Healthcare Improvement Scotland | ihub

Personality Disorder Improvement Programme

Integrated Care Pathways and Specialist Services

Tuesday 12 July
11:00am – 12:00pm

Welcome and introductions

Gordon Hay
Senior Improvement Advisor
Healthcare Improvement Scotland

Housekeeping

1. **How to 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. **Leave the meeting**
3. **Cameras and microphones are automatically muted.**

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.	**Specialised services and integrated care pathways in Highland**	Dr Tim Agnew, Maryann Frew and Timea Galgoczi	20 minutes
3.	**Specialised services and integrated care pathways in Glasgow**	Dr Andy Williams, Dr Michele Veldman and Dr Niamh Rice	20 minutes
4.	**Polls**	Gordon Hay	2 minutes
6.	**Question and answer session**	Gordon Hay	12 minutes
7.	**Close**	Gordon Hay	1 minute

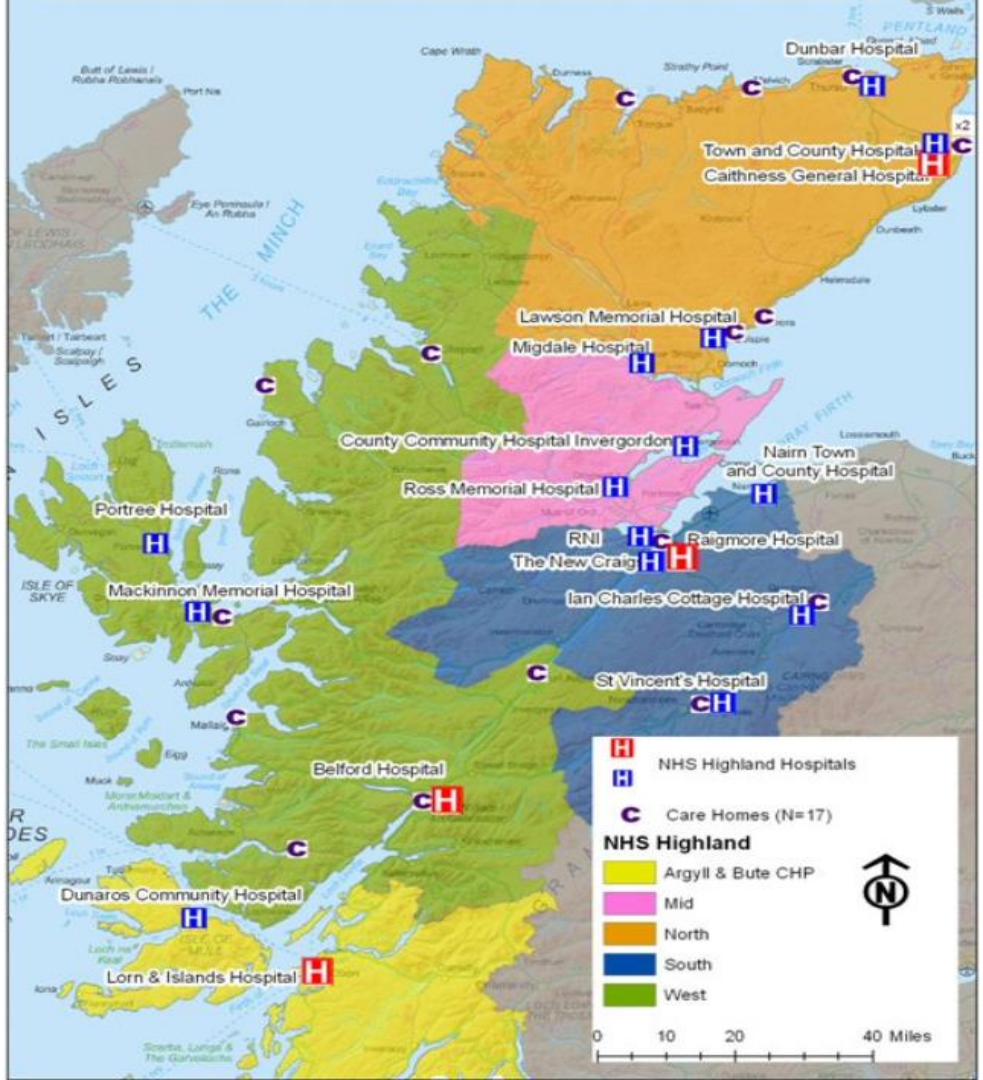
NHS Specialist Personality Disorder Service in NHS Highland

Dr Tim Agnew, Consultant Psychiatrist and Psychotherapist
Maryann Frew, Advanced Practitioner
Timea Galgoczi, Lived Experience Expert

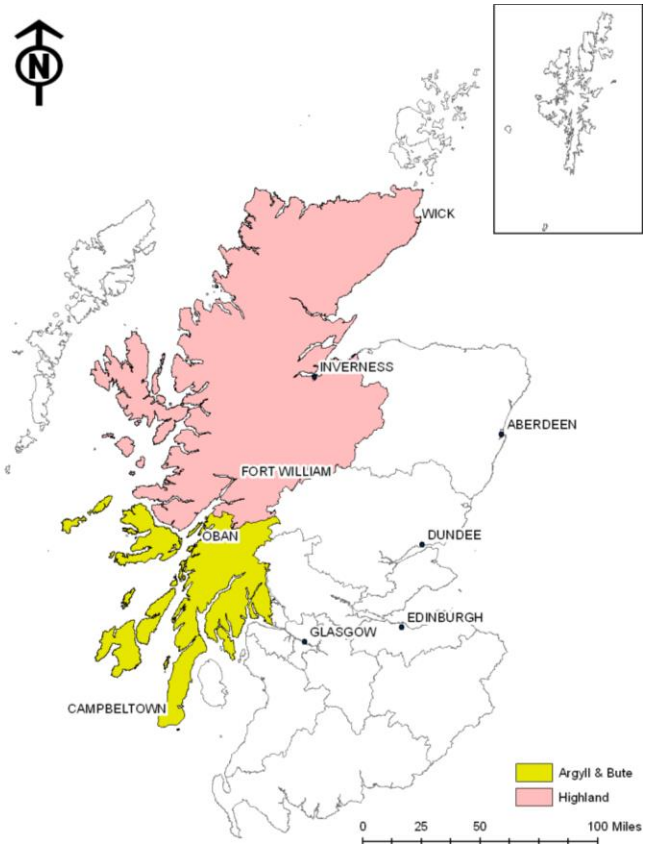
Overview

- Highland context
- Mental health services in Highland
- Specialist Personality Disorder Service
- Integrated Care Pathway
- Timeline of PDS development
- Experience of using the service

Highland Context


Dunbar Hospital
Town and County Hospital
Caithness General Hospital
Lawson Memorial Hospital
Migdale Hospital
County Community Hospital Invergordon
Nairn Town and County Hospital
Ross Memorial Hospital
Portree Hospital
RNI
Raigmore Hospital
The New Craig
Mackinnon Memorial Hospital
Ian Charles Cottage Hospital
St Vincent's Hospital
Belford Hospital
Dunaros Community Hospital
Lorn & Islands Hospital
THE MINCH
ISLE OF SKYE
NHS Highland Hospitals
Care Homes (N=17)
NHS Highland
Argyll & Bute CHP
Mid
North
South
West
0 10 20 40 Miles

NHS HIGHLAND – REMOTE and RURAL



	Population	% of the population of Scotland	% of the land mass of Scotland
Highland	234,110	4.4	33
Argyll & Bute	86,890	1.6	9
NHS Highland	321,000	6.0	42

	% of Population
Urban Areas	27.9
Accessible Small Towns	2.7
Accessible Rural Areas	9.9
Remote Small Towns	5.9
Very Remote Small Towns	13.8
Remote Rural Areas	11.7
Very Remote Rural Areas	28.1

Drive times	Inverness
Wick	2 hrs 15 mins
Oban	2 hrs 45 mins
Forth William	1 hrs 40 mins
Campbeltown	5 hrs
Edinburgh	3 hrs 25 mins
Aberdeen	2 hrs 50 mins
Glasgow	3 hrs 25 mins

“North Highland” secondary care mental health services

- New Craigs Hospital
- 8 CMHTs
- Mental Health Assessment Unit
- Mental Health Liaison Team
- (Primary Care Mental Health Service in development)

NHS Highland PDS

- Tier 3 integrated multidisciplinary specialist outpatient service for patients with a diagnosis of personality disorder
- Serves the area of the Highland HSCP (“North Highland”)

NHS Highland PDS Team

- 1 WTE Consultant Psychiatrist
- 1 WTE Advanced Practitioner/Team Lead (OT)
- 2 WTE Advanced Practitioners (RMN)
- 2 WTE Practitioners (RMN)
- 1 WTE Assistant Practitioner
- 1.5 WTE Secretaries
- 0.2 WTE NHS Volunteer

Functions of the PDS

- Assessment, formulation and treatment recommendations
- Direct clinical care
- Consultation and supervision
- Training, awareness and education

All organised and informed by…

NHS Highland

Personality Disorder
Integrated Care Pathway

(PD–ICP)

June 2015

What is an ICP?

- Person-centred and evidence-based framework
- Tells care providers, people using services, and those close to them what should be expected at any point along the journey of care.
- Allow comparison of planned care with what was actually delivered. This information can be used to develop services and improve the patient journey.
- In addition to specific interventions, the NHSH ICP sets out a philosophy of care

By 2013, it was becoming increasingly clear that there was…

- Variation in approach across Highland
- Variation in awareness about what interventions available
- Variation in awareness about what intervention most appropriate at each point
- Variation in awareness about how interventions could be effectively integrated into a care plan

Development of the ICP

- Widespread support for reviewing and updating BPD-ICP (2007)
- First meeting in March 2014
- Wide representation in every subgroup, including people with experience of using services
- Wider consultation of draft document
- Desire for bottom-up rather than top-down approach
- Clinical utility paramount

ICP Sections

1. Introduction
2. General Principles
3. Assessment, diagnosis and formulation
4. Self-management
5. Crisis Management
6. Psychosocial interventions
7. Medication
8. Education and awareness
9. Consultation
10. Community care
11. Personality Disorder Service
12. Inpatient Treatment

PD-ICP Timeline

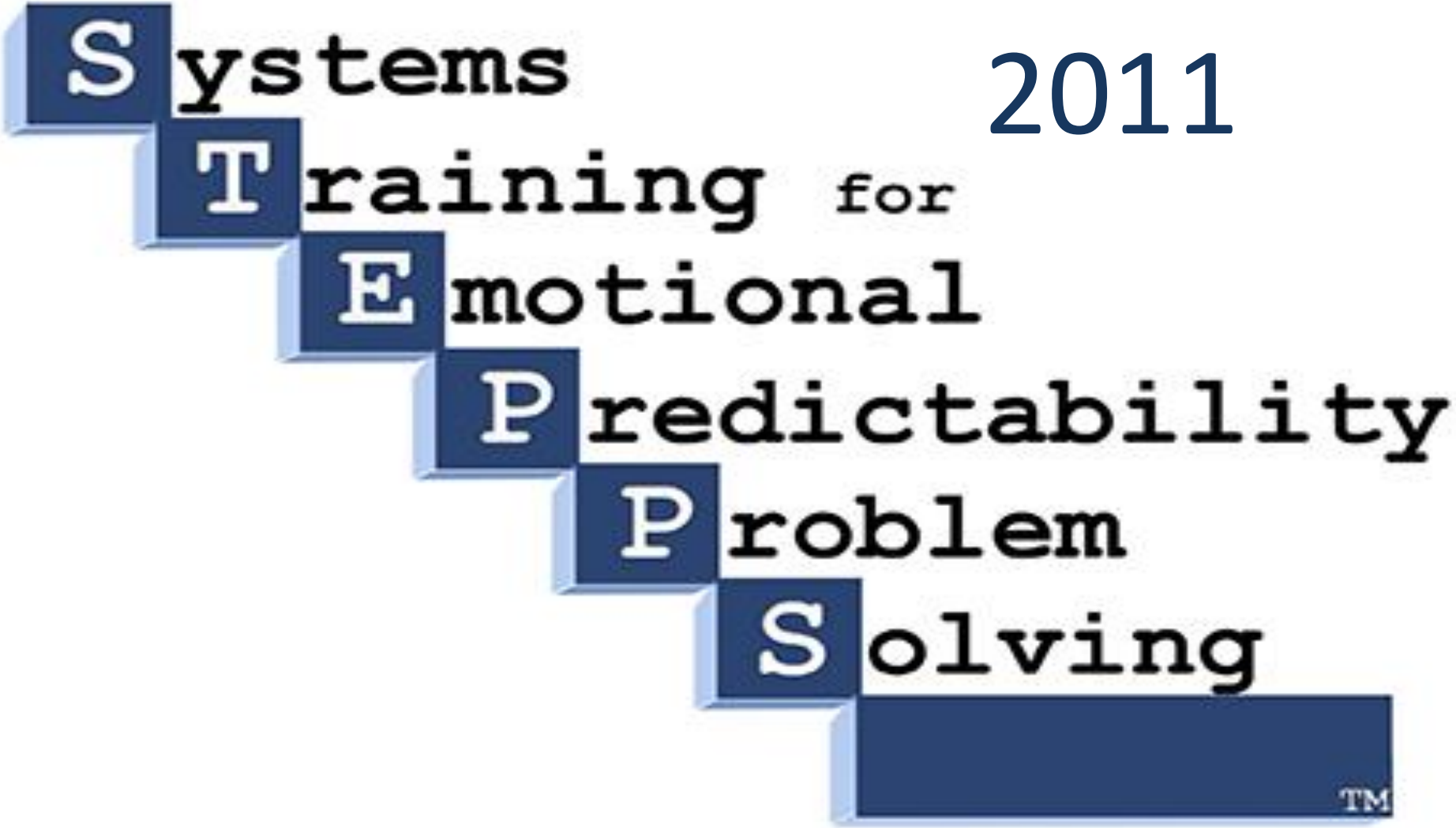
- March 2014 – First meeting
- January 2015 - Drafts put out for broad consultation
- February 2015 - Document finalised
- November 2015 - Final electronic document with all associated resources, referrals forms etc put on NHS Highland internet site
- January 2017 - Survey around usability and usefulness

Timeline of PDS development


until 2006
NEW CRAIGS

2007

KEEP CALM AND USE YOUR DBT SKILLS


Systems
Training for
Emotional
Predictability
Problem
Solving
2011
TM


Coping & Succeeding
CS
2013

NHS Highland 2015

Personality Disorder

Integrated Care Pathway

Also in 2015…

- Standardised multimodal assessment
- Referrals accepted from secondary care mental health services for people with personality disorder and:
  - Complexity
  - Severity
  - Lack of treatment response
- Dedicated staffing starts to develop
- Training function developing
- Consultation and supervision function developing

Direct care developments since 2015

- Developed within framework of
  - matched care
  - phase based care
- This framework provides clarity around gaps in provision and the function which needs to be fulfilled

A phase-based approach

	Integrated problem-focused approach for PD *(Livesley, 2003)*	***Dialectical behaviour therapy for BPD*** *(Linehan,1992)*	***Stage-based treatment of traumatic disorders*** *(Herman, 1992)*	***Treatment of hysteria*** *(Janet, 1889)*
Phase 1 **(Behavioural stabilisation)**	Safety Containment Regulation and control	Behavioural dyscontrol to behavioural control	Behavioural stabilisation	Stabilisation, symptom oriented treatment
Phase 2 **(Exploration and change)**	Exploration and change	Quiet desperation to emotional experiencing Problems in living to ordinary happiness and unhappiness	Trauma reprocessing	Exploration of traumatic memories
Phase 3 **(Integration and synthesis)**	Integration and synthesis	Incompleteness to capacity for joy	Integration	Personality reintegration, rehabilitation

Since 2015…

- 2016 – Supporting Self Management
- 2017 – The Decider
- 2018 – Post Diagnosis Group
- 2019 – The Decider Graduate Group
- 2020 – Move to remote delivery
- 2021 – GRO
- 2022 – STEPPS Collaborative
- 2022 – Regular group consultation opened to all CMHTs and MHAU
- 2022 – Friends and Family Group (development started)

Remote and rural aspects

- Consultation function
  - Informal consultation
  - Group consultation
  - Case consultation
- The Decider Network
- Remote working
- STEPPS Collaborative

My experience of using the service

- GP referred to New Craigs Hospital for assessment and from there referred to Supporting Self Management group
- Self management group did not cover key issues and was not focused on the challenges of personality disorder
- Referred to STEPPS (found it very useful but the course felt short and did not cover all Decider skills)
- After short waiting time started CAS
- Found CAS vital in supporting use of Decider skills and meeting with people with the same issues
- Experienced for the first time person-centred support

My experience of using the service

- There should be elements/parts of CAS integrated to earlier support (STEPPS)
- It was hard to integrate self management skills learnt in Supporting Self Management group when it was the first line of support (lack of insight on the disorder)

Thank you.

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Specialised services and integrated care pathways in NHS Greater Glasgow and Clyde

Dr Andrea Williams
Dr Niamh Rice
Dr Michele Veldman

NHS Greater Glasgow and Clyde

Dr Andy Williams
Consultant Medical Psychotherapist
NHS GGC Clinical Lead for Personality Disorder

NHS GGC Health Board

6 HSCPs

2575.kml
East Dunbartonshire Council

2576.kml
East Renfrewshire Council

2579.kml
Glasgow City Council

2598.kml
Renfrewshire Council

2620.kml
West Dunbartonshire Council

2582.kml
Inverclyde Council

Complexity and size

- Total population: 1.14 Million

Mental Health Services include:

- 18 CMHTs
- 14 Acute Admission wards on 6 sites
- 4 Crisis teams/ IHTT
- Mental Health Assessment Units (MHAUs)
- Out of Hours CPN service

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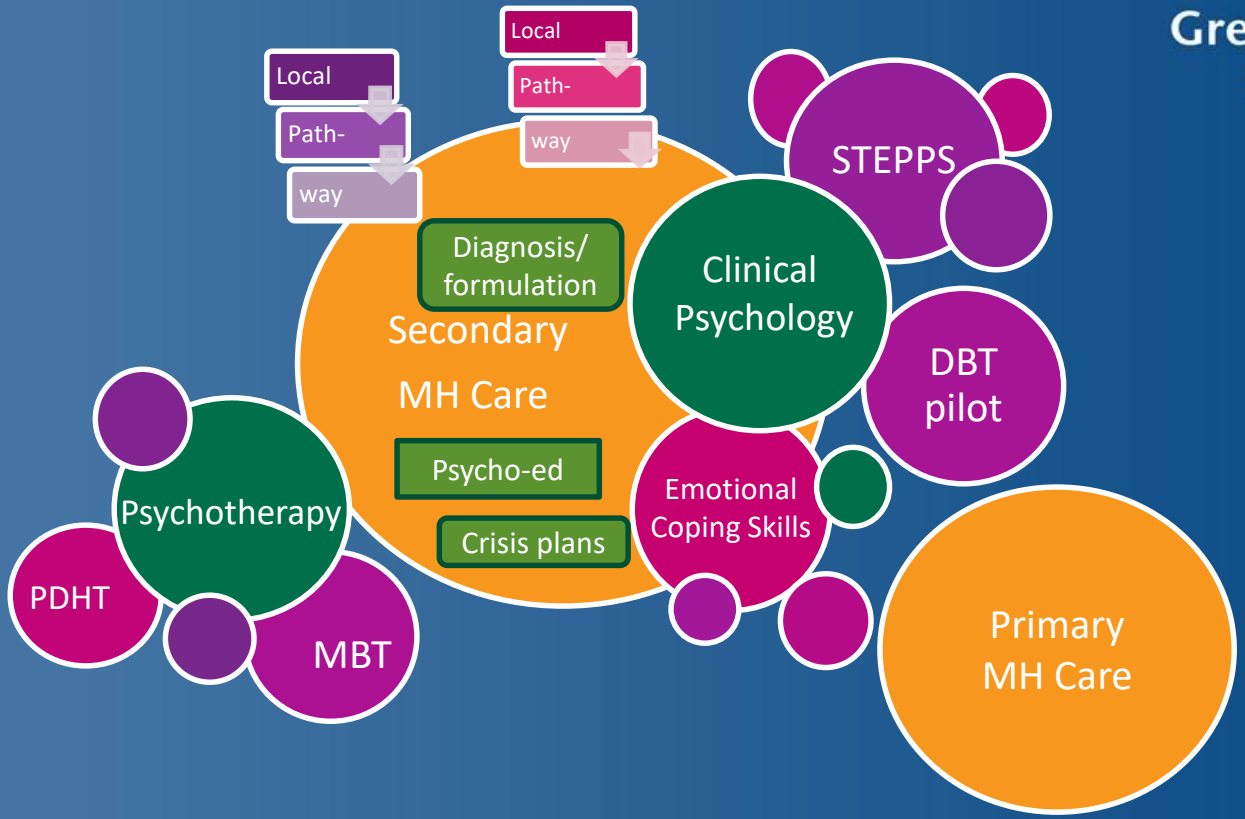
Greater Glasgow and Clyde

Before the BPD Pathway

NHS Greater Glasgow and Clyde



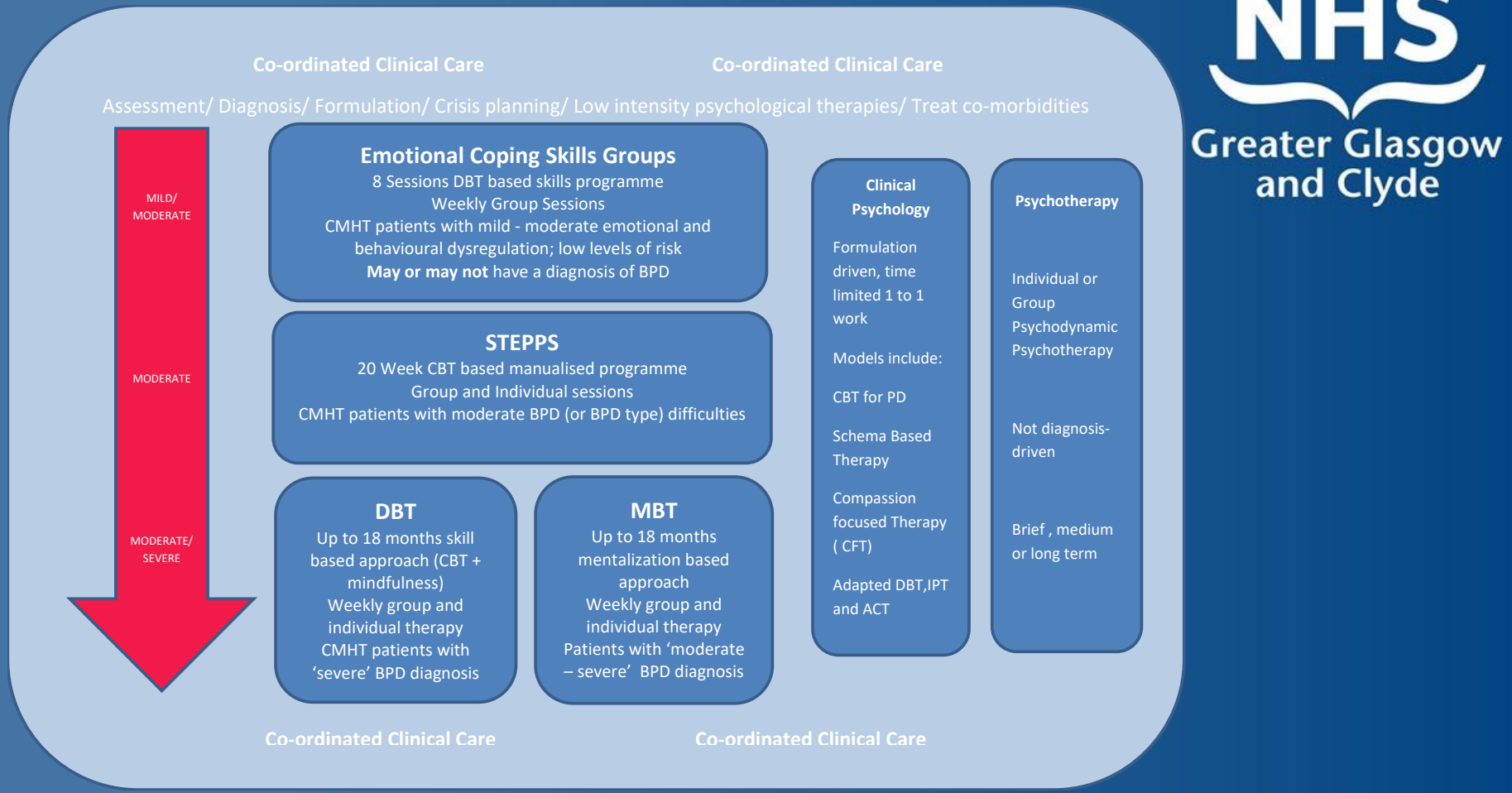
Catalysts for change

NHS Greater Glasgow and Clyde

- Data on bed days utilised for people with a diagnosis of BPD
- Cost-saving argument, if improve care and access to evidence-based therapies
- Funding – Action 15 monies
- Enthusiasm and expertise within existing specialist teams
- Appetite for change within broader workforce
- Strong leadership

Implementing Change

- Written into NHS GGC 5 Year MH Strategy
- BPD Implementation Steering Group reporting directly to MH Programme Board
- Clinical Lead for Personality Disorder
- Lived Experience input to all aspects of the pathway development – **BPD Dialogues**
- **Co-ordinated Clinical Care -** BPD Training programme and Guidance for all adult MH staff (not model-specific)



NHS
Greater Glasgow and Clyde

Challenges/ learning points

- Strategic and managerial support at all levels
- Agree key principles and values - CCC
- Conversations and negotiations throughout the process
- Willingness to co-operate and compromise
  - Between professional groups
  - Between different theoretical models
  - Between central ambition and local priorities
- Traction and embedding takes time
- Communicate/ communicate/ communicate!

NHS GG&C Psychological Therapies Groups Service: Contribution to the BPD pathway

Dr Niamh Rice, Consultant Clinical Psychologist/Team Lead

NHS GG&C PT Groups Service

PTGS - Who are we?

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Greater Glasgow and Clyde

- The Psychological Therapies Groups Service (PTGS) was identified by the Effective and Efficient Community Services workstream (EECS) as a viable option to increase access to psychological group therapy in adherence with The Matrix (2015).

- Aim was to increase the availability and predictability of PT group provision for the secondary care, adult mental health population.

- A partnership model was agreed whereby the PT Groups Services sits as an adjunct to the 18 CMHTs across GGC and works in partnership with CMHT colleagues to provide group therapy, including to extend on existing group provision.

Psychological Therapies Groups Service

NHS Greater Glasgow and Clyde

- Service was designed and developed during 2019-20 (initially pre-pandemic) and launched in January 2021 (at height of restrictions).
- We launched with 2 group programmes (Behavioural Activation group and Emotional Coping Skills group).
- Have gradually added to roster with STEPPS, the Unified Protocol, Survive and Thrive and ACT for Long Term Physical Health Conditions.
- Of the 6 currently available group programmes, 2 explicitly contribute to the BPD care pathway (ECS and STEPPS).

Emotional Coping Skills Groups (ECS)

NHS Greater Glasgow and Clyde

- Transdiagnostic treatment programme for individuals with emotional dysregulation
- The Emotional Coping Skills Group manual we use was developed by Isabel Clarke and is used in NHS GG&C with her permission. It is based on Linehan, M. (1993) Skills Training Manual for Treating Borderline Personality Disorder.
- The programme covers: Emotion Regulation, Distress Tolerance, Mindfulness and Interpersonal Effectiveness.
- 8 session programme (with 1 additional 'Introduction' session added to orientate participants to the digital platform and online etiquette).
- Delivered weekly, each session lasts 90 minutes and delivered by two group facilitators.

Emotional Coping Skills (ECS)

NHS Greater Glasgow and Clyde

- In 2021 (year 1) the service delivered 15 ECS cohorts
  - Allocate 10 participants per cohort, with aim of commencing with 8 attendees
  - In year 1 we had capacity to offer a place in an ECS group to 150 patients
- In 2022 (year 2) the service will deliver 26 ECS cohorts
  - Allocate 12 participants per cohort, with aim of commencing with 8 attendees
  - In year 2 we have capacity to offer a place in an ECS group to 312 patients

Systems Training for Emotional Predictability & Problem Solving (STEPPS)

NHS Greater Glasgow and Clyde

- STEPPS is a manualised group treatment programme for individuals with a diagnosis of BPD (Blum et al 1995)
- The programme covers psychoeducation, CBT strategies and skills training, with a systems component (involving a ‘reinforcement team’)
- 20 session programme (with 1 additional ‘Introduction’ session added to orientate participants to the digital platform and online etiquette)
- Delivered weekly
- Each session lasts 2 hours
- Delivered by two group facilitators

STEPPS Groups

- In 2021 (year 1) the service delivered 5 STEPPS cohorts
  - Allocate 12 participants per cohort, with aim of commencing with 10 attendees
  - In year 1 we had capacity to offer a place in a STEPPS group to 60 patients

- In 2022 (year 2) the service will deliver 8 STEPPS cohorts
  - Allocate 12 participants per cohort, with aim of commencing with 10 attendees
  - In year 2 we have capacity to offer a place in a STEPPS group to 96 patients

ECS & STEPPS Outcome Measures

NHS Greater Glasgow and Clyde

ECS (Pre and Post)	STEPPS (Pre and Post)
• CORE-10 • Living With My Emotions questionnaire (Clarke - with her permission) • Mental Health Confidence Scale (MHCS)	• CORE-34 • BEST form • Work and Social Adjustment Scale (WSAS) <u>Session-by-session</u> • BEST form
• Qualitative Feedback	• Qualitative Feedback

- We have a lot of data which has yet to be fully interrogated. We await the appointment of assistant psychology resource to assist with this task.

Feedback on Digital Group Experience

16 ECS cohorts ran between **January 2021 – January 2022.** Across the group cohorts, **55** people completed pre- and post-treatment measures, outlined below.

The CORE10 provides an overall measure of psychological distress, with higher scores indicating higher levels of distress.

The Mental Health Confidence Scale measures a person's overall confidence in managing their mental health symptoms, with higher scores indicating increased confidence.

The Living With My Emotions Questionnaire measures a person's ability to confront and tolerate challenging emotions, with higher scores indicating increased capacity. Mean pre- and post-treatment scores are shown in Figure 1.

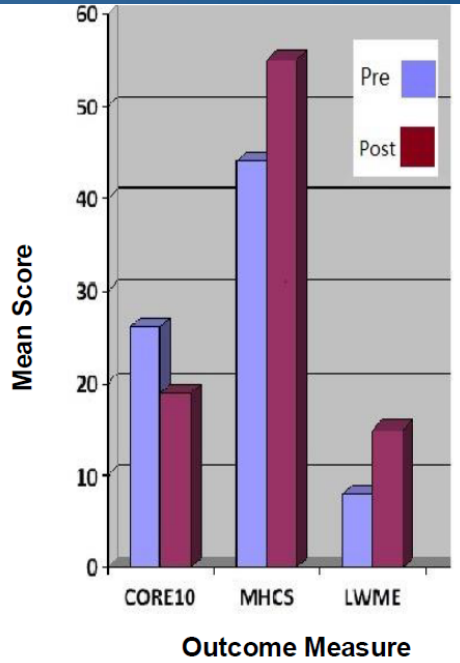

Figure 1: Pre- and post-treatment scores for Emotional Coping Skills Group

NHS Greater Glasgow and Clyde

Feedback on Digital Group Experience

NHS Greater Glasgow and Clyde

- What was most helpful about the group programme:

" Going through it with others - I was apprehensive at first but the group gave different perspectives"

"Understanding why I feel or do certain things/ behaviours. Being listene d to and not judged

"Good support network"

"Realising my emotions were normal"

"Speaking with people who had experienced/were experiencing the same things/feelings as me"

- What could be improved

"I think a follow up in a few weeks would be beneficial to find out how everyone got on"

"paperwork being sent digitally for more secure storage"

Feedback on Digital Group Experience

NHS Greater Glasgow and Clyde

Main advantages of digital delivery:

"No travel costs home comfort"

"I was more likely to attend because I could make up fewer excuses for myself"

"easy to attend and felt safer"

Main disadvantages of digital delivery:

"issues with wifi or Teams"

"Less social interaction"

"Not as easy to get involved sometimes"

Future Plans / Aspirations

NHS Greater Glasgow and Clyde

- To increase capacity to deliver STEPPS and ECS cohorts in line with demand from the 18 CMHTs
- For PTGS to be able to plug gaps in co-facilitation and ‘reinforcer’ availability in CMHTs
- To implement STAIRWAYS group as a follow-up/maintenance programme following completion of STEPPS groups
- To fully utilise the service user feedback and data to continue to develop the service.

Summary

- The Psychological Therapies Groups Service is a board wide service designed to promote and provide evidence based psychological group therapy as a viable treatment option for our secondary care adult mental health population in NHS GG&C.
- At this time the service contributes to the BPD pathway in NHS GG&C via delivery of:

- Transdiagnostic Emotional Coping Skills Groups, with current capacity to offer **312 individuals** a place in an ECS group per year

and

- STEPPS groups for individuals with a diagnosis of BPD, with current capacity to offer **96 individuals** a place in a STEPPS group per year.

NHS
Greater Glasgow and Clyde

Thank you and any questions

Psychological Therapies Groups Service
Greater Glasgow and Clyde
Tel: 0141 211 6466

NHS
Greater Glasgow and Clyde

Role of a Specialist Therapy Team

Dr Michele Veldman
Consultant Clinical Psychologist

DBT service in NHS GG&C

- Small DBT therapy team: Psychology, Nursing, OT
- Pilot period since early 2016 and permanent since 2019
- Delivers more intensive treatment to smaller number of people
- Used implementation science framework – can we make an evidence- based practice work in the real world

Implementation drivers
(Blasé et al, 2009)

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Six Stages of Implementation
(Fixsen et al, 2005)

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1. *Exploration*
2. *Installation*
3. *Initial implementation*
4. *Full implementation*
5. *Innovation*
6. *Sustainability*

What do we need from the organisation?

NHS Greater Glasgow and Clyde

- Support in doing things differently, when exploring
- Commitment to the long process
- Senior clinicians involved at strategic level
- Relationships ++
- Compromise ++

Strands of a DBT programme

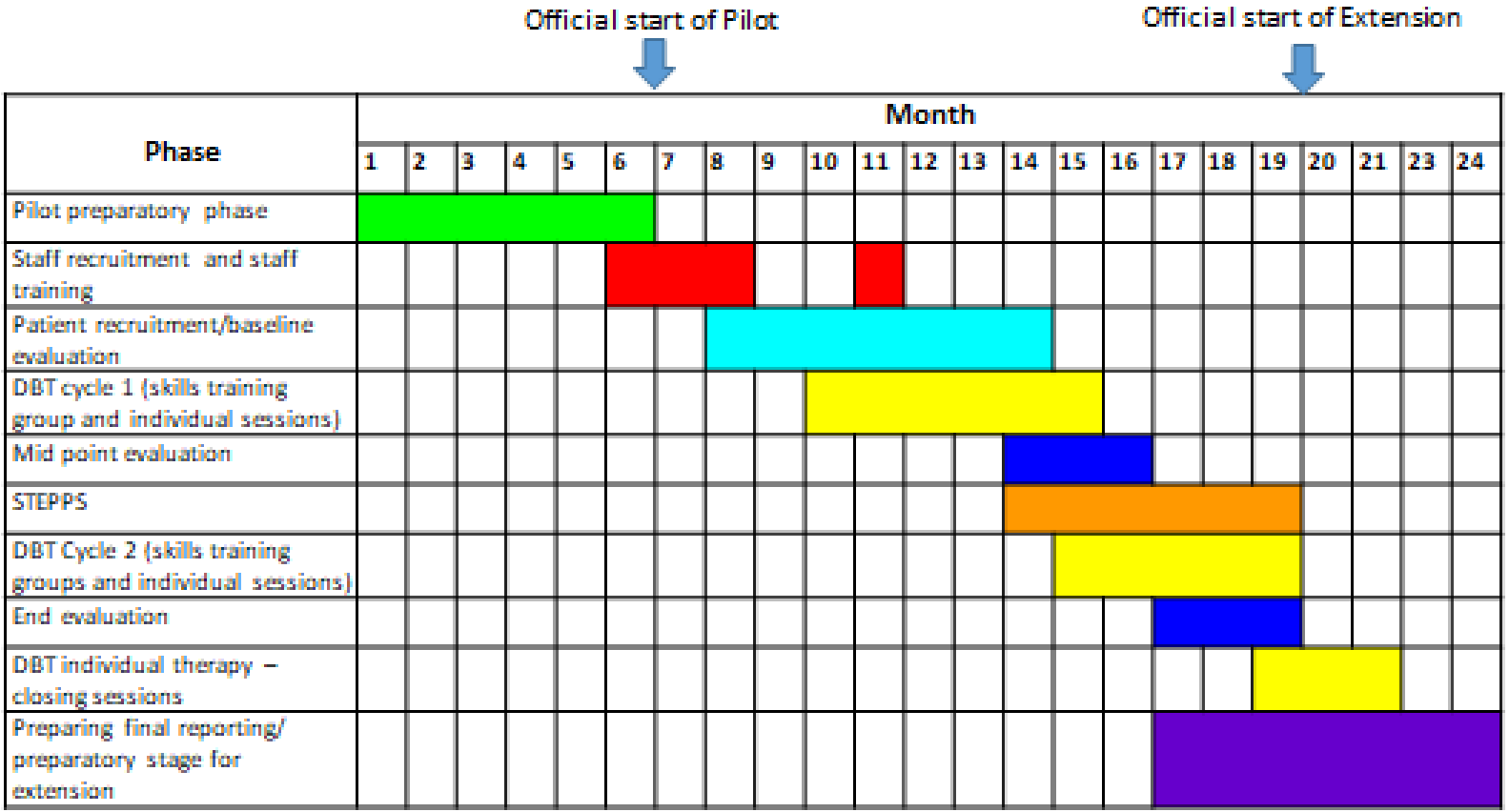
NHS Greater Glasgow and Clyde

Feasibility – what had to be tested out?

NHS Greater Glasgow and Clyde

- Therapeutic model is appropriate
- Sits well within existing mental health structures
- Engages people with complex and severe difficulties
- MDT staff training & delivery effective
- People with lived experience having a voice in how service is delivered
- Sustainable

Timetable of Activities of First Year of Pilot



Evaluation

Consistent good outcomes:

- Engaged people to remain in therapy
- Hospital and unscheduled care used less and differently
- Reduction in risk and in other symptoms
- Tolerating unpleasant emotions more effectively
- Taking part in educational/ leisure/ work activities more

People with lived experience's feedback

NHS Greater Glasgow and Clyde

I see myself less destructive. I see myself using skills daily. I've found a way to manage the paperwork and have problem solved all the little annoyances that used to wind me up so much!

It's hard to put into words how much DBT helped me. Ultimately, it saved my life. I went from not being able to get through the day without self-harming or overdosing to now being able to believe I have a future.

What have we learned

- It's feasible: within existing structures, with MDT, engaging severe patients
- It takes time to learn and implement
- Liaise, liaise, liaise…
- Evaluating such a service is difficult, but possible over time
- It requires organisational commitment, through thick and thin
- The team has a large role to play in the wider network and strategy
- Involve people with lived experience more, from the start!
- Input from external resources is important, e.g. relationship with national training organisation, networking in Scotland, consulted other Boards

Benefits of such a service

NHS Greater Glasgow and Clyde

- It is ringfenced time
- Building on a group of trained and experienced staff
- Credibility
- High adherence to an evidence-based intervention – better outcomes
- Role in the organisation to contribute to strategic thinking

Polls


Q
&
?
A

Next steps

Evaluation survey – link in the chat box

Follow up email circulated soon

Workshop 1 – Tuesday 9th August

Keep in touch

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@SPSP_MH

To find out more visit https://ihub.scot/improvement-programmes/mental-health-portfolio/personality-disorder-improvement-programme/