

Personality Disorder Improvement Programme

Tuesday 31 May
11:00am – 12:00pm

Improvement Hub
Enabling health and
social care improvement

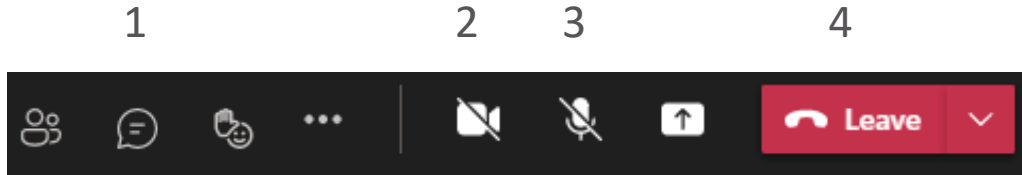
Welcome and introductions

Gordon Hay

Senior Improvement Advisor
Healthcare Improvement Scotland



Housekeeping



1. **Open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Turn your camera off and on** – please ensure your camera is turned **off** to minimise bandwidth issues.
3. **Mute and unmute yourself** – please mute yourself to avoid any background noise.
4. **Leave the meeting**

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.

Please do not record the session.



Agenda for today

Item No.	Title	Lead	Duration
1.	Welcome and introduction	Gordon Hay	5 minutes
2.	Scottish Government commission and setting the scene	Dr Andrea Williams	10 minutes
3.	Overview of the programme	Gordon Hay	15 minutes
4.	Scottish Recovery Network	Louise Christie	10 minutes
5.	Psychological Treatments for borderline personality disorder	Dr Michele Veldman	8 minutes
6.	Question and answer session	Gordon Hay	10 minutes
7.	Close	Gordon Hay	2 minutes

Scottish Government commission and setting the scene

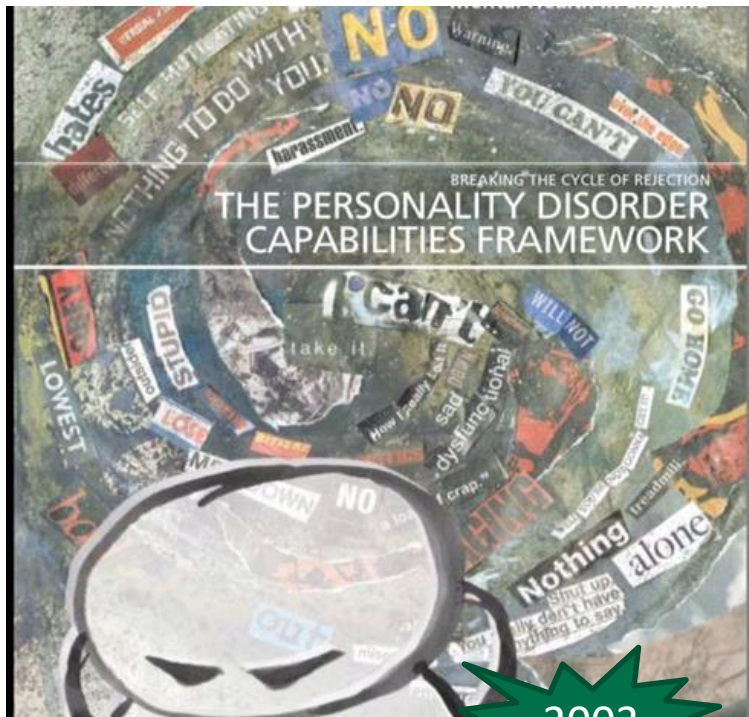


Dr Andrea Williams

National Clinical Lead, Healthcare Improvement Scotland
Consultant Medical Psychotherapist
NHS GGC Clinical Lead for Personality Disorder



- Highlight the gaps and challenges
- Summarise the evidence
- Gather views
 - Lived experience, MH staff, GPs
- Make recommendations
 - What are the key principles for good care
 - What should services look like?
 - How to tackle inequalities and stigma
 - How to train and equip staff better

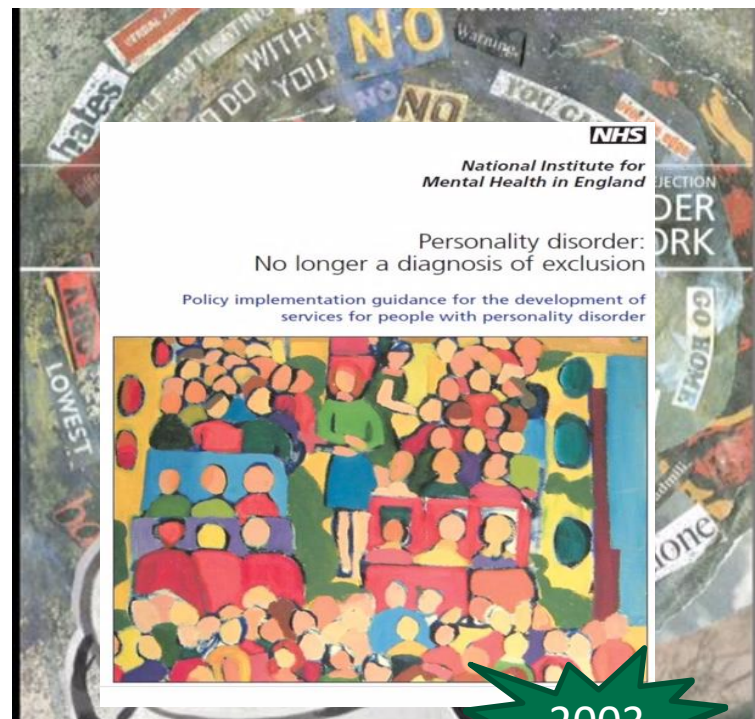


2003

Background to PDIP: how did we get here?

There have been many reports over many years

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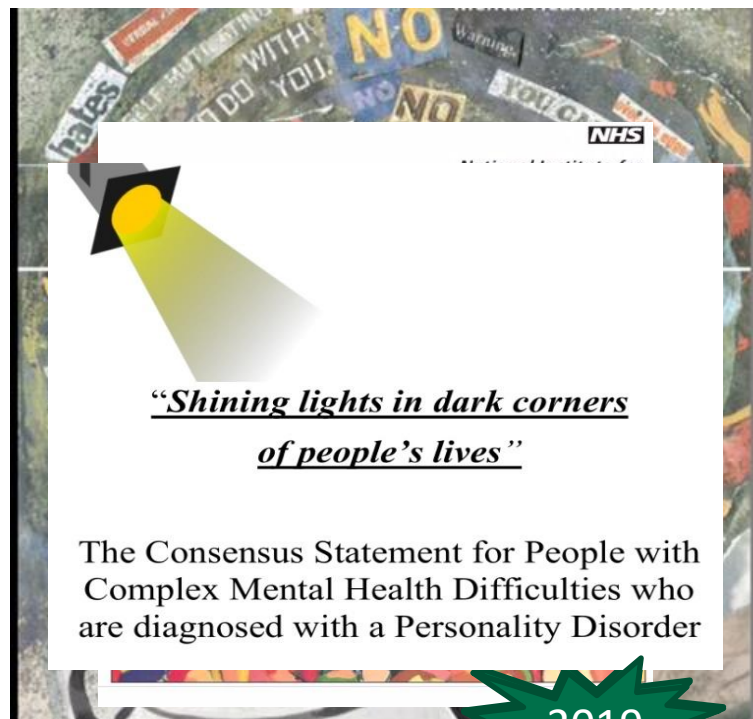


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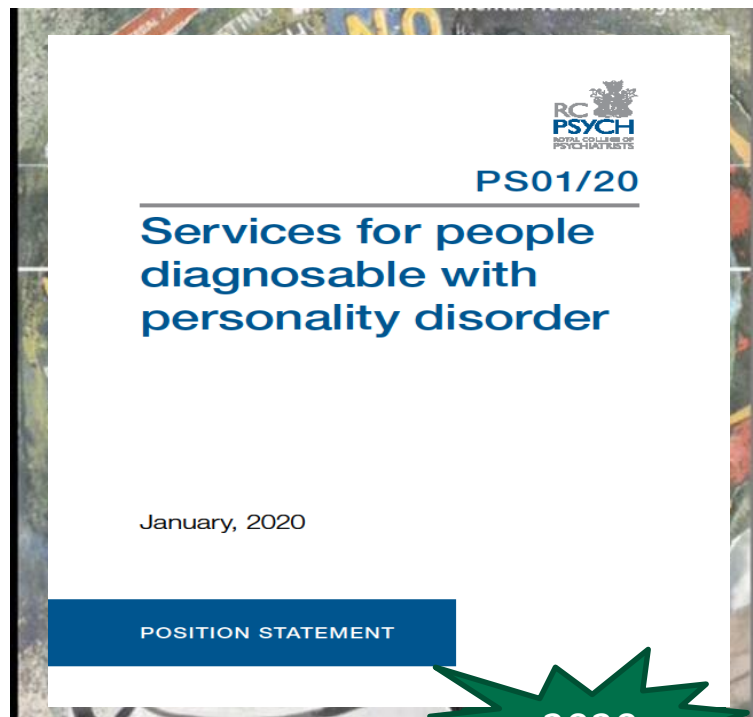


2019

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2020

What have these achieved?

Some evidence of change following reports in England, but not enough

- KUF Knowledge and Understanding Framework
- Investment in Pilot PD Projects following 2002 NIMHE report
- Higher number of NHS trusts with specialist PD services

“No Longer a Diagnosis of Exclusion” ?

-how are we doing in Scotland?

	2002	2015
Specialist PD Services	17%	84%
Generic PD Services	40%	91%
No service for people with PD diagnosis	28%	9%

What about Scotland?

- The RCPsych in Scotland identified personality disorder as a clinical and public mental health priority
- Report (2018):
 - promote education and awareness
 - campaign for better services
 - ensure the best possible outcomes
 - identify areas of best clinical practice
 - make recommendations for change
- **“People with a diagnosis of personality disorder are no less deserving of care than people with other mental disorders”**



CR214

Personality disorder in Scotland:

raising awareness,
raising expectations,
raising hope.

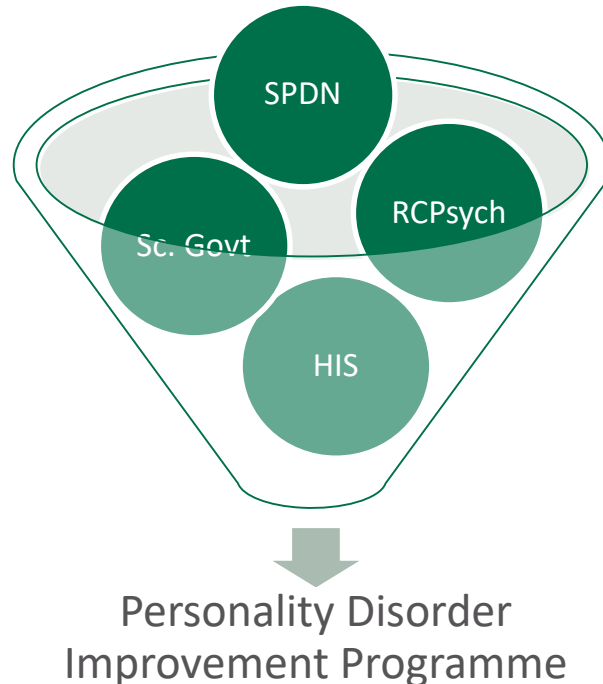
MWC Report

“We present a picture of people’s varying experiences in being given this diagnosis, the therapies and supports that differ widely across Scotland and the challenges in being supported either in crisis or when trying to stay well”



Protecting Scotland's Future: the Government's Programme for Scotland 2019-2020

“ We will also establish a Personality Disorder Managed Network to improve services..”



Overview of the programme

Gordon Hay

Senior Improvement Advisor
Healthcare Improvement Scotland



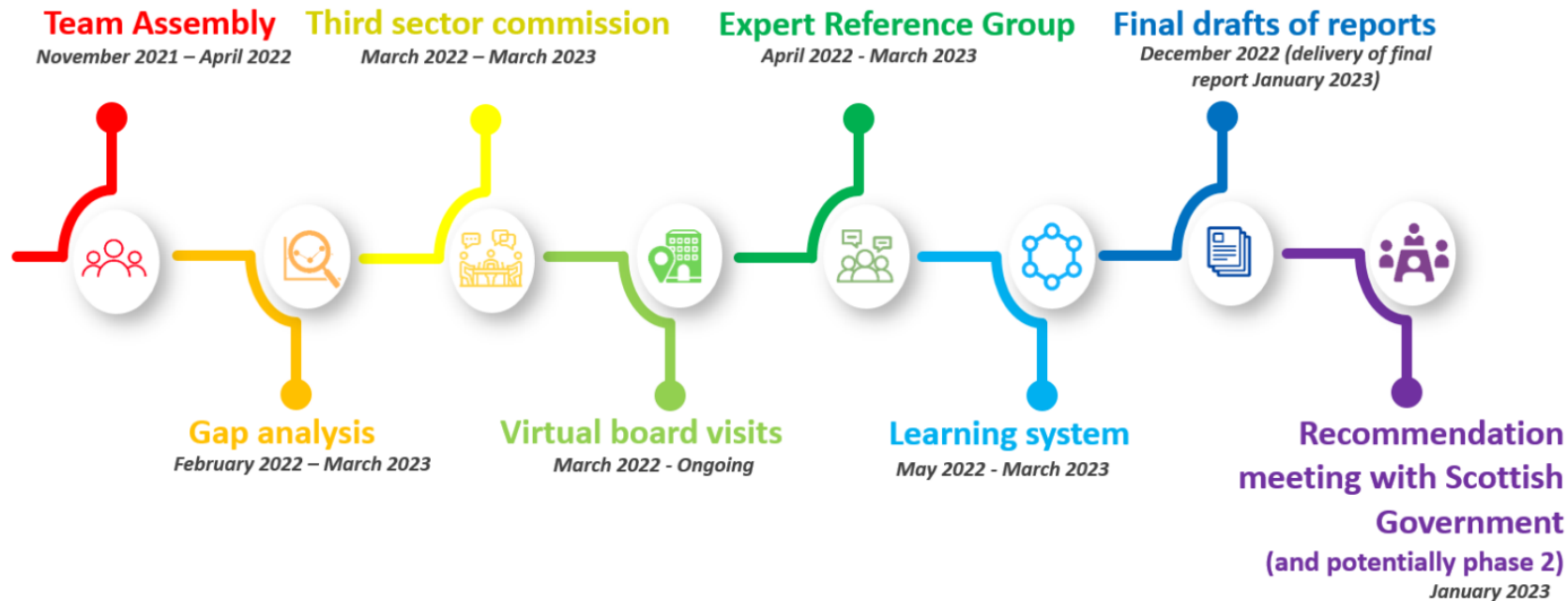
PDIP Aim

The Personality Disorder Improvement Programme seeks to better understand the current state of service provision for people with a diagnosis of Personality Disorder, to bring together and engage with stakeholders from all over Scotland and to identify key opportunities for improvement. This will then help to develop Phase 2 proposals to deliver those improvements.

Longer term, the aspiration is that people with a diagnosis of Personality Disorder presenting to mental health services anywhere in Scotland will have timely access to effective care and treatment, including access to self-management, emotional coping skills training and a focus on recovery.

The work will run between January 2022 and March 2023.

High Level Timeline



Lived Experience Insight

- Commissioning Scottish Recovery Network/VOX with skills and expertise of working with people with a diagnosis of personality disorder to undertake an assessment of the service user experiences. This project will focus on learning from engaging and involving people with lived experience at the heart of the programme.
- We will work closely with the HIS Community Engagement Directorate to share practice and build on existing networks, knowledge and skills for engagement and with the Scottish Personality Disorder Network, making connections and ensuring good practice and innovation are shared between individuals and organisations.

Strategic Gap Analysis

- Mapping service provision and interventions offered across all NHS Boards and Health and Social Care Partnerships in Scotland.
- Undertaking an analysis of key data to better understand access, gap and inequalities issues.
- Collating information on staff experiences and key barriers to providing high quality care.
- Delivery of a final report and Phase 2 recommendations.

PDIP Overview

The Learning System

- Provide a forum for making connections and establishing national networks through regular webinars and workshop sessions.
- Provide opportunities for members from all backgrounds to learn together, access the expertise and experience of others and to give and receive support to accelerate improvements in services.
- Develop Case Studies and practical resources which support the implementation of improvements.

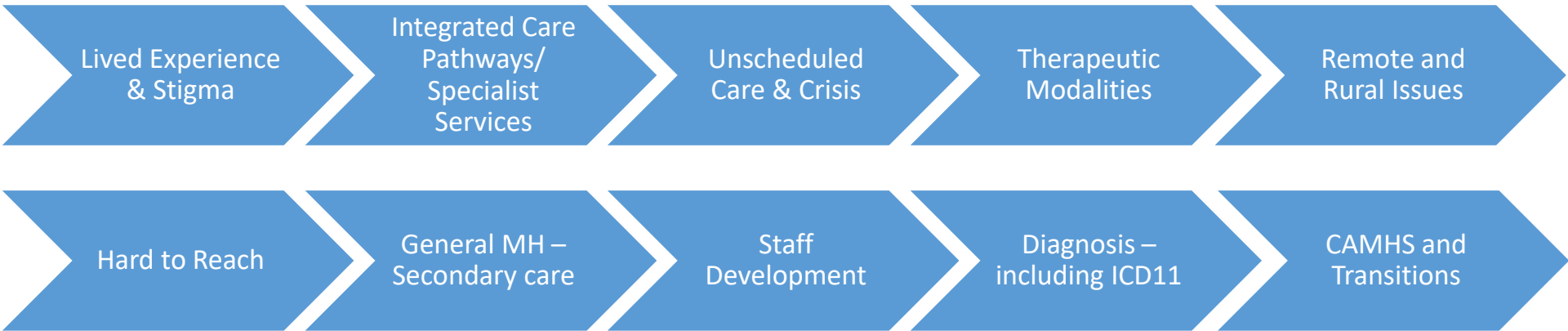
PDIP Learning System

8 weekly Webinars – Keynote speakers, Q&A

8 weekly Workshops – linked, interactive, break out rooms, discussion



Themes, including:



Poll questions



Scottish Recovery Network

Louise Christie

Director



With Us, For Us



Key Stages



Reach out

- Identify key people, groups, and organisations
- Lived experience research
- Lived experience project group



Conversations

- Hear people's experiences and views
- Different ways to get involved
- Key themes identified and shared



Co-Design

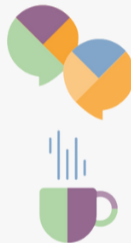
- Bringing lived experience and services together
- Develop understanding of key themes
- Produce options or proposals



Engagement Approaches



Survey



Conversation Cafe's



**One-to-one structured
conversations**



**Lived experience
story journeys**



Creative approaches

Outputs



New relationships



Final report



**Practice learning
resource**



Video or podcast

Psychological Therapies for people with Borderline Personality Disorder (BPD)



Dr Michele Veldman

National Clinical Lead,
Personality Disorder Improvement Programme
Consultant Clinical Psychologist
Clinical Lead GG&C DBT Service

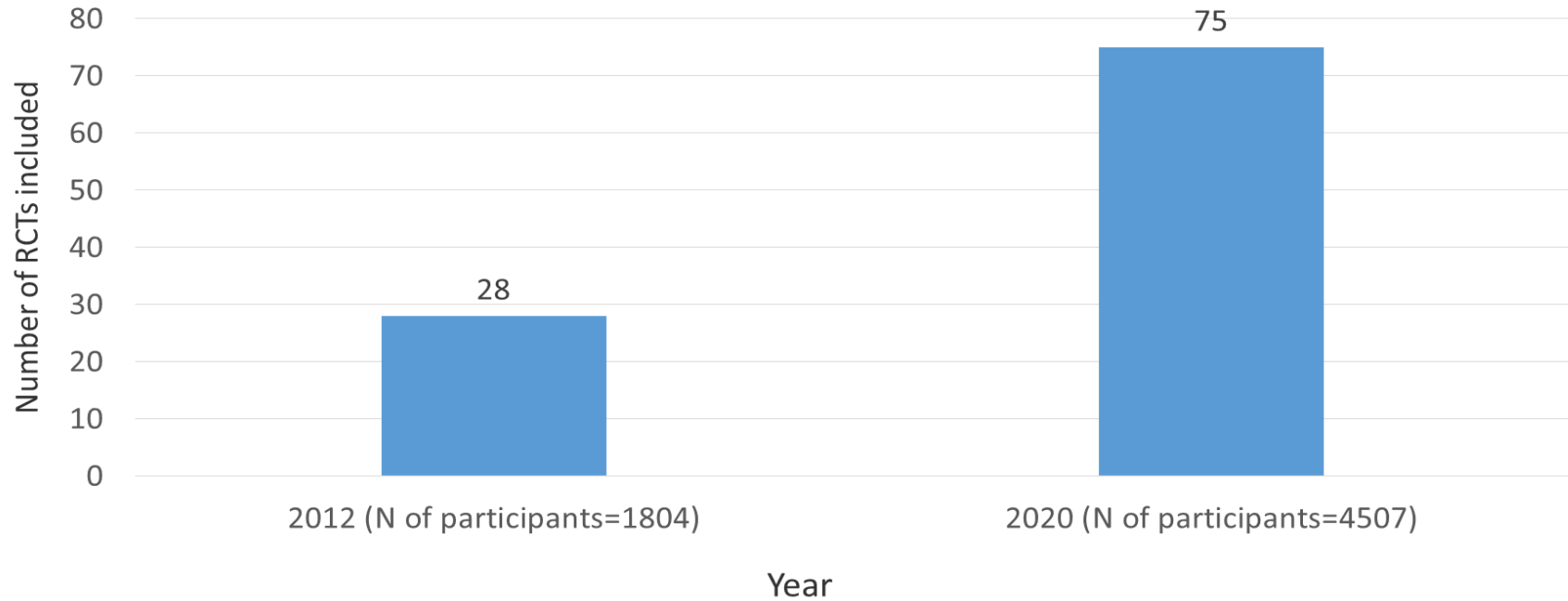


Healthcare
Improvement
Scotland

|ihub

“The evidence for treatments for Borderline Personality Disorder is growing – there is a reason for optimism.”

Increase in RCTs of Psychological Therapies for People with Borderline Personality Disorder



Limitations of Evidence

Why is BPD difficult to study?

- Diverse range of presentations and study designs
- High quality studies may miss out on clinical evidence that is more a reflection of routine clinical work

Evidence Based Therapies for BPD

Dialectical Behaviour Therapy (DBT)

Mentalization Based Therapy (MBT)

Schema focused Therapy

Cognitive Behaviour Therapy for Personality Disorder

STEPPS (Systems Training for Emotional Predictability and Problem Solving)

Transference-focused psychotherapy

Whole CMHT approaches

Examples of these that have been published and manualised:

Structured Clinical Management (SCM)

General Psychiatric Management (GPM)

Good Clinical Care (GCC)

The common factors that improve outcome

Initial therapeutic stance

- Organisational willingness
- Clinicians who have a genuine interest in doing this work

Therapy relationship

- Empathy and validation
- Positive therapeutic alliance with collaborative agreement on how to work on goals

The common factors that improve outcome

Treatment model features

- Treatment that is well structured and the clinician and client is active in the treatment
- Quality assurance = experienced staff who have time for supervision and reflective practice, and staff work within their model
- Model one believes in and is theoretically principled
- Clinician self-observation
- Client self-observation
- Skills in managing suicidality
- Formulation driven and Trauma informed



Next steps



Evaluation
survey – link in
the chat box



Follow up
email circulated
soon



SWAY update
including next
webinar dates

Keep in touch



His.mhportfolio@nhs.scot



[@SPSP_MH](https://twitter.com/SPSP_MH)

To find out more visit

<https://ihub.scot/improvement-programmes/mental-health-portfolio/personality-disorder-improvement-programme/>