Elmore Community Services:

Holding the Hope Podcast

Podcast duration: 40 minutes

Host: Ben Anderson, Sound Rebel

In conversation with: Gill Attwood, Service lead for Complex Needs Service and training and vocational initiatives in PD at Oxford Health NHS Foundation Trust

Podcast Episode Transcript

Ben Anderson: Elmore Community Services are an Oxfordshire mental health, complex needs, domestic abuse, and homelessness charity. The people they support will often have multiple separate needs.

Elmore supports people in several ways, including through their mental health and complex needs floating support services which they provide through the award winning Oxfordshire Mental Health Partnership. A report has just been published by Elmore which shows the needs of Elmore's clients but also highlights that these two services have saved the public purse £1.9m over 5 years.

My name is Ben Anderson and I'm delighted to work with Elmore. Today I'm speaking to Gill Attwood, a firm friend of Elmore and the service lead for Complex Needs Service and training and vocational initiatives in PD at Oxford Health NHS Foundation Trust, a partner of Elmore.

Gill, first of all, thank you so much for your time today.

Gill Attwood: Thank you.

Ben Anderson: Gill, you... Obviously, we're talking today in the context of Elmore's complex needs evaluation. You work with Elmore as part of your role. Could you tell me a bit more about your role and also about how the Complex Needs Service and Elmore work together and in what kinds of ways you work with Elmore?

Gill Attwood: We work together in a variety of ways. Elmore will often come to us for some consultations around their particularly complex cases that they're working with. Elmore are really good at working with people who present in a very complex way, who may have a diagnosis of personality disorder.

The Complex Needs Service, it's a therapeutic treatment that is offered. We use a variety of psychotherapeutic interventions, however people who come into that service need to be in a place where they're able to fully engage and be fully motivated. Some of the work that Elmore do, which supports us, is in helping their clients to prepare to be able to undertake the therapy that we offer.

Ben Anderson: What kinds of preparations do the clients need to go through?

Gill Attwood: If they have clients who would meet criteria for personality disorder but they also have a drug and alcohol issue, for instance, or they have unstable housing or they may have

been participating in criminal activities, those types of things, then at that point it might be difficult for them to engage with the psychotherapeutic intervention.

Elmore will support them to address their drug or alcohol problems, they can support them in finding more stable accommodation. Also to think about, with us, whether, somebody who has been participating in criminal acts, that would exclude them from the Complex Needs Service and whether we need to direct them into a more forensic-based service.

Ben Anderson: Before we go too much further, I know that there're lots of different people listening to this podcast, lots of different stakeholders, people who've got different levels of knowledge. Can you just tell us more about personality disorder? It's a bit area and a big topic. What kinds of disorders are you dealing with and helping people with?

Gill Attwood: Okay. You're absolutely right, Ben, the term 'personality disorder' encompasses a wide range of people. If you think about it in terms of...

We all have a personality. For all of us, there will be parts of our personality that are unhelpful. The difference is, somebody who would meet the criteria for personality disorder, those difficult parts of their personality cause them difficulties across the whole of their life. They also tend to be persistent.

Somebody who would meet criteria, a particular trait is that they will struggle to be able to, maybe, recognise that trait is causing them difficulties. Even if they do recognise it, because

our personalities are kind of an internal part of ourselves, they may not have the ability, for various reasons, to be able to modify that particular personality trait that causes them difficulties.

There are 10 different personality disorders. The one that we hear about most - I think most people who are listening to this podcast will probably go, “Oh yes, I recognise that one.” – is one that has the label, either, ‘borderline personality disorder’ or ‘emotionally unstable personality disorder’.

The reason why that one is most commonly used or known about is because people who meet the diagnostic criteria often have a lot of difficulty within their relationships, their moods tend to be quite erratic so they’re called emotionally unstable. They’re often quite impulsive as well, so they may well participate in behaviours such as self-harming or they’ll have suicidal thoughts that they act on impulsively rather than in a planned way. Due to that, they are people who often come to the attention of lots of different services.

I think, some of the other personality disorders can also cause quite a lot of difficulty within other services but they tend to have less attention paid to them. For instance, people who have an avoidant personality disorder… You know, it’s what it says on the tin, they’re avoidant. What drives that avoidance is a sense that they’re not good enough, that they’re never going to live up to other people’s expectations or they’re not as accomplished or as good looking as everybody else. They will avoid a lot, if not all situations where they are required to be with other people. This causes them a huge amount of anxiety, though.

So they may well come to the attention of services but then they will… You know, they might not attend appointments

because their anxiety becomes too great. This is where, I think, Elmore have a real role around those people. Because they do more assertive engagement with people, they're more likely to be able to engage with them and work with some of those avoidant traits that they have.

Another one that can be very difficult, in terms of working with them, is people who have a dependent personality disorder. Somebody who is dependent is often not able to make even small decisions for themselves, what they'll wear that day. If they go out with friends for a meal they won't be able to make a decision, from the menu, of what they want to eat. They are constantly looking for reassurance. They'll also spend long periods of time worrying about being left on their own. Because of that, they can often end up in relationships that are really quite unhealthy and they can get stuck in those relationships.

Again, they do come to the attention of services, usually because they are seeking help. Once they start seeking help, it can be very difficult for them to disengage from that help. One of the big difficulties, I think, for professionals in working with people who have a dependent personality disorder, if it goes unrecognised, is that they start to... There's the risk that they start to just reinforce that dependency.

Ben Anderson: Gill, I'm sorry to jump in.

Gill Attwood: No, that's alright.

Ben Anderson: Can we go back slightly just because earlier you used the word ‘criteria’, people meet the criteria for different personality disorders.

Gill Attwood: Yes.

Ben Anderson: Just to talk about the avoidance personality disorder again, when does…? An insecurity can become an anxiety, when does anxiety become a personality disorder? The reason I ask is I was having a conversation about Instagram recently with my fiancé. My fiancé, Gemma, has got a daughter, she’s growing up faster than we both like to admit to.

Gill Attwood: Yes.

Ben Anderson: All of her friends at school are starting to get Instagram. We don’t want her to have Instagram because years ago someone said to me, and it completely changed my perspective on it, “Don’t judge your behind the scenes by everyone else’s highlight reel.” That’s what Instagram is, it’s the highlight reel.

I can totally see that we live in a world, now, where anxiety is high for all sorts of reasons, social media, Instagram, comparing yourself to other people. Then, of course, global pandemic, all shut inside. You look at the news and there’re parties and there’s whatever else going on, it all seems to be bad news. There’s no good news coming through at the moment.

Gill Attwood: Yes.

Ben Anderson: When does anxiety become a disorder? Surely it's not black and white?

Gill Attwood: No.

Ben Anderson: When you say meet the criteria, how do you do that?

Gill Attwood: To meet the criteria for personality disorder, you… Children, under 18s, cannot be diagnosed with a personality disorder. It can be suggested that there's an emerging personality disorder but they cannot be diagnosed with it.

99%, if not slightly more, of people who do have the diagnosis will have experienced childhood trauma in varying degrees. It then, also, depends on… If they've experienced a single traumatic event in childhood and they have had the right support and they have been able to process that then they're unlikely to have a personality disorder when they become an adult. However if they've had a series of traumas…

When I talk about traumas what I'm talking about is from neglect, physical abuse, sexual abuse, any kind of type of abuse, but also parents divorcing could also be considered a traumatic event. It's about how the people around that child manage that alongside them that would then, either, make them more susceptible to developing a personality disorder later on.

For instance, somebody who experiences... A child who experiences a divorce and one parent makes promises to come and visit them and then constantly lets them down, they may develop this sense that they're not good enough, that they're not loveable. That may become almost like a core message that they internalise.

Then, when they become older, as an adult they may carry that through with them into their adult life where they believe that they're not lovable, that people will constantly let them down. They will find a way of being able to manage that to keep themselves safe. What they might do in that situation is not allow themselves to get close to other people and find ways to keep people away, push people away. That's when it becomes a problem.

Ben Anderson: I'm just trying to think about the process. So Elmore come to you with somebody and they say, "Look, we need to work together with this client."

Gill Attwood: Yes.

Ben Anderson: So you're looking at external factors but what if somebody hasn't had any obvious trauma, can you still develop a personality disorder without something like that happening or are these triggered by events?

Gill Attwood: Some people do because we... You know, we will see a number of people who won't necessarily recognise that they've had a

trauma. It may be more just constant, low level, things that are going on at home. Bullying at school, if somebody is bullied at school then they're more at risk of developing a personality disorder.

I think it's important to say that not everybody who experiences these events during childhood will develop a personality disorder. Okay. I think that's really important.

Certainly, if somebody has experienced being bullied then that could trigger the development of personality disorder. They may not necessarily see that as being a trauma. Some adults might turn round and go, "Yes, but everybody is bullied so why am I different?" Of course the reality is we know that not every child is bullied. It's also...

It's not just about the environments we grow up in. There is evidence to suggest that people are more at risk of developing personality disorder if they have a parent who has mental health difficulties. There is some evidence, particularly with... There's been quite a lot of research done around antisocial personality disorder and the brainwaves and neurons and things like that which would suggest that there is some kind of physiological association, as well, as to why some people might be more susceptible to developing personality disorder.

Ben Anderson: So that's the key point really, you can be born susceptible to it but you can't be born with a disorder?

Gill Attwood: No.

Ben Anderson: But you can be born with susceptibility to a disorder?

Gill Attwood: Yes.

Ben Anderson: So a new client has come to you, because they've been referred by Elmore, what happens next?

Gill Attwood: Somebody might come to us via Elmore who may already have the diagnosis. They might have been seen by the community mental health team or they may have experienced an inpatient stay and already been given the diagnosis.

Somebody might come to us with a suspected personality disorder. So they don't have the diagnosis but what the Elmore worker has been observing, what they've seen, is that it appears that they may have. So somebody doesn't have to have the diagnosis to come into the Complex Needs Service.

They have an assessment with us and that includes previous mental health, what they see their current difficulties as being, we do an in-depth personal history assessment with them. Included within that, also, is their relationships, so their early relationships during childhood and their current relationships. We look to see if there're any drug and alcohol difficulties, we think about medication.

Once we've completed the assessment then they will either go into one of our... We run a group called mentalisation-based therapy which is 11 weeks, that's to help people to develop an emotional language to start to recognise their emotions and what their triggers are in terms of causing them either to

socially withdraw further or isolate themselves or become impulsive. We help them to start to develop that language because many of the people with a personality disorder have never had the opportunity to develop that emotional language.

From there, then they may go into one of our six-month groups which is… We have three different groups which are six months in length. One is something we call a skills for change group. That focuses on specific areas of people's lives. We use kind of… It's modules. So they look at relationships, communication, wellbeing, and moving on beyond therapy.

Cognitive analytic therapy group, which is for people who are particularly chaotic who we think won't be able to engage in more structured types of therapy. That looks at some of the patterns of living that they get into and the roles that they get into within their life and how some of those might… We call them reciprocal roles, so that's how… Somebody who sees themselves as a victim in life, that's the role that they get into, they may then… The reciprocal role to that is victimised. What they do is they, kind of, experience a role and then they do the opposite to others as well.

Ben Anderson: So the bullied becomes the bully?

Gill Attwood: Yes, absolutely. That's the sort of thing that would get looked at in there. They do a lot of mapping, so looking at those reciprocal roles and then how people can kind of exit off those.

Then we also have a transactional analysis group which is very much focused on relationships and the parts that the individual takes in their relationships. Those are the six-month groups.

Then the more intense therapy that we offer is using a therapeutic community model. We have two levels of intensity in that. We have therapeutic communities that are fourteen hours a week of therapy and we also have them that are five to six hours a week of therapy.

Within the therapeutic communities we use an integrative psychotherapeutic model so you will have small analytic groups using psychodynamic understanding. To be fair, the psychodynamic understanding underpins everything that we do. They will also have, in there, psychodrama psychotherapy which helps people to develop a better understanding of how their previous experiences impact on them in the here and now. That's using action to be able to look at that and to be able to facilitate changes in how people understand their experiences.

We use some of the TA psychotherapy, as well, within the TCs and some of the CAT as well, also some cognitive behavioural therapy. The way that we use it is around the needs of the group. It's all group work that we do.

Also, the other really important part about therapeutic communities is the social time and being together, working together. The idea is it helps people develop a better sense of self, it helps them to develop a sense of empowerment, it's democratic in the way that it's run.

It's only at that point, when they're in the therapeutic community, that we ask them to disengage from other

services. It may be that if somebody is in one of the six-month therapy groups Elmore may well still be involved with them, initially, to support them to actually get into the group and attend it.

Ben Anderson: It's fantastic that you offer all of these different levels and different services and everything else. Also, you're asking a lot of people when they come and see you.

Gill Attwood: Yes.

Ben Anderson: You're asking them to put a lot of themselves into this. Especially for people who've got a disorder that might make them internalise things more, you're asking them to bring up things and talk about things and reveal things, not just to one person but potentially a group of people, that could be difficult for them to talk about and dig up and go through.

Is that where Elmore helps, is that where the collaboration comes in? Obviously Elmore know these clients thoroughly, they've got to know them. That's one of the great things about Elmore, just how hands-on they are with every aspect of their clients' lives. Is that where the collaboration comes in, do you lean on Elmore there from that kind of encouragement point of view?

Gill Attwood: I think, certainly, in the early stages, absolutely, that's where Elmore have a role to play in helping people to get to that point where they're ready to do the work and ready to engage

in doing therapy. You're absolutely right, therapy is not easy, it will be probably one of the hardest things that these people will ever do in their life.

I think having a relationship with Elmore... Elmore, kind of, having a sense of what we do, how we work, trusting what we do as well, they're able to impart that to their clients and then support their clients to think about, "What might the barriers be to doing therapy?" Using the skills that the workers have in terms of helping the client to develop motivation to change, I think to be fair, that is probably one of the biggest tasks for a lot of these clients, actually helping them to develop the motivation to change.

Change is so frightening for them, they've lived their lives and used particular strategies to keep themselves safe and to survive. That is what it has been for them, it's been about survival. To give that up, and they have no idea what that will look like when they give it up, they are really having to put their faith into the process and that the process will work. I think Elmore, absolutely, have a role in supporting them to do that.

Ben Anderson: You've used phrases like 'you've got to do the work' and 'you've got to put your faith in the process'. If someone doesn't, if someone isn't willing to do that, can you still help them or has it got to come from the individual, has there got to be that drive and that motivation to change?

Gill Attwood: Yes, absolutely, there's got to be that drive and that motivation to change. That can fluctuate in an individual. They might come into the service appearing to be very motivated

and then they become really quite frightened by the whole process of change and they might withdraw again. It's about people finding the right time. It's not always the right time for people to do therapy. Again, I think Elmore play a really big part in supporting those people who are not in a place to be able to make those changes.

What's important, when working with people who either have a personality disorder or we suspect have a personality disorder, is being consistent with them. Boundaries are really important as well. Being consistent isn't about being their friend, always being there for them, but kind of you know… Very often, people who have personality disorder haven't experienced positive boundaries when they were younger. So Elmore just holding boundaries with people, that in itself, can actually motivate people to think, "Okay, so the strategies that I have been using have stopped working now. I need to do something different."

That kind of consistent working, as long as the person is showing some motivation towards change and is thinking about change then Elmore tend to continue working with them. Hopefully, through that process, their desire to make those changes will increase so that they can actually engage in the therapy.

Ben Anderson: Okay. If a disorder is developed, you're not born with a disorder, can a disorder be cured or is a disorder just treated?

Gill Attwood: It's a funny one because we work… We say that we work with a recovery model but what does recovery mean? Recovery is different for everybody. What we see, when people have

completed their therapy, is that they have often been able to make some very significant changes to the way that they react to different situations. They have often been able to reduce their impulsivity so that they're able to be more reflective. They have a much better sense of who they are, so a better sense of self. They have a lot more self-awareness. They tend to have a much better understanding of the impact of their early experiences on how they are now.

Many people who come through the Complex Needs Service, who complete therapy, go on to live the types of lives that they would like to live. They may well be more susceptible to events that might trigger them to find that their emotions are becoming out of control a little bit but those periods tend to not be nearly as severe as they were prior to treatment and tend to be much shorter in length.

One of the things that people who complete treatment with us can do is join something that we call Stars. Stars are ex-service users. They have a lived experience of personality disorder. They support us in all the training that we do. They also offer consultation work.

Again, Elmore can access this. If they have a client who they think really does need the Complex Needs Service and what they're saying is, "Well I don't do groups, I don't think it's going to work for me. I've had friends who've said it doesn't work." They can request for a Star to do a joint meeting with that client to talk about their own experiences in terms of what their life used to be like, what it was like doing therapy, and how they are now. They do a lot of really good work.

The reason that they choose to become a Star, very often, is they will say to us, "It's because I want to give something back and it's because I want professionals' attitudes to change

around personality disorder." They'll say, "People just didn't understand what was really going on for me, they'd just give me medication. I couldn't access certain services." I think one of the really positive things about Elmore is that just about anybody can access Elmore. They don't discriminate in the way that some of the more statutory services might discriminate.

Ben Anderson: Well actually that was going to be my... It leads nicely to my next question because you work with Elmore, you don't work for Elmore, so you can be quite objective on Elmore as an organisation. What impact does Elmore have on the individual, from your viewpoint? What would life be like if Elmore wasn't there for some of these clients?

Gill Attwood: I think life would be a nightmare, a nightmare for professionals but also a nightmare for the clients that they do work with. Statutory services have quite a lot of constraints put on them just by the very nature of it being statutory. There's a lot of pressure on... I mean there's a lot of pressure on all services, whether voluntary, third-sector, a statutory service, in terms of what you can and can't offer.

I think, particularly for people with personality disorder... Although personality disorder is seen as being a mental illness, up until 20 years ago or thereabouts it was considered untreatable. There's still a bit of that legacy around in that, you know, it can't be treated in the conventional way for mental illnesses. You can't give somebody a tablet and it'll make them better or it will improve them in some way.

Very often, the statutory mental health services feel that they don't have a role to play other than in times of crisis. I'd agree with that in most cases because, actually, what the individual needs is therapy. If they're not willing to engage with the therapy, what is a community mental health team going to be able to offer them within their limited resources and remit around treatment?

Elmore, because they have a different remit and different resources, they are able to offer something. They're able to offer that ongoing support and that space to allow the individual to start to make some decisions for themselves and to develop some of that insight that they need to be able to think about being able to make changes. I think, you know...

Elmore don't just support the Complex Needs Service, they really do support all of the mental health services in the trust, in Oxford Health, and the resources that they have... If I can say this, it's probably not nearly enough. They could certainly do with more resources, I think we all could.

Just being able to support people to live their lives in a different way, whether that's supporting them to get their physical health checks done... People with personality disorder are far more likely to experience physical health difficulties so having somebody who is able to support them to actually make those appointments and get to those appointments... You know, potentially saving lives. People with personality disorder are more likely to die younger than the rest of the population so these things are really vital.

Ben Anderson: I think, from my work with Elmore, one of the themes that keeps coming through is that there's no one size fits all solution.

Gill Attwood: No.

Ben Anderson: They understand and they recognise that everybody is a unique individual with a unique set of circumstances and what might really help this person could do nothing for another person. Actually sometimes it's, like you said earlier, the persistence that they have to keep going to unlock, "What is it that's going to truly help this person?" I think that's what's fantastic about Elmore.

Gill, it's been great to speak to you. I feel like I've learned so much today. Is there anything that we haven't covered that you'd love to talk about?

Gill Attwood: I think the other thing that's probably important to say is that when you have a loved one who has a personality disorder it can really have an impact on the people around them whether that's family members or friends, whatever. I think there's something also, with Elmore, about being able to support others around them as well while maintaining confidentiality which is always very important. I think it often goes...

It's not quite, so much, recognised, the impact that somebody with a personality disorder can have when you have a family member who is, maybe, self-harming or who is very dependent on you to the point where that loved one feels that they can't have any space for themselves. So there is

something about being able to support that process, as well, and that kind of... It sounds a bit awful but almost, kind of, family members being able to take a step back, which is so important, but in a way that then doesn't leave the client feeling rejected.

Ben Anderson: It really is... The list goes on with Elmore, doesn't it?

Gill Attwood: Yes.

Ben Anderson: In terms of where they step in and what they do, it's quite unbelievable.

Gill Attwood: Yes, yes.

Ben Anderson: It sounds like you've got a great relationship with Elmore. It feels like very solid foundations and that this is only going to develop from here.

Gill Attwood: Oh absolutely, absolutely, I'm sure that's true, I hope it's true.

Ben Anderson: Gill Attwood, thank you ever so much for your time.

Gill Attwood: Thank you.