

NHS

Essex Partnership University
NHS Foundation Trust



PERSONALITY DISORDER INFORMATION PACK



**Produced in collaboration with service users,
for service users**

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Is this Information Pack for You?

This information pack is aimed at people who have, or are exploring, a diagnosis of personality disorder. It is designed to provide you with information and support around what the diagnosis is, and how you might start to manage it.

It doesn't matter if, when or how you received the diagnosis, this pack is still relevant to you. It may also be useful for anyone who struggles to manage their emotions.

This pack has been co-produced with service users with lived experience of personality disorder. All the quotes provided throughout the pack are real experiences contributed by service users.

"No matter where you are on your recovery journey, this information pack could help when your brain is scrambled and you just can't seem to make sense of a single thought! Go easy on yourself, feel your feelings and just be kind...to you! Find yourself, learn about yourself, and we hope you find this pack helpful."



The Service User Network, Service Development Collaborative



DISCLAIMER: Some information you read in this pack might be distressing or triggering. There are parts of this pack that you might want to read when you are feeling calm, and others that will be okay to read at any point if you are needing some information, or signposting.

Information that has been identified as particularly sensitive is marked with a



If you are in crisis, please contact NHS 111 (Option 2), A&E or the Samaritans on 116 123.

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1. What is a Personality Disorder?

Our personality is the collection of thoughts, feelings and behaviours that makes each of us unique.

We don't always think, feel, or behave in the exact same way – it depends on the situation we are in, the people around us and many other linked factors.

If you experience significant difficulties in how you relate to yourself and others and have problems coping day to day, you may receive a diagnosis of personality disorder.

The International Classification of Disease (11th revision; ICD-11) offers a comprehensive definition of personality disorder:

“Personality refers to an individual’s characteristic way of behaving, experiencing life, and of perceiving and interpreting themselves, other people, events, and situations.

Personality disorder is a marked disturbance in personality functioning, which is nearly always associated with considerable personal and social disruption.

The central manifestations of personality disorder are impairments in functioning of aspects of the self (e.g. identity, self-worth, capacity for self-direction) and/or problems in interpersonal functioning (e.g., developing and maintaining close and mutually satisfying relationships, understanding others’ perspectives, managing conflict in relationships).

Impairments in self-functioning and/or interpersonal functioning are manifested in maladaptive (e.g. inflexible, or poorly regulated) patterns of cognition, emotional experience, emotional expression, and behaviour.”

The ICD-11 definition is lengthy, and complicated and therefore we would like to share some alternative definitions.

“People with Borderline Personality Disorder are like people with third degree burns over 90% of their bodies – lacking emotional skin, they feel agony at the slightest touch or movement.”

Marsha Linehan

“It’s like the PTSD that soldiers have after battle. I had a traumatic upbringing, lots of bad things happened... it’s not surprising that I’m having problems now.”

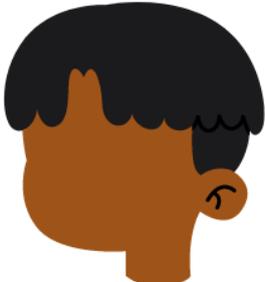
Expert by Experience

Your experience of personality disorder is unique to you!

We now know that each person experiences personality disorder in a different way. Have a look at some of the quotes and analogies below from people who have been living with a personality disorder for some time.



"Having a personality disorder means I experience emotions intensely. It can be a challenge. However, once diagnosed, I could access specialist help and I'm learning to manage my emotions in a more compassionate way."



"Living with a personality disorder has been the most challenging experience of my life. I managed 40 years without help or support, 40 years of confusion and isolation. Only now, I've begun to understand my disorder and get proper support from mental health services. I feel like I do have a place in the world, I am able to build strong relationships and I can achieve my goals."



"It has been a very exhausting journey. What has helped me is knowing I am not alone in this chaos we call life, the good, the bad. There is always someone out there to offer us guidance, it's just whether or not we want to help ourselves, and I think that is the hardest battle each of us face."



Your experience:

2. Types of Personality Disorder

A wide range of people may get the same diagnosis, despite having very different personalities and different individual experiences. Your experience of living with a personality disorder will be unique to you.

Our understanding of what it means to experience a personality disorder is constantly evolving. It is a controversial diagnosis. People have different views about these terms, and not everyone agrees with using them.

The important thing to remember is that the feelings and behaviours associated with personality disorders are very difficult to live with. Whichever way you understand your diagnosis, whatever terms you prefer to use, you deserve understanding and support.

Historically, the DSM and ICD respectively identified ten types of personality disorders:



Cluster A

- Paranoid personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder



Cluster B

- Antisocial personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder



Cluster C

- Avoidant personality disorder
- Dependent personality disorder
- Obsessive-compulsive personality disorder

However, the ICD-11 has simplified the above and a diagnosis of a personality disorder is now described in terms of its level of severity.

This model focuses on the level of impairment, and which specific areas of an individual's life are impacted. You might not be presenting with *all* these characteristics, but you will be able to identify with a few of them.

Level of Severity (ICD-11)

Personality Difficulty	Mild Personality Disorder	Moderate Personality Disorder	Severe Personality Disorder
Some problems with emotions, thinking and behaviour which are stable for at least two years. Problems tend to be limited to specific relationships or situations. Unlikely to affect ability to work and maintain friendships.	Inconsistent sense of self (<i>feeling unsure of who you are</i>). Finding it hard to handle minor setbacks. Relationships tend to be characterised by dependence and/or avoidance of conflict.	Difficulty maintaining positive self-esteem, experiencing rapid changes in mood and sense of self, difficulty understanding other people's perspective.	Unrealistic sense of self, intense emotions that fluctuate rapidly, inability to set realistic goals, one-sided relationships, little to no family relationships, dissociative states, extreme paranoid reactions.
Characteristic Traits			
Negative Affectivity	Tendency to feel a range of negative emotions like anger, anxiety, depression, shame, low self-esteem.		
Detachment	Tendency to avoid intimacy and be emotionally detached from others, i.e., reserved.		
Disinhibition /Impulsivity	Tendency to act impulsively and without consideration of potential negative consequences.		
Dissociality /Antisocial	Disregard for the rights and feelings of others. Presenting as self-centred or lacking empathy.		
Obsessive-Compulsive /Anankastia	Focusing on a rigid standard of perfectionism and of right and wrong. May display a high emotional and behavioural constraint and stubbornness.		
Borderline Pattern	Instability of self-image, relationships, or mood. Fear of abandonment, recurrent episodes of self-harm, chronic feelings of emptiness.		

A Controversial Diagnosis

The diagnosis of personality disorder can be controversial because:

- Specialists disagree about how to understand personality disorders: Most people who are diagnosed with a personality disorder do not fit any one category, and historically may be diagnosed with more than one type. Some people believe the focus should instead be on what each person needs to enable them to deal with their problems and discover new ways of living, not what category they are in.
- There are a high number of social factors which can influence the presentation of a personality disorder. People are complicated. There are many social factors that can affect our capacity to cope, to relate to others and to respond to stress. Invalidating environments and trauma can lead to you often feeling overwhelmed with unbearable feelings. This can make it very difficult to deal with the daily challenges of adult life. A one size fits all diagnosis cannot account for all of the social context behind an individual.
- The term itself can be stigmatising: Some people feel that the term *personality disorder* can sound very judgmental. Being given a diagnosis or label of personality disorder can feel as if you're being told there's something wrong with who you are. You may feel upset, insulted, or excluded. Language evolves, however, and it may be that professionals will use a different term in the future. It may, for instance, perhaps be better understood as *complex and severe psychological difficulties*, *complex trauma* or *emotional and interpersonal dysregulation disorder*.

Often, individuals with the diagnosis will have a preference as to what to call it, and this is absolutely a matter of personal choice! For some people who hold a diagnosis, they understand their feelings and behaviours as a reasonable, human response to having gone through difficult life experiences. It is therefore, seen as unhelpful and upsetting to call it an illness, or a "disorder" in their personality. They argue that professionals should consider what factors or events in their lives may have contributed to their difficulties – and help them with these – not focus on finding problems in them as individuals. On the other hand, some people find that getting this diagnosis helps them to name and understand their experiences, to explain themselves more easily to other people, and sometimes to get treatment and support they might not otherwise.

“

“I know the NAME of her condition Dr...
But a person is so much more than the
name of a diagnosis on a chart!”

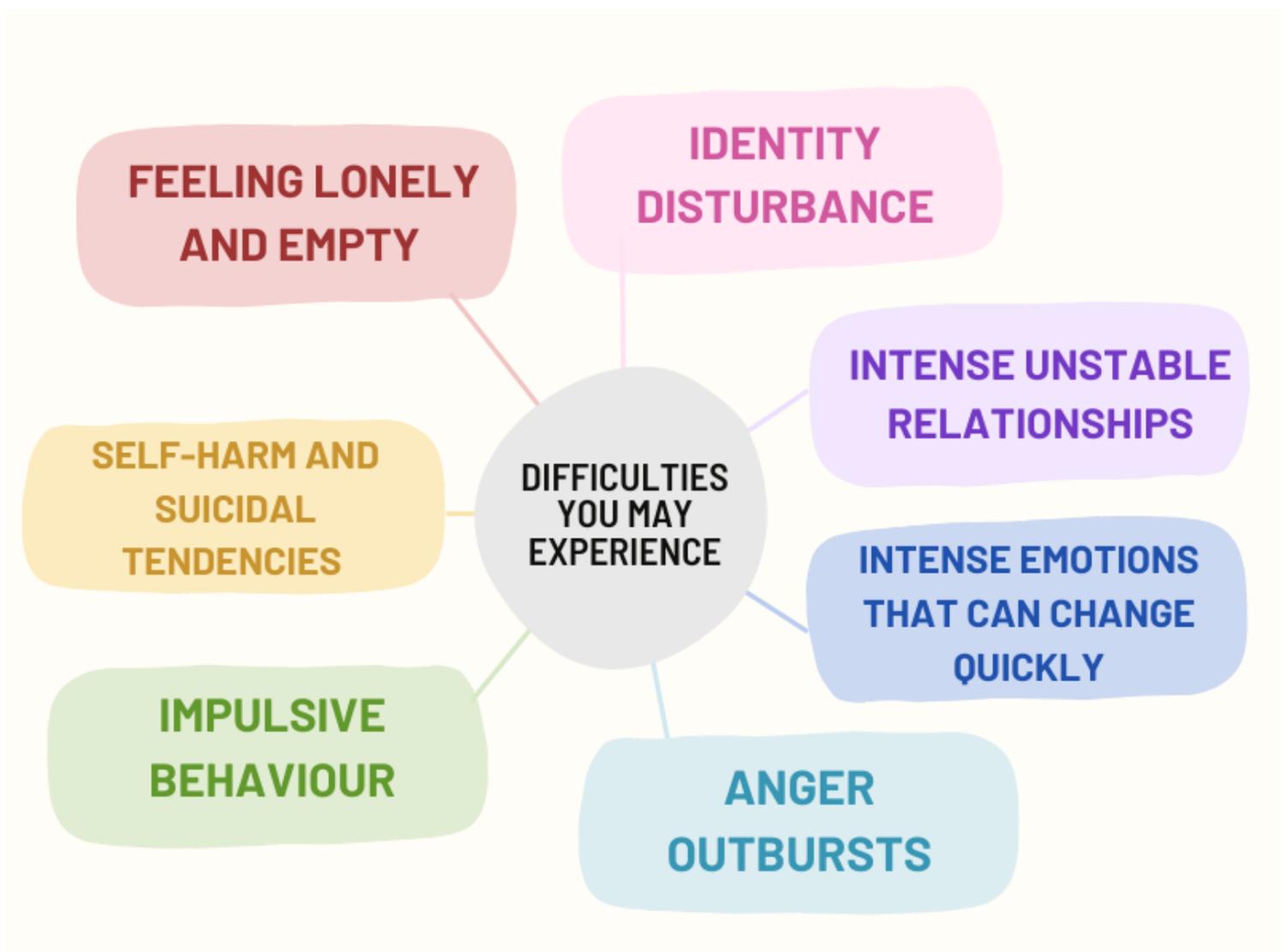
SHARON DRAPER

”

3. Difficulties You May be Experiencing

A diagnosis of personality disorder is characterised by some of the experiences and behaviours outlined in the diagram below.

You do not need to experience all these difficulties to have a diagnosis of personality disorder. Two people can experience a different mixture of them at the same time but still come away with the same diagnosis. Their diagnosis may technically be the same, but their *experience* of the condition will be unique to them.



4. What Causes Personality Disorders?

Everyone's experience of a personality disorder is unique. However, the following factors are known to increase the risk of developing one.

Genetic Vulnerability



Genetic vulnerability refers to the elements of our temperament, personality, and characteristics of our nervous system that are present at birth and make us vulnerable to developing a personality disorder.

You may often hear mental health professionals discuss the terms *emotional dysregulation* and *emotional sensitivity*. This is because emotional dysregulation is one of the core characteristics of personality disorder. It refers to an emotional response that is poorly regulated and disproportionate to the event that activates it. It is also believed that some individuals with a personality disorder are born with above average sensitivity to emotional stimuli. This means they may react to events to which others wouldn't, or experience emotions more intensely than others and, in turn, take longer to recover and return to their emotional baseline.

However, genetics alone do not cause someone to develop a personality disorder. Instead, it is believed that personality disorder is caused by a combination of genetic predisposition to emotional sensitivity and an invalidating environment during childhood.

Early Experiences and Social Circumstances

Early life experiences shape the way we view ourselves and others around us. This is because, as infants, we rely on our primary caregiver(s) to meet our emotional and physical needs for survival. However, negative life experiences in childhood can invalidate our feelings and needs, or cause us to become more sensitive to our environments as a survival strategy. They may also lead us to develop maladaptive coping strategies or negative beliefs about how relationships work. Some of the negative or adverse experiences that can lead us to develop a negative view of ourselves or the world around us are neglect, invalidation / invalidating environments, abuse (physical, emotional, or sexual) and household dysfunction, but this is not an exhaustive list.

Emotional neglect is defined as a relationship pattern with the primary caregiver in which the infant's emotional needs are ignored, invalidated, or disregarded. Neglect may occur if the primary caregiver is consistently absent due to having to work, or if they are not emotionally available to meet our needs due to their own struggles with physical or mental health.

An invalidating environment is one in which there is a tendency to deny or respond inappropriately to a child's inner experience, for instance their thoughts, emotions or

physical sensations (things which cannot be seen on the outside). There are many ways an environment can be invalidating – some are more obvious, such as an abusive home, and some more subtle, like being told to “stop crying”, or “don’t overreact”. Some examples of different invalidating environments are provided below:

Adverse home environment: A child expresses an emotion, for instance sadness, and his parent responds by telling him off and saying he shouldn’t feel this way, or ignoring him altogether. This may not be the parent’s fault: they may have grown up in invalidating environments themselves and therefore not know what to say or how to support their child appropriately, or they may be struggling with other problems such as their own mental health, addiction, finance or housing related stress, other children, divorce, bereavement etc, and so may not be able to provide an emotionally safe and healthy environment for the child. It may also simply be difficult for the parent to cope with the emotionally sensitive child himself, since this brings with it its own challenges and demands.

Lack of support from family: A creative child who wants to be an artist is born into a family that is very academic and scientific. Her family see her creativity as a waste of time and push her to pursue a career that is more like theirs. Although her family have her best interests at heart, she grows up with the sense that she is “wrong” somehow for wanting to be creative, and feels different from and misunderstood by the rest of her family.

Bullying/Discrimination: A child is bullied at school, where he is called names and told that he is stupid and ugly. When he seeks help from teachers they dismiss him, saying things like “don’t worry, just ignore them”. This is an invalidating environment outside of the home, where the cause is other pupils and teachers. It is the gradual build-up of such invalidating experiences over time that can lead to a person who is biologically more emotionally sensitive to develop a personality disorder.

Unstable or chaotic family life: A child grows up in an abusive home (the ultimate invalidating environment). The abuse can take many forms, eg. physical, sexual, emotional or neglect. The child may be physically hurt and shut down, or punished when they react, told to keep secrets “or there will be consequences”, lied to, dismissed when they seek help etc. Here the child learns the wrong messages about themselves, others and life, for instance that no-one will listen when they cry.

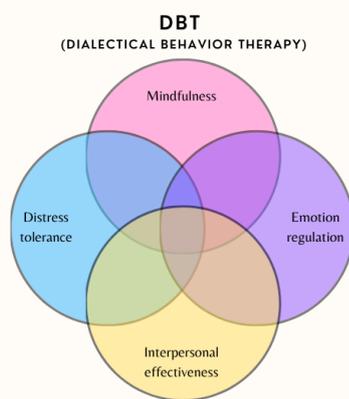
Other Social Circumstances

- Poverty or discrimination.
- Dislocation, i.e. having to move home to a completely new place or culture.
- Bullying, exclusion or consistent lack of support during your school life, whether from your peer group or wider community.
- Experiencing stigma and discrimination, for instance racism, homophobia, or transphobia.

All these life experiences can contribute to you feeling overwhelmed with unbearable emotions, making it difficult to deal with day-to-day situations.

5. What Help is Available for Me?

If you are living with a diagnosis of personality disorder, we understand that everyday life may feel overwhelming. We also recognise that mental health services can sometimes have long waiting lists. Please don't let this discourage you from reaching out for help, because today more interventions than ever before are available for individuals with a diagnosis of personality disorder. Let us walk you through the core interventions so that you can discuss them with your practitioner when deciding which one may be the most appropriate for you.



Dialectical Behaviour Therapy (DBT)

What is DBT? DBT is a type of talking therapy that has been adapted for people who feel emotions very intensely. It is delivered in a group setting with the goal of helping patients learn mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation skills.

Is DBT suitable for me? DBT may be suitable for you if you experience intense emotions that you find difficult to manage. For example, you may experience intense anger outbursts that you feel you have little control over. This may cause you to lash out at others unintentionally, which

in turn has a negative impact on your relationship with them. You may also find that the only way you can get relief from these intense emotions is by trying to repress them, by self-harming, or by using substances to block them out or numb yourself completely. Although this pattern occurs unintentionally, it may nonetheless lead you to feel bad – or hold negative beliefs – about yourself.

Testimonial from a service user who attended DBT:

“I have struggled with managing emotions and relationships for as long as I can remember. My struggles were so entrenched, I thought they were my fault, I'd lost hope of ever feeling better. Then I started a course of dialectical behaviour therapy (DBT). It was so relevant to me, as if each topic had been written about my specific struggles. Each week we were taught skills to help manage distress, emotions, and relationships, then given homework to practise in everyday situations. I didn't have a lot of faith it would work, nothing else had. Until I started practising the skills and I began to see a change in myself. I began to manage crises better, my interactions with people improved, when faced with intense emotions I was able to intervene to at least prevent the situation from getting worse. I couldn't believe it! I finally had some hope that maybe I could feel better.

If offered DBT, I would encourage people to do it. It is hard work, it takes commitment to attend the therapy sessions each week and practice the homework outside of these sessions, but it's so worth it. DBT has given me back my life, given me hope and the chance of a happier future.”

If this sounds like you, DBT can help you learn new ways to manage and express your emotions, ones that are both healthy for your wellbeing and that will enhance your relationships with others.

Systems
Training for
Emotional
Predictability &
Problem
Solving

STEPPS – Systems Training for Emotional Predictability and Problem Solving

What is STEPPS? STEPPS is a cognitive-behavioural skills training programme composed of three steps: (1) *Awareness of Illness*, (2) *Emotion Management Skills Training*, and (3) *Behaviour Management Skills Training*. The programme consists of 20 weekly meetings of two hours each, dedicated to teaching a variety of skills including abuse avoidance and managing problems and relationship behaviours.

Is STEPPS suitable for me? STEPPS may be suitable for you if you experience intense and overwhelming emotions that you find difficult to regulate in a safe and healthy way. For instance, you might find that you tend to disassociate (feel disconnected from your body) a lot, or struggle to express your needs and emotions. You might hold painful beliefs about yourself, for example that your needs are not important or that you're "different" to the extent that no one can understand you. You might crave strong connection with others but simultaneously distrust and fear getting close to them. All of this may leave you feeling fatally flawed, lonely, withdrawn, or misunderstood. If this sounds like you, STEPPS can help you increase your awareness of EUPD (Emotionally Unstable Personality Disorder) and how the disorder may be distorting your beliefs about yourself and the world around you. In STEPPS, these beliefs are referred to as filters, and filters are linked to patterns of feeling, behaviour, and thought. STEPPS will help you challenge these filters and teach you emotion and behaviour management skills.

Testimonial from a service user who attended STEPPS:

"Before the STEPPS programme, I couldn't even start to think about how to understand and manage my emotions, I would always end up shutting off and falling into depressive episodes. I have had therapy previously, but it never really dealt with emotional intensity in the way that the STEPPS programme does. From the beginning, I felt like this therapy would be my last resort, much like many others suffering with emotional intensity. The group leaders said those who put in the most work would in turn make the most progress from the programme, which motivated me even more.

When we started working through the material, I started to self-actualise and become aware of things in my illness that, prior to STEPPS, I could not explain without it triggering feelings of shame and guilt in me. Learning about 'filters', or distorted thoughts, how they are formed and how actually to tackle them has been one of the most important lessons for me and many others in the group. It has allowed me and others to understand how our trauma has created patterned defence mechanisms and what we can do about it.

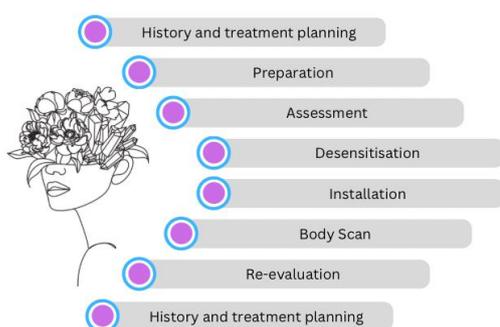
My reinforcement officer has provided such a supportive space to share and reflect with them, which really gives me the confidence to make the most of our sessions. They have been really kind and helpful in applying my personal experiences to each of the lessons, helping create exercises that I actually follow through with. During these sessions we also break down the psychological and physical changes that occur in your body and brain during an emotionally intense episode, which provides a level

of comprehension for my illness I have never been able to think about in any other therapies prior to STEPPS.

"I have learnt so much about myself and my illness, I genuinely feel so much personal growth and self-awareness. I could not be more grateful towards the group, for my reinforcer's support and how much hope I now have for my future. I feel so supported and, for the first time in a long time, I feel like life is manageable and worth it now that I can actually implement these skills myself."

EMDR Therapy – Eye Movement Desensitisation and Reprocessing

The 8 Phases of EMDR



What is EMDR Therapy?

EMDR is a form of psychotherapy that enables people to heal from the symptoms and emotional distress caused by disturbing life experiences. Through specific eye movements, it works by using your body's natural healing ability to change the distressing effect a traumatic memory can have on you.

Is EMDR Therapy Suitable for Me? EMDR may be suitable for you if you have been exposed to difficult life experiences. Although these difficult experiences may have occurred a long time ago, they still affect

the way you feel about yourself or the world around you. You may find that you are hypervigilant, for instance, meaning you always pay close attention to your surroundings and people around you. This might cause you to be hyperaware of other people's feelings, or you might find that you're easily startled. On the other hand, some days you may feel like you're completely disconnected from the world, or like you're living in a fog. You may struggle to trust others or have a sense of being a failure and not good enough. You may also experience flashbacks, nightmares, struggle with insomnia, or become easily annoyed over things even if they feel irrational. If this sounds like you, EMDR might be able to help you understand how your difficult experiences affect the way you think about yourself, and help you to process them.

Testimonial from a service user who attended EMDR:

"Before being referred for psychology I had never heard of EMDR and certainly didn't understand how any of it worked. However, since working closely with my psychologist we have covered the basics, such as how the brain reacts to trauma, and I have become comfortable with the EMDR process.

Roughly six months on, although I haven't yet completed my treatment, I am noticing big changes. I am beginning to accept myself for who I am and feeling less under pressure to be someone I'm not. Previous flashbacks and unexplainable emotions now make sense and I have been able to process them and desensitise myself to them, so although I still remember those events, they don't affect me emotionally like they used to.

I have a clearer understanding of my childhood and the people that surrounded me, and as a result I am more confident with the decisions of who has a positive impact on my life and who I need to create a distance from. Without what I know now, I couldn't have even contemplated taking those steps. There has been a real shift in my way of thinking and I am confident that the remainder of the treatment is going to give me further clarity."

Other Potential Forms of Help

Mentalisation Based Therapy (MBT) focuses on improving your ability to understand your own and other people's state of mind, which can help with balancing emotions and improving relationships.

Cognitive Behavioural Therapy (CBT) is based on the link between thoughts, behaviour and emotions and can be helpful in managing low mood and/or anxiety experienced with personality disorder.

Cognitive Analytic Therapy (CAT) works to bring about change by helping you to reflect on how you relate to other people and yourself, as well as helping you understand why such patterns developed.

Compassion Focused Therapy (CFT) is a form of psychotherapy (talk therapy) developed for people who experience high levels of shame and self-criticism, often resulting from complex mental health difficulties. CFT teaches clients to cultivate skills in compassion and self-compassion, which can help regulate mood and lead to feelings of safety, self-acceptance, and comfort.

Mindfulness Based Cognitive Therapy (MBCT) is a form of therapy that combines cognitive therapy, meditation, and the cultivation of a non-judgmental attitude called *mindfulness*. In a similar way to compassion focused therapy, MBCT teaches clients about the science behind the mind-body connection and how to practice mind and body awareness. Like with all psychological therapies, how well they work depends on various factors, for instance the specific difficulties you experience, your motivation to change, and your attendance and participation in the sessions/groups. It is also important to be aware that the availability of psychological treatments varies across the UK and within different NHS services, and that they are also available privately.

Peer Support is when people use their own experiences to help each other. There are different types of peer support (one-to-one, small to large groups), but they all aim to bring together people with shared experiences to support each other, provide a space where you feel accepted and understood, treat everyone's experiences as equally important, and involve both giving and receiving support.

Testimonial from a service user who attended Essex Partnership University NHS Foundation Trust Service User Network Peer Support Group:

"When I think of the group, I think about these six things: it's a non-judgmental, respectful, inclusive, honest, confidential and safe space where I can learn new things, both receive and offer support, talk openly and freely about my experiences, or just sit quietly and listen to others share theirs. I love this group, it's like having a big family of people who understand me. I get the support I need, and I feel safe to share without judgement. I often laugh a lot during the session, and I like making other people smile and laugh too.

It really does help me with my difficulties. I have often attended the group feeling very low, and by the end of the two-hour session I feel much, much happier. Being heard and understood is something that I don't get from my own family, it's something that's been missing my entire life, and now that I have it, I don't feel so alone anymore and I have some answers for the questions I have about why I am the way that I am. It has also helped me understand that, regardless of how I am, I'm still just as important as everyone else."

6. Stigma and Discrimination (Myth Busting)

Myth

Reality

People with personality disorder have a deficit in their personality

We all have parts of our personality that can cause us or others difficulties. What is different for people with personality disorder is the intensity of these difficulties.

Most individuals with a diagnosis of personality disorder will have experienced adversity in childhood. This may be in the form of trauma, or living in an environment that did not meet their needs or understand their emotional sensitivity.

They may feel like they "didn't fit in", never felt understood or weren't helped to cope with their strong emotional responses (eg. fear, anxiety, anger). If a person struggles to think about themselves or understand their thoughts and emotions, their ability to regulate their emotions and form relationships is affected.

"The important thing to remember is that we're not broken, we just think differently and experience the world in a different way... there's no shame in doing whatever we need to do to cope with our emotions in a safe and supportive way." (Mind, 2021)

People with personality disorder are manipulative and attention-seeking

We all need attention, and we all learn ways to get our needs met as we grow.

People with personality disorder may have difficulties with emotional communication, and may display learnt behaviours that could be seen as unhelpful, negative or difficult in order to seek or receive care.

High emotional arousal can make behaviours more provocative, and we may have learnt that certain behaviours are more effective than others. People with personality disorder can, however, be supported to learn skills that support their emotion regulation and communication.

People with personality disorder have a split personality

Strong opposing emotions and all-or-nothing thinking can feel confusing for all involved. Seemingly small things can be felt acutely and therefore change how someone with personality disorder presents quite rapidly.

Individuals with personality disorder may have learnt to look to others in terms of how to think, feel and behave, and by contrast not to trust their own reactions. In consequence, they may appear to display different behaviours/opinions in different contexts or with different company.

It's all just behavioural



Behaviour is always stimulated by our emotions and thinking, often in the context of our relationships with others. Often individuals who display traits of personality disorder have grown up in an environment where they have not been taught how to label their emotions, or how to manage them.

This can lead to someone not having the skills to tolerate distress, or to form realistic goals or expectations. They learn that extreme emotional displays are necessary to provoke a helpful environmental response.

If I let them get too close to me, they'll get dependent



Our sense of self is created in early relationships. If we don't have the opportunity to explore healthy, attuned relationships when we're children, it can affect our ability to form and maintain healthy relationships as adults.

It is important that individuals uphold their own personal boundaries in relationships of any kind. However, developing a secure relationship can be both healing and reparative.

Personality disorder is untreatable



Personality disorder *is* treatable, and there are a range of effective therapies. However, personality disorder could perhaps be better thought of as something you *live with* rather than *recover from*. Effective therapies teach individuals the skills and awareness they need to live a fulfilling, purposeful life.

7. For Loved Ones

This section is for friends and family who want to support someone with a diagnosis – or traits – of personality disorder. You could sit down and talk these things through with the person in question or give them this information to read in their own time.

It is important to remember that someone living with personality disorder can have trouble understanding or relating to situations or people, and therefore their relationships play a big part in how they manage and respond to things.

If somebody you know is diagnosed with a personality disorder, their thoughts, feelings and behaviour might make it hard for them to always maintain a good relationship with you. In turn, you may sometimes find it hard to know what to say or how to help. Nonetheless, there are lots of positive things you can do to support them:

BE PATIENT

- If your loved one is struggling to manage their emotions, try not to get involved in an argument in the heat of the moment. It could be better to wait until you both feel calmer to talk things through.

SPEAK WITH COMPASSION

- When someone is experiencing difficult thoughts or feelings, their behaviour may be unexpected or upsetting, and you may feel unsettled. Try to understand what they're experiencing and what's driving their thoughts, feelings and behaviour – this can help *you* stay calm.

DON'T JUDGE

- Try to listen to your loved one non-judgementally, without telling them they shouldn't feel the way they do or that they're being overly sensitive. You may not understand why they feel like this, but it can mean a lot for you to acknowledge and value how they're feeling.

VALIDATE AND BE UNDERSTANDING

- Don't question your loved one's thoughts or views. Try to put yourself in their shoes. If you were experiencing the same thoughts and feelings, what would that be like for you? Often, your loved one won't understand why they feel the way they do, but they need to hear that it's okay.

REMIND THEM OF OTHER ASPECTS OF THEIR PERSONALITY

- A diagnosis of personality disorder doesn't stop someone being likeable, intelligent, funny, kind, highly motivated or creative. It can be reassuring to remind your loved one of the other qualities you see in them, particularly if they struggle to see these themselves.

SET CLEAR BOUNDARIES AND EXPECTATIONS (BOTH OF YOU)

- It can be helpful to make sure that you and your loved one know where the boundaries are in your relationship, and what you expect from each other. This can help you both to manage difficult feelings and situations. Agreeing how you intend to speak to each other, expect to be spoken to, or what you are or aren't able to help each other with are good examples of things it could be useful to clarify.

PLAN AHEAD

- It can be scary if you're worried that someone you care about is hurting themselves or even struggling with suicidal thoughts. Talk to your loved one when they're feeling stable or well and ask how you can best support them when they're going through a difficult time, for instance when their emotions become heightened and they're less able to communicate clearly. Take time to listen and understand your loved one's experience, because this can really help with their frustration and feelings of being misunderstood.

LEARN THEIR TRIGGERS

- Talk to your loved one and try to work out what situations or conversations make them think or feel negative thoughts or emotions. Try to avoid these, or support them when this isn't possible.

INCREASE YOUR UNDERSTANDING

- Learn more about personality disorder and help to challenge stigma. Personality disorder is a complicated diagnosis, and your loved one may have to deal with other people's misconceptions on top of coping with their own mental health challenges. Therefore, one of the biggest tools with which you can help them is to cultivate awareness and understanding of why they feel or behave the way they do.

HELP THEM SEEK TREATMENT AND SUPPORT

- Seeking support can be overwhelming, particularly if people aren't themselves sure what they need. It could therefore be helpful for you to go with your loved one to appointments, or talk to them before and after they see any professionals. You could also support them self-referring to local services or attending community activities. If you're a carer, your involvement can be particularly valuable in ensuring the best support is provided.

HELP THEM FIND AN ADVOCATE

- Advocacy means getting support from another person to help an individual express their views and wishes, and help them stand up for their rights. You could help your loved one find an advocate.

ABOVE ALL... TAKE CARE OF YOURSELF!

- Supporting a loved one who is struggling can be really difficult. Try to remember that your own mental health is important as well. You may want to seek out a carer support group that you can attend, or request a carer's assessment to see how services can support *your* needs. Remember, you can't care for a loved one if you don't care for yourself first!



8. Dialectical Behaviour Therapy Skills

For many individuals, it can be helpful to learn new skills to help them manage their emotions. Dialectical behaviour therapy (DBT) was developed to help those who experience intense emotions, such as those with Emotionally Unstable Personality Disorder (EUPD), to learn how they can regulate them. These skills are typically practiced and learned in group therapy sessions, however you can learn more about them here:

Mindfulness

Mindfulness is a way of being present and fully aware in each moment, with acceptance. This can help to increase your self-awareness, improve your ability to accept things as they are (including any difficult thoughts and emotions) and reduce feelings of depression and anxiety, as these can often stem from negative thoughts about the past or worrying thoughts about the future. With practice of mindfulness, you can learn to tolerate challenging thoughts, emotions and urges, and realise that they don't have to be acted upon. They can just be acknowledged, and with time they will pass.

Try using your **senses** to practice mindfulness – notice the sights, sounds and sensations around you. Notice the water on your hands when you wash them, your feet on the floor when you walk, the texture of the clothes on your body. Then move **inwards** and notice your breath as it enters and leaves your body.

Once you have practised with the senses, shift your attention to your **thoughts** and imagine that they are moving through your mind like clouds moving through the sky. Watch as new thoughts or clouds appear, and as they disappear in their own time. To practice mindfulness more formally, download the free **Headspace app** and try doing the ten minute mindfulness sessions.

Quick and Easy to Remember Mindfulness Exercises

5-4-3-2-1

Name five things you can see, four things you can hear, three things you can feel, two things you can smell, and one thing you can taste.

SQUARE BREATHING

Inhale for four seconds. Hold for four seconds. Exhale for four seconds. Hold for four seconds. Repeat this pattern as many times as you like.

Interpersonal Effectiveness

Relationships are a huge part of who we are, and a key component of relationships is our communication skills. Being an effective communicator is about being able to respond to others, in ways which helps to maintain or build relationships. Even during difficult conversations, interpersonal effectiveness skills can help us navigate to communicating our needs, while respecting others, for example by gain the help of others to achieve your goals, be assertive in saying no, and improve your self-respect. This can help us improve our relationships, and end those which no longer serve us.

Ways of practicing interpersonal effectiveness skills can be summarised by three acronyms: DEAR MAN, GIVE and FAST.

DEAR MAN provides tips to help you achieve goals or assert yourself. It stands for: *Describe* the facts, *Express* your feelings or opinions, *Assert* your wishes, *Reinforce* them by giving the other person an incentive to help or accommodate you, stay *Mindful* of what you want, *Appear* confident, and *Negotiate* to get the best out of the situation.

GIVE provides tips to help you create or maintain positive relationships. It stands for: be *Gentle*, act *Interested*, *Validate* what the other person expresses, and use an *Easy*, light-hearted communication style.

FAST provides tips for maintaining or increasing your self-respect. It stands for: be *Fair*, make no *Apologies*, *Stick* to your values, and be *Truthful*.

Emotion Regulation

Emotion regulation is the ability to increase, decrease or maintain emotions at a balanced level. Learning – or building on existing – emotion regulation skills can help you control and manage your emotions with greater ease, enabling you to live a more balanced life.

For instance, when our bodies are out of balance, we are more likely to feel negative emotions and be less able to control our reactions to difficult situations. Therefore, taking good care of your body will increase your emotional resilience/strength, making you better able to cope with things you find challenging.

The acronym **PLEASE** can help you remember the skills needed to look after your body:

- treat *Physical* illnesses.
- practice balanced *Eating*.
- avoid mood-*Altering* substances.
- balance *Sleep*
- and get *Exercise*.

Distress Tolerance

Sometimes when people experience distress, they use destructive behaviours to help them cope, for instance self-harm, binge eating, or using substances such as drugs or alcohol. These may provide some temporary relief, but the effects don't last long and can have harmful consequences. Therefore, it is helpful to learn better ways of coping with distress.

Distress tolerance is the ability to withstand or tolerate distress (e.g. an intense experience of difficult emotions such as an anger outburst, or extreme emotional pain). This skill is useful for when things get out of control to the point where you are no longer able to use the other skills to manage your emotions and unable to think logically.

The following ways of practicing distress tolerance skills can be summarised by three acronyms: **STOP**, **ACCEPTS**, and **IMPROVE**.

STOP

When your emotions take over your mind during a crisis, you can act impulsively without thinking, which can lead to negative consequences. This acronym helps you avoid doing this. It stands for: *Stop* when you realise your emotions are taking over, *Take* a step back, *Observe* the situation both out- and inside yourself, and finally, *Proceed* mindfully, with awareness.

ACCEPTS

When you're going through an emotional crisis, knowing how to distract yourself can really be helpful. A good way of remembering seven skills to distract yourself is the phrase "*a wise mind ACCEPTS*". The acronym **ACCEPTS** stands for: do different *Activities*, *Contribute* to somebody else's wellbeing, *Compare* yourself to those less fortunate, generate different *Emotions*, *Push* away from the situation physically – for instance by walking away – or by thinking about something else, think different *Thoughts*, and find a way to experience different intense *Sensations*.

IMPROVE

Another way of dealing with a crisis is by improving the moment itself. This can be achieved in a variety of ways, which can be remembered through the acronym **IMPROVE**. This stands for *Imagery* (visualise a soothing image of something/somewhere nice), *Meaning* (find meaning in the situation), *Prayer*, *Relaxing* actions (do things that calm you down), finding *One* thing in that moment on which to focus, *Vacation* (take a break and allow yourself to be cared for) and *Encouragement* (use self-talk to cheerlead yourself and boost your own mood).

9. Self-compassion Skills

Self-compassion means extending compassion to ourselves in instances of perceived inadequacy, failure, or suffering. It is made up of three elements: mindfulness, self-kindness, and connectedness.

There's a common misconception that being self-compassionate is selfish or means that you're self-obsessed. This is not the case at all. In fact, it is one of the most important skills involved in looking after our wellbeing.

What is Self-Compassion?



Mindfulness



Self-Kindness



Connectedness

Self-compassion/self-kindness:

"Self-compassion entails being warm and understanding towards ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism. Self-compassionate people recognise that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals." (Dr Kristin Neff, 2023)

Mindfulness vs over-identification:

Mindfulness is a non-judgmental, receptive mind state in which one observes thoughts and feelings as they are, without trying to suppress or deny them. This is an important part of self-compassion because we cannot ignore our pain and simultaneously feel compassion towards it. At the same time, mindfulness requires us not to over identify with our thoughts and feelings, so that we don't get caught up in or swept away by negative reactivity.

Common humanity vs isolation:

Self-compassion involves recognising that suffering and personal inadequacy are part of the shared human experience, something we all go through rather than something that only applies to you alone.

Exercises You Can Practice to Increase Your Self-Compassion

Some of these ideas may seem silly to you, or even scary. However, we have nothing to lose in giving them a try, but so much to gain if they can help us feel more comfortable.

Exercise 1: Working with the Troubled Self

Imagine you are watching a video of yourself, as if you were watching a film. Start with seeing yourself get up in the morning. Holding a position of kindness and compassion, watch yourself moving around in your room and then slowly getting on with your day.

Notice how the person you're watching – you – is troubled with self-critical feelings or thoughts, perhaps fears about their relationships with others, of being criticised, or that they might (have) hurt somebody else's feelings without meaning to.

Be in touch with the struggle of the person you're watching, but hold your position of inner calm and wisdom. Keep looking out through the eyes of your compassionate self with the intention of being kind and helpful. If your attention or concentration start to wander, or you lose that sense of compassion in any way, just let the imagery fade, focus on your breath, and begin again.

This exercise will help you take a more objective view of your difficulties and begin to develop your own intuitive wisdom and ability to heal.

Exercise 2: Change Your Critical Self-Talk

This exercise should be done over several weeks and will eventually form the blueprint for changing how you relate to yourself long-term. Some people find it useful to work on their inner critic by writing in a journal. If you are someone who likes to write things down and revisit them later, journaling can be an excellent tool for transformation. If you're someone who struggles to be consistent with a journal (like many of us), then do whatever works for you. Plenty of people are more comfortable doing this through internal dialogue. You can speak aloud to yourself or just think silently.

1. The first step towards changing the way you treat yourself is to notice when you're being self-critical. It may be that – like with many of us – it is so common for your inner voice to be self-critical that you don't even notice when it presents this way. Whenever you're feeling bad about something, think about what you've just said to yourself. Try to be as accurate as possible, noting your inner speech verbatim. What words do you use when you're being self-critical? Are there key phrases that come up again and again? What is the tone of your voice – harsh, cold, angry? Does the voice remind you of anyone in your past who was critical of you? You want to get to know this inner critic very well, and to become aware of when it becomes active. For instance, if you've just eaten half a pack of biscuits, does your inner voice say something like "you're so disgusting," "you make me sick," and so on? Really try to get a clear sense of how you talk to yourself.

2. Make an active effort to soften your self-critical inner voice. However, try to do so with compassion rather than further self-judgment. In other words, don't tell your inner critic it's "such an idiot" either! Say something like "I know you're worried about me and feel unsafe right now, but you're causing me unnecessary pain. Could you let my compassionate inner self say a few words now as well?"

3. Reframe the observations made by your inner critic in a friendly, positive way. If you're having trouble thinking of what words to use, you might want to imagine what a very compassionate friend would say to you in this kind of situation. It might help to use a term of endearment that strengthens the feelings of warmth and care they would normally express to you (but only if this feels natural and not schmaltzy, embarrassing etc). For instance, you could say something like "Darling, I know you ate those cookies because you're feeling sad and you thought that it would cheer you up, but you feel even worse now and not good in your body. I want you to be happy, so why don't you go take a long walk so that you really feel better?" While engaging in this supportive self-talk, you might want to try gently stroking your arm, or holding your face tenderly in your hands. Even if you have trouble calling up emotions of kindness towards yourself at first, physical gestures of warmth can tap into your internal caregiving system, releasing oxytocin that will help change your biochemistry. The important thing is that you start acting kindly towards yourself, and feelings of true warmth and caring will eventually follow.

Exercise 3: Take a Self-Compassionate Break

Think of a situation in your life that is difficult or causing you stress. Call the situation to mind and see if you can actively feel the stress and emotional discomfort in your body.

1. Now say to yourself: "This is a moment of suffering."

This is mindfulness. Other options include:

- "This is hurting."
- "Ouch."
- "This is stressful."

2. Then say to yourself: "Suffering is a part of life."

This is feeling your common humanity and connectedness. Other options include:

- "Other people also feel this way."
- "I'm not alone."
- "We are all struggling in our lives in some way."

3. Now, put your hands over your heart. Feel the warmth of your hands, their gentle touch against your chest. Or adopt the soothing touch – as mentioned above – that feels right for you.

Now say to yourself: "May I be kind to myself."

You can also ask yourself, "What do I need to hear right now to express kindness to myself?" Is there a particular phrase that speaks to you in this situation?

Some you could try are:

- "May I learn to accept myself as I am."
- "I am enough."
- "I am worthy."
- "May I forgive myself."
- "May I be patient with myself."

This practice can be used at any time, day or night, and will help you to remember – and put into action – the three aspects of self-compassion when you need them most.

10. Other Skills

No matter where you are in your recovery journey, these tools could potentially help when your brain is scrambled and nothing seems to make sense. The idea of some of these tools may be a little daunting at first, but you arguably have nothing to lose and an abundance to gain in giving them a chance.

Wellness Plan

There is no “one size fits all” solution when it comes to wellness planning. What works for you may not work for anyone else, but each person will know what makes them feel happier, calmer, more grounded etc. When it comes to thinking about your wellness plan, do it on a good day, when you’re feeling at peace with the world and can give yourself a few minutes to think about it. What makes you happy, for instance? What calms you down when you’re feeling overwhelmed?

The Flower of Life

This exercise can be performed to as deep or light a degree as you wish. The flower of life resembles a sunflower, each part representing a different aspect of your life. It looks at many different areas and may potentially bring up things you weren’t expecting to think about. Each part of the flower will represent a different aspect of your life, from hopes and dreams to everyday life.

Draw a sunflower – imagine what you would like your sunflower to look like. Then draw it, making sure to include its roots, the ground in which it sits, and a stem.

Fill in your roots – this might include where you come from (for instance the village, town or country in which you grew up); your family history; those who have taught you most in life; your big influences (whether spiritually, work-related, particular movements, music etc); an important event – or events – in your early life.

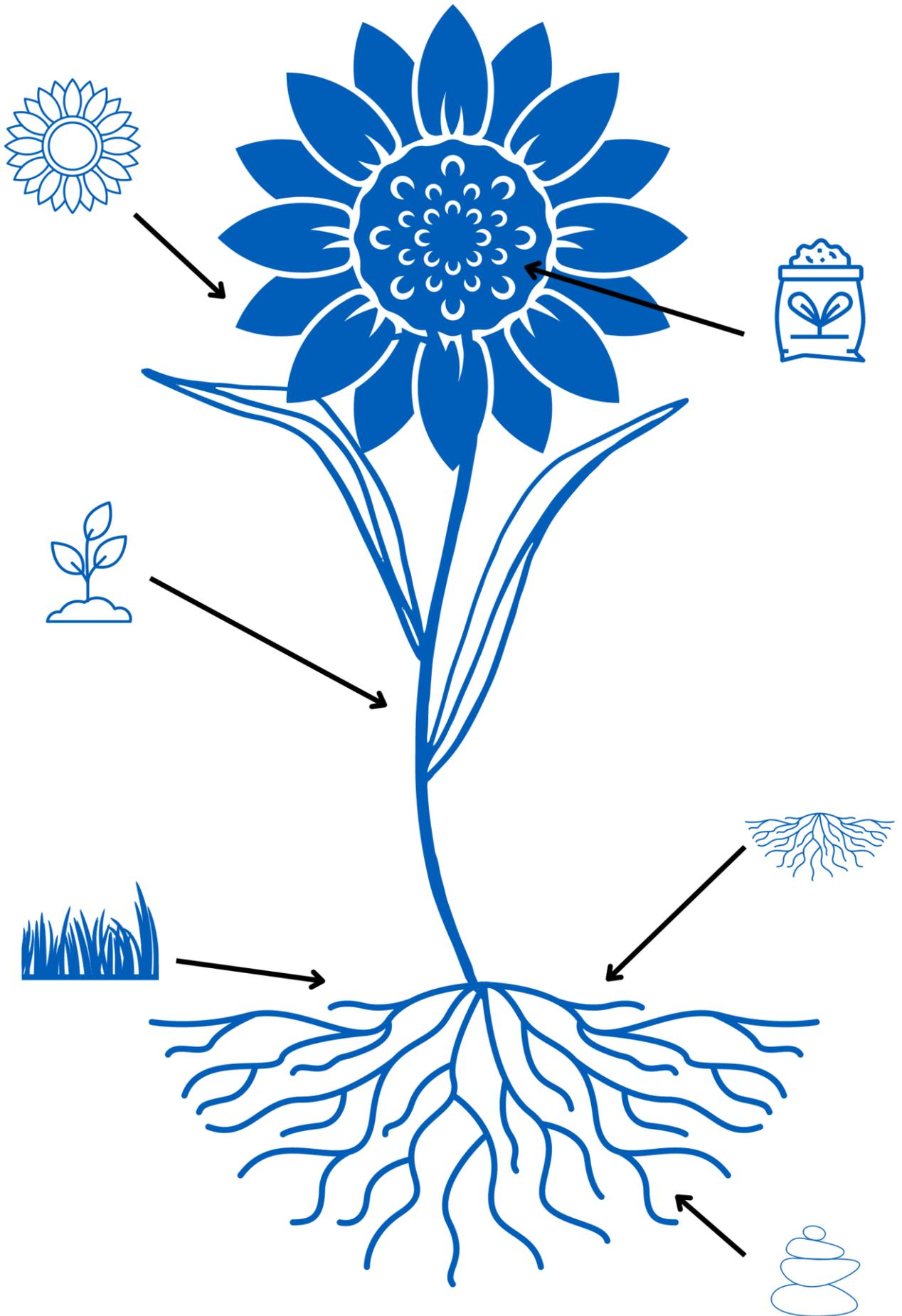
Fill in your ground – what does your life look like now? Where do you live? What is a typical day in your life?

Fill in your stem – what you like about yourself; what you’re good at; your skills and abilities; what other people have told you you’re good at; your values; what is most important to you when it comes to living a good life.

Fill in your petals – what are your hopes and dreams for the future? What do you want to do more of? What do you want to achieve?

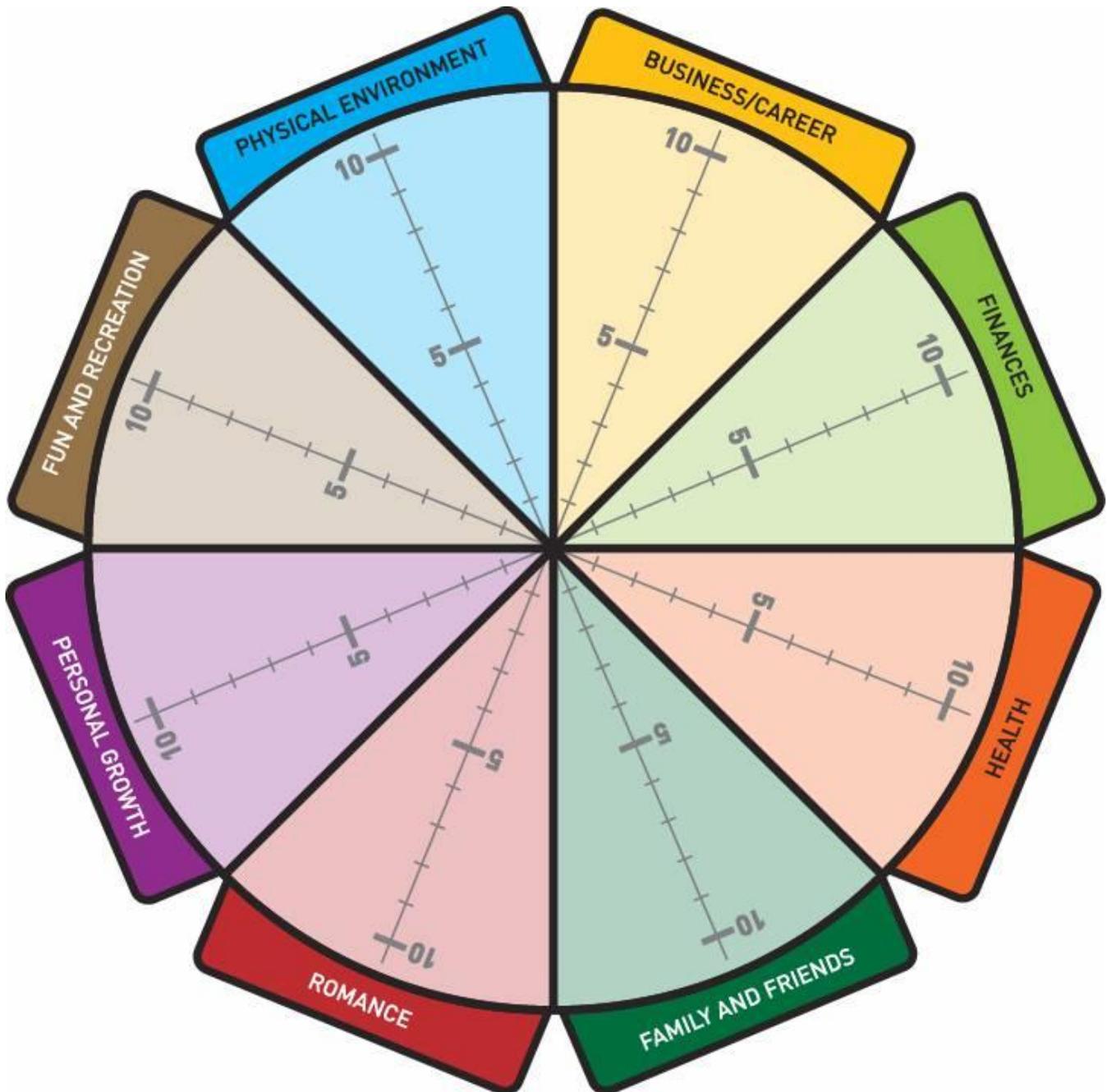
Add seeds to your sunflower – inside every seed, write the name of an important person in your life.

Fill in the rocks and weeds – what obstacles are getting in your way, making it harder for you to move forward in life? Think about how you might remove them, grow around them, or flourish despite them.



The Wheel of Life

The wheel of life is used to map out how you're feeling about different aspects of your life, simply by grading each area on a scale of 1-10. This can help you recognise in which areas you most need support.



Five Ways to Wellbeing

These five things can help us all feel better within ourselves, and can all contribute to our wellbeing.

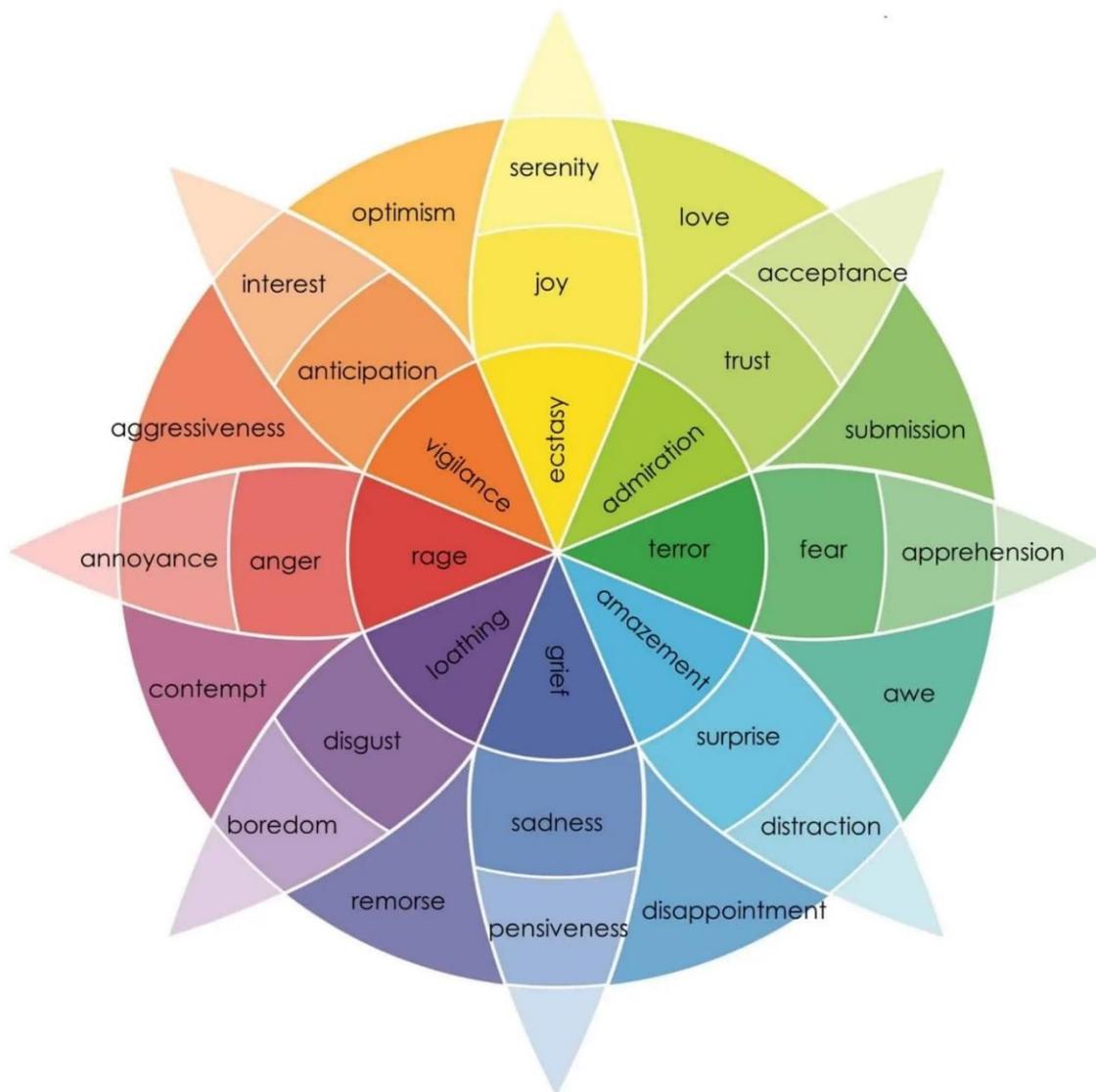


You can set yourself SMART goals, whether to achieve specific things or make targeted progress in your personal growth, within a realistic timeframe. Remember, however, that it's okay *not* to be okay, or to ask for help or support. It's okay to really *feel* your feelings. It's also more than okay to be curious, to ask questions, and to research other wellness activities such as self-care. It's all about learning – and then leaning into – what gives you the warm and fuzzies, what fills your cup to the brim and brings you happiness.

S	Specific	Who is involved? What do I want to achieve? When do I need to achieve this? Why is the goal important?
M	Measurable	How will I measure my progress? How will I know if my goal is achieved?
A	Achievable	Will it be clear when the goal is complete? Is it reasonable to complete the goal in the time allocated?
R	Relevant	Is this goal related to my overall success, or the success of my business / organisation?
T	Time-bound	How long should it take to accomplish this goal? When will I check in on whether or not the goal as been completed? Am I ready to start work on the goal?



Recognising and Labelling Emotions



Emotional understanding means recognising what specific emotions you are feeling and why. It is an essential part of emotional awareness. This is because our emotions help us understand what is happening to us and how we can respond. Without this, we may end up feeling even more confused and overwhelmed. In fact, not understanding your emotions can make them more intense. This is because emotions naturally want to deliver messages to you. For instance, fear is trying to tell you "you're in danger!" If it seems like you're not picking up on the message, or misunderstanding it, the emotion will keep trying to get through, often through increasingly intense means.

Keeping a mood diary is a relatively simple technique to help you consciously identify your emotions and the things that trigger them. Basically, it involves putting words to what you are feeling. Research tells us that the more words you can use to describe how you feel, the better you are likely to be at managing your emotions. Doing this alone can already help make them less intense. Imagine yourself as a painter – the more colours you have at your disposal to paint with, the more detailed your art can

be. It's the same with emotions. The more words you have in your toolbox to describe them, the more you'll be able to feel, or rather *notice* and identify yourself feeling. As you start to feel more confident labelling your emotions, you may want to start thinking about upcoming events or situations that are likely to trigger you. Then, try to practice labelling your emotions when these situations come up. Eventually, with time and practice, this should start to become a more natural response when you feel triggered, which in turn should lessen the impact these situations have on you in the first place.

There are six main steps to keeping a mood diary:

1. Label your mood on a scale of 1-10.
2. Identify the emotion(s) you are feeling.
3. Identify the trigger(s) that caused you to feel this way.
4. Identify the situation(s) that triggered the emotion(s).
5. Identify what helped.
6. Identify what didn't help.

DAY OF THE WEEK	Mood (1-10)	Emotion(s) experienced	Thought(s) that triggered this/these	Situation(s) that triggered it/them	What helped?	What didn't?
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

11. Talking to Family & Friends

Living with a mental illness can be a challenging experience, not only for the individual with the diagnosis but also for their family, friends, and/or carers. In a perfect world, our support network would understand our diagnosis and needs, and be able to encourage and support us whenever we need it. However, those closest to us may not know much about mental illness. They may want to help but not know how to do so. You can therefore potentially give friends and family a better chance of helping you by telling them about your experience of living with a mental illness.

Reasons to Talk with Loved Ones

One of the main reasons people want to talk about their mental illness with family and friends is to seek encouragement and support. Having a good support system is crucial for everyone's mental wellbeing. The simple act of being able to sit and talk with a close friend or trusted family member about our challenges can improve our mood, make us feel cared for, and strengthen our sense of belonging. However, feeling supported isn't just about emotional support. It could also take the form of getting a ride to an appointment, sharing a crisis plan with someone, receiving help in finding appropriate treatment, and so on. The list of reasons to talk with friends, family, or a carer might not be the same for everyone. However, it might be helpful for you to think about some of the ways you could share your diagnosis with loved ones and ask them for support.

It can be challenging to open up to loved ones, and it's natural to feel apprehensive. Even though we may feel that they will be understanding, we can still be fearful of the worst case scenario, and being misunderstood. One way to help is to make a pros and cons list:

	Pros	Cons
Telling my loved ones about my mental health	I may be able to receive more support	There may be a misunderstanding which could be uncomfortable
	I might feel understood and encouraged in my journey	The conversation may be difficult

Deciding Who to Tell

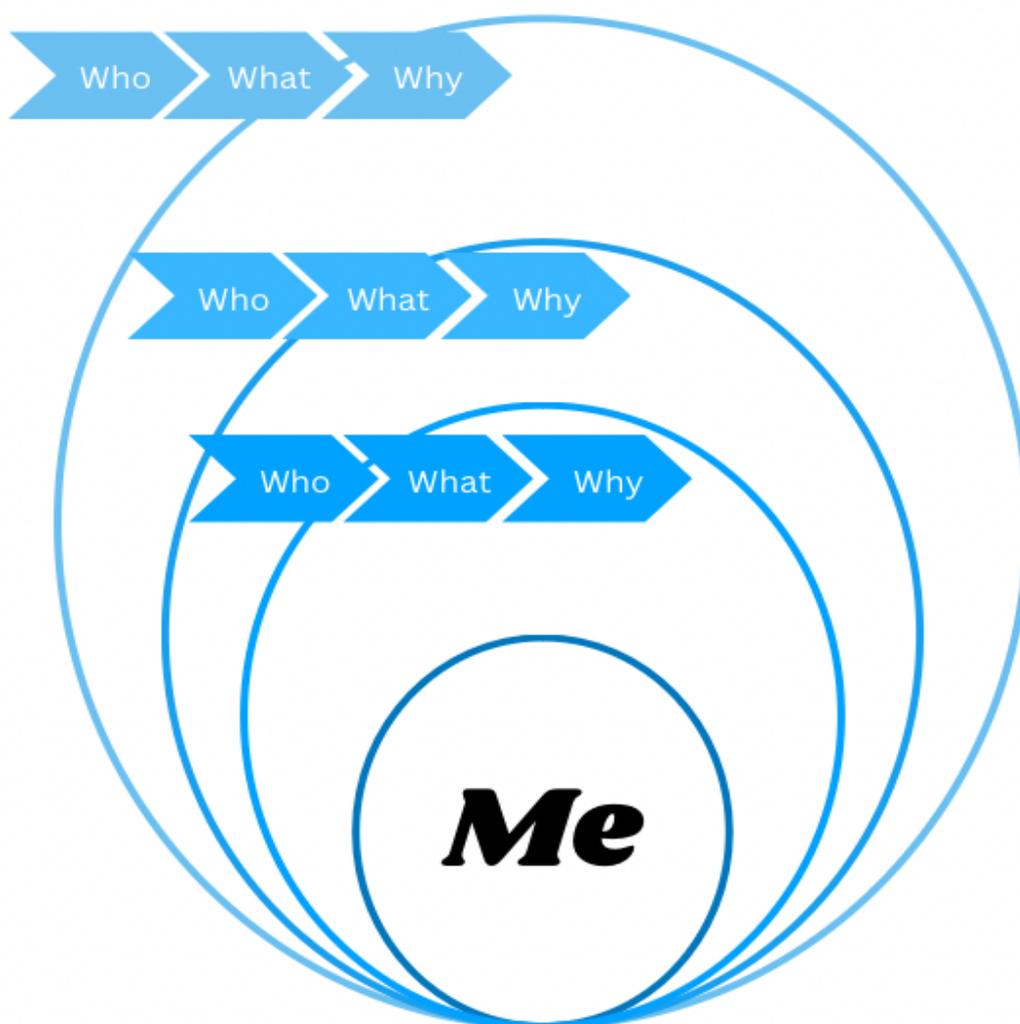
Some people may be more understanding than others. Being able to offer emotional support is a skill that takes practice, and the ability to utilise this skill is different for everyone. Deciding who to tell about your diagnosis can therefore be tricky and nerve-racking. Considering this, making a pros and cons list about *who* to tell might be just as helpful as a pros and cons list about telling someone in the first place. You might want to make a list of the people you are considering telling, then think about which ones are best at listening to you or comforting you when you're upset.

What to Tell

What you want to share with your loved ones may differ based on who you're dealing with. For instance, you might find it most helpful to share a crisis plan with a friend who has a calm nature, or someone who knows how to keep you safe. By contrast, you might find it easier to share fewer details concerning your diagnosis with someone who isn't very understanding of mental illness but who would nonetheless be there for you by providing transport to therapy sessions. When deciding what to share, you might consider how you want to be supported by each person, but also your experience of being supported by them in the past. Only share what feels safe. You can also use the diagram below to help you think about what you want to share, and with whom.

Sharing Circles

This exercise may sound scary, but there's no need to panic. It's not about sitting in a circle and sharing all your deepest feelings and emotions, it's just a diagram designed to help you decide what you want to share, with whom, and why.



The Let's Be Agreement

This is an agreement between you and anyone who provides you with support or care of any kind. It can aid in securing steady boundaries that will keep you both safe and comfortable. For example, *let's be* honest with our feelings, or *let's be* holding each other's feelings in mind when talking.

12. Glossary

When first presenting to mental health services, or even some time after accessing them, you may come across lots of new terms. These might include acronyms, jargon, or just clinical terms with which you're not yet familiar. At least initially, this new language can be confusing.

The following pages list some commonly used acronyms, words you might hear in services within the Essex Partnership University NHS Foundation Trust, or within mental health services more generally. There is also space for you to add any more you come across.

Acronym	What does it mean?	What is it?
AMH	ADULT MENTAL HEALTH	AMH is sometimes called secondary care, which means that it is specialised and usually only available to people who are referred by a GP or other health/social care professional.
ARMS	AT RISK MENTAL STATE	A new service within EPUT, created to support people who are at risk of developing a mental health illness.
ASD	AUTISM SPECTRUM DISORDER	Autism spectrum disorder (ASD) is a term used to describe a variety of difficulties and behaviours that affect the way in which people with this diagnosis understand and react to the world around them.
CBT	COGNITIVE BEHAVIOURAL THERAPY	Cognitive behavioural therapy is a talking therapy that can help people manage their difficulties by changing the way they think and behave. It is most commonly used to treat anxiety and depression.
CCO	CARE COORDINATOR	A care coordinator acts as a contact for service users and helps to develop a care plan with them. They work in the community with other services to address the person's needs, whether regarding social care, housing, physical or mental health, even substance use, and provide any other support they may require.

CMHT	COMMUNITY MENTAL HEALTH TEAM	This team provides mental health support for individuals and their families within the community. In Essex, our community mental health teams are split into: First Response: Basildon, Rochford Recovery and Wellbeing: Basildon, Brentwood, Canvey Island, Rayleigh, Southend-On-Sea, Grays Access and Assessment: Chelmsford, Harlow, Colchester
CPN	COMMUNITY PSYCHIATRIC NURSE	A specialist nurse who works within a local community to assess needs as well as plan and evaluate programmes of care.
CPA	CARE PROGRAMME APPROACH	This is used in specialist mental health services to assess service users' needs and then plan, implement, and evaluate the care they receive.
CSW	COMMUNITY SUPPORT WORKER	A community support worker (CSW) is responsible for assisting qualified staff in the provision of physical and psychological care to patients.
N/A	DEPOT INJECTION	This refers to an injection of slow-release medication a person is given monthly – instead of taking a daily dose – usually as a response to a diagnosis of psychosis.
DBT	DIALECTICAL BEHAVIOUR THERAPY	A type of talking therapy, specially adapted for people who feel emotions very intensely.
N/A	DUAL DIAGNOSIS	Dual diagnosis is a term used to describe co-existing mental health and alcohol/drug use difficulties.
FRT	FIRST RESPONSE TEAM	Provides assessment and short-term treatment.
GP	GENERAL PRACTITIONER	General practitioners treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment.
IAPT	IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES	A service which provides evidence-based psychological therapies to people with anxiety disorders and depression.
ICD-11	THE INTERNATIONAL CLASSIFICATION OF DISEASE - 11TH REVISION	The ICD-11 is the latest web-based version of the global standard for diagnostic health information.
MDT	MULTIDISCIPLINARY TEAMS	A group of professionals from more than one clinical discipline who work together to make decisions regarding the recommended treatment of individuals.
MCA	MENTAL CAPACITY ACT	The MCA's primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves.
MHA	MENTAL HEALTH ACT	The main piece of legislation covering the assessment, treatment, and rights of people with a mental health disorder.

ND	NEURODIVERGENT	While everyone's brain develops similarly, no two brains function just alike. Being neurodivergent means having a brain that works differently from the average or "neurotypical" person. This may be differences in social preferences, ways of learning, ways of communicating and/or ways of perceiving the environment.
NHS	NATIONAL HEALTH SERVICE	The National Health Service (NHS) is the name for the publicly funded healthcare systems of the United Kingdom.
OP	OUTPATIENTS	An outpatient department/clinic is part of a hospital designed for providing diagnosis or treatment to people with health problems but who, at this time, do not require a bed or to be admitted for overnight care.
OT	OCCUPATIONAL THERAPIST	Health care professionals who utilise evidence-based practice, research, scientific evidence, and a holistic perspective to promote independence, meaningful occupation, and patients' functional ability to fulfil their daily routines and roles.
PALS	PATIENT ADVICE AND LIAISON SERVICE	Offers confidential advice, support, and information on health-related matters.
PX	PRESCRIPTION	A prescription is an instruction written by a medical practitioner that authorizes a patient to be issued with a medicine or treatment.
PRN	PRO RE NATA	PRN medication is usually prescribed to treat short-term or intermittent medical conditions, rather than being something required by a person on a regular basis.
PCN	PRIMARY CARE NETWORK	PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated, and more integrated health and social care for people close to home.
PD & CN Team	PERSONALITY DISORDER AND COMPLEX NEEDS TEAM	The Personality Disorder and Complex Needs team works with clients who meet diagnostic criteria for a Personality Disorder and who may have additional needs, such as involvement from social care.
RWB	RECOVERY AND WELLBEING TEAM	This team provides long-term support and care planning across health and social care. They will help you access resources that enable your recovery through community-based ongoing assessment and treatment.
PExT	PATIENT EXPERIENCE TEAM	This team is responsible for facilitating meetings that bring together patients, carers and stakeholders to ensure we're offering the very best experience we can.
PSW	PEER SUPPORT WORKER	These are people with lived experience of mental health challenges. They use their experiences, and empathy, to provide support to others accessing mental health services, and their families.

PT	PHYSIOTHERAPIST	Physiotherapists help people that are experiencing a range of problems affecting movement through exercise, massage, and other techniques.
SUN	SERVICE USER NETWORK	The SUN is a community-based, open-ended support service that sits within the Specialist Personality Disorder and Complex Needs Team within the Essex Partnership University NHS Trust.
STEPPS	SYSTEMS TRAINING FOR EMOTIONAL PREDICTABILITY AND PROBLEM SOLVING	This is a practical, evidence-based treatment for people who experience emotions with an intensity that affects their daily lives.

Thank you to everyone who has contributed to this information pack.

Information has been sourced from Experts by Experience, Mind, ImROC, the DBT Skills Training Manual, Very Well Health, the International Classification of Disease (ICD-11), and professionals within Essex Partnership University NHS Foundation Trust.



My Notes: