Priory Hospital
Cheadle Royal Fern Unit
Specialist personality disorder service for females
The Fern Unit at Priory Hospital Cheadle Royal is a 10-bedded specialist service dedicated to supporting females with personality disorder to acquire the skills to effectively manage their own emotions, be interpersonally effective and tolerate distress. Our aim is to help patients to live a happier, more independent life. Set within more than 30 acres of landscaped grounds, patients will enjoy a calm and spacious environment.

The service

This specialist service is specifically designed to address the complex needs of females with personality disorders. The service offers an inclusive, recovery-focused programme using a non-restrictive and positive approach. The treatment model is centred on patient involvement, and combines traditional psychiatry and dialectical behaviour therapy (DBT). After the main treatment programme, we aim to progress all females to community-based settings.

Patient profile

Fern Unit provides specialist care for:

+ Females aged 18 years and over
+ Both informal and formal patients who are detained under the Mental Health Act
+ Presenting with emotionally unstable personality disorder (EUPD)
+ Patients may also present with the following co-morbidities: trauma, psychosis, Asperger’s syndrome and eating disorders

The service isn’t suitable for people with:

+ Antisocial personality
+ Psychopathy
+ Instrumentally violent behaviour
+ A history of severely undermining therapeutic milieus, security or assaults
+ Those with a moderate to severe impairment from ASD/LD diagnosis
+ History of arson
Referral process

Referrals are accepted from across the UK:

+ On receipt of the referral, a senior clinician from Fern Unit will review the information provided and if the patient is deemed appropriate for our service, a face-to-face assessment meeting will take place at a location of their convenience

+ A report of the face-to-face assessment will be provided to the referrer, confirming the decision about the placement and outlining how Fern Unit will support the patient in their recovery

+ Where appropriate, the patient may be invited to Fern Unit for a day visit - either in advance of the placement decision or subsequently (once the placement has been confirmed) to assist the team and the patient in planning for their admission, to brief them in more detail about the treatment model, expectations of commitment, and importantly what they can expect from us in return

Discharge pathway

The step-down care pathway is usually to a community placement, whether this is supported housing, independent living or back to family or carers. We maintain close links with care co-ordinators and commissioners – keeping them engaged throughout, both informally and more formally, via the CPA process and reporting structures. We believe that this is vital to ensure timely, effective, safe and sustainable recovery beyond a patient’s stay at on Fern Unit.

Patient involvement

Involving patients in their treatment is an essential part of our model. Patients are involved throughout their entire journey on Fern Unit, starting at their pre-admission assessment.

Patients are able to collaborate with their team on their treatment plans, behavioural support pathways, goal setting, as well as risk assessment and management plans.

They also play a key role in recruiting new staff and are able to take part in the interview and appointment process.

Our team welcomes new and creative initiatives that enable patients to participate in various aspects of the service.

Carer involvement

Carers are also encouraged to get involved in the service where possible. They are encouraged to attend quarterly Care Programme Approach (CPA) meetings and are able to attend ward rounds on an ad hoc basis. We also engage our patients’ loved ones through a bi-annual survey and family days.

Each patient attends a graduation celebration when they are due to leave the service, which families and carers may also attend.
Treatment models

The treatment model on Fern Unit combines traditional psychiatry with DBT. This effective and holistic approach combines the best of evidence-based therapies in order to promote recovery. The National Institute for Health and Care Excellence (NICE) guidelines, as well as wider literature and research, support the use of DBT and other interventions in personality disorder.

Dialectical behaviour therapy (DBT)

DBT combines cognitive behavioural therapy (CBT) techniques with mindfulness. At its core, DBT allows the patient to find a balance between the opposite concepts of acceptance and change. In finding this balance, a person can experience validation of their behaviours and emotions, whilst at the same time, understanding that in order to see change in their behaviours and emotions and to be more effective in coping, they need to make skilled and deliberate changes.

Our DBT therapy targets specific areas that people with personality disorders experience difficulties with, which include:

- The ability to correctly identify, label and regulate their current emotion
- Tolerating distress
- Managing crisis events
- Being more effective in interpersonal relationships

We also provide:

- Eye movement desensitisation reprocessing (EMDR)
- Cognitive behavioural therapy (CBT)
- Trauma focused work
- Imagery re-scripting

Core practices

Throughout the DBT journey, treatment will continuously focus on the core practices of DBT: mindfulness, interpersonal effectiveness, emotion regulation and distress tolerance.

Fern Unit DBT Pathway

Pre-treatment, orientation to the programme, goal setting, target hierarchy (8 weeks)

From admission to the first 2 months of a patient’s stay, their focus is on engaging in the pre-treatment process. This includes orientation to the programme, the bio-social model, setting behaviourally specific goals and creating their hierarchy of behaviours to reduce/end.

Stage 1 (DBT cycle 1 - 24 weeks)

The next stage of DBT is centred around reducing behaviours such as self-harm, suicidality, recklessness and impulsiveness. At this stage they will begin to experience, tolerate and regulate emotions, rather than being controlled by them. They will engage in 1:1 work alongside group work to replace unhelpful behaviours with skilful behaviours to work towards a life worth living.

Stage 2 (second cycle of DBT - 24 weeks)

When entering the second cycle of DBT, therapy will focus on experiencing the normal ordinary happiness and unhappiness of everyday life rather than just the extreme emotions that our patients have become accustomed to. Patients increasingly visit the local community during this period to help them to apply their skills within a community setting. Trauma therapy (CBT, EMDR, imagery re-scripting) will also be offered at this stage if applicable.

Stage 4 (if required)

Before discharge some patients may require extra support/other modalities to support in any residual symptoms that may be impacting them being discharged into the community.
Structure and therapies

Our DBT programme is delivered via the following structures and therapy types:

+ Behavioural support pathway
+ Skills groups
+ Individual therapy
+ Team consultations
+ 1:1 coaching

The graphic below outlines the journey that we aim to guide our patients through, as they progress through their DBT treatment.

Fern Unit DBT Pathway

ADMISSION

Reducing/ending problem behaviours → Increasing skills mastery → Generalisation to the community

The pre-treatment work and hierarchy focus

2 cycles of DBT includes behavioural/emotional control support

Remaining work needed for discharge which can include working towards or experiencing emotions of ordinary happiness or unhappiness
Programme length

We run a one-year treatment programme, with the aim that upon conclusion, patients move on to a community-based setting with appropriate support in place. One year is a clear goal for both patients and staff to aim for; long enough to enable real change to occur, whilst being a contained timeframe that helps all stakeholders to avoid complacency. In exceptional circumstances, we can be flexible about the length of treatment.

Our team

Our multidisciplinary team (MDT) includes:
+ Consultant psychiatrist
+ Unit manager
+ Clinical psychologist
+ Ward doctor
+ Occupational therapist
+ Social worker
+ Registered mental health nurses (RMN)
+ Registered general nurses (RGN)
+ Therapy and care assistants
+ Healthcare assistants

All staff are clinically supervised. Intra-team communication is integral to cohesive, seamless care and treatment for our patients. We practice continuous informal dialogue in addition to the following formal meetings:
+ Monthly reflective practice meetings
+ Weekly ward rounds
+ DBT consultation
+ Monthly ward clinical governance meetings
+ Risk meetings
+ CPA
Measuring outcomes

We deploy a battery of outcome measures including:

+ Health of the nation outcome score (HoNOS)
+ The Warwick-Edinburgh mental wellbeing score (WEMWBS)
+ Work and social adjustment scale (WSAS)
+ Beck depression inventory (BDI)
+ Borderline evaluation of severity over time (BEST)
+ Incident rates – collective and individual
+ Length of stay
+ Group feedback
+ Patient and carer satisfaction surveys
Our location

Priory Hospital Cheadle Royal, 100 Wilmslow Road, Cheadle, Cheshire, SK8 3DG

Find out more

For more information or to discuss how we can help, please contact our admissions department by:

Telephone: 0808 291 2162
Email: PrioryEnquiries@nhs.net
Web: www.priorygroup.com/priory-hospital-cheadle-royal

An environment supporting recovery

Set within tranquil and attractive landscaped gardens and part of Priory Hospital Cheadle Royal, the safe and supportive environment of Fern Unit has been purpose-built to meet the needs of our patients. The site offers an ideal location for patients to manage their personality disorder.

With good links to the local area of Cheadle and the wider Manchester area, patients may have access to the local amenities including shops and other community services. It is well served by local transport networks, with easy access to rail, bus and road connections.