

The Haven is pioneering a new, client-led model for treating people with a diagnosis of personality disorder

Everything is treatable

The Haven is the result of many years of dreaming and campaigning for service users in North Essex. Its beginnings date from the late 1990s, when people in the area diagnosed with personality disorder conducted research that described the inner worlds and service shortfalls experienced by many who had attracted this label.¹ Service users continued to campaign locally for what they felt was needed: for understanding, for better availability of psychotherapeutic treatments, for a day service run as a therapeutic community, and for a local safe centre and crisis house. In 2002 the Department of Health set up a national expert group to look into service provision for people with a personality disorder diagnosis and, in parallel, facilitated the formation of a national personality disorder service user group. In 2003 the DH published new national guidance, *Personality Disorder, No Longer a Diagnosis of Exclusion*,² and later that year made available funding to set up pilot projects in the eight NIMHE regions in England. The Haven Project was selected as one of the 11 pilot projects. It opened its day service in August 2004 and its 24-hour crisis service in February 2005, when it became fully operational. All 11 projects are distinct in nature and ways of working; the Haven is the only one that is a voluntary sector organisation and not based in the statutory services. This article describes how The Haven works and what we have to achieve in order to prove ours is an effective model for meeting the needs of people with a personality disorder diagnosis.

The Haven is a partnership and has many stakeholders in addition to the Department of Health and NIMHE. Our community advisory group puts our clients at the centre of planning and decision-making. Our steering group comprises 27 people drawn from service user groups, statutory mental health services, primary care trusts, the voluntary sector, including the

local Mind association, housing providers, the borough council and the police. The Haven board of directors comprises ten members of the steering group, five of whom have used mental health services.

Nehls³ argues that, although some advances have been made, approaches to treating personality disorder continue to be based on the assumption that people with this diagnosis are immature victims or manipulative attention seekers. She points out that treatments are usually developed and provided by professionals, rather than those with personal experience of the diagnosis, and concludes that this approach is not consistent with the concept of recovery as defined by the individual: control must pass from professionals to the person who is recovering. The Haven has been planned entirely around service users' ideas, and has promoted client-centred decision making from its outset. In the words of one client, speaking earlier in the year to BBC Radio Essex: 'We're actually involved in all the policies, planning, everything from the start of the centre. They treat you like equals. You're not a second class citizen.'

How we work

Gregory⁴ proposes four stages of recovery from personality disorder. Stage one asks: 'Can I be safe here?' The concept of safety includes nurturance and the fostering of independent decision-making. Sanctuary is about safety, wholeness, caring, refuge and protection.⁵ People diagnosed with personality disorder often experience high anxiety states born of chronic hyperarousal. A sanctuary needs to provide a relaxed, de-escalating environment where people can find companionship, information, creative and distracting activity, and caring staff to whom they can talk about difficulties and express emotions in safety, at any time of the day or night. It might also offer complementary therapies to help soothe people's physical and mental →

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A true haven

I have found The Haven to be all that it claims – a haven in the true sense of the word. I am not the easiest of clients to work with. I have many emotional barriers and an untrusting nature. All things that, with the help and support of both staff and fellow service users, I am beginning to challenge. It hasn't all been plain sailing. I've had my moments, particularly when I was in a crisis bed and I went missing and the police were called to locate me. Staff made it clear to me that what I was doing did not measure up to The Haven's acceptable behaviour policy and this was not what the crisis house was about. A Mental Health Act assessment was looming and I found myself in the police station held under Section 136... again. I was being helped but I couldn't see light at the end of the tunnel. All I could see was me ending it. This represented a turning point because I realised this wasn't where I wanted to be. I didn't want to be in the system any longer and I saw the opportunity to embrace another way forward. Back at The Haven I began to plan a future, a college course and a law degree. I will be starting college soon and I intend to be dogmatic about it because I have decided that what I really want to do with my life is to be a solicitor. I think it's the dogmatism in everyone that we need to inspire. I think we need to get our fight back and I believe The Haven is about inspiring people to get that fight.

I am a member of The Haven's client research group and have helped to construct a number of questions designed to measure our progress at The Haven. Service evaluation groups are held every three months, and these are some of the comments from clients.

'Every single one-to-one I have had I have felt... so amazing. The calmness, softness of the staff... they make you a cup of tea or coffee and they listen, they listen. They let you talk, they let you speak, they let you cry and they hand you tissues... genuine care. Absolutely wonderful.'

Helen Price

'I like the open notes policy. That helps me. Again, that's about trust, knowing what's written about you. I also really like the fact that it's client-led, service-user led... this is the way forward.'

'Since I've been using The Haven, I haven't been admitted once to the acute hospital and that to me is a big breakthrough and I'm sure they're relieved too!'

'... stopping overdosing' ... 'I've stopped cutting, I haven't done anything for eight months now' ... 'I now pick up the phone before I pick up a drink. I used to drink a lot.'

'I think a lot of people here realise what it's like to be lonely. We all know what it's like so we all make an extra effort to be friendly, to be nice, to make a cup of tea. It's not just going to the staff members, it's going to the inclusiveness of the community as a whole.'

'I think that success can be very frightening. If you've never known success you'll never know whether you're capable of it. What if I do actually fail? What if I succeed? What will happen?'

'When I started coming 'way' back last year, when it first opened, my hopes and goals were just to stay alive at that point. Now I want to continue being happy.'

'Having somebody, anybody – and it was The Haven for me – believe in me as a person and my potential, actually enabled me to have the confidence and courage to go out and get a job and was my first step to recovery. Just somebody having faith in me brought out the fact that I had faith in myself.'

'I guess my goal was just to prove to the mental health services that everything is treatable but it's not always in hospital.'

→ anxiety symptoms. It should encourage humour as a form of shared intimacy, and laughter and playfulness that may recapture a healthy sense of being a child.

The Haven aspires to be such a sanctuary. It is housed in a former rectory in Colchester. The décor is warm and inviting and the art on its walls is largely the work of clients. Its peaceful atmosphere extends to boundaries of its garden. Its services comprise a day service programme that runs from Monday to Friday, a safe centre where people in crisis can come for a few hours, at any time of the day or night, any day of the week, and a four-bed crisis service, where people can find respite from outside pressures for up to three weeks.

Those who have lived too long in a heightened emotional state often seek to numb unbearable feelings through coping strategies such as self-cutting, alcohol and other substance misuse. To create psychological safety, The Haven has to challenge these behaviours. This means setting clear boundaries and social and moral limits. Our acceptable behaviour policy has been devised and is administered by staff and clients together. It requires that community members do not self-harm while on the premises, that they do not come to the project under the influence of alcohol or illegal or non-prescribed drugs, and that they do not use threatening, upsetting or disruptive behaviour.

This approach not only helps to maintain a safe and peaceful environment; it also helps clients to acknowledge and gain better control over their dysfunctional coping strategies. The success of this policy depends on The Haven keeping its side of the bargain and ensuring that support is available at any time of the day or night, so that clients do not need to resort to cutting, substance misuse, or other destructive behaviours. On rare occasions when someone is asked to go home because of unacceptable behaviour, they are not abandoned: staff will telephone them later that day and efforts will be made to re-introduce them to the project as soon as possible – usually the next day. The Haven is also not perfect, and the community as a whole needs to be able to work through the distress generated when mistakes are made and a person feels betrayed and no longer safe. Our aim is to establish a community where clients, some of whom have experienced lengthy and costly therapy within statutory mental health services, are able to explore previously undisclosed early abuse in safety.

Gregory's second stage of recovery asks: 'Do I have a right to be angry?' This addresses the victim/perpetrator dichotomy: an internal split that is a common response to severe trauma. The person may see her or himself as an abused, neglected victim, or they may think they must be evil and deserving of the abuse they have experienced. Traumatized children may sacrifice their sense of their own self-worth in an attempt to maintain a vision of their abuser(s) as good. The process of resolving this internal conflict can result in easily triggered and rapidly shifting, negative emotions that may be projected into self-destructiveness, or outward onto others. The Haven needs to prove itself strong enough as a community to contain these extremes of emotion and to work through conflict when it arises in this, the most prolonged stage of recovery.

Further challenges at this stage are represented by learned helplessness. When a person has been repeatedly traumatized or has lived in an environment over which they have no control, they will give up trying to make changes.⁵ Experiences of the mental health system may have compounded such helplessness. Fostering people's autonomy is vital to recovery. Disrupted attachments in early life can leave some people with this diagnosis unable to form healthy attachments.⁶ This may manifest in over-dependency on the project, which has to be addressed by good care planning and the setting of agreed boundaries that help the client to request and receive support, while encouraging self-reliance. Attachment difficulties can also cause over-dependence on individual staff members and attempts to split the staff team into 'good' and 'bad' members. Training for staff is essential, and this is being supported by the North Essex Mental Health Trust psychology department and the Henderson Hospital. Staff at The Haven have been selected for their diversity of backgrounds, their compassion and empathy, and their ability to maintain a sense of humour in the face of great pain and suffering. We need to ensure they are supported to build a cohesive team that is able to take risks by sharing power and responsibility with the whole community.

Stage three in the process of recovery asks: 'Am I worthwhile?' This addresses the person's loss of

precious, long-held views and fantasies, and their doubts about their self-worth. Giving up a fantasy that caregivers or abusers are good is a loss, and will be grieved. People may experience fears about separation, of becoming detached and alone. The Haven has to be able to provide community relatedness during this period of healing integration. We aim to help clients discover what it's like to have healthy human relationships through their interactions with staff and fellow clients. We may need to support a client through challenges from family members who may behave in ways that are experienced by the client as undermining their progress. Set-backs at this stage may result in a regression to ingrained thoughts and coping strategies, and the client may need re-enforcement of their newly acquired problem solving and conflict resolution skills.

Stage four, 'Am I ready to leave?', involves overcoming barriers to self-acceptance and fears about recovery. This is the point when the person needs to recognise that, in addition to their right to care and support, they have a responsibility to create their own life. The Haven is beginning to build strong links with local education and work programme providers who can support this independence. Five clients at The Haven have now begun to move on: two have found work, and three are intending to start college or university later this year, and we will be supporting them through these steps. Their rapid progress can be an inspiration for some, but others may feel they are failing in comparison. It is important to emphasise that recovery is a very individual journey that reflects the person's ideas about what will make their life more satisfying.

Last, the Haven needs to prove it is a cost-effective model of treatment. Specialist NHS treatment ranges in cost from £223 per patient per week to £1250.⁷ Our 100 clients to date cost around £93 per week per client. However, The Haven includes no actual clinicians among its staff and effectiveness for some clients will lie in establishing partnerships with other agencies and ensuring access to statutory psychology programmes. Contributions to clients' recovery from CAT and DBT programmes will need to be fostered and evaluated.

A psychologist from another area commented recently: 'You can't expect people to get well just by being kind to them.' The challenge for us is to prove our efficacy as a client-led, therapeutic community that depends largely on its own resources, as a community, to maintain a culture of questioning, learning and healing. ■

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- 2 Department of Health. Personality disorder: no longer a diagnosis of exclusion. London: Department of Health, 2003.
- 3 Nehls N. Recovering: a process of empowerment. *Advances in Nursing Science* 2000; 22, 4: 62-70.
- 4 Gregory RJ. Thematic stages of recovery in the treatment of borderline personality disorder. *American Journal of Psychotherapy* 2004; 58, 3: 335-348.
- 5 Bloom S. Creating sanctuary: towards the evolution of sane societies. New York: Routledge, 1997.
- 6 Bowlby J. A secure base. London: Routledge, 1988.
- 7 Chiesa M, Bateman A, Wilberg T *et al.* Patients' characteristics, outcome and cost-benefit of hospital-based-treatment for patients with a personality disorder: a comparison of three different programmes. *Psychology and Psychotherapy: Theory, Research and Practice* 2002; 75: 381-392.