South London and Maudsley NHS
NHS Foundation Trust

Developing Services for personality disorder

Strategy 2015 - 2020

Contents:

Aims & Context

The South London & Maudsley NHS Foundation Trust (SLaM) provides a range of mental health services across Lambeth, Lewisham, Southwark & Croydon.

This strategy sets out how we intend to improve personality disorder (PD) services from November 2015.

The strategy builds on and links with recent changes within our community mental health services:

- The introduction of integrated psychological therapy services
- The reconfiguration of adult mental health community services (AMH model) in Lambeth & Lewisham and planned changes in Croydon & Southwark.

The strategy is set within the framework and principles described in the *NHS Five Year Forward View* (2014). This challenges us to consider 'where' services are delivered across the primary – secondary – specialist pathways and 'how' we can remove barriers that work against us delivering local care which is integrated with other providers.

We also consider the Department of Health's 2009 document *'Recognising complexity: Commissioning guidance for personality disorder services'*. This is based on learning from the National Personality Disorder Programme (in particular, learning about best practice from the 15 pilot PD services) and feedback and comments from people who use services. Commissioners are calling for improved:

- ***" Recognition -*** *Unless personality disorders are recognised and addressed, successful outcomes are unlikely.*
- ***Assessment and engagement -*** *engagement is key to success. People with PD may be suspicious, mistrustful and difficult to engage. Like assertive outreach services, PD services have to develop ways of responding to clients that maximise successful engagement.*
- ***Case management -*** *Case management is as important as therapeutic interventions and of itself can have a positive effect on individuals and systems. It holds clients through the care pathway and maintains relationships with other agencies and services. Feedback from service users is that 'feeling safe' is an important part of the treatment process.*
- ***Pathway planning -*** *is important for more specialised services. It needs to be a part of service design, linked to other services through partnerships, and a routine part of assessment and case planning. Where pathways are not appropriately developed, clients get stuck and services are limited in their capacity to achieve recovery outcomes.*
- ***Community services partnership*** *- PD services cannot exist in a clinical vacuum and need to establish networks and linkages (such as managed clinical networks) to help clients access the full range of public services they may need.*
- ***Mental well-being and pro-social behaviours -*** *These outcomes reflect the anticipated benefits to service users in relation to the complex problems they face. Feedback from service users shows that improved hopefulness, self-confidence and feeling more in charge gradually increase through engagement and treatment. Improved mental well-being and stability also reduces the inappropriate use of services, enabling commissioners to use scarce resources effectively.*

- ***Recovery and longer-term social functioning -*** *Service users have consistently said that reducing mental ill health through reduced self-harm or crises, for example, is not enough. Getting a life must be part of the goal which means better relationships and continuing progress in managing their lives". (Recognising Complexity 2009)*

The strategy outlines both short term and longer term plans:-

- Initially, plans will focus on how we can contribute to the *Crisis Concordat* work already taking place across London to improve the way people are supported in crisis and develop alternatives to hospital admissions. This is in line with work across all adult mental health (AMH) services in the Trust.
- We will then outline what we hope to achieve in the longer term in response to *The Five Year Forward View* and the continued development of community AMH services.

Background

We developed the strategy in consultation with people who use our services, their families & carers, SLaM staff, staff from other interested organisations and GP's. For more information about how people were involved, please go to the 'Involving People' section.

For several years we have been talking and listening to people about how services for personality disorders can be improved. At the beginning of 2014 we ran a specific programme of involvement that would help us develop plans to improve services for people with a range of personality disorders. Our discussions showed that:

1. Currently, people can get support/treatment for personality disorders in Community Mental Health Teams, within Psychological Therapy services and within Specialist Services for personality disorder. There is one SLaM community based service offering self referral and open ended support – SUN. Young people may be seen in the Children & Adolescent Mental Health service and treatment/support is available through the Forensic Mental Health Services. People have access to a range of support within general adult mental health services such as vocational support and there are also a number of voluntary sector providers offering general mental health support.

2. There are areas of good practice – the availability of a range of psychological therapies, working in a recovery focussed way, the engagement skills of some staff, the availability of specialist services across the 4 boroughs, the SUN model.

3. However, there is a general lack of clarity about who the personality disorder pathway is for and what is available. Communication and information sharing between SLaM services, primary care and other support available in the pathway has been identified as an area to improve.

Our discussions highlighted the need to consider the following things within our strategy:

- Improved care for people who have a high number of crises involving many hospital admissions
- Offering appropriate ongoing or longer term support for people who need it
- Improved community services
- Easy and equal access to appropriate services across all the boroughs covered by SLaM including psychological care
- Offering the right treatment and support early on for young people and parents
- Improved links with GPs and the interface with primary care
- Improved information and support for family members, friends and carers.

As we developed the strategy, we were mindful of the commissioning guidance *Recognising Complexity 2009,* which outlines the elements of a good service:

- ***"Engaging –*** *as people with PD are mistrustful of services and engagement is key to getting people into treatment and preventing drop-out.*
- ***Flexible and responsive -*** *Including both lower and higher intensity interventions tailored to individual need.*
- ***Supported by case management/CPA -*** *Case management is as important as therapeutic interventions and in itself has a positive impact on individuals and systems*
- ***Inclusive of peer group support -*** *Clients report that learning from peers is important. Peers can be involved in running some parts of the service such as group work, activities or out-of-hours support.*
- ***Clearly thought through and articulated and fully understood by staff -*** *Particularly the implications for their own roles and practice.*
- ***Respectful to clients -*** *able to understand and respect issues relating to race, gender, age, disability, religion and sexual orientation."*

The strategy:

1) **Increase alternatives to hospital admission and reduce length of stay**
We will develop the Mood Anxiety & Personality (MAP) Community Teams' capability to provide support and treatment to people with personality disorders

- Everyone being supported in these teams with personality disorder should have a plan to support them when in crisis. This 'Crisis and Support Plan' will be part of an ongoing Recovery and Support Plan and will be held in the person's electronic records. People will develop their Crisis and Support Plan with a staff member and it will be agreed by a range of health professionals involved in their care. This means that if needed it can help assess someone's level of risk and understand their preferences when in crisis. It can also note preferred alternatives to hospital admission, or for some might include a very short admission.
- All staff in MAP Community teams will receive specific training in both Structured Clinical Management – (*Bateman and Krawitz (2013) Borderline Personality Disorder: an evidence-based guide for generalist mental health professionals*) and using Coping Process Theory to develop and amend Crisis and Contingency planning.
- People with a greater level of need will be supported using the Dialectical Behaviour Therapy (DBT) model. All MAP Community treatment teams will include staff trained in using this model
- Staff with specialist knowledge about personality disorders from the MAP Community Teams and the Day Treatment Programmes will help inpatient staff by offering second opinions or advice on how best to support people whilst in hospital.
- If appropriate, staff with specialist knowledge from the MAP Community Teams and/or Day treatment programmes will offer assessments for treatment or continuation of treatment for people on inpatient wards.

We will improve our response to people attending A&E when in crisis

- People with personality disorder attending A&E will be referred to our services by 9.00 am on the working day following their attendance. For people known to our services referral will be to the MAP Community team, and for others, to the Assessment & Liaison Team.
- We will review the referral either by phone or in person and looking at the Crisis and Support Plan, on the day that it is received.
- All Psychiatric Liaison staff will receive specific training on supporting people with personality disorder. This will include using Coping Process Theory to develop a Crisis and Support Plan and also DBT if required.

We will clarify and develop how home treatment teams support people with personality disorder

- Home Treatment Teams will aim to work with people for a short period, with agreed aims that focus on developing a Crisis and Support Plan that can be used in the future.

- All Home Treatment Team staff will receive specific training on supporting people with personality disorder. This will include application of Coping Process Theory and also DBT if required.

The reason that we're supporting these developments is that dedicated PD services alone will not be able to meet need and, as NICE Guideline 78 emphasises, all community mental health services have an important role to play. Consequently Commissioners may wish to use a mixture of specialist and mainstream mental health services to treat and support people with PD and will be looking to us to ensure that mainstream mental health services:

- have inclusive eligibility criteria that really include people with PD
- have information systems that can identify and track people with PD where appropriate
- have systems in place to ensure effective assessment and treatment where there are significant risks
- provide structured clinical management / care co-ordination for people with PD (through CPA or other arrangements)
- provide appropriate, accessible, engaging, longer-term psychological treatment programmes for people with moderate to severe PD
- provide effective assessment and gatekeeping for therapeutic treatments, for other intensive care packages and out-of-area placements
- have sufficient skilled staff with recognised roles relating to PD at key points within community and forensic mental health services for consultation and support to other agencies in relation to people with PD.
- The UCL competence framework for psychological interventions with people with personality disorder will be referenced to maintain a focus on ethical and legal issues, professional skills and values, generic therapeutic competencies, assessment and formulation, and general clinical care.

We will develop a set of requirements, expectations and standards for people brought to a 'place of safety'

We will work with commissioners to develop new initiatives such as 'crisis houses' where people in crisis can get short term support in an environment that feels less clinical than hospitals.

These initiatives will be developed through a staged approach:

1) Firstly through supporting the development of the MAP Community teams with rolling education & training
2) Secondly through supporting the development of the Psychiatric Liaison and Home Treatment Teams with rolling education & training
3) Thirdly, making improvements to the Acute Care Pathway with our colleagues in inpatient services.

2) Improve availability of long term care and crisis management: SUN Projects

We will provide long term open access community based group support services for people with personality disorder (SUN Projects) across all four London boroughs that SLaM serves.

Currently this model operates in Croydon supporting around 150 people. Extending this service to Lambeth Southwark and Lewisham will ensure equal access across SLaM. Patients refer themselves and can use the service as often and for as long as they find it helpful to them. A study showed that within 6 months of using this service people needed 50% fewer days in hospital. (please see Appendix 2 for more information)
The SUN Project is a community based open access service for people with personality disorder. It is available to people who:

- might not be able to engage regularly with other services
- frequently use out of hours and emergency services
- who have other difficulties including problems with drugs & alcohol

The SUN Project supports them, improves their coping and sense of well being, and reduces risk and other service use. There is no waiting list.

3) Improve availability of treatments for a range of personality disorders
We will increase the availability of evidence based treatment within the MAP community teams. We will start by scoping what is currently available:

We will improve access to evidence based psychological therapies within the Integrated Psychological Therapies Teams (IPTTs):

- We will introduce a standardised assessment across all of the IPTTs to allow accurate identification of specific personality disorder and comparison of treatments offered along with their outcomes. This will mean that we can offer treatments consistently to those who need it most. This is one of the recommendations made by NICE in their Quality Standard 88 - Personality Disorders borderline and antisocial (June 2015).
- Across the IPTTs we will apply the current and developing evidence base for treatments for particular types of personality disorders. At the moment the IPTTs offer Family & Systemic Therapy, CAT, MBT, Schema CBT, CBT, Transference Focussed and Psychodynamic Psychotherapy.
- We will aim to make sure that different types of therapies are available across all the IPTTs to make sure that there is an equitable range of treatment choices available
- We will aim to make sure that the waiting times for treatments are similar in each borough
- We will hold quarterly meetings to promote and share best practice and new ideas and to make sure the services are provided safely.

We will increase consistency across the Day Treatment Services

- Each of the three Day Treatment Services will offer an explicit MBT component of their service.
- The services will use an agreed set of standardised assessment and outcome measures to allow comparison between the services. This will help us establish the most effective

treatment in terms of length of treatment & frequency of attendance for different groups of people.

- We will hold quarterly meetings to promote and share best practice and new ideas and to make sure the services are provided safely.

4) **Improve the outlook for people in the future by prioritising young people and parents All MAP services will develop specific strategies for ensuring that the needs of these patient groups are met.**

- These will include rapid response to referral, liaison with social services and CAMHS to identify parents with personality disorder and offering intensive treatment and support for 18 to 25-year-olds. We will reference "Building Brighter Futures for Children" to frame joint working arrangements between commissioners and local authorities, working with other partners to help with early identification and intervention initiatives for those with emerging PD.

5) **Help primary care to support people with personality disorder**

The Day Treatment Services and MAP Treatment Teams will offer support to colleagues working in other parts of the organisation, particularly in our Assessment & Liaison teams.

- They in turn can offer advice and support to colleagues in primary care to ensure that people get the right advice, support and appropriate referral. This will be included in the work already begun in the Engagement Assessment & Stabilisation Pathway.

6) **Improve information and support for family & carers**

We will develop better quality specific information and support for families, friends and carers of people with personality disorder

- In line with the Trust's Family & Carers Strategy 2015 – 2019 we will benchmark our services against the principles outlined in the Triangle of Care. The Triangle of care acknowledges the central role a friend, family member or carer might have, ensures that staff are 'carer aware', addresses issues relating to sharing of information and confidentiality and supports the involvement of friends, family members and carers in the planning and delivery of their loved one's care.

- We will develop Family Connections (a 12 week course that meets weekly to provide education, skills, training and support for people who are in a relationship with someone who has borderline personality disorder).

These opportunities will be available across all the services.

7) **Improve information about personality disorder and available treatment & support We will disseminate information about available treatment & support within specialist mental health services as well as within Primary Care.**

- Working with service users, family & carers we have developed a range of accessible information outlining the all the types of treatment available.

8) **Develop roles which use peoples' lived experience to enhance recovery**
In line with the future vision of the Trust, and across the services, we will explore ways that people can use their lived experience to help others in their recovery.
   - This could be through the development of voluntary or paid roles or through building on existing peer support activities in the boroughs.

9) **Beyond 2015**

Improving Access to Psychological Therapies (IAPT) will complete an evaluation into work with people with severe mental illness by the end of this year.

- This work will inform the development of an on-line clinical care pathway covering all aspects of care for people with personality disorder.

We will work with people who have lived experience of personality disorder to develop outcome measures that relate to peoples' real and identified quality of life.

We will develop a system for monitoring the effectiveness of the developments and of peoples' pathway through the services.

- This system will include understanding people's outcomes as well as their experience of the services.

We will consider developing, in partnership with other providers, a Tier 4 or in-patient service for the appropriate assessment and treatment of diverse population groups with severe and complex personality disorder.

- People may need to be treated on a 24-hour basis or away from home. These include those who present a high risk of harm to self and some whose risk of harm to others has improved so that they can 'step down' from more intensive and secure services.

How people were involved in shaping the strategy

The MAP CAG executive management team holds overall responsibility for developing the strategy with 4 members taking a lead role:

Dr. Steve Miller:	Consultant Psychiatrist & Clinical Pathway Lead for Personality Disorder
James Forrester:	Operational Lead for Personality Disorder Services and Head of Clinical Pathways for Lewisham
Dr. Paul Moran:	Academic Lead For Personality Disorder. Institute of Psychiatry
Alice Glover:	Patient & Public Involvement Lead

A wider "advisory group" informed the plans and developments. This advisory group comprised relevant staff members from across the trust and service user / carer consultants who are active within the MAP CAG.

A series of smaller workshops in 2014 / 2015 focussed on:

- MAP Assessment & Liaison and Treatment teams & Primary care
- Out- patient psychotherapy services
- Day treatment services

Service user and carer input

The MAP CAG has a general service user and carer advisory group where people with lived experience support the work within all the pathways. Over the last few years, interested members of this group had discussions with clinicians and managers about the work. During the strategy development phase they continued to provide the service user or carer perspective and help to ensure that wider involvement happened as appropriate. Discussions took place within service user and carer advisory group meetings, at the smaller workshops above as well as specific meetings on a particular topic. Staff from day treatment services asked their current service users about what was important to consider in the developing strategy. The feedback was considered at one of the smaller workshops mentioned above and by the wider group advising on the content of the strategy.

Public Involvement

In May 2014 a public briefing event was held in Southwark with approximately 70 participants. Service users, carers and staff were invited alongside local organisations such as Healthwatch and mental health support groups. In September 2014 further discussions were held at a Hear Us Forum in Croydon with around 60 participants. Discussions and priorities from these events have informed the content of the strategy. Reports for both events are available on request. Contact: Alice Glover: Tel: 020 3228 0959 Email: alice.glover@slam.nhs.uk.

Equalities Impact

We are considering how any changes or developments to our services may impact positively or negatively on people who we are working with now or in the future. This includes people who use services, their family & carers as well as staff. We use a process called an 'equalities impact assessment'. This helps us to build on information we have already considered to think systematically about how proposed changes might affect people with different 'protected characteristics' of:

- **Age**: includes specific ages and age ranges.
- **Disability**: where a person has a physical or mental impairment that has a substantial and long-term adverse effect on their life. This includes conditions like cancer or HIV.
- **Gender re-assignment**: the process of transitioning from one gender to another.
- **Pregnancy and maternity**: being pregnant and the 26 weeks after giving birth.
- **Race**: including colour, nationality, citizenship and ethnic origin.
- **Religion or belief**: including any belief or lack of a belief that affects a person's life choices or the way they live.
- **Sex**: whether a person is a man or a woman.
- **Sexual orientation**: a person's sexual orientation towards persons of the same sex, opposite sex or either sex
- **Marriage and civil partnership**

Opportunities to comment on the strategy

Comments on the strategy can be forwarded via email, or by telephone to:

Alice Glover – Patient & Public Involvement Lead

Tel: 020 3228 0959
Email: alice.glover@slam.nhs.uk

Jargon buster:

A&E	Accident & Emergency	Accident & Emergency departments in hospitals. Often the first point of contact for people in a mental health crisis out of hours
AMH	Adult Mental Health model	Community mental health services are being developed - putting more resources into community assessment and treatment services focussing on keeping people well. The aim is to reduce the use of inpatient beds.
A&L	Assessment & Liaison	The first community mental health team that GPs refer to
	Care Pathway	How people come into and move through services
CAG	Clinical Academic Group	Trustwide Departments or Directorates which are responsible for the management of SLaM services
CAMHS	Child and Adolescent Mental Health Service	There are four different levels of services for children and adolescents with mental health problems - these are described as Tiers 1, 2, 3 or 4.
	Cawley Centre – Day Treatment Service	SLaM service on the Maudsley site. Set programme based on therapeutic community principles. Primarily for people with personality disorder.
CCG	Clinical Commissioning Group	CCGs are organisations that took over responsibility from Primary Care Trusts to plan the way health services are provided for the local population. They manage commissioning budgets.
CMHT	Community Mental Health Team	Multi-disciplinary teams of mental health professionals. Secondary mental health care
CPA	Care Programme Approach	This is for anyone who needs to see several people or organisations for their care or treatment.
DBT	Dialectical Behaviour Therapy	A psychological therapy designed to help people change patterns of behaviour that are not effective, such as self-harm, suicidal thinking and substance abuse
EAS	Engagement, Assessment & Stabilisation	One of the 'pathways' relating to the work the Assessment & Liaison teams do
HTT	Home Treatment Team	Short term intensive support for people in their homes
IAPT	Improving Access to Psychological Therapies	talking therapies (mainly time limited Cognitive Behavioural Therapy) and self help, Accessed through GP or self referral
IOP	Institute of Psychiatry	
IPTT	Integrated Psychological Therapy Team	Borough based psychology/psychotherapy services provided by SLaM
IPTS	Intensive Psychological Therapy Service – Day Treatment Service	SLaM service based in SE1. Structured day programme, primarily for people with personality disorder
KUF	Knowledge & Understanding	Training around personality disorders for staff. Co-delivered by staff & service users

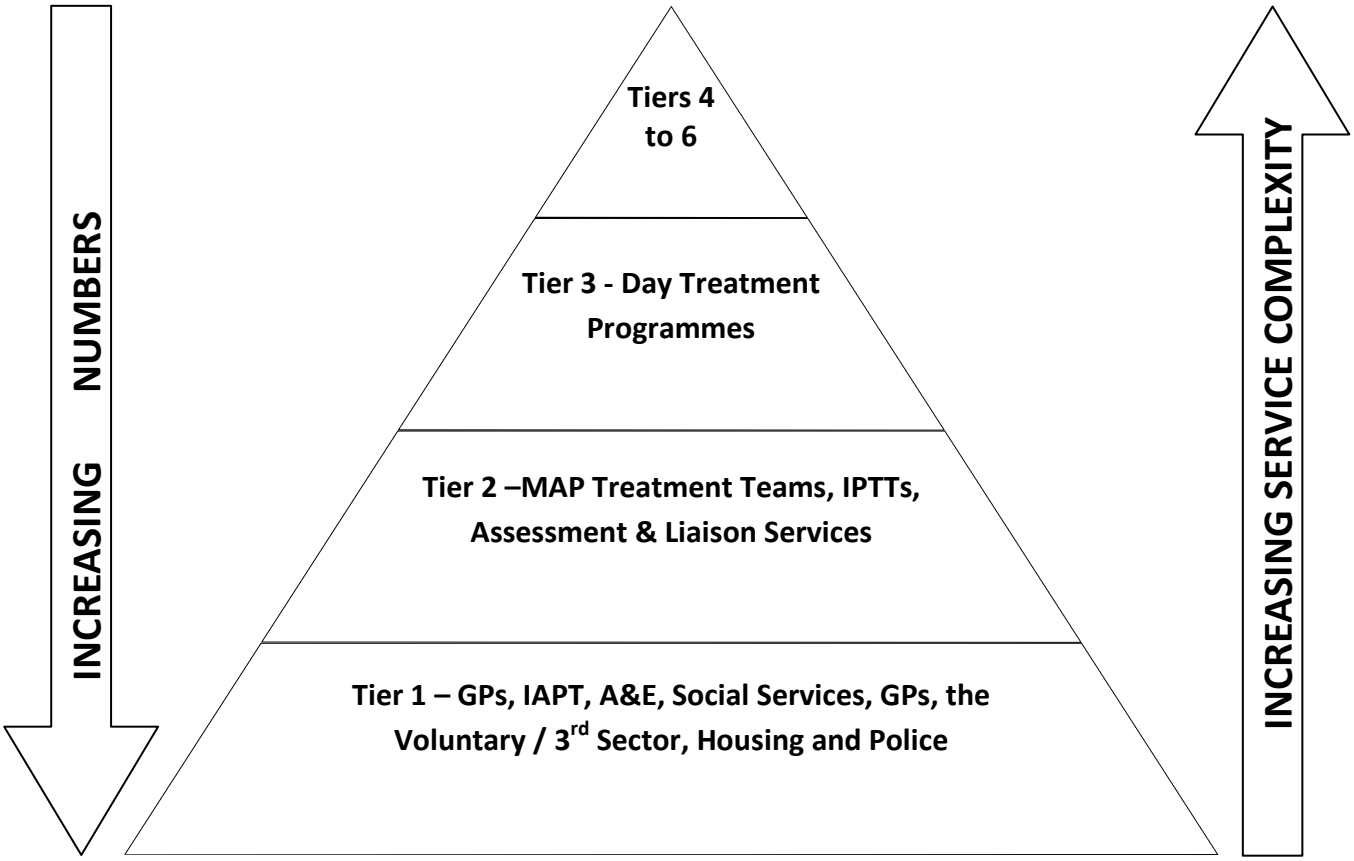
	Framework	
MAP	Mood, Anxiety & Personality	See CAG
	MAP Treatment Team	Community treatment team for people with mood, anxiety & personality disorders
MBT	Mentalisation based therapy	Mentalizing is the process by which we make sense of each other and ourselves. Mentalization based treatment is a time-limited treatment which structures interventions that promote the further development of mentalizing.
PD	Personality Disorder	
PDDP	Personality Disorder Day Programme	Tier 3 Services such as IPTS, the Cawley Centre and Touchstone Centre
PROMS	Patient Reported Outcome Measures	Outcomes from the service that the patient identifies as important to them individually
	Step down	A less intensive service
	Stepped care	Stepped Care is a system of delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first
SUCAG	Service user & carer advisory group	The Clinical Academic Groups have groups of service user & carer consultants that support the management to ensure service user & carer involvement is integrated into the work of the CAG.
SUN	Service User Network	The Service User Network (S.U.N) is a group peer support service which helps people cope with personality disorder and emotional/behavioural difficulties. SLaM has a SUN group in Croydon.
	Touchstone Centre – Day Treatment Service	Service for personality disorder in Croydon offering MBT based structured treatment programme. Primarily for people with personality disorder.

Appendix 1.

Schematic representation of PD services (not to scale)

Personality disorder has been classified as having 6 levels of severity that correspond to 6 tiers of service provision. Tiers 1 to 3 encompass children and young people at risk of developing PD or with emerging PD, people with less serious PD, and people with moderate to severe PD. Tiers 4, 5, and 6 correspond to people with severe and complex PD, people with severe PD who present high risk of harm to others and people with severe PD who present the highest risk of harm to others (DSPD) respectively.

Personality Disorder has a prevalence of 5% of the general population. In health care populations this rises to 10% for GP consultations and 30% to 60% of psychiatry patients (Coid et al 2006).

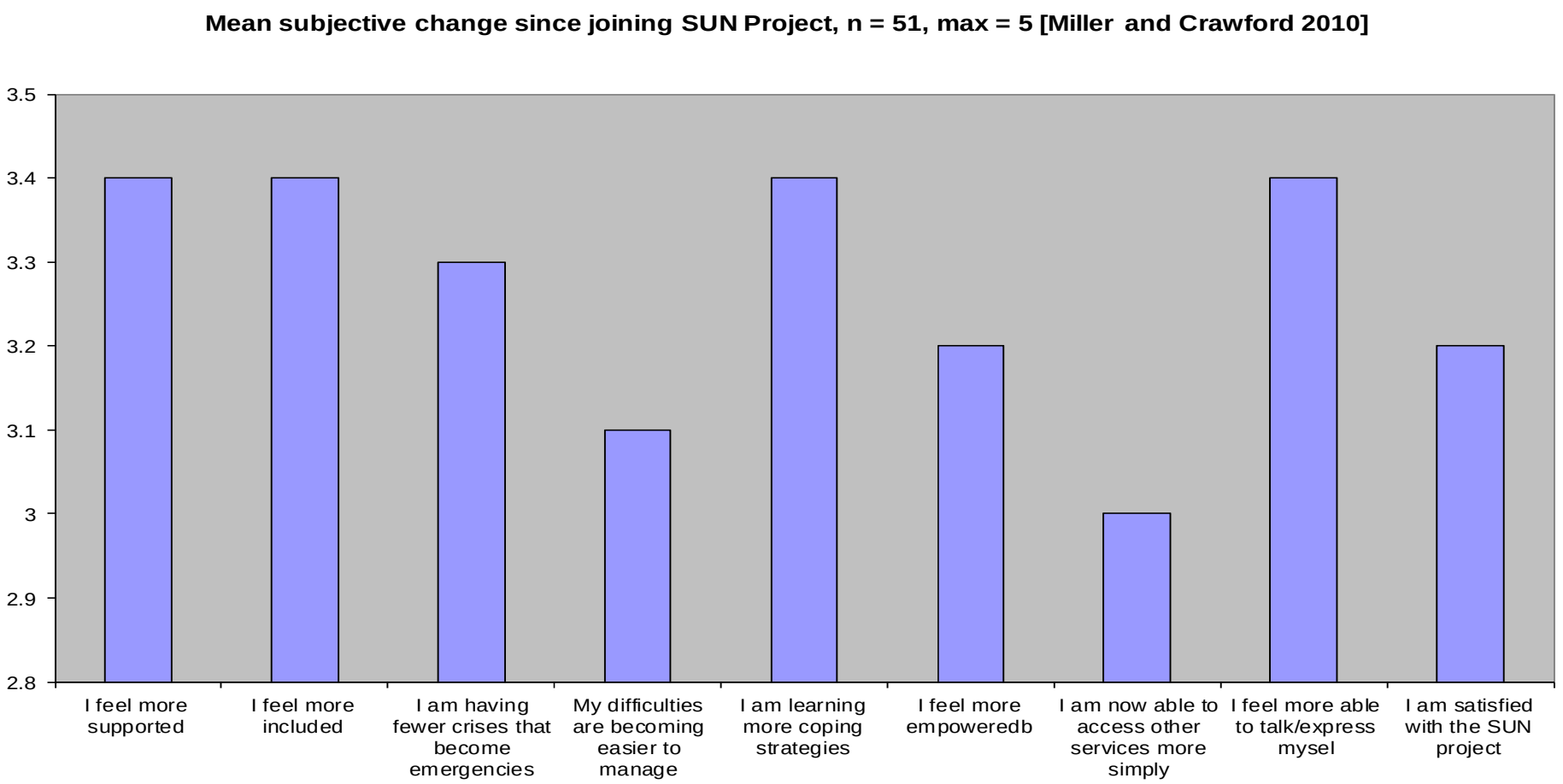


This schematic is for service provision only. Patients with severe and complex difficulties are in all service tiers and also outside of PD services or indeed any health service e.g. in the community, prisons, etc.. Examples of reasons for more disturbed patients not being in more complex and structured treatment services include: being too chaotic to engage, having disorder characteristics that militate against successful outcome, and lack of service capacity.

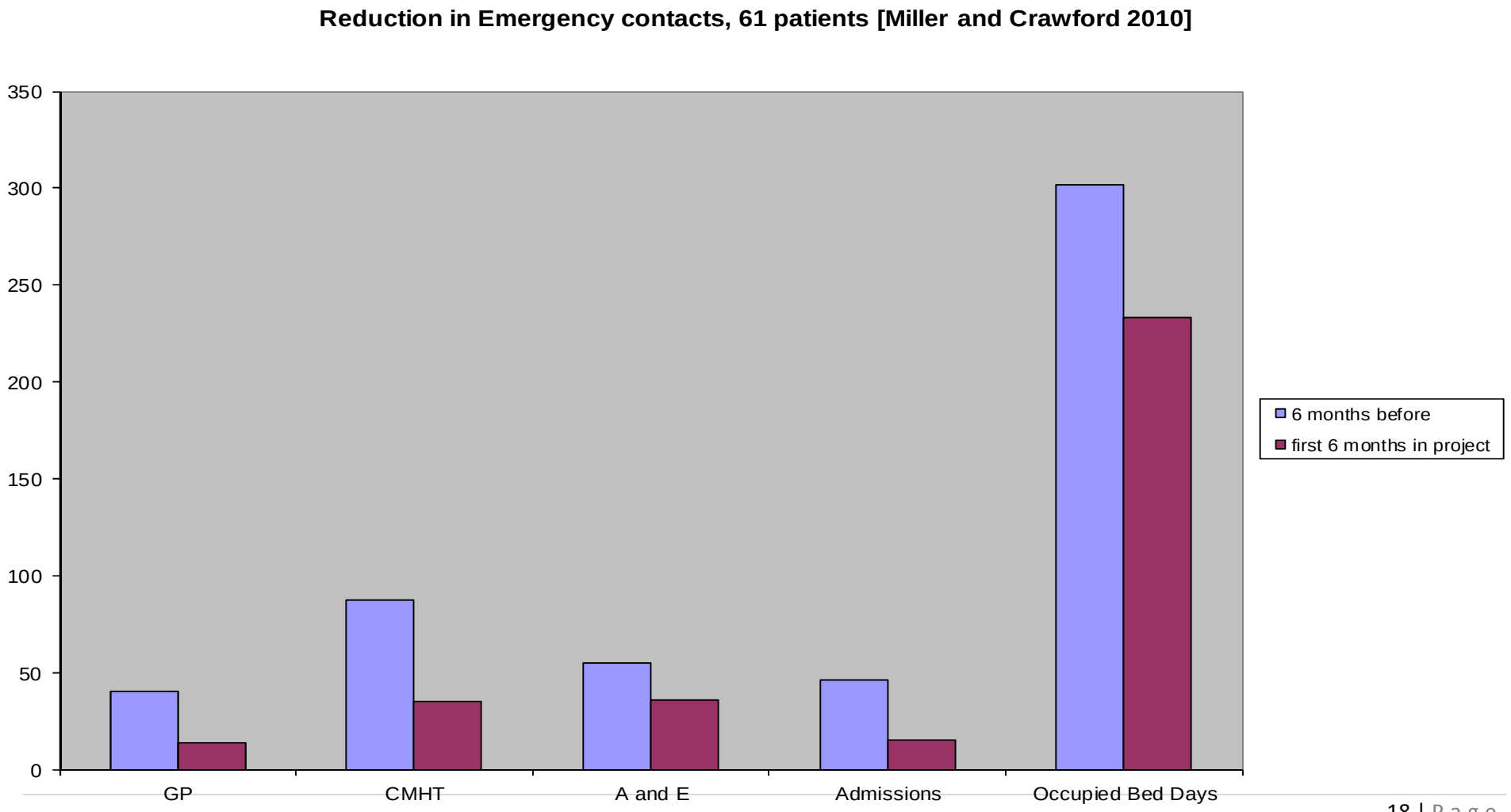
Those in tier 3 to 6 treatment is a relatively small number (much smaller than the diagram implies), thus an effective care pathway must adequately resource provision for patients not able engage or avail themselves of the higher tier services.

Appendix 2. SUN

Subjective Data (St George's)

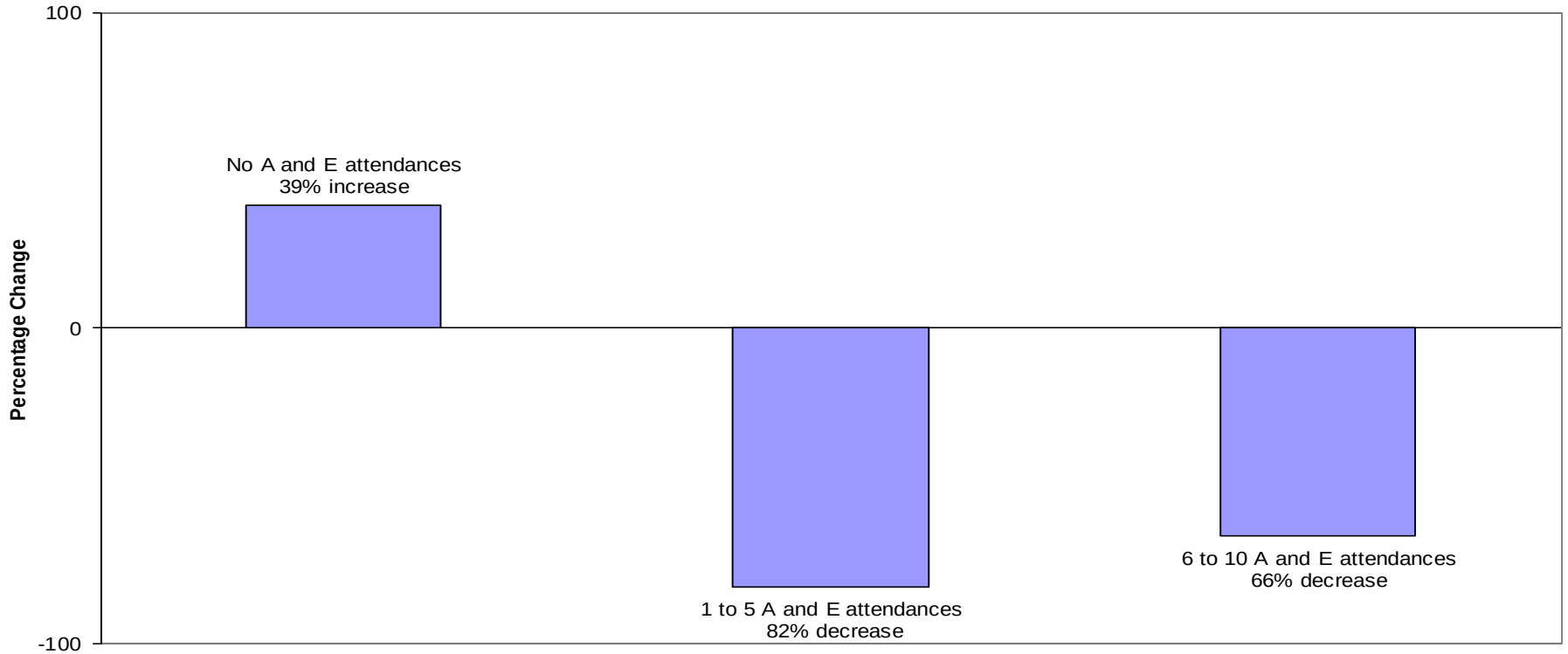


Independent Retrospective Data (St George's)



Independent Prospective Data (St George's)

Percentage change in emergency attendance at A and E for 31 patients in first 9 months in SUN Project, [Data taken from Gillard et al 2010]



The number of people with no A and E attendances increased by 39%, whereas the number with 1 to 5 attendances decreased by 82% and for those with 5 to 10 attendances by 66%

Croydon Personality Disorder Service total bed days 6 months and 12 months before and after. Jones, Juett, and Hill (2012) (n = 72 [SUN = 42])