

Priory Lichfield Road

Patient story

Katy* was admitted to Priory Lichfield Road in January 2016, with a long history of admissions with various Mental Health Services.



Katy presented with a diagnosis of emotionally unstable personality disorder with historical trauma, neglect, self-harm and relationship problems. Katy has two daughters who were taken into long-term care as she was unable to care for them or herself.

On assessment at other hospitals, Katy was tying ligatures up to 12 times a day, was dependent on staff for assistance with all aspects of daily living, and had no unescorted leave. Katy felt stuck as she was unable to cease self-harming and could not see a future for herself.

At Priory Lichfield Road, Katy was admitted into the intensive care flats where she had her own bedroom and ensuite bathroom, with shared lounge and kitchen areas.

Occupational therapy and psychology assessments were undertaken with Katy in order to address her care needs, choices and future goals. A tailored care plan was formulated and Katy began to engage in group and individual work, focussing on:

- **Self-esteem**
- **Confidence building**
- **Assertiveness**
- **Budgeting**
- **Shopping**
- **Cooking**
- **Physical and emotional wellbeing**

During her time in the intensive care flats, Katy tied a ligature only three times in total – when asked what the difference was compared to other placements, Katy told staff it was because she felt they had time for her and listened.

As her confidence grew Katy was granted unescorted leave. Through shared risk management, Katy was able to utilise leave without incident. Given her progress, the team were also able to support Katy with face-to-face contact with her children – something which increased her esteem and self-worth enormously.

Within six months Katy was able to move to a bungalow – a step-down to prepare for a return to the community. She continued to make steady progress, was able to tolerate a reduction in her medication and didn't return to ligating as a coping mechanism. Engagement in individual WRAP (Wellness Recovery Action Plan) work has meant that Katy has developed an excellent awareness of her triggers and relapse signs.

Katy finished her psychology work and was made informal in May 2017. She was very proud of this and has remained informal since, taking on paid work in the local community, gaining a new flat, and seeing her children more.

*Name changed to protect identity