Personality Disorder Improvement Programme – Staff Development and Therapeutic Approaches Webinar Question and Answer

Tuesday 6 December 2022

Coordinated Clinical Care (CCC) Training Questions

Question - Is the training available just for Greater Glasgow and Clyde or can other boards access it too?
Answer - At the moment this is Greater Glasgow and Clyde only and has elements in it that are specific to the therapies available in Greater Glasgow and Clyde. This could be adapted for other health board areas. Do get in touch with trainers or with Andrea Williams, Personality Disorder Clinical Lead in Greater Glasgow and Clyde: andrea.williams@ggc.scot.nhs.uk
Question - Would the training be available to non-medical staff? Many of the people I support have borderline personality disorder (BPD) and they often do not have a Community Psychiatric Nurse.
Answer - We would love to do that but we have such limited resources. We know that service users with this particular diagnosis have come into contact with lots of different services. When we talk about CCC, we do not just mean within community groups and with our wards but we mean any service that is coming into contact with this patient group. We are currently focusing on rolling out to community mental health teams (CMHTs) at the minute. We are actively looking to increase the number of trainers to have a scope for that. The training is available to social work staff who are integrated into health and care partnerships and to non-qualified staff.
Question - Are people with lived experience involved in the delivery of any of the sessions?
Answer - Not currently, but that is something that we have also discussed and would be really keen to try and develop as well. What we have so far are videos of training sessions which the service users that we are working with have watched - we have also done sessions for them. It would be really helpful to build on that input.

Question - In the training days, are all doctors including consultant psychiatrists receiving and accepting the training?

Answer – Yes, all medical staff are offered the training. We do have representation from this group proportionately similar to other disciplines.

Question - I noted post evaluation questionnaires suggested no change in negative beliefs towards a diagnosis of BPD (from pre and post evaluations). Why do you think this is the case, despite the level and intensity of training?

Answer – It is difficult to say really.
One explanation is that staff are so pressured with work and lack of resources that positivity in general is compromised, however this is not consistent with other answers – empathy and confidence to treat which show maintained improvement.
Another explanation is that this question in the list is the inverse of the others (i.e. the lower the rating the better the outcome) and so may have been mis-read/understood.
Ultimately the 3m follow up response is so low that the changes are not statistically significant and demonstrate the need to improve response rates to more accurately measure impact.

Question - Is this training available to older people community mental health team staff within Greater Glasgow and Clyde?

Answer – Not yet. They are not part of the priority staff group, but we have had representation from older adult, particularly CMHT staff. People are becoming aware that the training is available and they are getting access to booking links and booking on. Thus we have had representation from staff out with the priority group provided that there is capacity. We just acknowledge on the day that some of the content like for example access to the psychological therapies is not available to older adult services as yet. The whole theme of the training and the whole concept and principle embedded in it is relevant to all staff.

Question - Is the training offered to pre-registered Nurses and Allied Health Professions working in Greater Glasgow and Clyde?

Answer – Yes, students have attended the training and will continue to be accepted when places are available.

STEPPS questions

Question – What's the thoughts on STEPPS on an individual basis for other personality disorders? **and** **Question - Is the STEPPS course only available in a group setting or can it be delivered on a one-to-one if preferred?**
Answer – STEPPS in itself, is designed as a group intervention, providing a level of peer support. There is no current evidence to support delivering STEPPS on a one-to-one basis, although individual key workers may choose to share parts of the materials appropriate to their work with their patients if they have the knowledge and skills to do this. Patients do not require to have a formal diagnosis of borderline personality disorder to be referred for STEPPS if they have symptoms that may likely attract a diagnosis. There is no evidence for using STEPPS to treat other types of personality disorders.
Question - How does the continuity/persistence of involvement of participants look like and also what are the outcomes for them compared between the previous face-to-face operation and the online digital format? **and** **Question - Any information on drop-out rates? Is there any 3 or 6 month follow-up data?**
Answer – We have not done that analysis as such because our service did not deliver face-to-face groups pre COVID. Therefore, we do not have access to that data, but it is a piece of work that we would be interested in doing, to compare engagement and dropout rates as well as completion rates with those previous groups. We would have to have more data from other CMHTs in order to do a comparison study here.
Question - Do you plan to continue with Peer Education approach permanently?
Answer – We have appreciated the quality of the training achieved via the peer-to-peer training approach in STEPPS, but acknowledge it is highly resource intensive. We intend to retain this approach as one of the ways we train staff in STEPPS, as well as making use of taught STEPPS courses via NES.

Question - Do you use STEPPS as a complete treatment? My understanding is that it is an adjunct to individual treatment - which means that we need capacity both to run the groups and then also to see the patients individually thereafter which can prove challenging.

Answer – Our service is contributing to the delivery of STEPPS. We work in partnership with CMHT colleagues. All patients attending STEPPS groups facilitated or co-facilitated by our team remain open to the CMHT who provide the reinforcer sessions, that is the appointments that run alongside the group sessions to work on the STEPPS materials specifically, as well as any ongoing support or crisis intervention that their patients may require while attending STEPPS. We have been keen to provide the STAIRWAYS group as an option to help with longer term maintenance and to give people further support and contact with services when their participation in STEPPS ends.

Question - What can be done to help patients who have massive social anxiety and are fearful of attending groups? Do patients have a period of one to one help from their community mental health teams first?

Answer – We work in partnership with CMHT in terms of people's readiness for a group based intervention. We are getting people familiar with using Attend Anywhere or MS Teams for appointments to try and socialise them to that way of working. Most of the people that come through groups and through our service have an element of anxiety. All participants go through the screening phase and have a one-to-one appointment with us to screen for suitability for the group. We talk about strategies to manage that anxiety about getting into a group. Attendance at the group is useful in addressing the anxiety as well as the other kind of principle intended that.

Question - Has STEPPS resulted in significant cost savings?

Answer – We haven't done any analysis of that.

Question - Are there any post STEPPS peer support groups?

Answer – As we are implementing STAIRWAYS, we are also exploring the peer support lived experienced facilitator element through that. We are linking up and we want to have a conversation through the BPD steering group in Glasgow about how we can access that lived experience resource that they have. Participants also create informal networks like WhatsApp groups post STEPPS.

Question - 20 weeks is quite a time commitment - has this effected engagement ?
Answer – We are very clear with potential participants that STEPPS is a sizeable commitment, and try to support people to consider the implications of that at the point of taking up the place, or not. STEPPS is one option in the stepped and matched care treatment pathway for BPD in Greater Glasgow and Clyde, so there are briefer options available as well as more intensive/lengthy options.
Question - Would there be a chance for people that went through the programme as lived experience to take part in delivering this as peer support ?
Answer – We are keen to explore the potential of peer support facilitators, with lived experience and experience of engaging in STEPPS, in contributing to the delivery of STAIRWAYS, as a first port of call.

Mentalization Based Therapy (MBT) questions

Question - Do you think that basic awareness or introductory skills for clinicians, who would not be involved in delivering MBT but may be working with patients who are receiving it, would be of benefit to deliver other interventions in an MBT informed way?
Answer – Yes, it would be good. We run two day MBT skills training across Scotland. Most of the MBT teams have a two day skills training that is offered to all kind of mental health professionals and we have had other professionals working on that as well. They have found it quite effective coming along and learning about what MBT is, how they might use some of the interventions, how they might use that with people they are working with.
Question - Are you aware of any other services who have adopted your Hub Day model?
Answer – No.

Question - Were there any specific difficulties with adapting and delivering the model on-line?
Answer – There are some difficulties in terms of accessing of space and technology. There was one person in the group who could not hear us which was really difficult and frustrating in terms of the adaptation of the model. MBT is quite active in the room. It became a bit more difficult to run it that way. However, it is manageable because there are many colleagues who still are running MBT online and it is really quite effective. It is about bringing awareness about possible difficulties.
Question - In each MBT groups, do all service users have a BPD diagnosis?
Answer – Most people do have a diagnosis of personality disorder but they also have maybe ADHD, autism as well. There are also other traits and maybe sometimes they do not have a full diagnosis of BPD. The whole point of the group is that there is a difficulty in mentalizing and that would be the focus of that group. We do have one session, which focuses on personality disorders where there are discussions around the diagnosis, how helpful and unhelpful it is as well as about your identity, who you are and it addresses some of those aspects as well.

Dialectical behaviour therapy (DBT) questions

Question - Have you used DBT for emotionally unstable personality disorder?
Answer – Yes, we do use DBT for people who have a diagnosis of emotionally unstable personality disorder. In the NHS Borders, people who receive our most intense form of DBT, which includes attending a skills course and receiving one-to-one DBT therapy, would have this diagnosis.
Question - Given the shortage of NHS staff time available to give the various therapies, is it time to subcontract therapy to the private sector as we have done in other fields for example orthopaedics? Has the private sector attracted many of out NHS staff away

Answer – I would have concerns about subcontracting specialist psychological therapies to the private sector. One of my main concerns is that a team approach to treatment is crucial when working with complex presentations. We rely on having a good working relationship with our CMHT colleagues who may also be supporting the people receiving psychological therapy.

We do have an example of subcontracting psychological therapy for mild to moderate mental health problems in primary care mental health. This is where IESO, a private sector company, provides a digital based one-to-one therapy for what is termed 'steps 1-3' in terms of severity of presenting problems. This is a contract that the Digital Mental Health division of NHS National Services Scotland has with IESO.

I do not have any data on whether or not the private sector is attracting NHS staff away from working in the NHS so don't feel able to comment.

Question - Is there any research about DBT and remote working in comparison to face to face effectiveness?

Answer – I am not aware of any research comparing face to face against video based therapy to evaluate the effectiveness of DBT. The pandemic led many services to make use of new technology in order to be as effective as possible and to be able to continue to offer services. In my opinion, the skills course component of DBT can be delivered effectively via video based online groups.

Schema Therapy in Fife questions

Question - With Schema Therapy, does the age of patients come into the scenario? Lots of my patients are over 65 years where attachment/relationships/self and others regarding substance use have become a crutch.

Answer – Not at all. In our groups, we aim to create a mini society because that most closely reflects people's experience. We have had people in their 70s in our groups and actually groups work better the more diverse they are in our experience.