

SPDN CONFERENCE TIMETABLE 2021

9.30am	Welcome and “Housekeeping”	
9.35am Chair: Tim Agnew Mod: Peter Todd	<p style="text-align: center;">Update on the SPDN</p> <p style="text-align: center;"><i>Tim Agnew</i></p> <p>A short summary of the Scottish Personality Disorder Network, its history, recent work, current situation and potential future developments.</p>	
9.55am	Breakout Discussion: Future of the SPDN	
10.10	<p>Mentimeter Discussion:</p> <ul style="list-style-type: none"> • What would you like the future direction of the SPDN to be? • What are the best ways of the SPDN communicating with you? • Questions for the minister 	
Parallel Sessions 1 - 10.15 – 10.45		
Room 1 Chair: Dan Warrender Mod: Tim Agnew	<p style="text-align: center;">10.15am – 10.45am</p> <p style="text-align: center;">Trauma Informed Yoga (30mins)</p> <p style="text-align: center;"><i>Merrick Pope and Lorraine Close</i></p> <p>Lorraine will discuss the principles, theory and neuroscience of the stress response and the effect of yoga on the brain. Merrick will then describe establishing a group within a mental health establishment, and reflections from participants. Attendees will then be invited to try out a short yoga session -no specialist clothing or equipment is required, and you are welcome to use a chair, mat or stand. As Lorraine cannot monitor attendees postures please only move in ways which do not create discomfort. Cameras can be on or off-we would ask that you keep microphones muted.</p>	
Room 2 Chair: Dave Morris Mod: Martha Morgan	<p style="text-align: center;">10.15am – 10.45am</p> <p style="text-align: center;">An Evaluation of a Post Diagnosis Psycho-education group for people with a diagnosis of Personality Disorder (30mins)</p> <p style="text-align: center;"><i>Denise Keanie and Sarah Roy</i></p> <p>This presentation aims to provide a summary of our Post Diagnosis Psycho Education Group. The presentation will explain the reasoning behind the development of the group, content covered in the group and a summary of our initial findings from the first 10 groups. The presentation will be facilitated by practitioners in the service and an individual with lived experience.</p>	
10.45	15min Comfort Break	
Parallel Session 2 – 11.00 – 12		
Room 1 Chair: Dave Morris	<p style="text-align: center;">11.00-11.30am</p> <p style="text-align: center;">A phenomenological exploration of patients’ and student mental health nurses’ lived experiences of the time they share together on secure personality disorder units for men (30mins)</p>	<p style="text-align: center;">11.35-11.55am</p> <p style="text-align: center;">Co-ordinated Clinical Care; Delivering core training in BPD to staff in Adult Mental Health (20mins)</p> <p style="text-align: center;"><i>Susan Lyon & Louise McGee</i></p> <p>This presentation will describe a training</p>

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<p>Mod: Denise Kearnie</p>	<p style="text-align: center;"><i>Emma Jones</i></p> <p>Unlike more general consideration of caring relationships, the important experience of the time patients and students share together in secure personality disorder units for men has not been specifically explored before. Seven patients and five student mental health nurses participated in unstructured hermeneutic interviews. When students and patients shared time together they were being-with in their own time and space, where they shared an experience of togetherness, enabling them to feel that they were ‘just people’ and valued. Interpersonal connections created a bubble, despite experiences of thrownness into the world and landscape, or the bearing of diagnostic labels.</p> <p>Together, the participants engaged in the mundane everyday, sharing activities, connecting over common interests and having a laugh. Reciprocal identities of teacher and learner obtained within shared experiences of being assessed. The time students and patients shared together was a gift, powerfully impacting on their sense of humanness, value and worth.</p>	<p>programme for all adult mental health staff in NHS Greater Glasgow and Clyde. The training was developed with lived experience input, with the aim of improving the knowledge and skills of staff, challenging stigma and promoting an empathic attitude in staff. We will describe the content of the training and how we adapted this for online delivery due to COVID restrictions. We will also report on feedback from the training, and plans for the next stage of delivering training.</p>
<p>Room 2</p> <p>Chair: Merrick Pope</p> <p>Mod: Tim Agnew</p>	<p style="text-align: center;">11.00am-11.30am Stop the Implementation of ICD11 (30mins)</p> <p style="text-align: center;"><i>Chris Young</i></p> <p>I’m a man carrying the label of Borderline Personality Disorder, and this is why I believe the upcoming implementation of the ICD 11 – the international classification of diseases – for people described as having a personality disorder will mean many people will have less access to services and that they will experience more</p>	<p style="text-align: center;">11.30-11.50am From Pilot Programme to permanent Service; setting up an DBT in Glasgow (20mins)</p> <p style="text-align: center;"><i>Paul Haughey</i></p> <p>The presentation will outline the journey undertaken by the Glasgow DBT service from its origins as a one year pilot programme offering DBT to patients in South Glasgow with severe BPD in 2015 to its current status as a permanent service which delivers DBT to patients with severe</p>

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	<p>unchallenged prejudice and stigma from many of the people charged with caring for them. In my opinion, the new system will increase self-harming behaviour, including suicide and suicidal ideation – and its implementation in January next year, will cost the lives of many people just like me.</p>	<p>BPD in the South and North East sectors of Glasgow. It will touch upon the drivers for the development of such a service, the challenges faced by the clinicians in setting up a service from scratch and the delivery the therapy. I will outline the outcome measures used to evaluate the effectiveness, or otherwise of the service. I shall show where the service currently sits within the treatment options which are available to patients with BPD within NHS GG&C and talk about the likely direction of travel for the service in the future.</p>
12.00	<p>Mentimeter discussion:</p> <ul style="list-style-type: none"> What would you want from the SPDN website? 	
12.15	<p>Lunch break</p>	
1pm	<p>1pm-1.10pm “Reality” Poem (10mins) <i>Niamh Coghlan</i></p>	
<p>Chair: Merrick Pope</p> <p>Mod: Denise Kearnie</p>	<p>Confusion and uncertainty. You try to keep up appearances, even though there's a constant argument in your head. Trying to maintain the outer image as the inner one implodes. Trying to keep everyone but me safe! These are some of the arguments I experience.</p>	
	<p>Parallel Sessions 1.10pm – 1.40pm</p>	
Room 1	<p>1.10pm-1.40pm BPD Dialogues (30 mins) <i>Louise Creber</i></p>	
<p>Chair: Denise Kearnie</p> <p>Mod: Martha Morgan</p>	<p>BPD Dialogues was formed in February 2020. We are a group of people who have a diagnosis of Borderline Personality Disorder and lived experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). The group’s purpose is to contribute to planning better services for people with a BPD diagnosis across Greater Glasgow and Clyde. We want to share our achievements and showcase our activity for BPD awareness month this year.</p>	
Room 2	<p>1.10pm-1.40pm The action/consequences model: guiding discussion on risk management for people diagnosed with ‘borderline personality disorder’ (30 mins) <i>Dan Warrender</i></p>	
<p>Chair: Sarah Roy</p>		

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<p>Mod: Tim Agnew</p>	<p>People diagnosed with ‘BPD’ may experience recurrent suicidal thinking, and good care requires excellent communication and complex decision making around risk to avoid iatrogenic harm. Unhelpful extremes may be professional approaches which either exclude people from services, or those which become so risk averse that people spend lengthy spells in hospital. This model is not ‘how to’, but rather ‘important things to think about’, aiming for the goldilocks ‘just right’ intervention. This presentation introduces the model, and updates it based on new research and thinking. The original paper can be requested from this link.</p>
<p>Room 3 Chair: Merrick Pope Mod: Hannah Moore</p>	<p style="text-align: center;">1.10-1.40pm Being Mental gives you diabetes (30mins) Chris Young</p> <p>In the current climate, where people with long term mental health issues/ maladies/ illnesses are likely to die between 10 and 20 years earlier than the rest of the population, often due to physical ailments, what responsibility should a clinician take to inform their patients of the harmful, often life-threatening side effects, when prescribing psychiatric medications in the long-term? If the cost of treatments for conditions caused by these medications, such as type 2 diabetes, came out of their budgets, would they be so keen to prescribe them?</p>
5 min comfort break	
1.45pm	Parallel Sessions 1.45pm – 2.05pm
<p>Room 1 Chair: Dan Warrender Mod: Merrick Pope</p>	<p style="text-align: center;">1.45pm – 2.05pm A Qualitative Study of Crisis Resolution Home Treatment Team Clinicians’ Understanding and Application of a Recovery Approach, when Supporting People with “Borderline Personality Disorder” During a Period of Crisis (20 mins) Dr Matt Bowen, Tracy Taylor, Stephanie Stockton</p> <p>Crisis Resolution Home Treatment services support people in their own homes, at a point of crisis. Their work is underpinned by a commitment to recovery approaches, however, there is little evidence about how recovery informs their work with people with a diagnosis of personality disorder. This paper is based on interviews with 7 mental health nurses, which identified five themes: the timing is wrong; the risk is too great; inconsistent staffing; person-centred care; borderline personality disorder as a label. The paper considers the implications for the findings for this area of work.</p>
<p>Room 2 Chair: Denise Kearnie Mod: Martha Morgan</p>	<p style="text-align: center;">1.45pm – 2.05pm False Diagnosis (20 mins) Andrew Muir</p> <p>In 2006 my wife told a professional that our daughter was being ignored at nursery and that she was better off dead. This was a figure of speech. The nursery was consulted and stated that everything was fine. She was therefore diagnosed as having a personality disorder of paranoid psychosis, having no insight, a risk to our child and treated for 51 days in a locked ward of a mental health hospital and for a</p>

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	<p>further period of 13 months in the community.</p> <p>This diagnosis has lasted to the current day and she wants to clear her name.</p>
<p>Room 3 Chair: Tim Agnew Mod: Peter Todd</p>	<p style="text-align: center;">1.45pm – 2.05pm BPD in Adolescence (20 mins)</p> <p style="text-align: center;"><i>Dr Laxmi Kathuria, Dr Helen Smith, Mhairi Fraser</i></p> <p>This session reflects on the experience of a diagnosis of BPD in adolescence.</p>
<p>Room 4 Chair: Sarah Roy Mod: Dave Morris</p>	<p style="text-align: center;">1.45pm – 2.05pm</p> <p style="text-align: center;">Creative Hearts & Minds (20 mins)</p> <p style="text-align: center;"><i>Caroline Burnley & Dr Anna Thompson</i></p> <p>‘Creative Hearts & Minds’ is a collaboration between the University of Bradford & the Rivendell Personality Disorder Offender Pathway service. The creative writing initiative has been developed to engage the women within this service to develop their self-expression, confidence & sense of identity as a student of this programme, which has been delivered via blended learning offer in Covid times in 2021, in collaboration with prison, psychology & the wider support of the operational team within this enabling environment. Nationally recognised poet & author Joolz Denby & script writer, author & poet Adam Lowe have also engaged within the programme.</p>
<p>2.05pm Chair: Dan Warrender Mod: Denise Keanie</p>	<p style="text-align: center;">2.05pm Art Psychotherapy on the menu for Eating Disorder Patients with a diagnosis of personality disorder (10mins)</p> <p style="text-align: center;"><i>Shirelle Young</i></p> <p>I am an Art Psychotherapist working in the NHS on an inpatient ward specialising in the treatment of people living with an eating disorder. Eating disorders have extensive comorbidity, one of these commonly being a personality disorder. Living with both disorders can be painful, confusing, distressing and life threatening. Talking therapies are useful, however, sometimes expressing feelings and thoughts verbally can be hard. My presentation will explore how Art therapy bridges a communication gap. I will explain the art therapy process and discuss how reflection of the art created using metaphor and symbolism can lead to a better understanding of ‘self’.</p>
	<p style="text-align: center;">2.15 pm A Ten Minute Guide - Working With People Who Have Received A Diagnosis Of Borderline Personality Disorder (from a personal perspective) (10mins)</p> <p style="text-align: center;"><i>Hannah Moore</i></p>

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	<p>I have taken part in several storytelling events as a volunteer with CAPS (Collective Advocacy) and wanted to write a piece for this conference to highlight the stigma of receiving and living with a BPD diagnosis.</p> <p>We cannot change the past, but we can make a difference to the future including peoples perceptions of Borderline Personality Disorder and the how we are 'treated'.</p> <p>I will tell small parts of my own story and let participants know the kind of responses and support that I (and others who I have spoken with) find hel</p>
2.25pm	5min Comfort Break
2.30pm	Minister's Address and Q&A
<p>Chair: Tim Agnew</p> <p>Mod: Rebecca Dey</p>	<p>The Minister for Mental Wellbeing and Social Care, Kevin Stewart MSP, will address conference and take part in a Q&A session with attendees.</p>
<p>3pm</p> <p>Chair: Stephanie Cymber</p> <p>Mod: Tim Agnew</p>	<p>Personality Disorder National Improvement Network (30 mins)</p> <p><i>Andy Williams, Michelle Miller, April Masson, Gordon Hay</i></p> <p>Mental health is an ongoing public health priority and a report from the Royal College of Psychiatrists in Scotland in 2018 highlighted personality disorder as a specific priority. The Scottish Government Programme for Government published in September 2020 therefore committed to <i>"improve the service response for people with personality disorders"</i>.</p> <p>The Scottish Government has commissioned Healthcare Improvement Scotland to establishment a Personality Disorder National Improvement Network to meet this commitment. However, the project involves a tripartite partnership arrangement with HIS, SG and the RCPsychIS. The improvement network will also work closely with the SPDN.</p> <p>The overall aim of the Personality Disorder National Improvement Network is to understand the current state of service provision for people with a personality disorder in order to identify the key opportunities for improvement and to then develop proposals to deliver those improvements.</p>
3.30pm	Conclusions & Discussion
4pm	Close