East London NHS
NHS Foundation Trust

Millfields Unit
Information Pack

Contents

General Information

East London Foundation Trust has established a new service for men who suffer from a severe personality disorder, and who pose a serious risk to others. These individuals have often been rejected by mental health services, on the grounds that they are untreatable, difficult to manage, or "bad rather than mad" – or, usually, all three. In prison, they might have dropped out of offending behaviour programmes, found them of little help, or even not been refused permission to attend.

Research in fact shows that treatment, in its broadest sense, can alleviate some of the distress, disruption and risk associated with personality disorder. Furthermore, the government is supporting initiatives, both in prison and in the healthcare service and at all levels of security, which will adopt a variety of approaches to providing the care, management and treatment that has hitherto been lacking.

Implicit in these developments is the recognition that effective treatment within the health service cannot readily be offered by models that cater almost exclusively for the mentally ill. Our new service is one of these new schemes, and this Information Pack gives an outline of the patient group and our treatment philosophy. It has been written with a broad audience in mind, from experienced professionals to patients and their families.

The aims of the service are to:

- Assess and treat patients suffering from a severe personality disorder who pose a serious risk to others and who cannot receive that treatment in prison, according to the most rigorous available evidence.
- Evaluate the risk posed by these individuals and contribute to its management, whilst recognising that not all adverse events can be predicted or prevented.
- Promote a model of close collaboration with our patients and with the other agencies involved, as integral to their care.
- Add to the evidence base for effective treatment.
- Promote, where possible, and in close alliance with other agencies, the safe reintegration of our patients into the prison system where possible, and occasionally the community where necessary, whilst recognising their human need for attachments.
- Develop our understanding of how best to support clinical teams in this difficult work.

MILLFIELDS UNIT

Millfields is a new, medium secure in-patient Personality Disorder Unit that opened on the site of the John Howard Centre (the medium secure unit for North East London, based in Hackney) in March 2006. It has two sixteen-bed wards called East India and West Ferry, although currently West Ferry is being loaned out to Moorgate Ward, the intensive care unit. Each ward has:

- Single bedrooms with their own bathrooms
- A dining room and coffee-making facilities
- A TV lounge and quiet room
- Group and individual therapy rooms
- A computer room
- An external "smoking pod"

Next to the wards, in the same building, is a therapy and recreation area with:

- A large room called The Pavilion, where the Community Meetings, a shop, and a Patients' Business Meeting, and (currently) a film-making project are held.
- A well-equipped gym
- A multi-faith room

- A workshop with picture framing equipment
- An arts therapy room
- A "living skills" kitchen
- An education room with computers and a library with a large selection of books and DVDs
- A Mental Health Review Tribunal room

Outside is a garden with a barbeque area, an outdoor table tennis table, a basketball hoop and benches for just sitting quietly.

WHO IS ELIGIBLE FOR REFERRAL?

Full details of our referral criteria are given in the section on "How to Make a Referral" (Page 7). Broadly, the service is for adult men with a diagnosis of severe personality disorder, who are thought to pose a significant risk for others and who require treatment within the health service. The maximum length of stay will usually be two to two-and-a-half years, and the normal pathway following treatment will be via a return to prison to complete further work.

THE NATURE OF THE PATIENT GROUP

A link between personality disorder and offending

The difficulties associated with serious offending tend to meet diagnostic criteria for more than one kind of personality disorder – usually of the antisocial, borderline, narcissistic, or paranoid types. Those who have come into contact with health services might have had previous admissions to hospital, and "failed" treatments that have had little impact upon their chaotic and dangerous behaviour. Others might have been unable to complete offending behaviour programmes in prison. At the core of these disorders are highly disturbed inter-personal relationships: these individuals are likely to have committed serious offences involving harm to others, such as homicide, serious assault, arson or sexual offences. The harm might also have had a significant psychological component, such as when the victim has been stalked, threatened or harassed. It is often the case that not all an individual's offences have led to a conviction.

Lifelong difficulties

Almost all personality-disordered individuals have endured severe difficulties in childhood. These include inherited temperamental characteristics such as impulsivity; minor organic brain damage; multiple broken attachments (including periods in residential care); socio-economic deprivation; and extremes of physical, sexual and emotional abuse. Early, prolonged experiences of victimisation lead to an "identification with the aggressor" being played out, this time with the roles reversed. In adulthood these patients find it hard to hold down a job, sustain relationships, live up to their responsibilities and avoid crime.

Co-morbid mental illness

These individuals often suffer also from depression with suicidal thoughts or acts, and substance misuse. Borderline individuals particularly tend to have symptoms of chronic post-traumatic stress disorder, including anxiety, flashbacks, dissociation, lack of a sense of identity and difficulty regulating their emotions. Psychosomatic and organic physical illnesses are also common, as is deliberate self-harm.

The impact upon others

Perhaps the most problematic area for personality-disordered patients is the response they elicit from others: their expectation that they will be abused is deeply ingrained. This leads them to misinterpret

care as in fact being cruelty, and to react accordingly. Few professionals – or indeed families – find it easy to be the object of deep mistrust, contempt, rage or demands for perfection. The "push" is towards dislike and rejection of the other on the one hand, or a corruption of care in the form of boundary violations on the other. Underlying patients' misinterpretations is the lack of a capacity for mentalisation, or correctly "reading" other people's minds – the thoughts, feelings and intentions behind their actions. The result is that others are responded to "as if" they were abusive figures from the past – and thus inherently dangerous, cruel or exploitative. Alternatively, this capacity is present, but directed at controlling, deceiving or using people as a misguided means of survival.

THE TREATMENT MODEL: A MODIFIED THERAPEUTIC COMMUNITY

It is common for clinicians to hope that a single therapeutic approach exists, or will emerge, to solve the question of how to treat personality disorder. This would have the benefit of being simple to deliver to large numbers of people, to evaluate and to teach; unfortunately, it doesn't exist. There are several reasons for this:

- Personality disorder is at heart a distortion of early emotional development, probably exacerbated by biological factors. It requires a complex response at many levels in order to allow for change.
- The family and social difficulties that often handicap these patients are highly personal and need to be understood as an individual narrative.
- Any attempt to engage personality-disordered individuals at an impersonal, distant and uniform level will fail.

The treatment philosophy we have therefore adopted has integrated elements from several different models, each of which has some proven efficacy. Within the framework of a Therapeutic Community, we use a variety of different forms of psychological therapy, from cognitive behavioural to psychodynamic, to foster the skills needed to recognise and regulate emotion, to understand the minds of others, to control impulsive or destructive behaviour, to form relationships with others that are rewarding rather than damaging, and to spend one's time enjoyably and productively.

The weekly programme provides a full, structured timetable of group and individual therapy, complimented by a balance or work, education and leisure activities. This integrated model has the added benefit of providing opportunities to tailor treatment to the very specific needs of each individual.

Since we recognise that even the most skilled staff can find this work emotionally taxing, we place a special emphasis on supporting them through training, support and supervision.

The Modified Therapeutic Community

In a field where conclusive research is lacking, the Therapeutic Community (TC) approach underpins some of the best treatment outcomes for severe personality disorder. The modern TC has evolved considerably since its early conception, and is carefully structured so as to allow re-working of disturbed early emotional development via:

- Attachment: the provision of a secure base.
- Containment: maintaining clear rules, roles and boundaries.
- Communication: the task of making contact with others, reaching a mutual understanding of common problems and finding meaning through this connection.
- Involvement: everything that happens in the community, 24 hours a day, presents a therapeutic opportunity.
- Empowerment: everyone the community has something valuable to contribute.

Clearly, in a medium secure setting, there are rules that are non-negotiable; within these safe limits, however, patients can and should be involved in every aspect of their care.

Addressing offending behaviour

One of our most important goals is to reduce the capacity of our patients to harm others. The approach of fostering mature emotional and psychological development contributes to this process, but is complimented by a careful analysis of the circumstances of each individual's offence, and of the skills and supports needed to prevent repetition. Commonly, these are:

- Exploring and processing how early relationships impact upon present day ones
- Psychosocial education
- Promotion of appropriate boundaries
- Motivational work and relapse prevention strategies for substance misuse
- Anger management
- Development of the ability to cope with difficulties and solve problems
- Relationships skills
- Family work
- Targeted use of medication

Work, education, leisure and self-care

Many personality-disordered individuals have missed years of education and the opportunity to learn work skills. This compounds their difficulty in finding and holding down a job, increases shame and the sense of failure, and predisposes to further offending. Our programme provides a wide range of ways in which individuals can develop their interests and talents, as well as explore ways of enjoying and looking after themselves. For those who must progress via discharge into the community, the emphasis is on fostering local links with housing, employment and other providers.

Families

We have a strong commitment to involving families where appropriate and where the patient wishes it. Addressing the very mixed feelings patients can have about parents, siblings and partners can improve relationships, and build up a valuable source of support for the future.

Patient involvement

The TC model provides implicitly for individuals to have a central role in defining and evaluating their treatment and care. There is also a regular Patients' Business Meeting and an independent Advocacy Service.

How to make a referral

WHO CAN MAKE A REFERRAL?

We will accept referrals from:

- Prisons
- General adult mental health services
- Forensic mental health services, at all levels of security
- Probation officers
- Chairs of MAPPPs
- Courts and the prison service
- Interested patients themselves

WHAT KINDS OF PATIENTS WILL WE CONSIDER?

The referral criteria are:

- A primary diagnosis of personality disorder.
- Thought to pose a significant risk to others because of their personality disorder.
- Men aged 18 or over.
- We prefer there to be sufficient length of sentence still to serve to allow us to return the individual to prison if needed – in keeping with the government's new Offender PD Strategy (2011).
- We will consider those on remand, but do not have the resources to provide court reports at short notice.
- Since those from an ethnic minority can be overlooked when treatment for personality disorder is being considered, we particularly welcome referrals of these patients.
- Detainable under the Mental Health Act (1983; amended 2007) in conditions of medium security.
- "Ordinary Residence" within the catchment area of the Greater London Boroughs that lie north of the river (please refer to map on page 12), and eligible for PCT responsibility after discharge.
- UK citizenship or leave to remain in the country.
- There should be some evidence that the individual motivated to address his problems in treatment.

The exclusion criteria are:

- A co-morbid severe and enduring mental illness.
- Learning disability or IQ below 70.
- Organic brain disorder.
- Autistic spectrum disorder.
- Paedophilic psychopathology and/or child sexual offending.

Since need for the service out-strips the number of available places, we make a careful judgement about the patient's ability to benefit from the treatment we are offering when selecting whom to accept. For example, while we recognise that many individuals might be ambivalent about change, a willingness to engage in an intensive psychological treatment programme, and the intellectual and emotional capacity to make use of it, will be important. We also take into account the current mix of patients. We cannot accept referrals for emergency assessment or admission.

HOW TO MAKE A REFERRAL

All referrals should be made in writing to Millfields Unit; our contact details are given on Page 16. We will also accept referrals that have been sent to the John Howard Centre's referrals meeting, perhaps because the diagnosis is unclear or the referrer was unaware of the service. We welcome informal telephone discussions about potential referrals.

WHAT INFORMATION TO INCLUDE

The referral should be accompanied by as much information as possible – this will help us considerably in making a timely assessment. Please note that we will not be able to proceed with the referrals process until we know the individual's last GP registration, in order to establish PCT responsibility. If this is not known, we can usually help find out.

The other details and reports we are interested in having are:

- The list of previous offences
- The pre-sentence report
- The sentence plan
- The depositions
- Reports to the Parole Board and Parole Board decisions
- Any prison adjudications and security concerns; drugs testing reults
- Post-programme reports
- Past psychiatric reports
- CPA reports
- Structured risk assessments, e.g. HCR-20, VRS, PCL-R , OASys
- WAIS-IV (IQ score)

HOW WILL WE RESPOND TO REFERRALS?

When we receive a written referral to the service, we will aim to complete a final report detailing our assessment, conclusions and recommendations within eight weeks of receiving the referral. This will not be possible if:

- There is a dispute over the catchment area.
- Crucial information proves difficult to obtain.

We will keep referrers informed about the progress of the assessment, and each referral will be discussed at our fortnightly multidisciplinary Referrals Meeting.

Screening process

A member of the multidisciplinary team will complete a paper-based screening exercise designed around our admission criteria, which will then be discussed by the multidisciplinary referrals panel. The purpose is to eliminate those individuals who clearly fall outside our remit, for example because they have a learning disability or suffer from schizophrenia.

Clinical assessment

If, from the documentation received, the patient seems to be suitable for further evaluation, a Consultant Forensic Psychiatrist will visit to see the patient and to talk with the staff most involved in his care. The assessment report will encompass the individual's diagnosis, risk, needs, and ability and motivation to profit from treatment in a health care setting. If the result of this assessment is that the patient seems suitable for admission to Millfields, a nursing assessment will always be carried out.

Patient involvement

As a matter of good practice, we feel that the individual concerned should be involved in the referral process, and we suggest that a copy of this Information Pack is given to him to read. Patients will be asked to give their consent to treatment within our model, to undergo structured psychological assessments, and to be involved in an evaluation of the service. It is the Trust's policy that reports should be copied to patients.

IF A PATIENT IS ACCEPTED

Admission will be on a planned basis, the date being set in discussion with the referrer and the ward. If admission is delayed for six months or more due to a lack of available beds, a further assessment might be needed to determine whether the clinical picture has changed in any significant way.

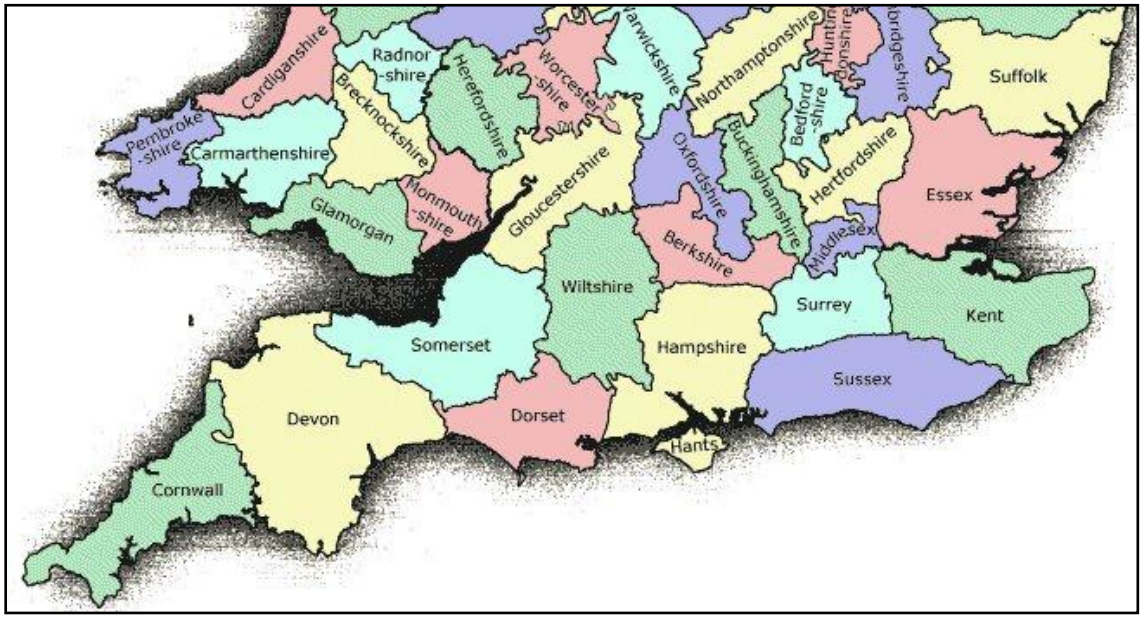
IF A PATIENT IS NOT ACCEPTED

If at any stage of our assessment process we decide that the patient is not suitable for the service, we will write to the referrer giving our reasons for this decision. We will try to give advice about management, or alternative suitable resources.

We might have to turn patients down simply because the service is full and an appreciable waiting list has built up. Current patients will not be discharged prematurely in order to make space for incoming referrals.

Map of Catchment Area

Our catchment area covers London and the south of the UK.



Information for Patients

If you're being referred to our service you are likely to have some questions about it, and we have tried to answer them here. Should a member of our team come to visit you for an assessment, you will be able to discuss any remaining queries in more detail then.

We have given a general description of the service earlier in this Information Pack. You will also be given a copy of "Stepping Stones", which was written by some of our previous patients and describes the treatment and the rules of the Unit. Please also bear in mind that our service will develop and change over time as we learn – especially from our patients.

WHAT TREATMENT CAN I EXPECT?

The Unit is run as a Modified Therapeutic Community, which basically means that you will be more involved in how the ward runs than is often the case. Patients – with help from the staff – are responsible for chairing Community Meetings, organising activities, cleaning parts of the Unit, and serving some of the meals. Your opinions and thoughts will be listened to, and your decisions and actions taken seriously by the whole Community. It also means that you will have to play your part – this is an important aspect of treatment.

Treatment sessions take place daily during the week, and consist of both group and individual therapy. Their focus is on addressing the difficulties you experience both within yourself and in your relationships, as well as the risks you pose to others – these tend to be closely connected. It's often easier to look at problems by doing something practical, so we also offer occupational therapy, arts therapies, and education, jobs, hobbies, computing and regular gym sessions. Some of these activities take place in the evenings and at weekends.

Our commitment to you is to provide treatment that:

- Is structured, consistent and has a focus and purpose that you can understand.
- Is tailored to your individual needs.
- Involves a clear and honest relationship between you and the team.
- Lasts long enough to give you a chance to change.
- Where possible and if you want, is "joined up" with other important aspects of your life, such as your family and where you hope to live.

WHAT WILL BE EXPECTED OF ME?

Commitment to treatment

In return, we'll expect you to make as much effort as you can to work at your difficulties and take an active part in life in the Unit. We recognise that this won't necessarily be easy – quite the opposite – and that everyone has mixed feelings about change. Change means giving up your old ideas and trying out new ways of approaching life. For example, we expect you to leave prison values behind: rather than "them and us" – patients versus staff – we want you to recognise that everyone on the Unit is human, with their own strengths and weaknesses. Rather than "never be a grass", we want you to recognise that if someone is breaking the rules he is undermining everyone else.

Some people get anxious at the thought of groups, or refuse outright to attend. But in many ways they are the most important part of the treatment programme, and the Core Therapy Programme is mandatory. In groups, you will learn to look at problems by talking them through with staff and other patients, rather than finding solutions through drugs or violence. You will need to be open-minded

and listen to what people have to say, without pre-judging them. They will expect honest feedback from you too. This is tough, and it is work that has to be done by you – not to you.

In order for treatment to be effective, it is essential to create a safe environment for all. So if you are accepted for admission to Millfields, you will be expected to be tolerant towards other patients convicted of a wide range of crimes, including sexual and violent offences against vulnerable people. We do not, however, accept people who have committed sexual offences against children.

Coming to Millfields will hopefully be a great chance for you to turn your life around. It is a rare opportunity, not to be wasted: we want everyone to take full advantage of the treatment on offer. If, over time, we realise that you are not committed to the programme you might be transferred sent back to prison, so that someone else can benefit from your place.

Respecting the rules

We expect you to abide by the rules of the Unit, and although we will try to be as flexible as possible about some of these, others are non-negotiable. We know that you will make mistakes and encounter setbacks, and by and large, we will try to work with you to get past them and carry on. But if you do something that undermines everyone else's treatment, or the running of the Unit, we will take this very seriously.

ANY SERIOUS BREACH OF THE RULES WILL RESULT IN A REVIEW BY THE CLINICAL TEAM AS TO WHETHER YOU CAN STAY ON THE UNIT

This includes actual violence, using or dealing in drugs or alcohol, forming sexual relationships with staff, or anything else that the team considers to be of great concern.

Completing assessments

You will be expected to complete a number of assessments within the first three months of your stay at Millfields, and then a few more every year after that. The point of these is to help us to identify your difficulties so we – and you – know what to focus on during treatment: the results will be shared with you and their meaning explained. We will also be using the assessments to measure your progress and to see how the treatment can be improved. Completing these assessments is a crucial part of being at Millfields: without them it would be much harder to identify your problems and to improve the treatment.

Does the treatment work?

There is good evidence that treatment in a Therapeutic Community reduces future criminal behaviour. We have also incorporated other evidence-based treatments, which can be tailored to your individual needs. We hope that your treatment will help you to have a more positive view of yourself and of your future, and to be able to ask for help when you need it. However, this is a relatively new service and we are carrying out research into how beneficial the whole programme is.

HOW LONG WILL I HAVE TO STAY?

That very much depends upon you and your individual difficulties, and how much you are able – and prepared – to work at change. We will also have to make a judgement about whether the risks you pose to others have reduced.

Most patients will return to prison within about two years of starting their treatment at Millfields, in order to complete their sentence, undertake any necessary further work, and apply to the Parole Board.

If you are detained under a Section 37/41 or a Notional Section 37, you will not be able to return to prison. If you make sufficient progress, we will consider giving you leave in the local community – although this will not happen quickly. We might have to ask for permission for you to have community leave from the Ministry of Justice. If leave is granted, you will be escorted at first. Gradually increasing amounts of leave will help us, and you, test out how well you handle having a bit more freedom and independence. Ultimately, we hope to be able to discharge patients after about two to two-and-a-half years, either into their own accommodation or into supported housing in the community.

DETENTION UNDER THE MENTAL HEALTH ACT

The idea of being detained under the Mental Health Act puts some people off. This is partly due to having been exposed to negative prison attitudes and prejudices about being "nutted off". If you are serious about changing your life, you will have to put these aside. Remember too that 75% of men in prison suffer from a personality disorder – you are not the only one with problems, even if most of the others do not want to face up to them.

Another fear you probably have is that we will keep you in Millfields until your sentence has expire, and you will then be detained in hospital indefinitely under what is known as a Notional Section 37 of the Mental Health Act. Theoretically, we could do that. But we will not, for several very good reasons: first, it is now the government's policy that prisoners should return to prison – where possible – to complete their sentence. Second, we can only work well with people who want to be in Millfields. Some prisoners do choose to stay on under a Notional Section 37 if they still need to finish their treatment. But others refuse this option and go back to prison just before the end of their sentence, to be released in the normal way. We allow this because we do not want to waste a valuable bed on someone who is no longer committed.

Of course, when we consider which referrals to accept, we concentrate on people who are willing from the outset to spend as long in treatment as they need but no longer, regardless of their legal status. You might find it reassuring to know that, under any Section of the Mental Health Act, you have the right to appeal to a completely independent Mental Health Review Tribunal.

CONTACT DETAILS

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