DBT in a Community Mental Health Setting

The CMHT and Personality Disorder services

Deirdre Jackson
Consultant Psychiatrist
Kildare West Wicklow Mental Health Service

Declaration of interest: None

KWWMHS Personality Disorder and related services

- 9 CMHTs, total population just over 240k
- Pilot MBT programme in Mid-East sector, currently closed
- DBT in North East since 00s
- DBT in North West/Mid North since 2013 + North East (pop approx. 79k)
- DBT in Mid West since 2015 (pop approx. 63K)
- Other KWWMHS –
- Clinical psychology (actual numbers consistently much lower than 1WTE per 25k)
- Pilot Group Analytic Psychotherapy just started in North Kildare
- Day hospital based 'Decider Skills'
- Other External –
- NCS ('Alba') ; Pieta House; MEND/MOVE; Addiction services

Development of DBT in North Kildare

- NE team began DBT in 00s
- NW team joined in 2013: entire MDT, except psychiatry
- Late 2015: loss of DBT team lead DClin; consultant psychiatrist joined as joint team lead with principal MHSW. Temporary arrangement.
- 2018: North became 3 teams, Mid North continued with DBT participation
- 2019: move to use Skills group as combined 'Skills Only' + Full DBT
- 2015/2016: training and short pilot of Family Connections programme
- 2015: short pilot of skills psychoeducation programme
- Governance: each team and sector consultant retains responsibility for assessment, triage and ongoing care of participants

Qualitative Study of North Kildare CMHT Nurses Experiences of DBT

- Increased feelings of compassion for people with BPD; more balanced relationships with patients with BPD
- Increased confidence in treating BPD, structure in the midst of chaos
- Use of therapeutic skills with a wide range of patients beyond DBT
- Better awareness of own emotions
- Challenges: difficulty covering group, lack of protected time; need for supervision (external supervision started in 2016)

Mary McNally, 2016

North West Kildare study of service use after DBT (with the National DBT Project)

- 19 participants admitted to programme over first 2 years; 11 completed fully
- Between 6 months prior to programme and 6 months after programme:
- Active DSH reduced steadily from 73% to 9%
- ED visits reduced from 17 to 1 and ambulance use reduced from 5 to 0
- Hospital admissions reduced from 5 (with 98 hospital days) to 0
- Number of appointments with psychiatrist reduced from 48 to 18

Data kindly provided by Ian Parker,
DBT team leader for NW Kildare

Challenges

- RESOURCES! :
- Covering group lead – 2 co-leads required weekly for 1 session throughout the year. Can be: 1 experienced lead + 1 less experienced
- Continuity of group leadership
- Protected time for attendance at consult (intermittent problem)
- Burn out of staff – in particular when leading group + doing 1-1 in addition to usual roles over a long period
- Lack of time for Family Programme, 'Skills Only' (partially addressed by mixed group in 2019)
- Getting new members trained
- Working across 3 sectors, geography, time for travel etc.. : mostly manageable
- 2 - 3 sessions per week would stabilize the programme long term (e.g. sessions from a DClin, suitably qualified ANP with psychiatrist in consult, Senior Psychiatrist)

Issues for design of PD services: ACCESS

1. Unmet need: treatment for Severe & Complex (e.g. 1PD '*PLUS*'…)

2. For non-complex BPD (1 threshold PD (or +some traits/mild other PD); no severe axis 1) need to maintain current capacity:

- 20 full programme places 1yr (DBT cycle) in area that is 56% of county = 60 full programme places every 1.75yr (MBTi+MBT cycle) across KWWMHS
- For an MBT based PD service: big gap (resources, need, ability to commit) between MBTi only vs MBTi + full MBT
- Solutions??..
- MBT for Severe & Complex. In addition to…
- Shorter, structured programmes ?? SCM (with RF focus explicit in group).. either within PD service, PD with CMHT staff as hub & spoke *or* continue CMHT DBT (with adequate resource where psychology not involved to ensure sustainability)

Issues for design of PD services: CMHT role

- Managing transition periods (assessment, waiting lists, transfers to-from, re-referrals/crises):
  - Staff skills and morale
  - Patient experience, confidence & trust in service
- CMHT education for assessment of most presentations
- PD service for assessment and recommendations for unusual cases AND: CMHT resources to follow through on recommendations!

Issues for design of PD services: GAPS

Consultation and needs assessment…

- Programme places needed for BPD??:
- 1-2% community prevalence (e.g. Coid et al, 2006), 11-20% all outpatients (Paris, 2005) ?? % of these suitable for (stepped) structured programmes..??measurement of severity and complexity
- Difficult to engage but recurrent presentations, males, drop outs [consistently moderate-high drop out rates from *all* structured clinical programmes: 25% -50% (Barnicot et al, 2011; Gaglia et al, 2013)]
- Families (Hoffman, Fruzetti & Buteau, (2007); SCM model (Bateman & Krawitz, 2013))
- Parents (e.g. Lighthouse Programme, (Gerry Byrne, Anna Freud Centre))
- Cluster C PDs; chronic affective disorders…

References

- Barnicot K, Katsakou C, Marougka S, Priebe S. Treatment completion in psychotherapy for borderline personality disorder-a systematic review and meta-analysis. Acta Psychiatr Scand 2011: 1223: 327-38
- Bateman A, Krawitz R. (2013) Borderline Personality Disorder. Oxford University Press.
- Coid J, Yang M, Tyrer P, Roberts A, Ullrich S. (2006) Prevalence and correlates of personality disorder in Great Britain. British Journal of Psychiatry, 188: (423-431)
- Gaglia A, Essletzbichler J, Barnicot K, Bhatti N, Priebe S. (2013) Dropping out of dialectical behaviour therapy in the NHS: the role of care coordination. The Psychiatrist, 37: 267-271.
- Hoffman P, Fruzzetti A,Buteau E. (2007) Understanding and engaging families: An education, skills and support program for relatives impacted by borderline personality disorder, Journal of Mental Health, 16:1, 69-82
- Paris, J. (2005) Recent advances in the treatment of borderline personality disorder. Canadian Journal of Psychiatry, 50(8): 435-41