Workshop: The Future of Personality Disorder Services in Ireland

Chair: Paul Matthews

Outline of Workshop

- The Complex Needs Service – Paul Matthews

- Experience of Setting Up a New DBT Service – Navroop Johnson

- Discussion

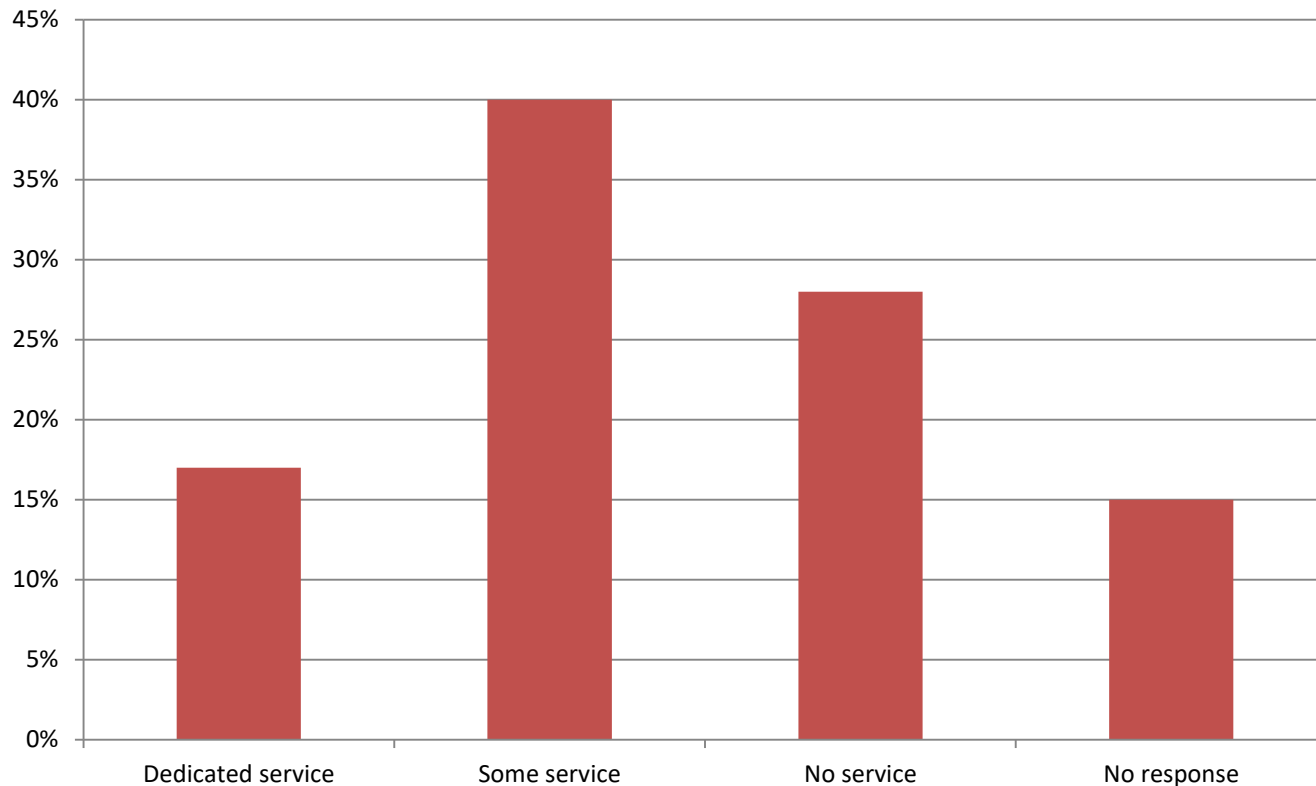# The Complex Needs Service

Paul Matthews

Kildare West Wicklow MHS

Declaration of Interests

- None

Background

- 2002 survey of personality disorder service provision in English mental health trusts:

Background

- 2003 No longer a diagnosis of exclusion

- 2004 Department of Health provided funding for 11 pilot projects offering different treatment modalities

NHS

National Institute for Mental Health in England

Personality disorder: No longer a diagnosis of exclusion

Policy implementation guidance for the development of services for people with personality disorder

Establishment

- 2004 Thames Valley Initiative formed to develop of Therapeutic Community based personality disorder services ('Complex Needs Services') inspired by the Winterbourne House model in:
  - Oxfordshire
  - Buckinghamshire
  - Berkshire
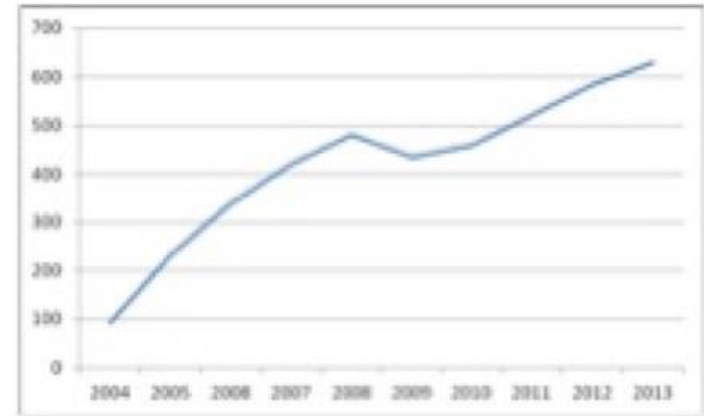 - Milton Keynes

Oxfordshire Complex Needs Service (CNS)

CNS Organisation

- Total budget £850k

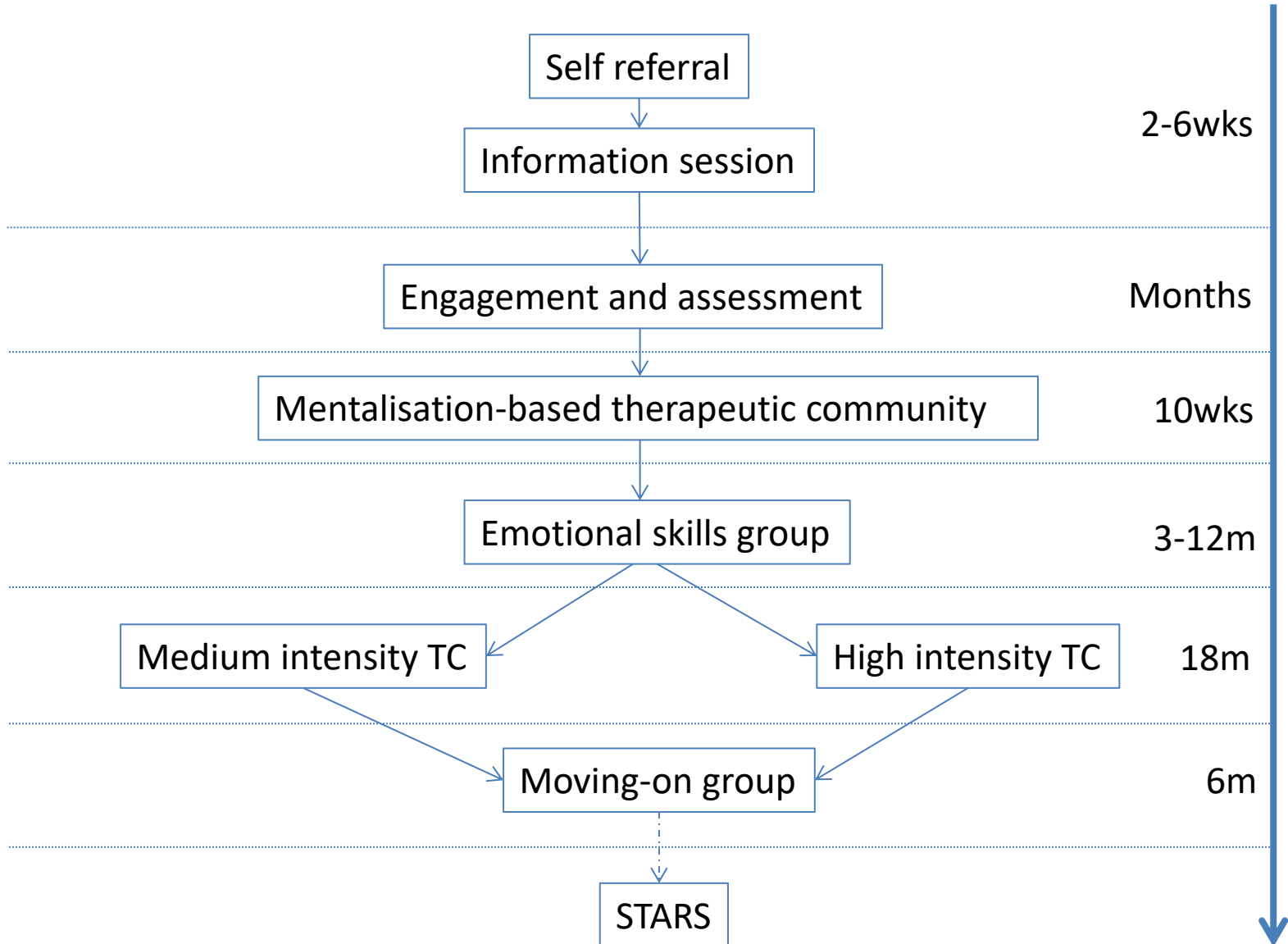- 12 WTE staff

- 700 referrals annually

CNS Staffing

- 12 WTE staff
  - One consultant medical psychotherapist
  - One staff grade doctor/SHO
  - One administrator
  - One team leader (band 8a; £40-48k)
  - One deputy team leader (band 7; £31-41k)
  - Two clinical leads (band 7)
  - Four band 6s (£26-35k)
  - One band 5 (£22-28k)

CNS Structure

CNS Referral

- Self-referral
- Information sessions
  - Ex-service user involvement (STARS)
  - Psychoeducation about personality disorders
  - Outline treatment pathway

CNS Engagement and Assessment

- Initial sessions with CNS therapists
  - Encourage engagement and identify barriers to engagement (e.g. addiction, housing)
  - Perform initial assessments including SCID-II interview

CNS Mentalisation Based Therapeutic Community

- 2hr weekly group over 10wks

- Up to 16 group members

- Based on Mentalization Based Treatment Introductory (MBT-I) group

- Additional elements from democratic therapeutic community model

Ruscombe-King et al 2017

CNS Emotional Skills Groups

- 2hr weekly group lasting 3-12m
- Preparation for joining a therapeutic community

CNS Therapeutic Communities (TCs)

CNS Therapeutic Communities (TCs)

- Three medium intensity TCs and one high intensity TC

- Each 12-18 members

Example timetable for a three-day-per-week DTC

Monday	Tuesday	Wednesday
9:05–9:15	9:05–9:15	9:05–9:15
Pre-brief	Pre-brief	Pre-brief
9:15–10:15	9:15–10:15	9:15–9:45
Opening community meeting	Opening community meeting	Opening community meeting
10:15–10:30	10:15–10:30	9:45–10:00
Break	Break	Break
10:30–11:45	10:30–11:45	10:00–11:15
Small group	Psychodrama group	Large group
11:45–12:00	11:45–12:45	11:15–11:30
Break	Lunch	Break
12:00–13:00	12:45–13:00	11:30–12:00
Small group feedback (20 mins)	Business meeting	Activity
	13:00–14:00	12:00–12:30
and Closing community meeting	Focus group or SCIDs group (alternating weekly)	Closing community meeting
TC closes	14:00–14:15	TC closes
	Break	
14:00–16:00	14:15–15:15	
Preparatory group	Creative group	
	(with feedback)	
	15:15–15:30	
	Break	
	15:30–16:30	
	Thursday and Friday discussion (20 minutes)	
	and Closing community meeting	
	TC closes	

Pearce & Haigh 2017

CNS Moving-On

- Moving-on group – 8 fortnightly sessions

- Follow-up review at 6m

- Next Steps – social group run by ex-service users

- STARS (Support Training and Recovery Service) – regional group of ex-service users and staff from therapeutic communities

CNS Other Services

- Other services provided
  - Family and friends group
  - Consultation, supervision (SCM), and second opinions
  - GP and ward outreach

CNS Outcomes

- Randomised controlled trial over 2yrs (2009-12)
  - 70 patients referred to CNS
  - Allocated 1:1 to
    - CNS pathway, or
    - 3 sessions of joint crisis planning by the assessing CNS clinician + treatment as usual

Pearce et al 2017

CNS Outcomes

- Primary outcome (inpatient stay)

- Secondary outcomes

Pearce et al 2017

CNS Testimonials

- Emma:
  - "It saved my life
  - "I lived in hell everyday, suffering from BPD and chronic low self esteem, unable to go out my home and socialise
  - "I was addicted to codeine and other prescription drugs and binge drinking
  - "I hated who I was and I couldn't cope with life. My children suffered emotionally and I was unable to give them the emotional care they deserved - like every child deserves

CNS Testimonials

- Emma:
  - "The 18-month therapeutic community is the most intensive therapy you can get. It saves lives and I believe it saved mine
  - "I have confidence for once in my life and I no longer have to use my coping mechanisms to get through life anymore
  - "I feel free and able to go out into the world and achieve when I leave I want to be a support worker for people that suffer from drug addictions and alcohol abuse
  - "I believe not only did this therapy give me a new life it gave me the skills to help others."

CNS Testimonials

- Kelly:
  - "I started the process unable to sustain healthy and fulfilling relationships which impacted every aspect of my life, it affected my professional life, my social life and my personal life to the point of complete despair
  - "I lost sight of a future and felt cast out into the darkness, suicide often felt like my only way out
  - "TC was a light in the distance that offered me another option, hope. It offered me the chance to be apart of something, it was a place where I was understood and all of me was excepted and embraced

CNS Testimonials

- Kelly:
    - "Group therapy is a gift. The gift for me was the challenge of being in relationship with the community members
    - "The painful and destructive dynamics that had brought me to TC played out within the community, thus giving me the opportunity to understand the cause and effect and the option to do something different
    - "Being a part of the community not only helped me to understand myself but it gave me understanding of others, which in turn offered me the experience of a healthy relationship."

CNS as a Dedicated Personality Disorder Service

- From a therapist perspective
  - Stepped care
  - Ethos
  - Peer dynamics
  - Demanding

- From a community psychiatrist perspective
  - Optimism
  - Inflexibility
  - Consistency
  - Liaison

National Picture in England

- 2015 survey of personality disorder service provision in English mental health trusts:
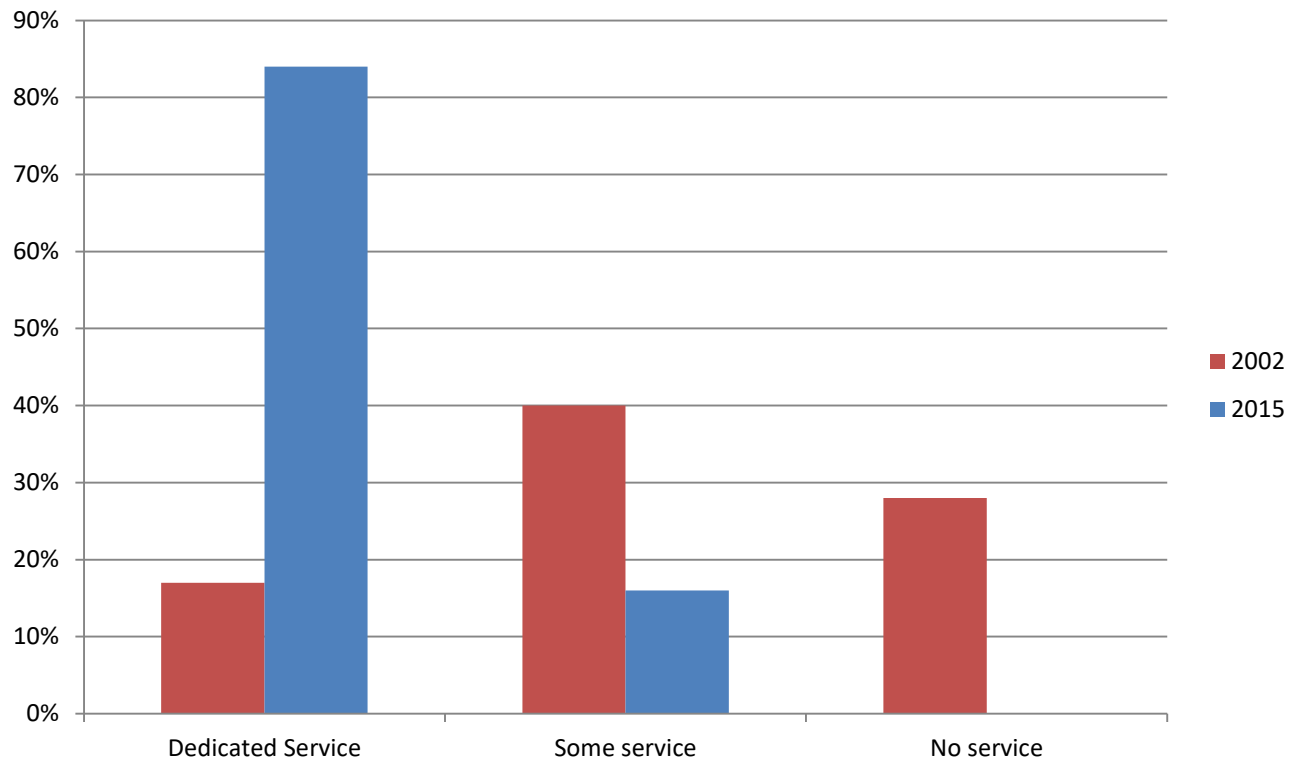
Dale et al 2017

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