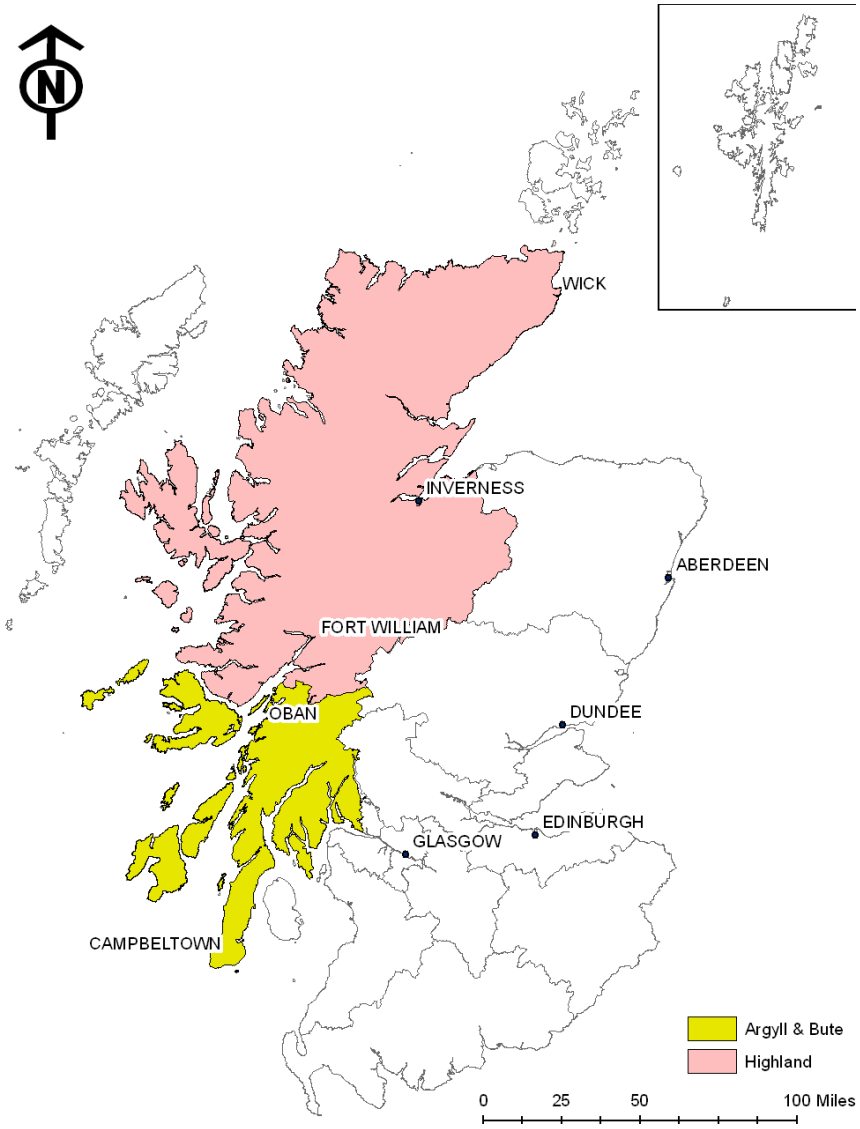
Development of a Personality Disorder Service in the Highlands

Dr Tim Agnew, Consultant Psychiatrist and Psychotherapist

Dr Heather Ireland, Higher Psychiatry Trainee

NHS HIGHLAND – REMOTE and RURAL



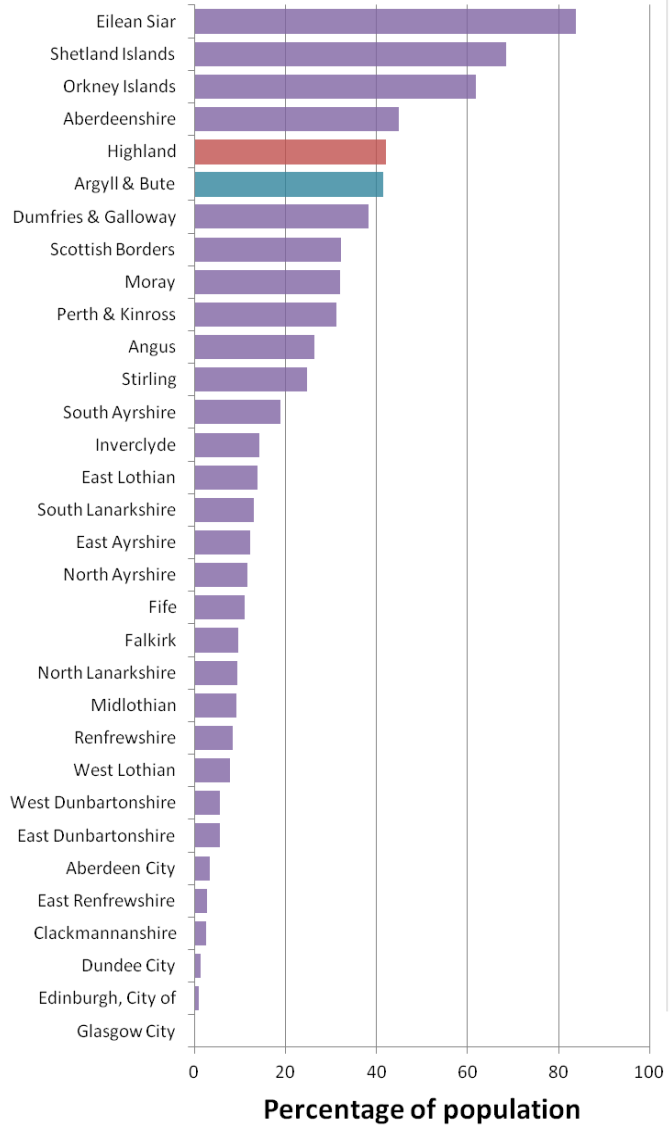
	Population	% of the population of Scotland	% of the land mass of Scotland
Highland	234,110	4.4	33
Argyll & Bute	86,890	1.6	9
NHS Highland	321,000	6.0	42

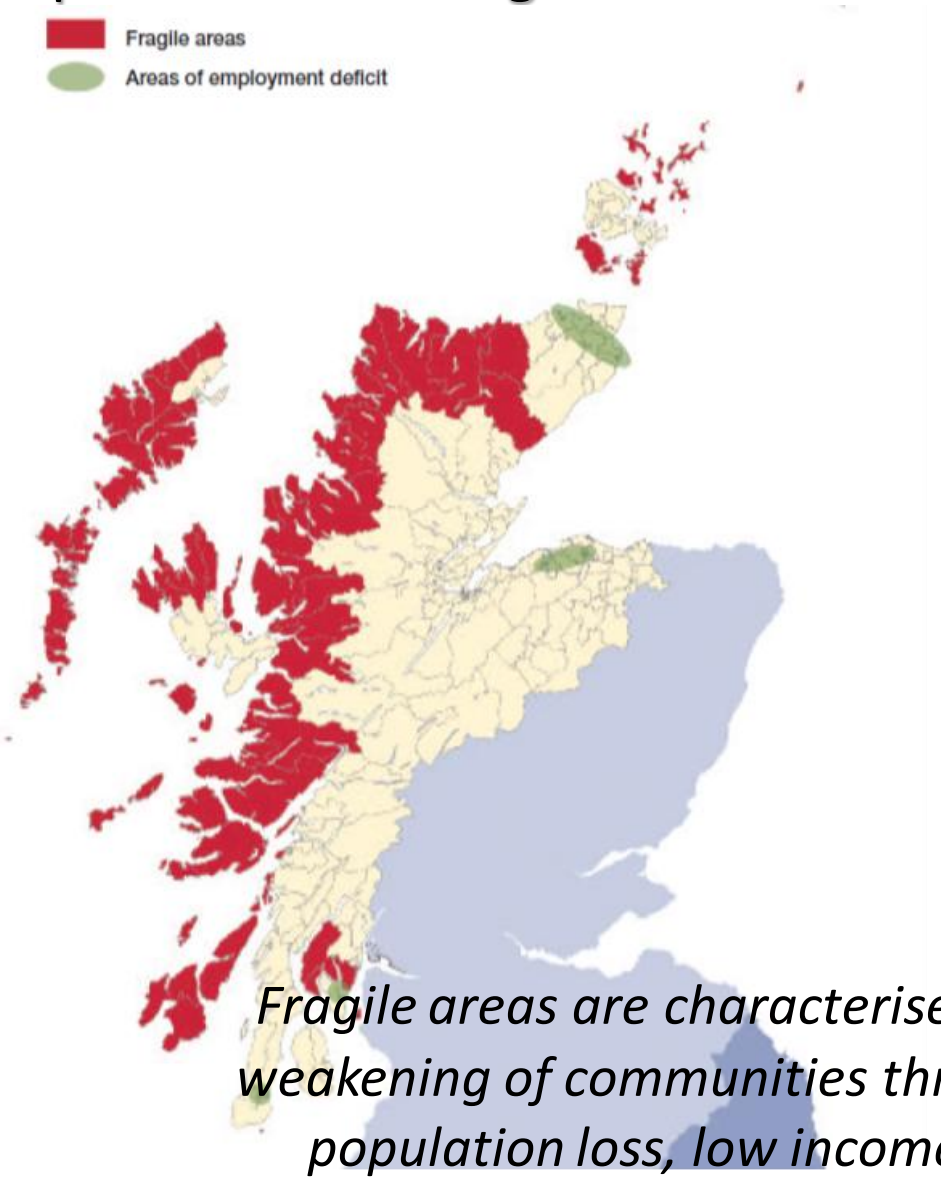
	% of Population
Urban Areas	27.9
Accessible Small Towns	2.7
Accessible Rural Areas	9.9
Remote Small Towns	5.9
Very Remote Small Towns	13.8
Remote Rural Areas	11.7
Very Remote Rural Areas	28.1

Drive times	Inverness
Wick	2 hrs 15 mins
Oban	2 hrs 45 mins
Forth William	1 hrs 40 mins
Campbeltown	5 hrs
Edinburgh	3 hrs 25 mins
Aberdeen	2 hrs 50 mins
Glasgow	3 hrs 25 mins

NHS HIGHLAND – Access Deprivation and 'Fragile' areas

People living in the 15% most access deprived areas in Scotland





Fragile areas are characterised by weakening of communities through population loss, low incomes, limited employment opportunities and remoteness.

Current staffing

- 1 WTE Consultant Psychiatrist
- 2 WTE Specialist Personality Disorder Practitioners
- 0.7 WTE DBT Therapists (7 individuals)
- 0.6 WTE Senior Mental Health and Mental Health Practitioners (4 individuals)
- 0.2 WTE Secondment Mental Health Practitoner (CAS Day Service)
- 3 Service User Volunteers
- 1 WTE Trainee Psychiatrist (usually)

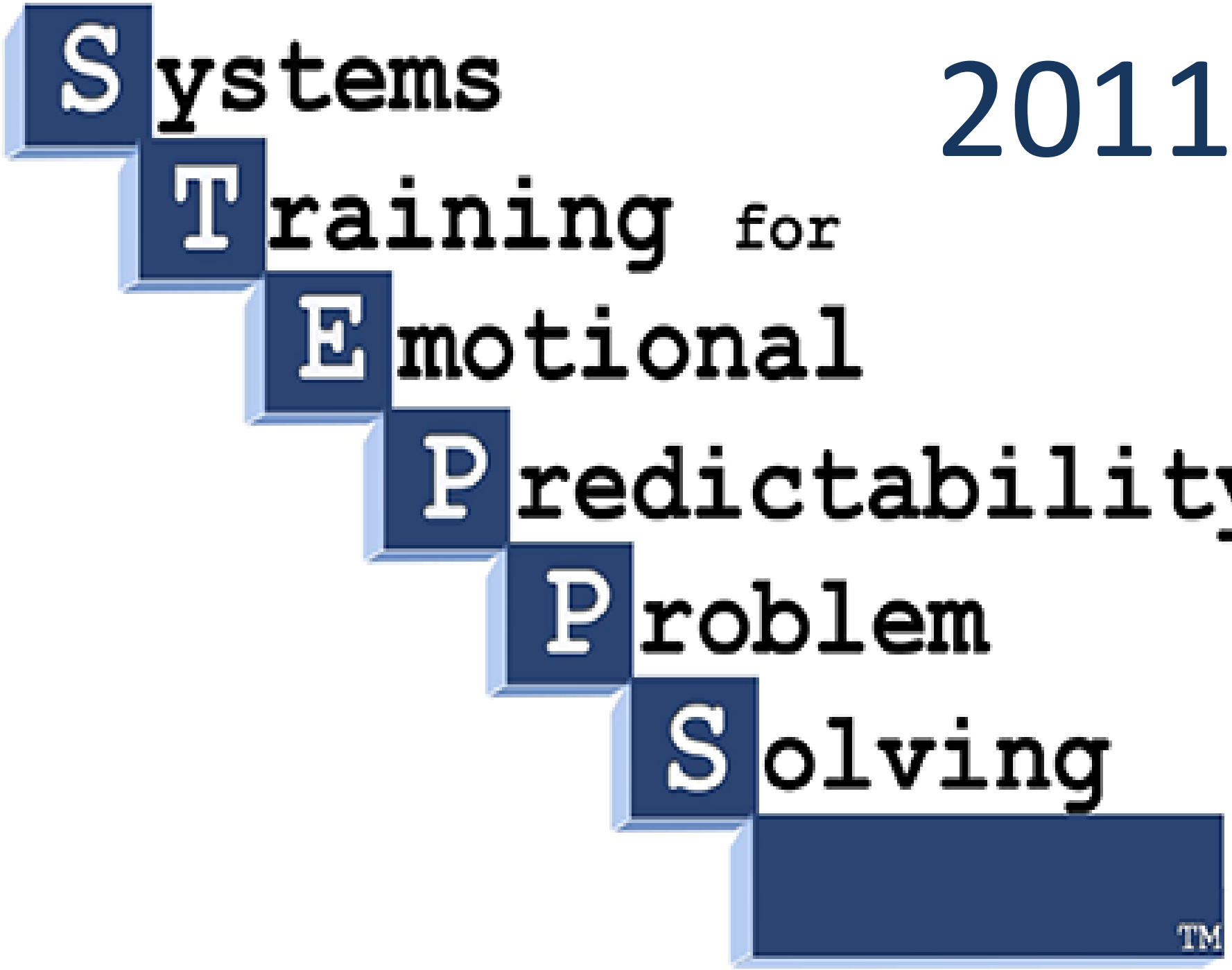
Current functions of the PDS

- Assessment, formulation and treatment recommendations
- DBT
- DBT-PE
- CAS Day Service
- Consultation
- Supervision
- Education and awareness
- Sharing and spreading innovation to wider service


2006
NEW CRAIGS

2007

KEEP CALM AND USE YOUR DBT SKILLS


Systems
Training for
Emotional
Predictability
Problem
Solving
2011
TM

from 2008


BIGSPD
British and Irish Group
for the Study of
Personality Disorder


If you're good and do exactly as I say, I shall empower you.


Coping & Succeeding
CAS

NHS Highland

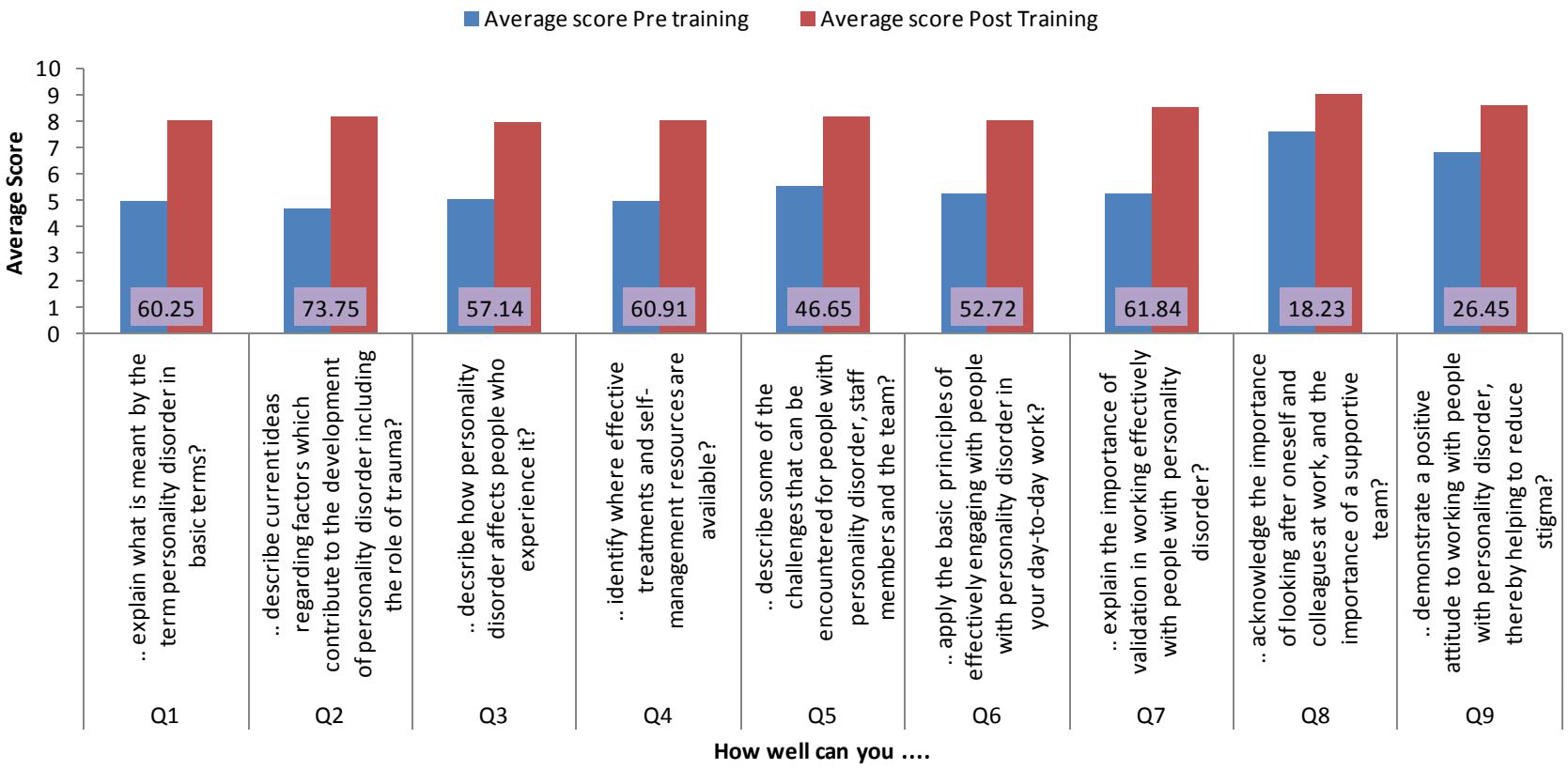
2013

Personality Disorder

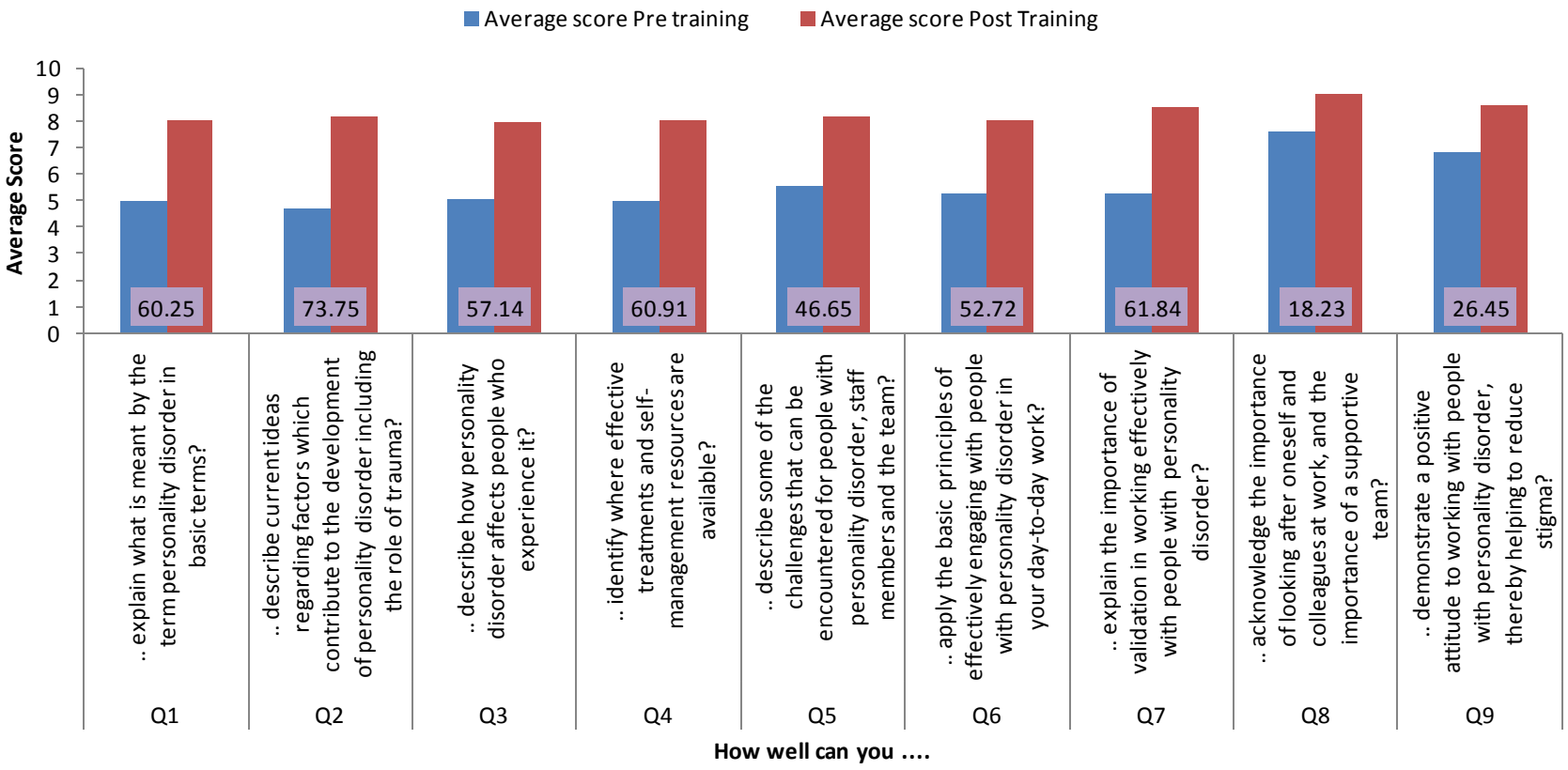
Integrated Care Pathway


2015
LOW
MODERATE
HIGH
MAXIMUM
AWARENESS
Level

Personality Disorder Knowledge Questionnaire



Personality Disorder Knowledge Questionnaire



Assessment, formulation and treatment recommendations

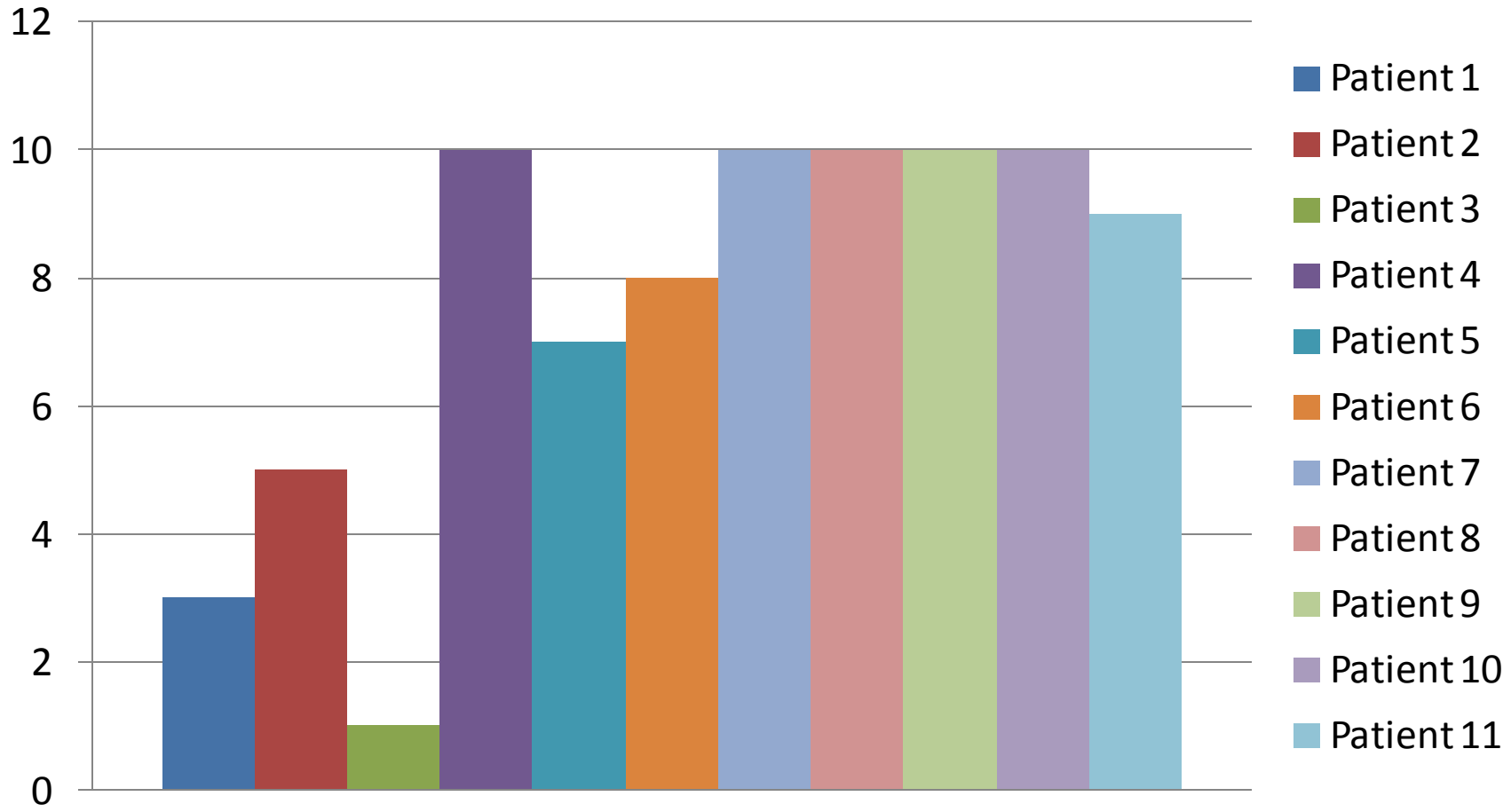
- Standardised multimodal assessment introduced in 2015
- Referrals accepted from secondary care mental health services for people with personality disorder and:
  - Complexity
  - Severity
  - Treatment resistance
- All clinicians in PDS trained
- Clinicians in other services offered training

- **What is the patient experience of Personality Disorder Service assessment and treatment recommendation process?**

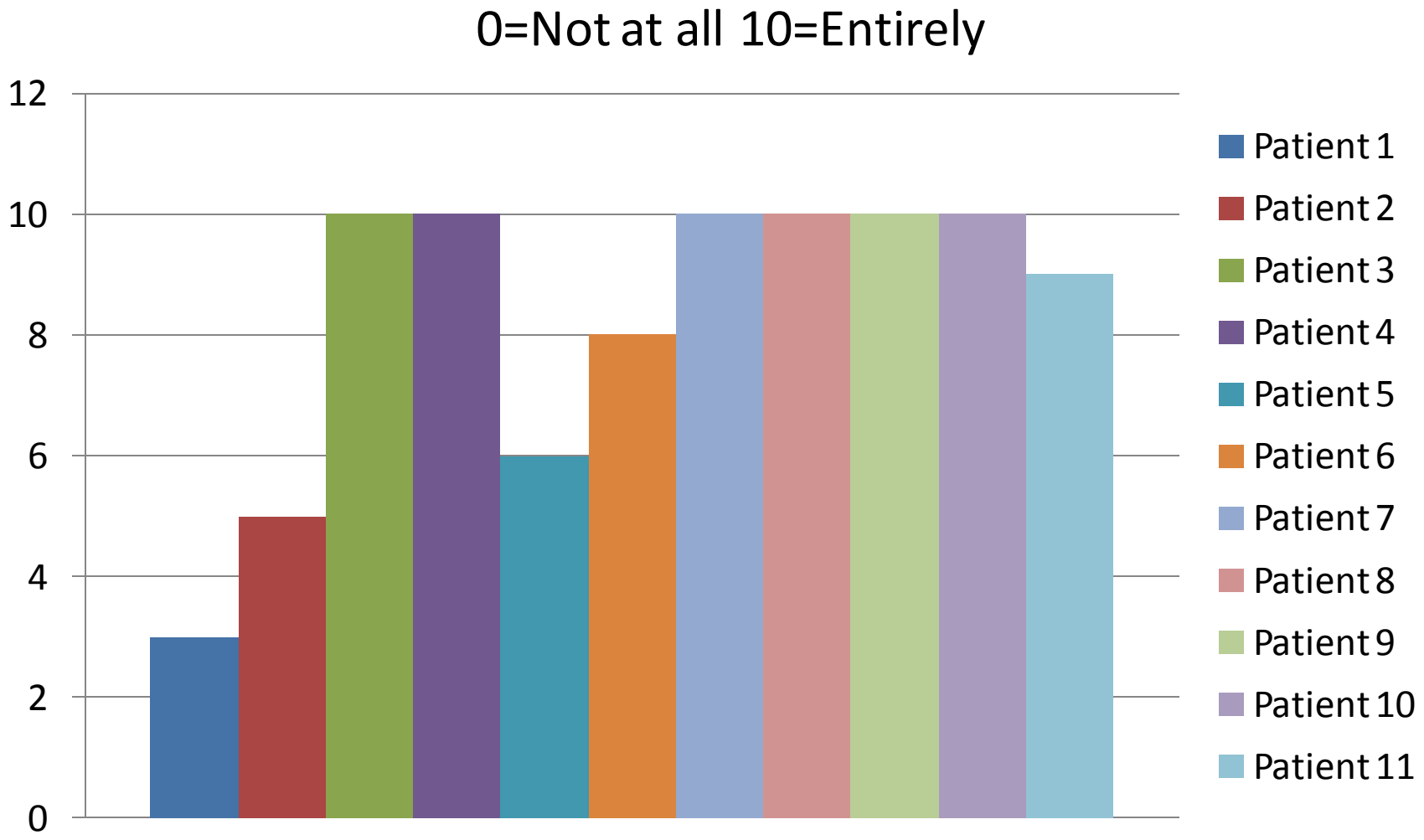
- Significant investment of time, practical and emotional resources by patients.
- Feedback questionnaires given at end of assessment process
- Helping Alliance
- Satisfaction
- Also collecting service use, QOL, Hopefulness and Clinical Global Impression scores before and after assessment.

Q1:Was the assessment you received right for you?

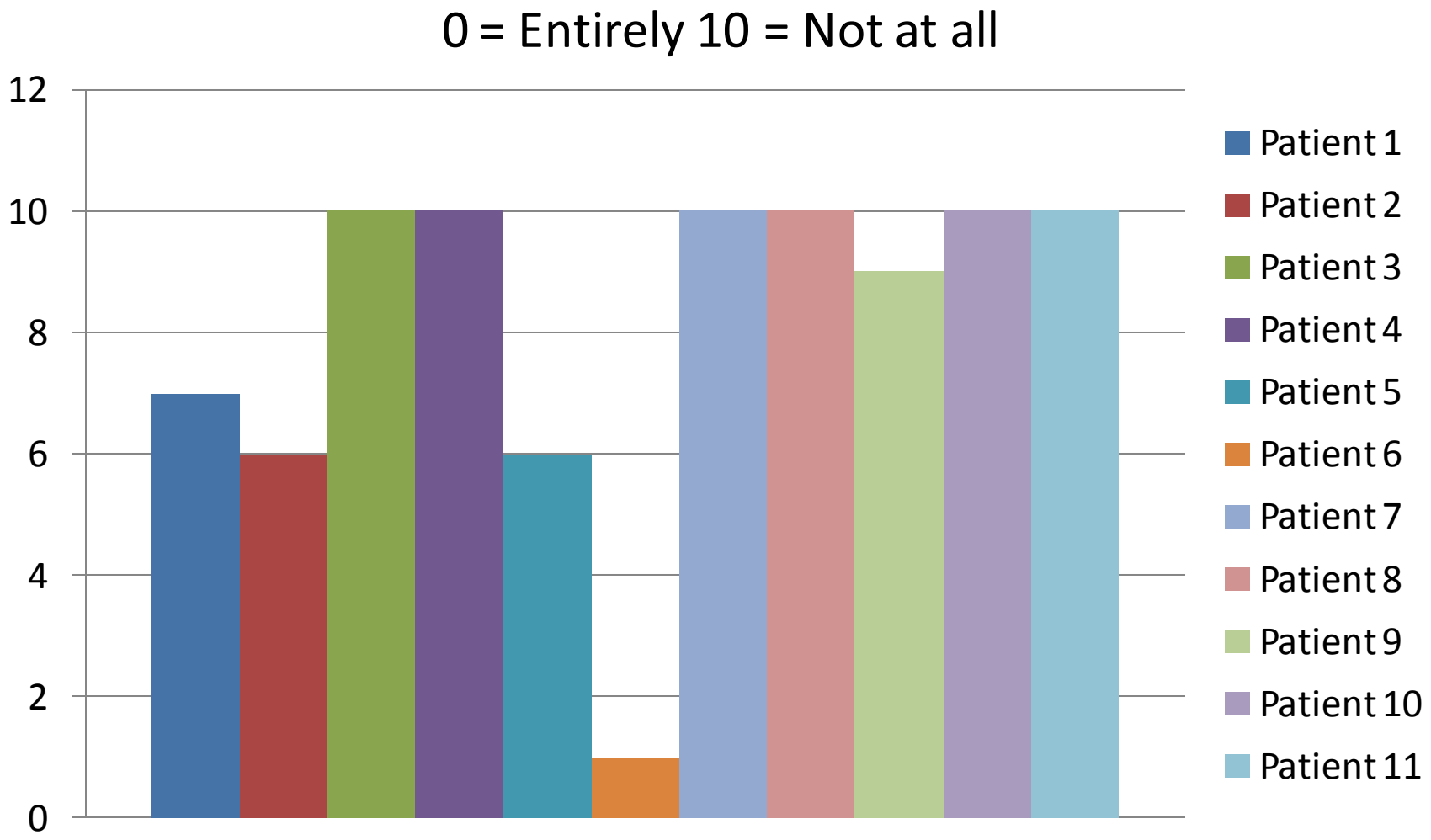
0= Not at all 10=Entirely



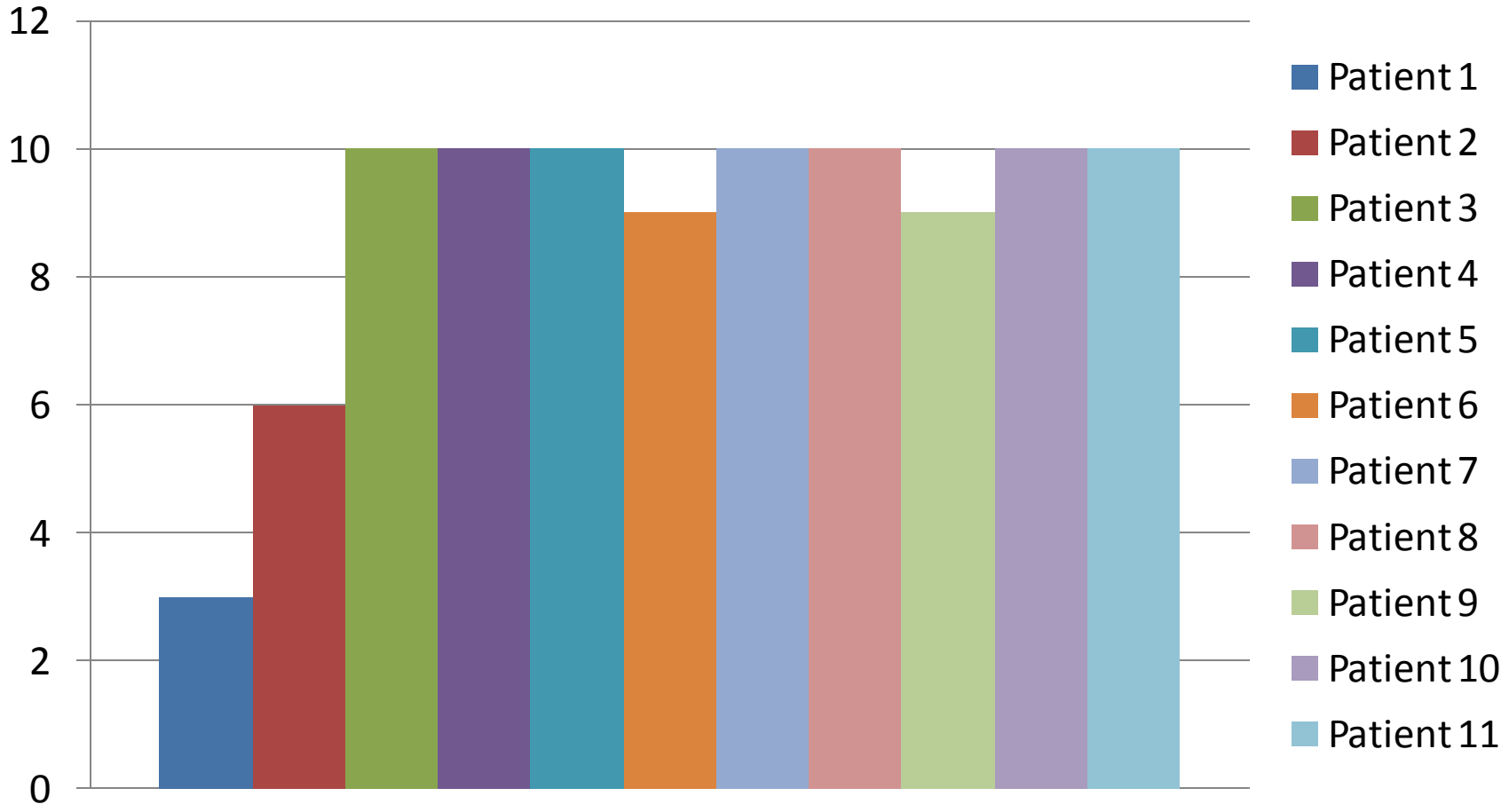
Q2:Do you feel understood by your assessor?



Q3:Do you feel criticised by your assessor?

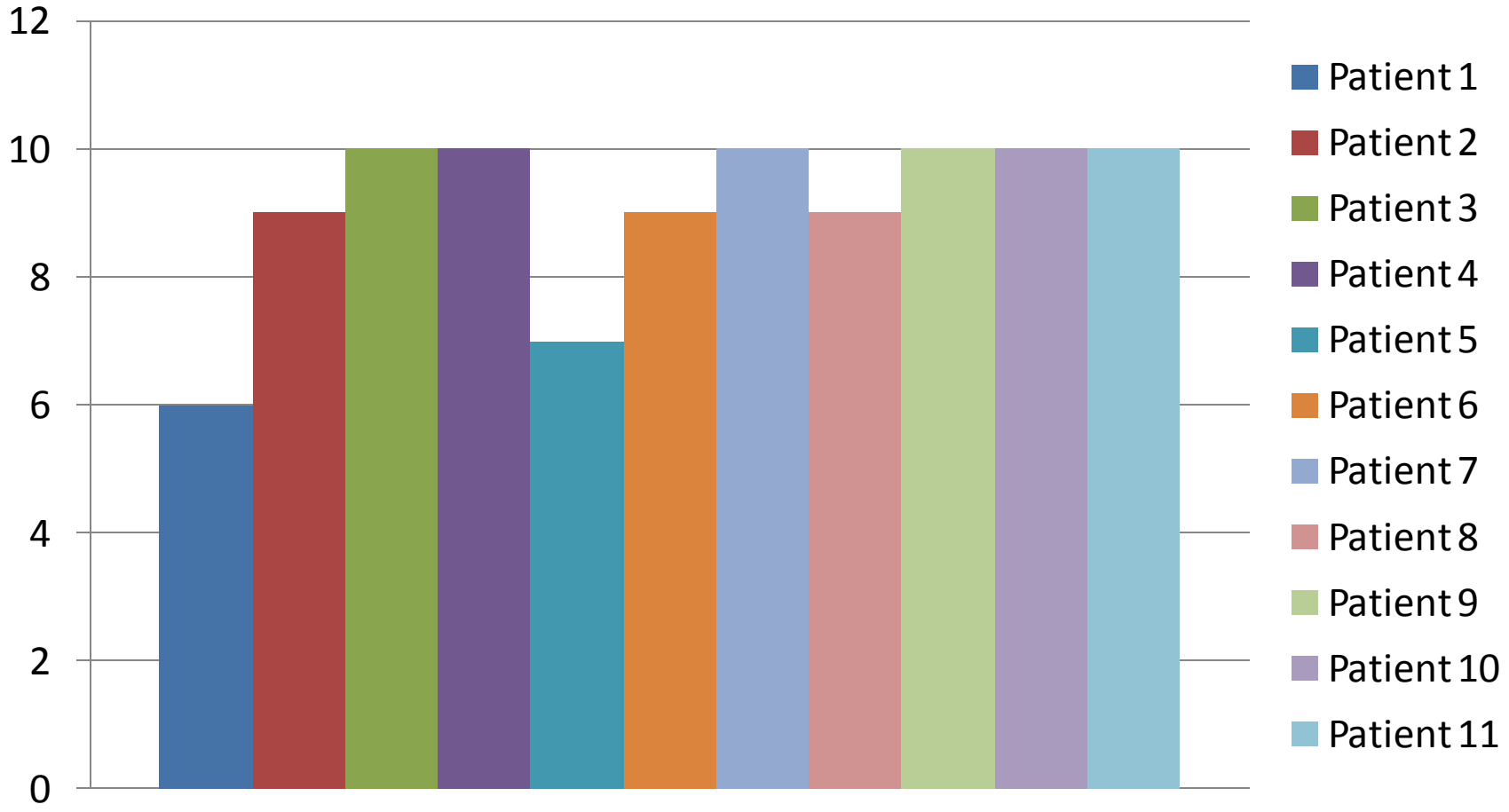


Is your assessor committed to and actively involved in your assessment?
0= Not at all 10=Entirely

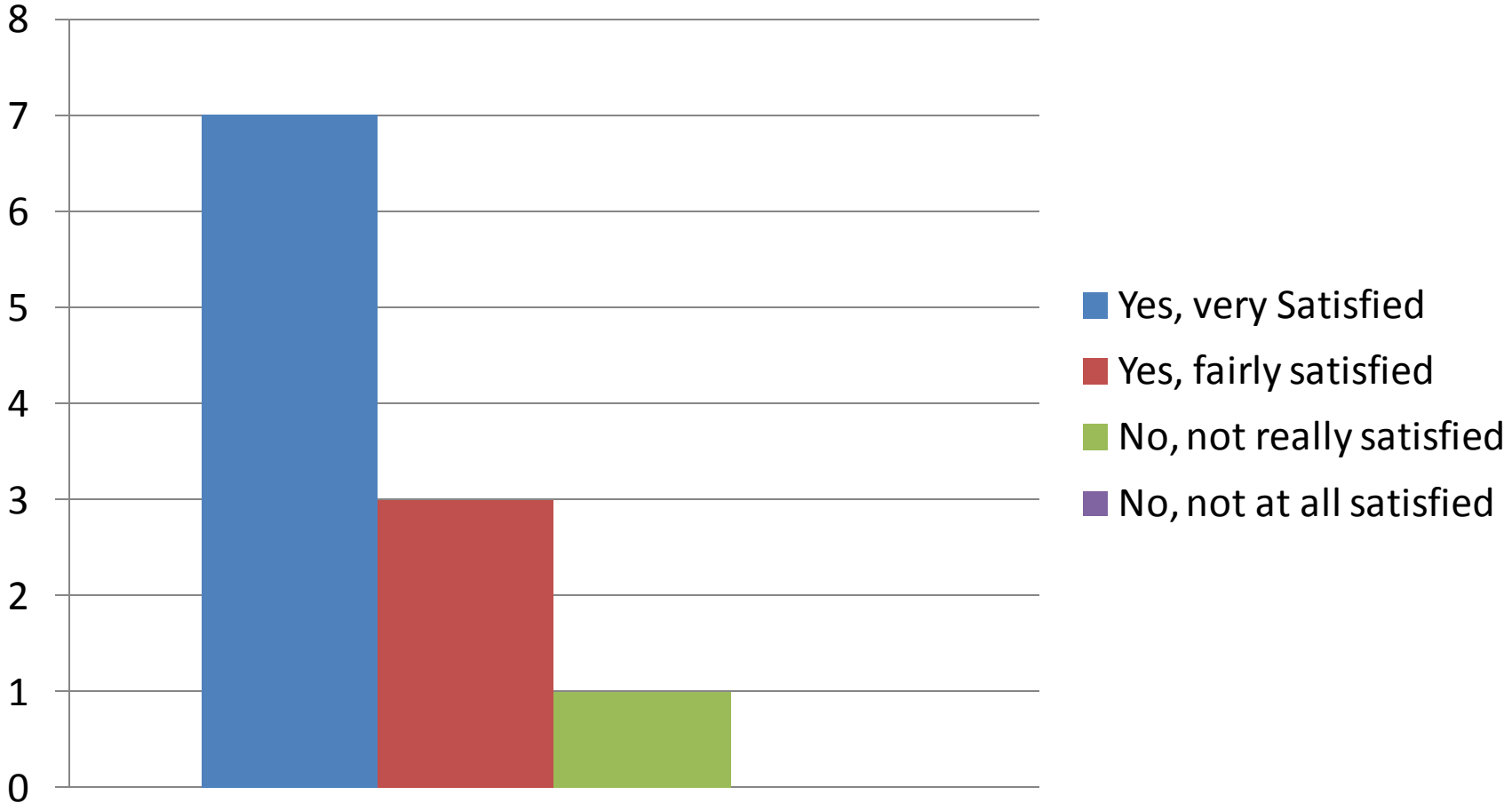


Do you trust in your assessor and his/her professional competence?

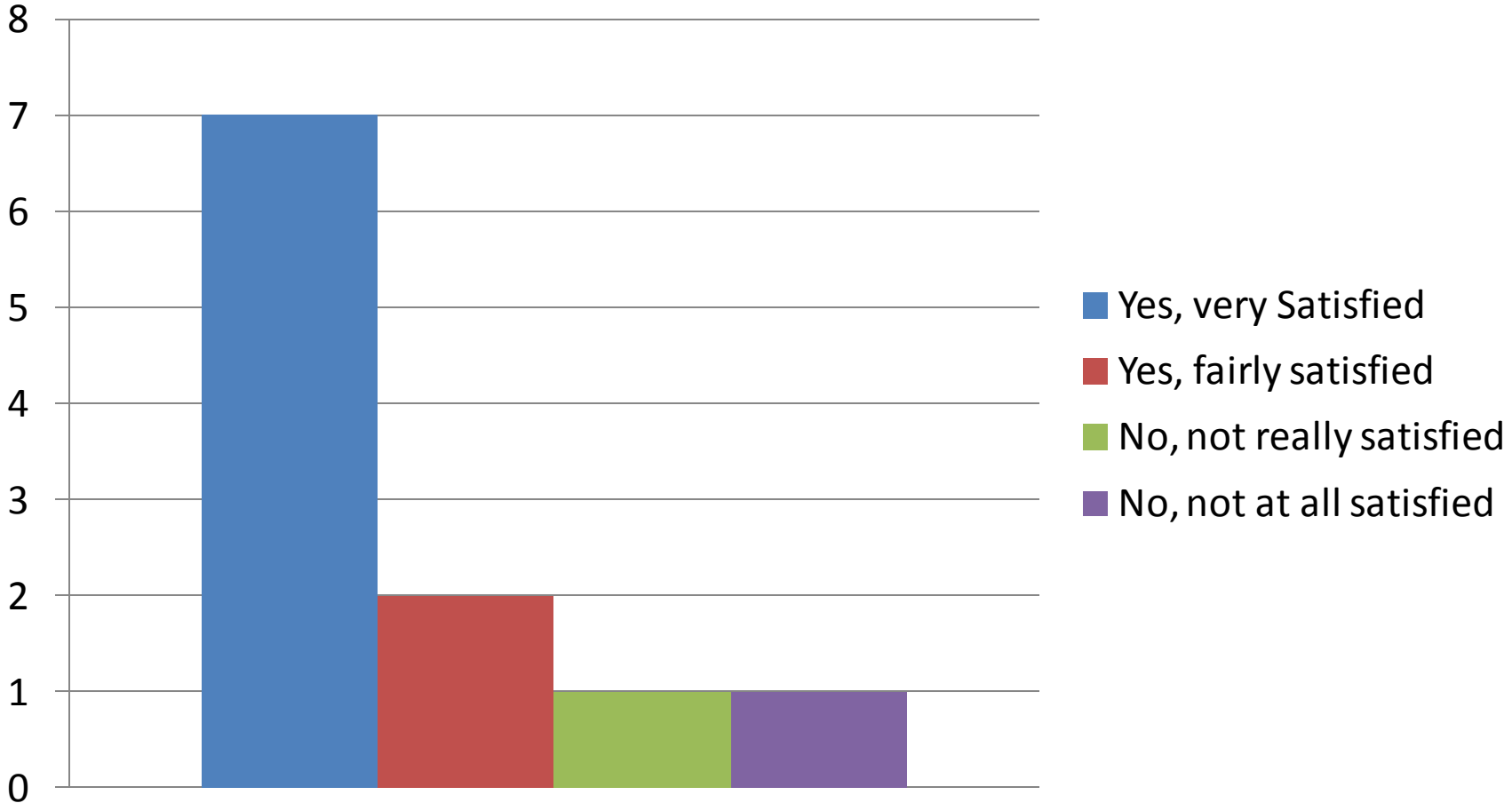
0= Not at all 10=Entirely



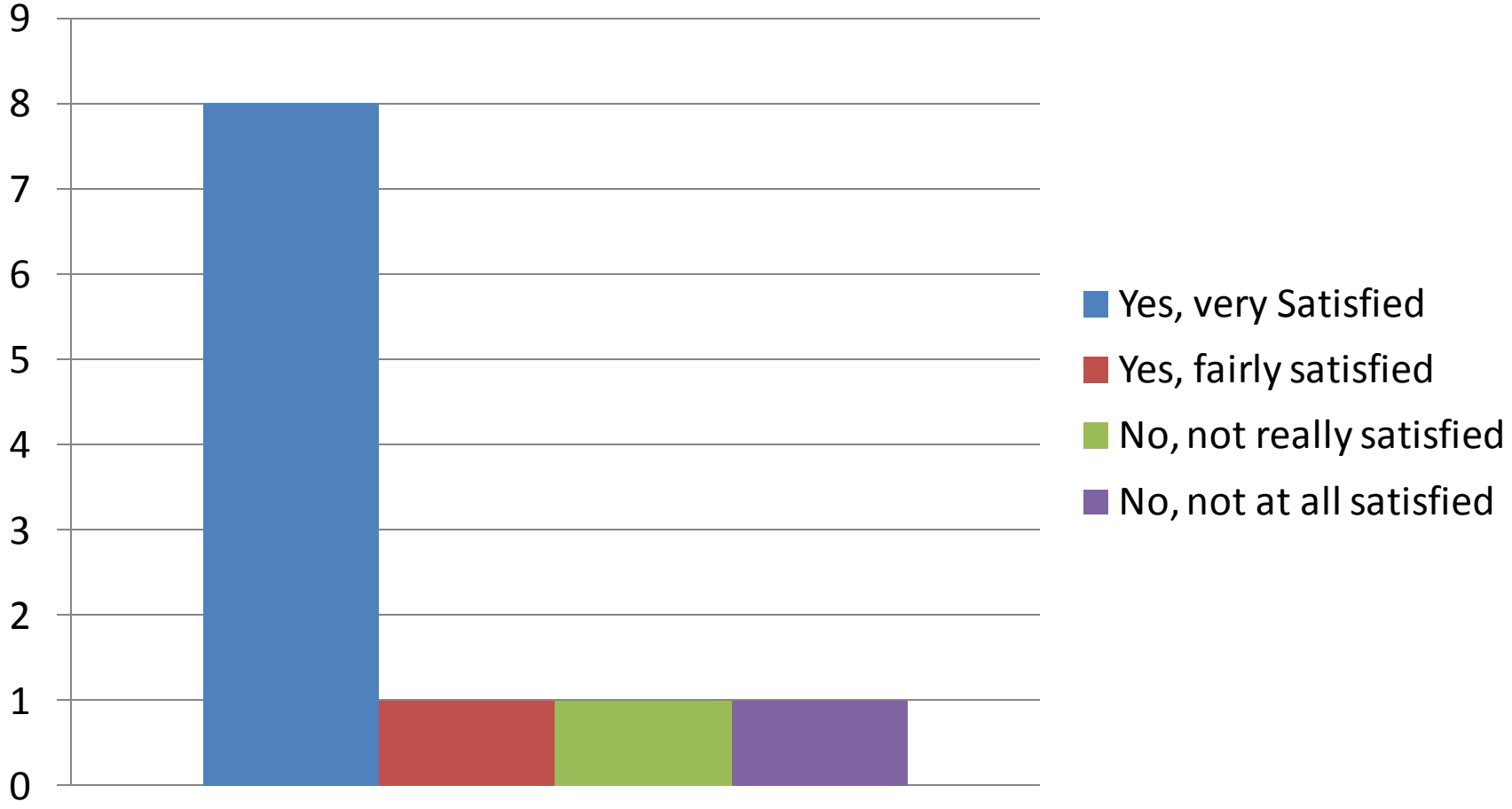
Were you satisfied with the places and times of your appointments?



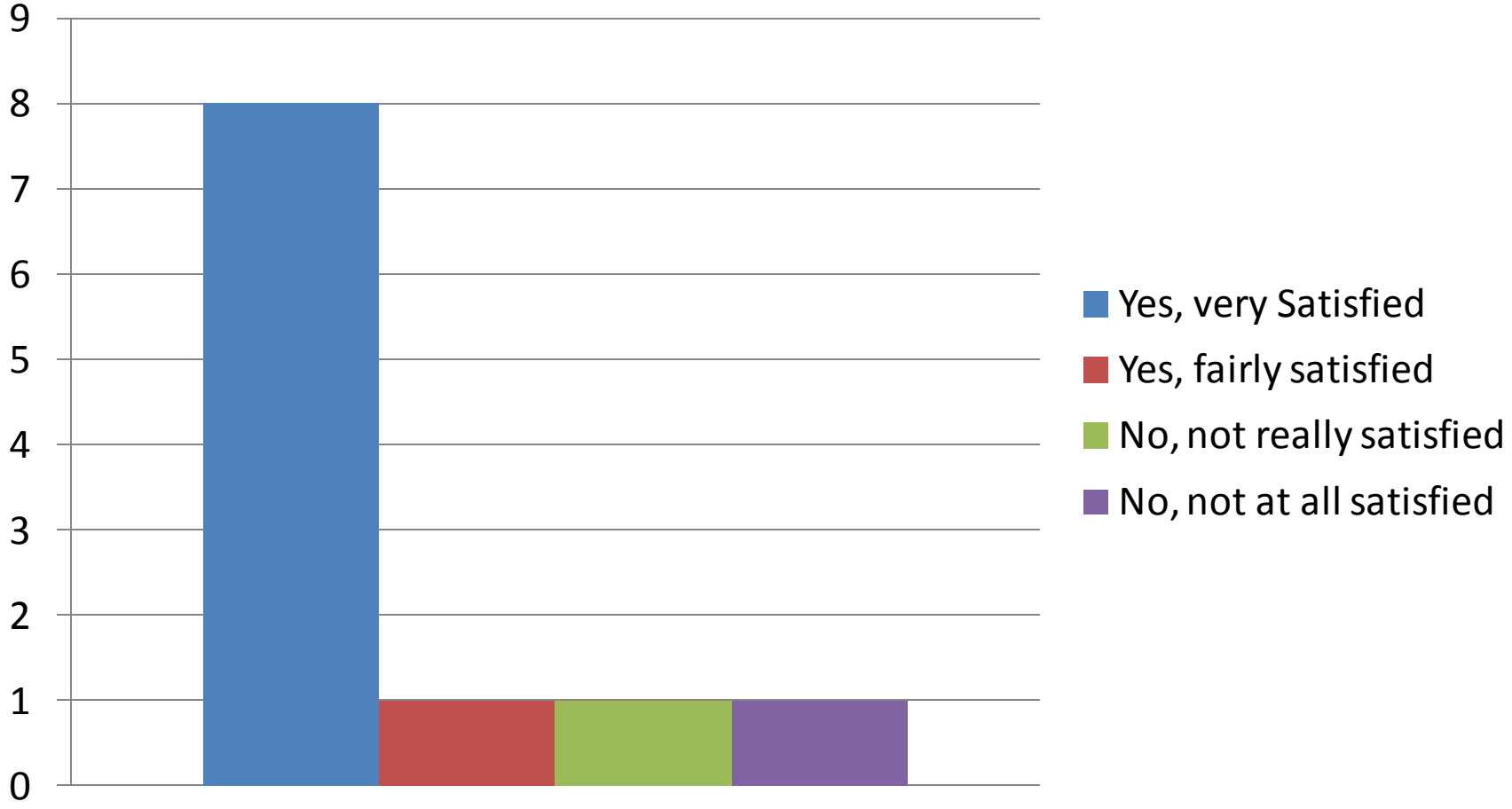
Were you satisfied with the amount of time available for talking with members of the service about your problems?



Did you feel confident that members of the service were competent in dealing with your problems?



Taking everything into consideration, are you pleased with the care that you have received from the service so far?



What did we learn?

- Not collecting forms from all assessments
- Any bias in those filling them in?
- Generally high levels of satisfaction
- Lowest scores –

  Is the assessment right for you?

  Did you feel criticised by your assessor? (scale issue?)
- 2 people significantly dissatisfied across process

- **Are the Recommendations made in Personality Disorder Service Assessments being followed?**
  Results of New Craigs Notes Audit

Aims and Objectives

- Assessments seek to make recommendations in line with ICP – best practice.
- To identify whether the treatment following the assessment is following the recommendations.
- To identify whether the time invested by PDS and patient is a worthwhile use of resource
- To identify barriers to delivering recommended treatment, and create action plan

Audit sample

- All patients for whom a Personality Disorder Assessment was carried out between 1/04/2015 and 31/03/16.

Method

- Audit proposal completed. List created of all assessments done over that period. New Craigs notes pulled and reviewed, list created of patients with Assessment document on Hospital Shared Drive. Data collection form used.
- Data collected between 23/05/16 and 29/09/16
- **Plan to do further data collection from Sector team and patients.**

Audit Standard

- 100% of assessments sent to those involved in the patient's care. (sent and received)
- 100% of assessment documents being filed in the 'Important Information' section of the psychiatric notes, and being available in the secure folder in the 'O' Drive.
- 100% of treatment recommendations should have been followed or being actively worked towards within a year of the assessment.
- 100% of referrals required to access the treatment suggested should have been made within 2 months, or an active decision made to defer or not refer.

What did we learn?

Communication

Problem

- Patient copied in to final letter 81%
- Consultant copied in 78%
- Filed in important documents section – 62%

Solution

- Check that patient and consultant always included
- Made part of official filing system
- Assessments available in electronic record

Psychological Interventions

Problem

- Although all recommendations for DBT and CAS were actioned timeously, access to STEPPS (as recorded in notes) was very limited
- If trauma focused psychological therapy recommended actioned in DBT, but no record of action in CMHT

Solution

- Need to work within the wider organisation – promoting STEPPS delivery, promoting DECIDER groups
- Agreed that date of referral represents date that placed on STEPPS waiting list
- Again need to work within organisation – development of structured delivery of trauma work.
- Requesting that patients are placed on waiting list for trauma work at start of phase 1.

Other recommendations

- Avoid Long Admissions recommended 19/27 – evidence in 3 of avoiding admission, 2 had admissions 1 for BPAD and one for 5/52 ?depressive episode
- Avoid unstructured contact – recommended in all PD – evidence in 1, 2 extended team contact.
- Prescribing Agreement – Recommended in 11, evidence of 1, 5 prescribing without.


2016
the
decider

Supporting Self Management Service

Thank you..