerating distress, regulating emotions and interpersonal effectiveness. The group will then relate these discussions to planning immediate or long-term safety needs.

Safety planning

This session helps residents move away from self-harm and develop coping strategies. The process involves dispelling secrets, improving verbal communication, reducing impulsiveness, allowing choice, learning to tolerate feelings and retaining responsibility.

» Thinking back, being on the unit was the time when changes started, although it wasn't easy to see that at the time. Now my life is almost normal. Self-harm and mental health stuff doesn't set the agenda for my life anymore. « Jenny

Creative writing

Creative writing provides a safe environment for our patients to explore feelings, opinions and creativity.

Projective art

Residents and staff paint or draw on a chosen topic, relating their work to themselves. Projective art provides an opportunity to express thought or emotion through ways other than self-harm. It is a forum where people can share, empathise and support each other.

Movement therapy

This session provides a safe space for residents to use movement to express feelings, relate to others, gain a greater sense of self and feel more comfortable living in their own body.

Self-harm Service group

This is a semi-closed group for all current residents and a transitional group for those who have recently completed their admission (for the first three months after the programme). One essential function is to address endings, which frequently cause difficulty.

Cookery

Cookery gives people an opportunity to maintain or increase their independence through shopping and cooking.

Planning group

Residents are encouraged to set themselves goals for the week ahead, evaluate the previous week's goals, and practice new skills while they are at home over the weekend. It is also a forum where people receive feedback from others.

Evening activity

This is an informal group activity that provides a forum for residents to learn and practice social skills. It can be useful for confronting ideas around having to be perfect, getting things wrong, and fears around being good or successful.

Evaluation group

Each person has an opportunity to describe and assess their day, with a focus on activities and any incidents they may have experienced. Staff evaluate residents' experiences and have the chance to provide constructive feedback.

Occupational therapy

Residents are offered a wide range of occupational therapy activities, including creative sounds, gardening, pottery workshops, relaxation, swimming and woodwork. More often than not, they are group activities. However, individual sessions may be organised to address specific needs.

Family therapy

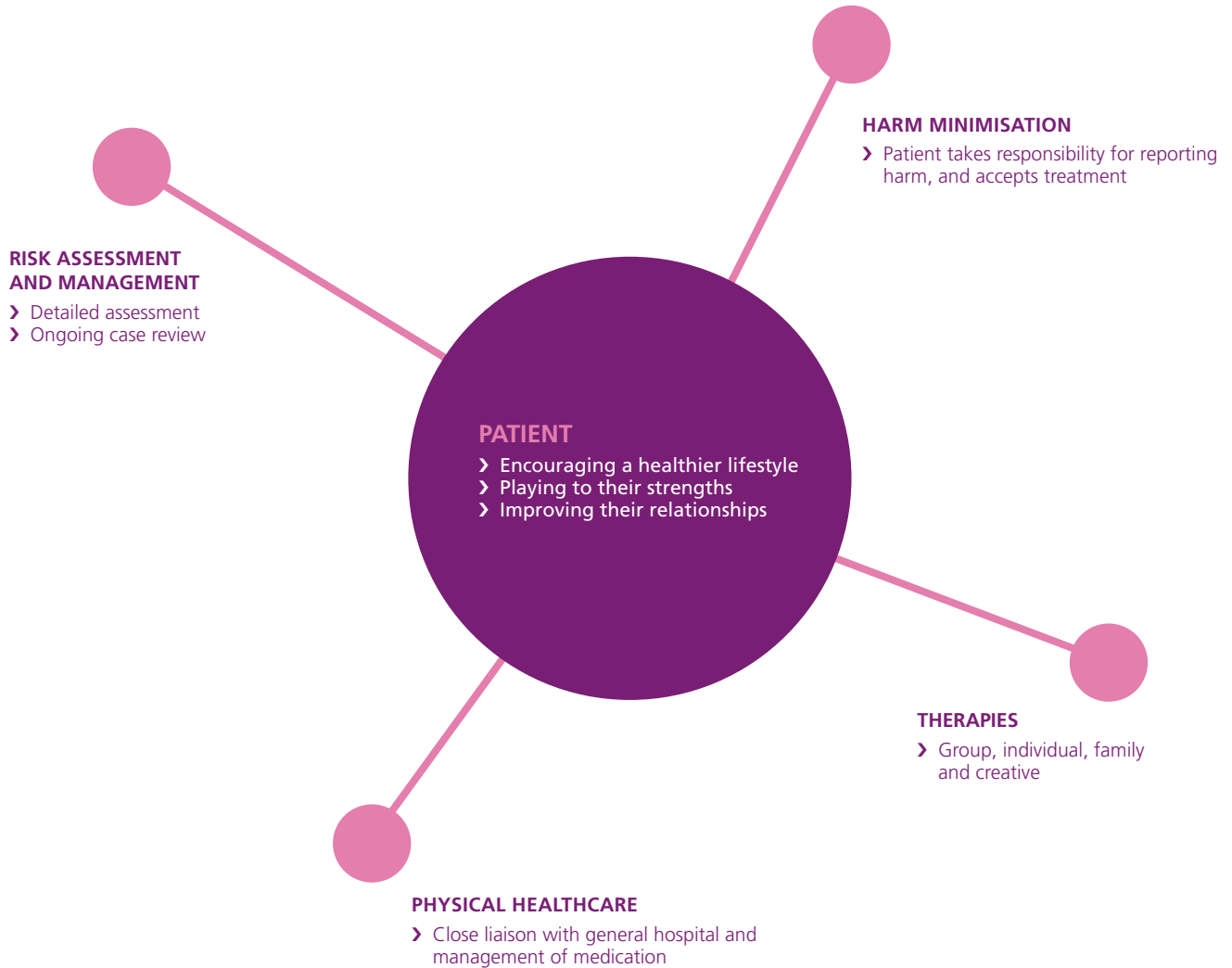
Family or couple work is sometimes offered. Objectives may include improving communication and understanding, dispelling myths, increasing warmth and closeness, replacing extreme reactions to self-harm, and helping people reach a reasonable degree of stability.

Weekly programme

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30 – 8.30	Negotiation time	Negotiation time	Negotiation time	No negotiations	Negotiation time
8.15 – 8.30	Medication	Medication	Medication	Medication	Medication
9.10 – 10.00	Community group	Community group	Community group	Community group	Community group
	Management round 10.30 – 11.15 Ward round 11.30 – 12.30	Self-harm Service group 11.30 – 12.15	Coping skills 11.00 – 12.00	Cooking / Shopping (alternating weeks) 10.30 – 12.00	Helping others to understand self-harm 11.20 – 12.10
12.15 – 12.30	Medication	Medication	Medication	Meals	Medication and to take away medication
12.30 – 13.00	Meals	Meals	Meals	Medication	Meals
13.30 – 14.00	Negotiation time	Negotiation time	Negotiation time 14.30 – 15.00	Negotiation time	Ward closes at 17.00
	Movement group 14.00 – 15.00	Creative writing 15.10 – 16.10	Weekend planning 15.10 – 16.00	Projective art 15.30 – 16.30	Ward reopens on Sunday at 13.00
17.45 – 18.00	Medication	Medication	Medication	Medication	Medication
18.00 – 18.30	Meals	Meals	Meals	Meals	Meals
18.30 – 19.15	Evening activity	Evening evaluation 18.30 – 19.00	Evening activity	Evening activity	Evening activity
19.30 – 20.00	Evening evaluation	Yoga group 19.30 – 20.30	Evening evaluation	Evening evaluation	Evening evaluation
22.00 – 22.15	Medication	Medication	Medication	Medication	Medication

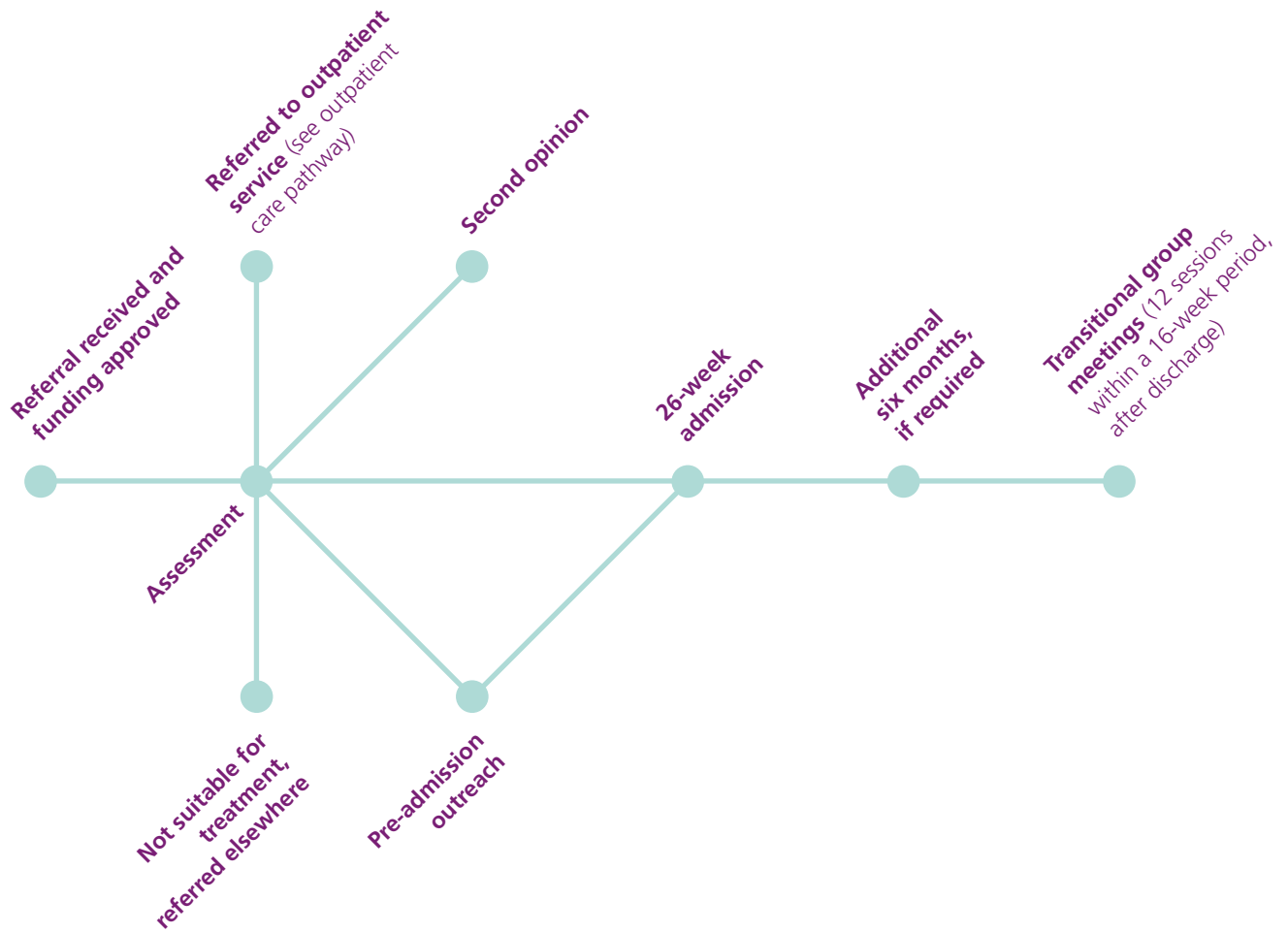


Our care model

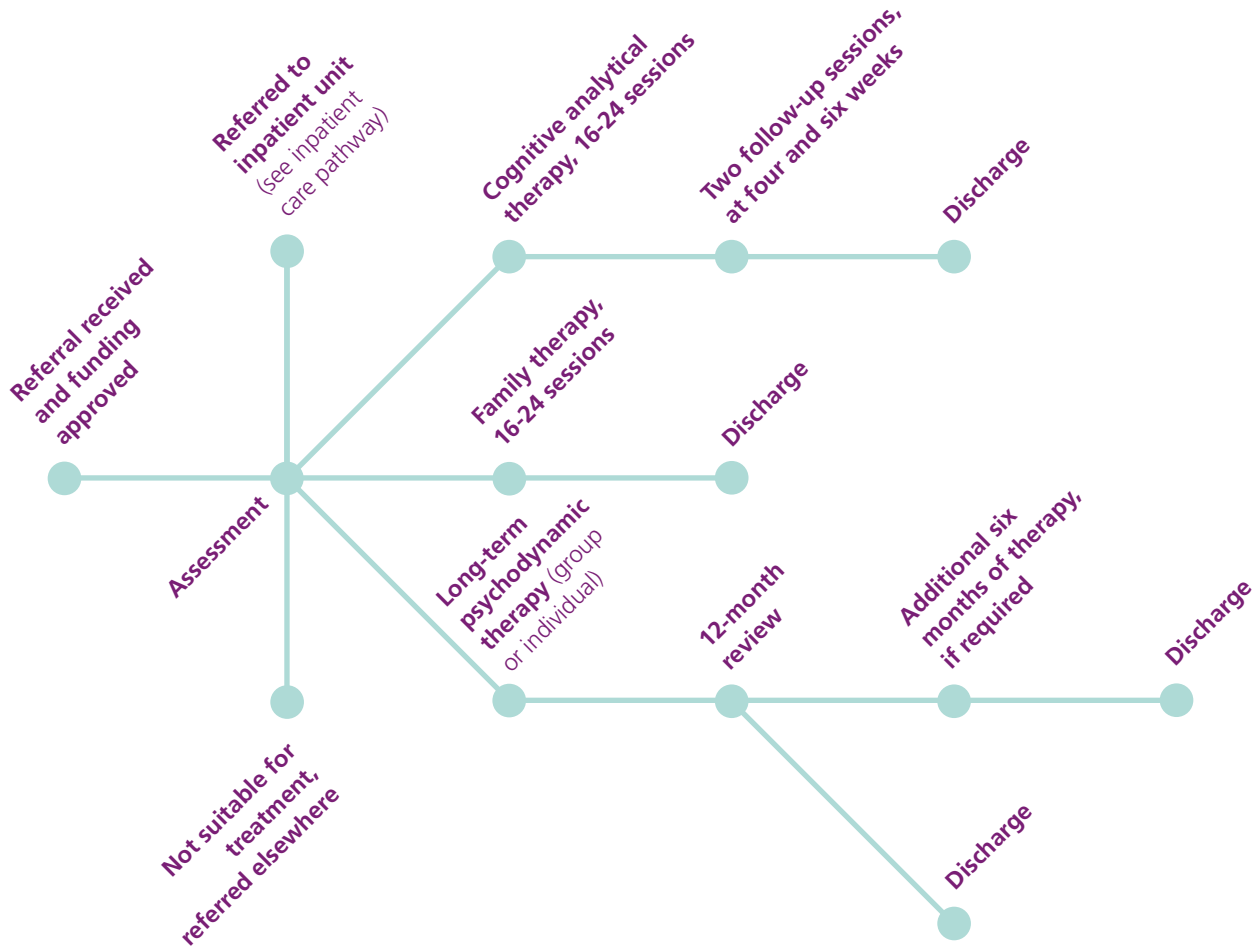




Our care pathway – inpatients



Our care pathway – outpatients



Outcomes

Our service aims to improve people's self-esteem and in turn, reduce their self-harming.

Expected outcomes may include:

- › Reduced number of self-harm incidents
- › Improved well-being and diminished risk to self
- › Reduced social impairment
- › Reduction in depression and anxiety symptoms
- › Enhanced self-esteem
- › Reduction in prescribed medication and associated costs

Our results

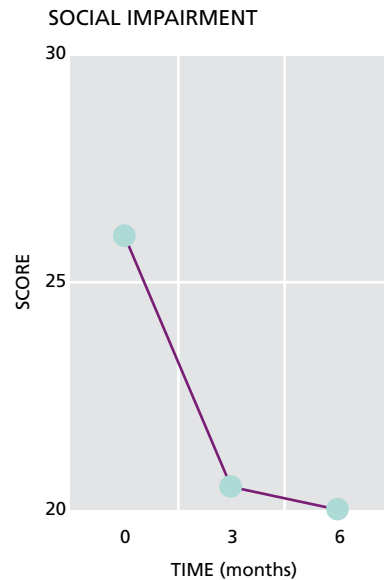
The graphs illustrate the positive changes which were found in 17 residents over a six-month period in 2008-2009, as a result of their admission to the unit.

Graph 1 shows a significant reduction in social impairment.

Graph 2 shows a significant reduction in depressive symptoms.

Graph 3 shows a marked improvement in self-esteem.

1. Reduced social impairment

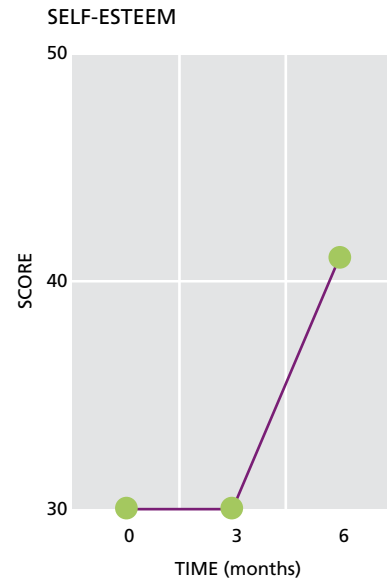


» Overall I think I will take more from this admission than I have from any experience over the past 18 years. « Amy

2. Reduction in depressive symptoms



3. Enhanced self-esteem



Our facilities

Our outpatient service is based at the historic Maudsley Hospital, which is internationally renowned for excellence in research, treatment and teaching in mental health. The hospital is based in South London and has close links to public transport.

Our inpatient unit is located within the grounds of the Bethlem Royal Hospital. The hospital offers the perfect therapeutic environment for promoting recovery, set in 270 acres of green space, with woodland and meadows that are designated as a 'site of importance for nature conservation'.

Facilities at the Bethlem include a swimming pool, art gallery, walled garden, a chapel, nature walks and an extensive occupational therapy programme, utilised by many of our patients. This programme provides a wide choice of creative activities which give people the opportunity to rekindle old skills, learn from new experiences and build their confidence on their path to recovery.





Our team

Our team includes nurses, psychiatrists, a social worker, occupational therapist, administrative staff, a part-time movement therapist and a part-time yoga practitioner. We work closely together, and although we have our own particular skills, share common beliefs that reflect the service's philosophy.



Dr Paul Moran MBBS, BSc, MSc, MD, MRCPsych
Clinical Senior Lecturer | Consultant Psychiatrist

Dr Paul Moran specialises in researching the epidemiology and treatment of personality disorders. He is an Honorary Consultant Psychiatrist in the Self-Harm Service. Dr Moran was a member of the guideline development group which produced the 2009 NICE guideline on borderline personality disorder. He currently sits on the NICE guideline development group for self-harm.

Background

Dr Moran trained in medicine and surgery at St Bartholomew's Hospital Medical College, London. He also holds an Intercalated Bachelor of Science (BSc) in Psychology from University College London.

Dr Moran trained in psychiatry at the Bethlem Royal and Maudsley Hospitals between 1992 and 2001. He became a Member of the Royal College of Psychiatrists (MRCPsych) in 1996, received a Certificate of Completion of Specialist Training (CCST) in 2001, and was received as an Accredited Member of the Association for Cognitive Analytic Therapy in 2006.

Academically, he completed a Master of Science (MSc, by Distinction) in Epidemiology in 2000, and a Doctor of Medicine (MD) at the University of London in 2002.



Jane Bunclark RMN, RGN, MSc, MA
Clinical Service Lead

Jane Bunclark manages the Self-harm Service, and is responsible for developing the service within the organisation and externally across the UK.

She is involved in clinical work, training, supervision and consultation. She also leads on the Personality Disorder and Self-harm services' development agenda, in consultation with senior clinical colleagues.

Other roles

Jane is a member of the Self-harm Expert Reference Group, run within the Criminal Justice Women's Strategy Unit. She is also involved with the Ministry of Justice, and was a keynote speaker at the 2007 Nordic Congress 'Trauma' in Copenhagen, Denmark.

Background

Jane became a Registered General Nurse at London's St Mary's Hospital in 1978, and a Registered Mental Nurse at the Bethlem and Maudsley Hospitals in 1983.

At the University of Kent in Canterbury, she was awarded a Certificate in Management Studies in 1994 and a Diploma in Management Studies in 1996. She completed a Foundation Course in Group Practices at the Institute of Group Analysis. She also received an MSc in Institutional and Community Care: Psychoanalytic Approaches in 2000, and an MA in Consultation and the Organisation: Psychoanalytic Approaches in 2006, both with Tavistock NHS Trust.

Our team *continued*

Andy Maris-Shaw RGN, RMN

Team Leader | Registered Mental Nurse

Andy is responsible for the delivery of care in the Self-harm Service.

He leads a team of nursing staff, ensuring continuity of care between the services and disciplines they offer, managing administrative and operational resources, ensuring regular supervision and evaluation, and leading on Trust and Department of Health initiatives.

Background

Andy trained in Barnsley and at the Maudsley Hospital in London, qualifying as a Registered General Nurse in 1982 and as a Registered Mental Nurse in 1985.

Since 1989, he has managed a variety of inpatient and community acute services across South East London, including liaison and teams working on home treatment.

Research

His research interests focus on canvassing multidisciplinary team agreements and implementing integrated care pathways into the service.





Training and consultancy

We offer two training courses for professionals who work with people who self-harm; *Working With Individuals Who Self-Harm* and *Working With Individuals Diagnosed With Borderline Personality Disorder*.

Both courses explore the dynamics and clinical dilemmas experienced in these fields, and provide an opportunity for people to learn from the considerable experience of staff members in our service.

The training is designed to be informative, challenging and supportive. It also provides a forum for sharing experiences about this particular patient group.

Our experienced team offers:

- › programmes tailored to the specific needs
- › training days at the Bethlem Royal Hospital, which address general themes and dilemmas that are transferable to other settings
- › supervision, clinical consultation, outreach and teleconferencing support relating to this patient group

» **The course helped me to identify areas where my service needs to develop, and how I can be instrumental in this.** « David

» **The training has demystified the area of self-harm for me and has given me a lot of food for thought in how I will or can deal with patients who self-harm in the future.** « Anna



Sarah

“Self-harm had been a way of coping for 25 years, so it’s not something I could just switch off.”

I’ve had a long history of self-harm... from around the age of nine. There was less of a worry when I was young, but as I got older it increased and I felt I couldn’t manage it anymore. I was living my life from crisis to crisis – self-harm to self-harm. What I was doing became life threatening, and that was never my aim. It was working against me.

I heard about the Bethlem Self-Harm Service from a magazine actually. A lady was speaking about the service in a feature and it sounded like something that would suit me... that it’d be good for me. Above all, she spoke about her time there as a positive experience.

“I don’t know what it was, but I felt I needed people who understood.”

There seems to be such a stigma around self-harm. There are lots of services for alcohol and drugs, but people can’t understand self-harm so it’s easier to ignore the problem and hope it goes away.

I’ve found most mental health services very risk averse. What they do often seems to be about prevention rather than getting to the bottom of the problem. People who self-harm can be very creative, so making sure an environment is completely free from items that can be used to self-harm free is nearly impossible.

The Bethlem is different. They don’t take away the things people use to self-harm unless it’s a dangerous weapon. This is the very first step in teaching you to use all available resources effectively, as the responsibility and choice around self-harm is instantly placed with you. This sounds off the wall to the majority of people, however, despite what people may think, people aren’t self-harming every minute of every day. We’re all there for the same reason--to take back control of our lives in a non-damaging way and the staff on the unit are there to help facilitate that journey.

“We don’t always make sensible choices, but it’s good to have a choice.”

It’s your responsibility to report any self-harm when you’re there. It’s scary to be given a choice suddenly, but once you make one choice the next is easier to take. You’re empowered to take control of your own life – to take your life back.

There were rough days, obviously, and I didn’t always get on with everybody... but it’s important to understand that this is actually part of normal relationships. We spoke a lot about the normal emotions that are part of normal life. Like, you might feel a certain way because it’s just natural to feel that way. The service is a very ordered place, but they’ll go with any emotion at any one moment. They allow you to be, which is one of the key things. My life was quite chaotic from childhood, so it was safer to be nasty and keep people at a distance. They’ve seen it all before though. They can contain you – I knew I wasn’t uncontainable... I wasn’t a person that couldn’t be helped.

“If others can only see self-harm, it can mean that’s all *you* see.”

What’s really important is that the members of staff are interested in you as a whole person, not just in the self-harm part. They don’t mollycoddle you. The focus is on empathy rather than sympathy, and that’s good. Staff members eat with you at lunch and supper; then there are games like Gin Rummy in the lounge later. It’s important there’s some fun – everything is quite intense, so this was part of the chilling out process. It also fosters trust. And you get to see that staff members are just normal people too.

“It’s a process of unpicking rather than patching up.”

I’ve just thought of an analogy: before I went to the Bethlem, it felt like I was constantly wallpapering over a gaping hole in the roof. That works for a while, but only really until the next time there’s snow or a thunder storm.

There’s space to talk... things are shared and there are no secrets. That was hard at first – I liked to keep things separate – but it serves you. There’s safety in things being out in the open, and containment. I learned lots of life lessons about myself... for instance, when I get angry it’s more likely that it’s a cover up and that I’m actually sad. It was a nurturing environment and I felt I was allowed to develop a character that may not have been allowed before.

“I still have rough times, but I manage these differently.”

It’s totally different now. I won’t say I haven’t self-harmed since being in the service but it’s been over a year since I last did, and that’s the first time in about 30 years I’ve been free of self-harm for that length of time. Self-harm isn’t inevitable anymore. I manage things differently and that determines how long the difficult periods last... and the outcome, obviously. Also, I could never ask for help before, but now I can and as a result I see an amazing therapist with whom I can talk through the emotions that are the driving urge in wanting to self-harm. And I now use a range of strategies and distractions, some I picked up or discovered while on the unit, to get myself through safely. My life has definitely taken off in a different way.

This will sound like a bit of a cliché... but that place saved my life... it really did.

It’s an amazing place. In fact, it was the most useful six months I’ve spent in my whole life.

Jessica

“It sounds funny, but I really wasn’t in control of myself before.”

I was self-harming and at the stage where I was burning myself. I’d had about five skin-graft operations and decided something needed to be done.

At the time, what I was doing felt like the only way out, but now I’m much better I really can’t bring myself to do it again. By the end, it didn’t make sense anymore – I could understand myself better and why I was doing these things. The service helped me to tolerate my feelings. It really made me think a lot.

“I’d given up my job as a teacher. It was very dominant in my life and I desperately wanted someone to help.”

I was seeing mental health services and luckily my psychiatrist knew about the Self-harm Service.

I went there for a half-day assessment, filled in lots of forms, and they asked lots of questions – there were a lot of questions actually! They want to find out whether you’re ready for the programme and, though it was a difficult time, I realised I was ready. There was a place for me in around four to six weeks, and I started in March.

“Because the programme is so structured, you aren’t just left alone with your thoughts.”

There was a mixture of activities – everything was very structured, like a timetable. Most sessions were done in a group, and there were other individual ones with nurses. There were all sorts of things, creative writing, art, talking about how you were feeling. We talked a lot together.

In another group, we learnt cognitive behavioural techniques that helped us to deal with certain situations. It was about dealing with the feelings that come with it, like low self-esteem. You don’t really talk about self-harm that much actually; it’s more about the feelings behind it all.

“One of the really important things, for me, was how the staff members treat you.”

Their approach makes you take real responsibility for things.

You know what they say about tough love? Well, this was like a 'tough caring for people'... the staff challenge your thinking and aren't afraid to push you. It was down to me to choose how I dealt with my feelings. That was really hard, but afterwards you see that you needed the pushing... and it's made me a lot stronger.

Sometimes I went away at weekends feeling very angry with staff members. I was being forced to think about things I didn't want to. Well, I wasn't being forced by anyone. It's just that I had to confront things I didn't really want to think about, then work out what I was going to do about them.

“Before my admission, I didn't really know anyone else who self-harmed.”

I was with a good group of people and I made some good friends.

These people were like me in a way. The reasons they were doing what they were doing were not necessarily the same, but it was nice to know there were other people out there... that I wasn't a freaky person... that it also happened to other people, if you know what I mean?

I left the unit around four years ago. It was hard at the start – my admission was really the start of the process – but now I work full-time as the head of science in a school. It's so different to how things were back then.

“I feel like I can have an ordinary life now, which is nice.”

I can do the ordinary things others might do. I have my own flat and I'm learning to drive. I was stuck in an awful rut before. The service didn't solve every problem, but they lifted me out of the rut.

Looking back, I really don't know how I burned myself. Without my time at the Bethlem, I don't know where I'd be now.

Referring to our service

We accept referrals from general practitioners, consultant psychiatrists and community mental health teams.

Self-harm Unit

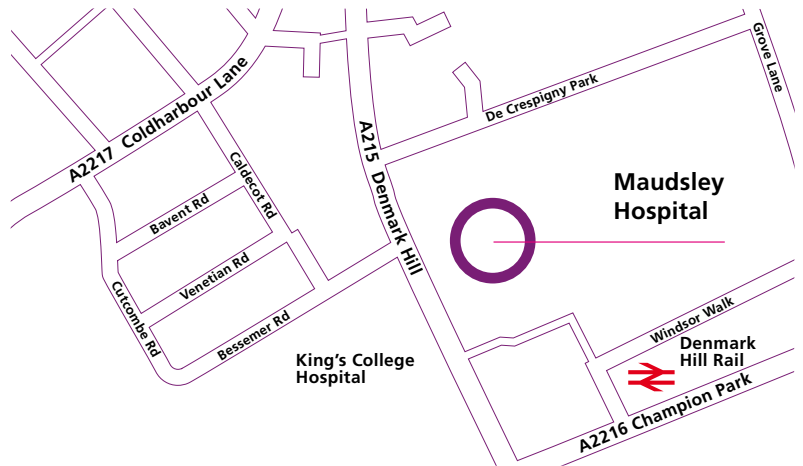
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Printed on Soporset by Crucial Colour
Photography: davidhares.com
Design: piersanddominic.com

Published: November 2010



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Self-harm

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» **Our service provides effective and innovative treatment for people who repeatedly self-harm. We utilise a unique harm minimisation approach which reduces risk and optimises interpersonal functioning.** «

Dr Paul Moran