Personality Disorder Treatment in Northern Ireland – Where are we now …

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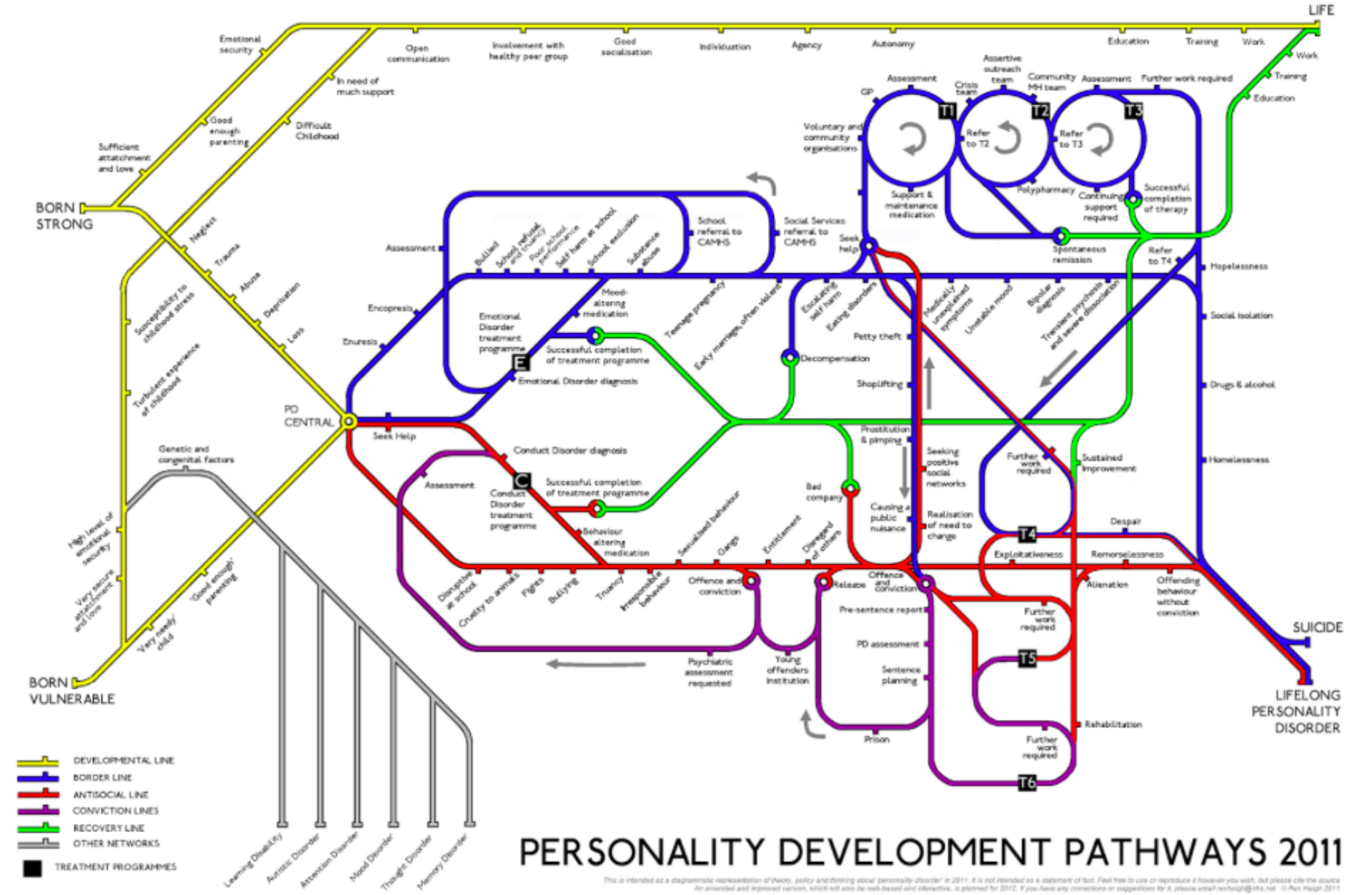
14th November 2019 All Ireland Psychiatry Conference



PERSONALITY DEVELOPMENT PATHWAYS 2011

The NHS PD Services in NI in 2010

- Sparse
- Beginning of PD service in Belfast
- No other specialist PD services regionally

- But …. Launch of

PERSONALITY DISORDER: A DIAGNOSIS FOR INCLUSION

THE NORTHERN IRELAND PERSONALITY DISORDER STRATEGY

JUNE 2010

- General psychiatry
- CMHT key worker
- Clinical psychology
- Psychotherapy services

Alongside & Since then …

NICE

Borderline personality disorder: recognition and management

Clinical guideline
Published: 28 January 2009
nice.org.uk/guidance/cg78

Antisocial personality disorder: prevention and management

Clinical guideline
Published: 28 January 2009
nice.org.uk/guidance/cg77

DELIVERING THE BAMFORD VISION

The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability

ACTION PLAN 2012-2015

A Strategic Framework for Adult Mental Health Services

Executive Summary

"Shining lights in dark corners of people's lives"

The Consensus Statement for People with Complex Mental Health Difficulties who are diagnosed with a Personality Disorder

Centre for Mental Health · Royal College of Nursing · BASW · RCGP Royal College of General Practitioners · The British Psychological Society · Anna Freud National Centre for Children and Families · mind · NHS Barnet, Enfield and Haringey Mental Health

ImROC
Implementing Recovery through Organisational Change

Regional Care Pathway for Personality Disorders

September 2014

SAFER CARE FOR PATIENTS WITH PERSONALITY DISORDER

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

learning together
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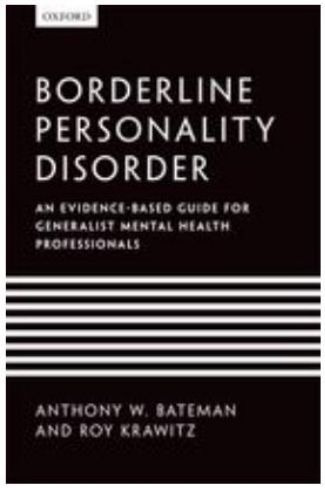
The Evidence for Treatment

- Continues to grow for psychological treatments for the treatment of borderline personality disorder (BPD) and self harm in the context of BPD
- NICE
  - Mentalisation Based Treatment (MBT)
  - Dialectical Behaviour Therapy (DBT)
  - Transference focused Psychotherapy (TfP)
- Also
  - Schema Therapy – Cognitive Behaviour Therapy
  - Cognitive Analytic Therapy - CAT
- Essentially an acceptance that all of these therapies work
- Good Psychiatric Management or Structured Clinical Management is almost as good as specialist therapies – "carefully considered, well structured and coherent" psychological informed treatment helps

NICE

***Panel 1*: Five common characteristics of evidence-based treatments for borderline personality disorder**

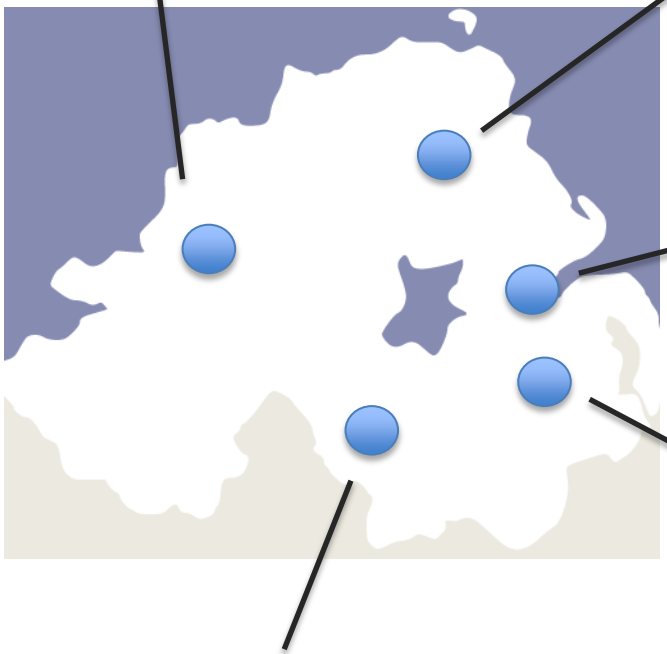
1. Structured (manual directed) approaches to prototypic borderline personality disorder problems
2. Patients are encouraged to assume control of themselves (ie, sense of agency)
3. Therapists help connections of feelings to events and actions
4. Therapists are active, responsive, and validating
5. Therapists discuss cases, including personal reactions, with others



NHS PD Services in NI 2018

WHSCT – DBT Service Model

NHSCT – MBT & limited DBT service



BHSCT - MBT Service exploring TfP

SEHSCT - DBT Service exploring CAT

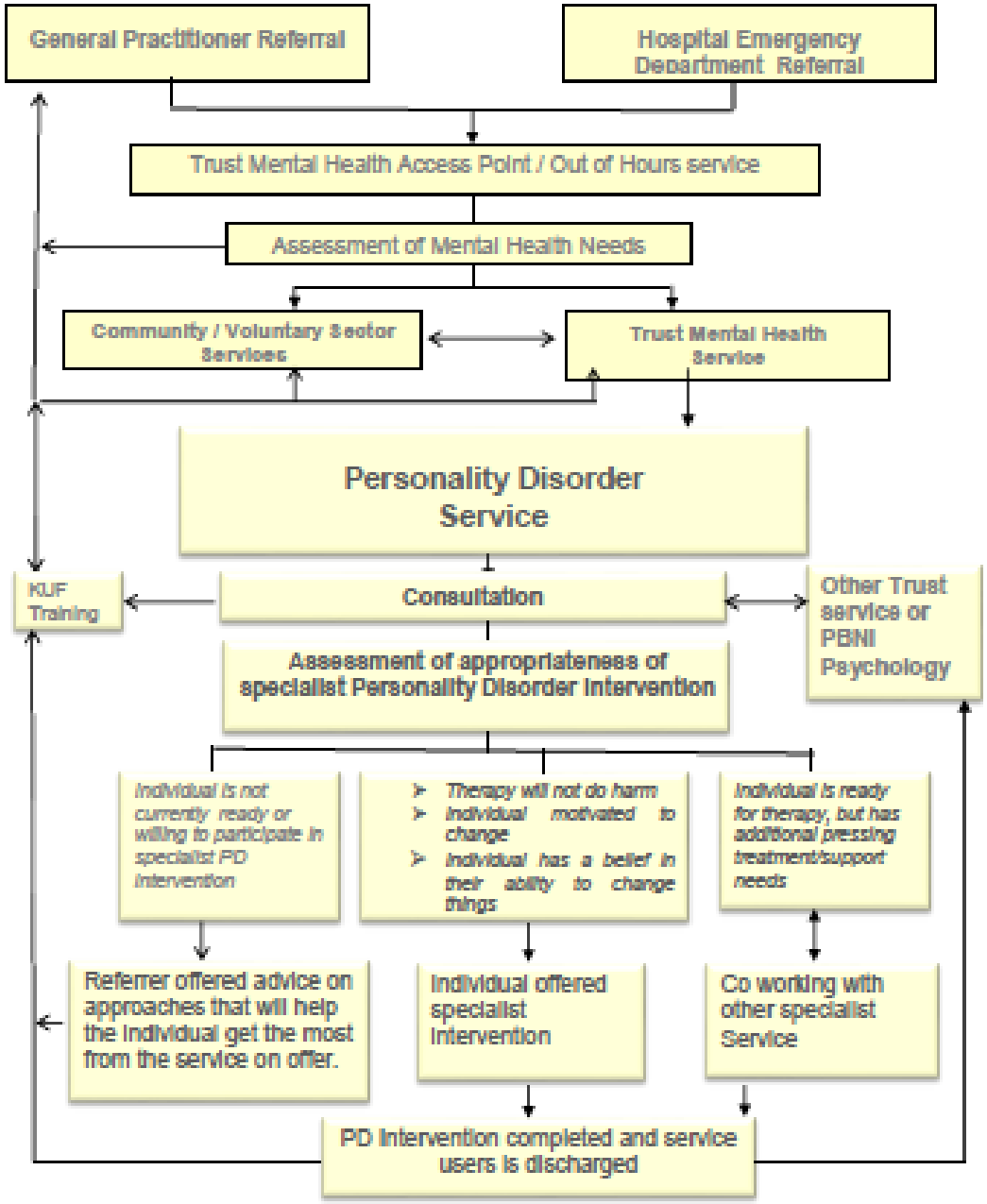
SHSCT – DBT & limited MBT Service

personality disorder
knowledge & understanding framework

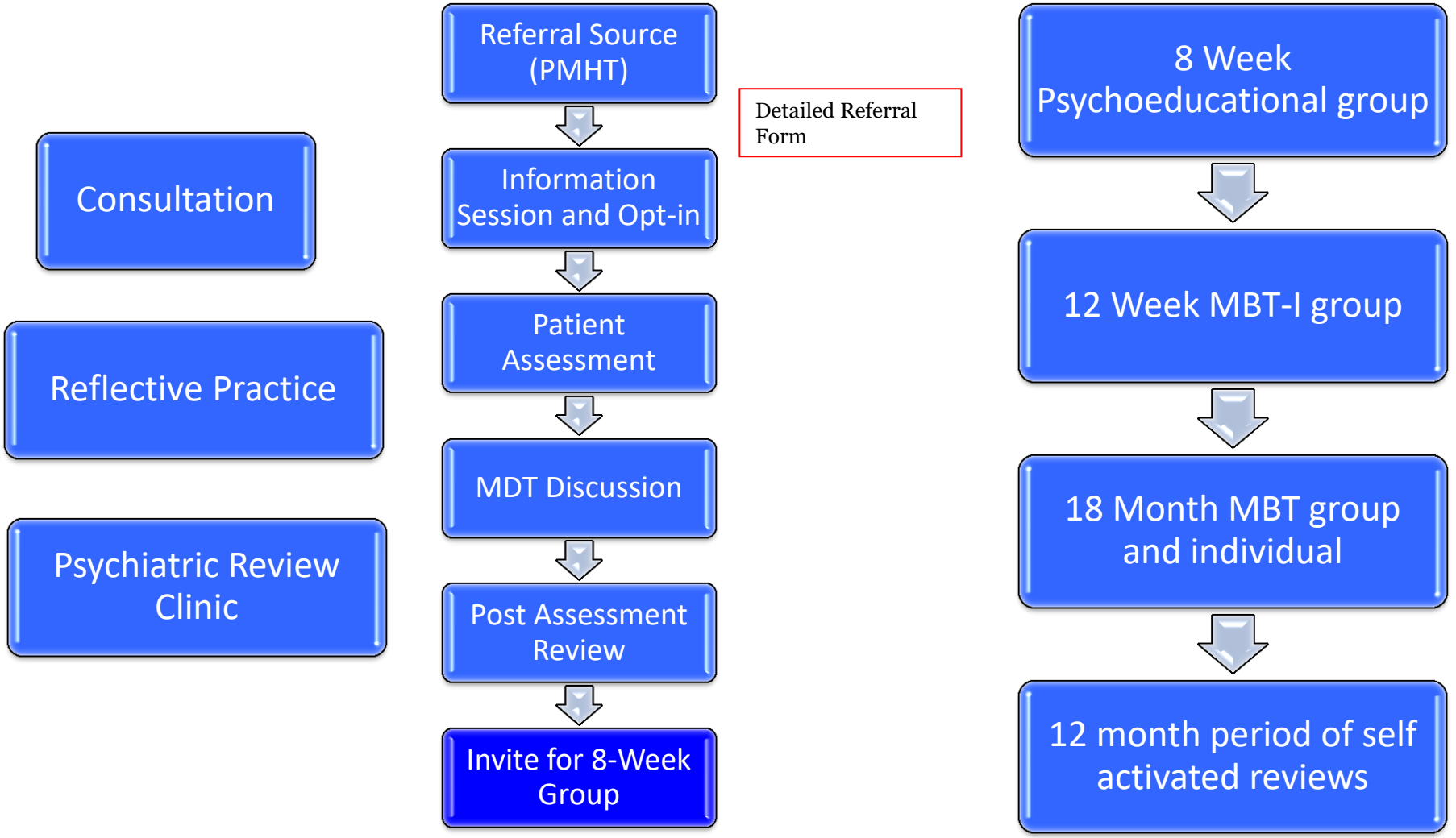
Regional Care Pathway for Personality Disorders

September 2014

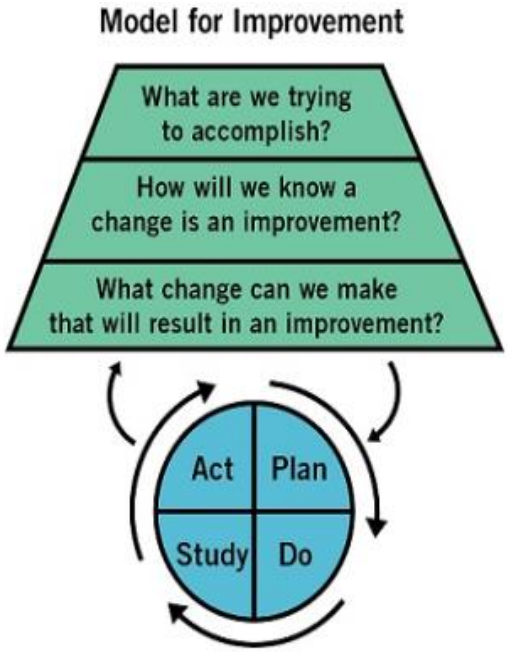
Diagram 1: Care Pathway at aGlance

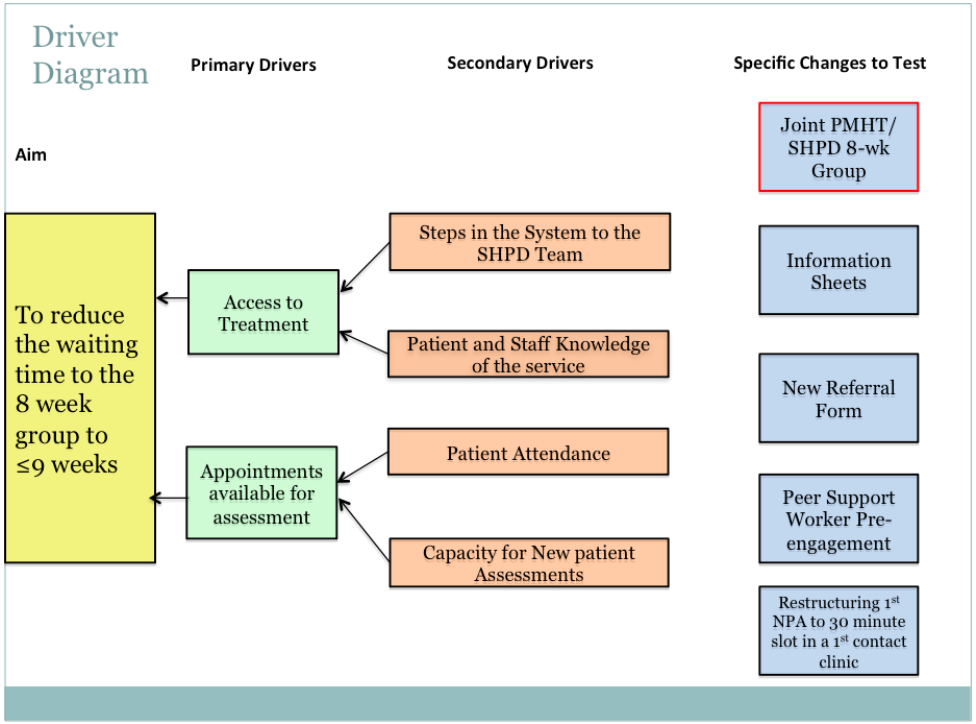


BHSCT Self Harm PD Service
MBT Treatment Pathway

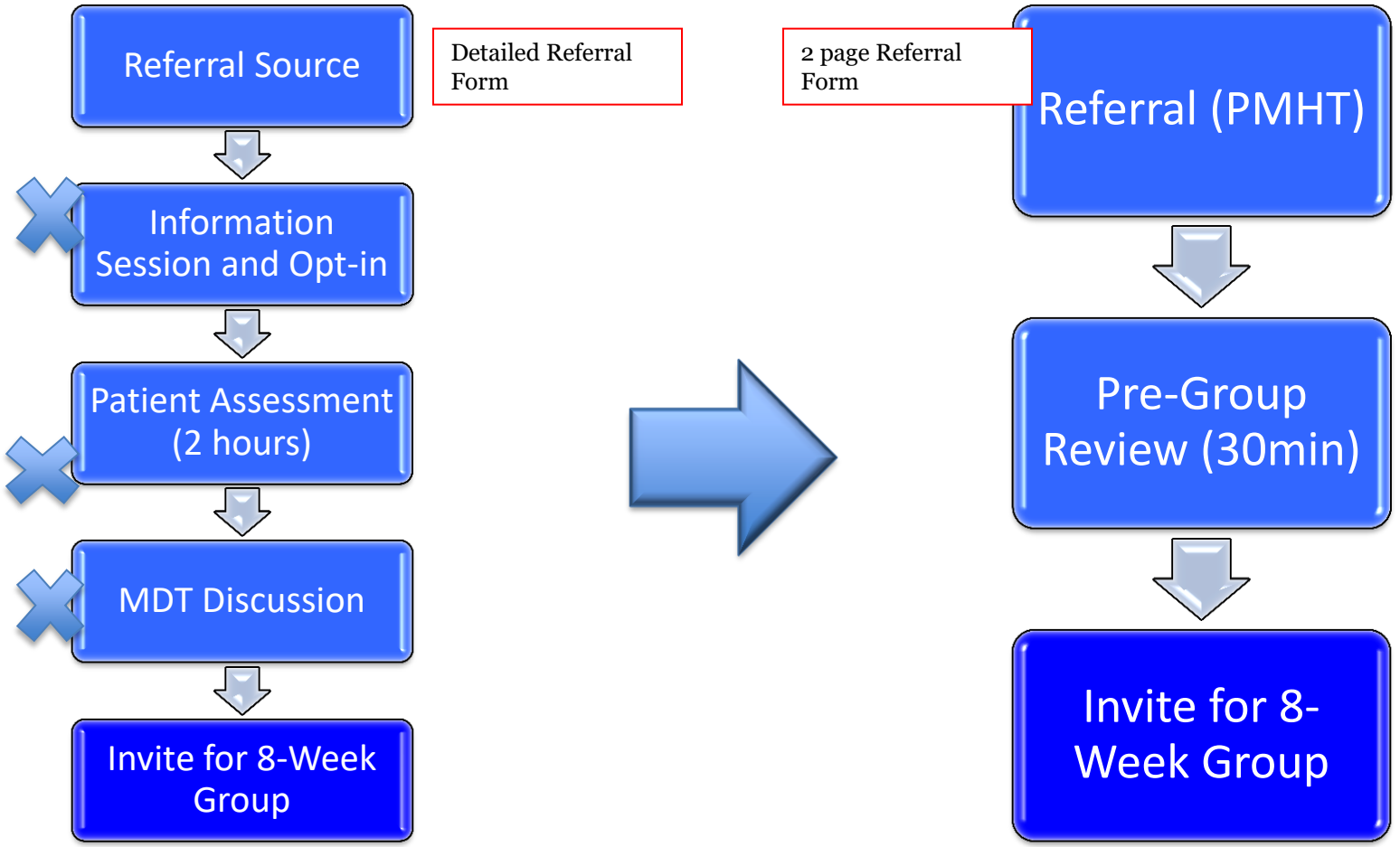


BHSCT Increasing Access to Treatment with Quality Improvement

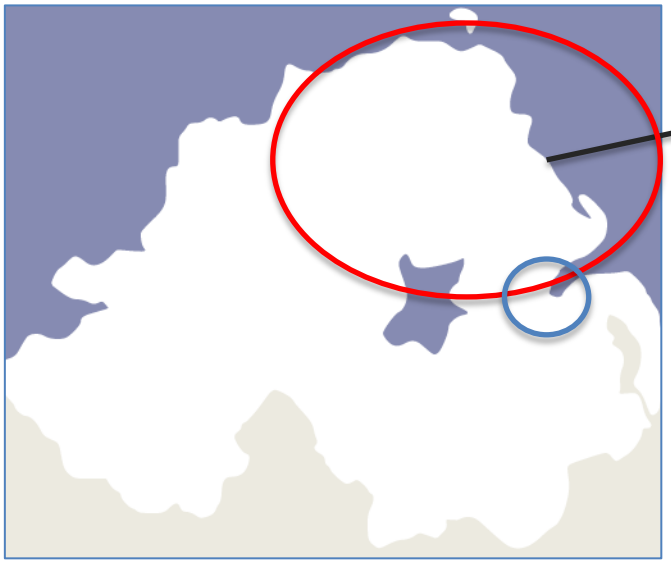




Removing Steps in the Process – Psychoeducational Group in the CMHT



Challenges of Rural Spread in NI



NHSCT – MBT & DBT service

- Versions of hub & spoke
  - Main treatment in central base
  - Rotate psychoed groups around rural locations
  - Having fixed outposts could help make booking of rooms easier
- Challenges of practitioners becoming isolated

- Transport & associated costs
  - Bursary for patients
  - Venues close to public transport
  - Expenses for staff
- Benefit can be that in rural areas families are more supportive
  - Potential that family support groups more vital in those areas
- Some areas provided support groups less regularly where intensive therapy groups could not be sustained
- Experiences of patients being very committed to travelling and engaging in treatment they wanted

Potential Learning From NI PD Services

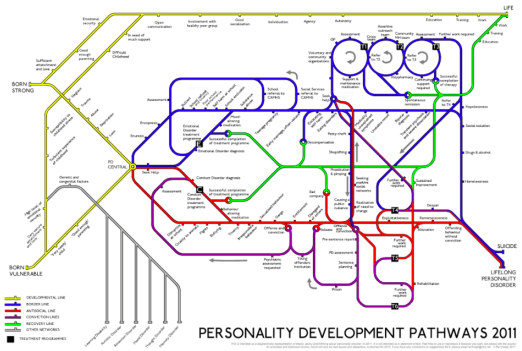
- A main therapeutic model is essential to begin with
- An MDT team is essential
- Co-production is vital
- Therapeutic Challenges
  - Evidence based treatments often involve groups
  - Where does counseling and psychotherapy sit
  - Arts therapies
- Integrate both clinical measurement tools and formulations from the outset

Service Challenges

- Managing expectation
  - Specialist psychotherapy service not a CMHT for PD
  - Need to maintain a ‘close to the front door’ not ‘ivory tower’ ethos
  - Joint working and consultation
- Once a patient is with they service ‘they have a PD’ as far as other services are concerned
- Occupational-social recovery is a challenge
- Diagnosis
    - Growing SU preference for Complex PTSD
    - Differential diagnoses of Autism and ADHD
- ECRs - Not everyone manages outpatient psychotherapy for PD

If I was starting from the beginning

- QI with SU input
- Test with a small group of patients
- Measure clinically and service utilisation eg. GP, ED
- Work closely with CMHT



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