

Creating meaningful pathways for individuals with Personality Disorder

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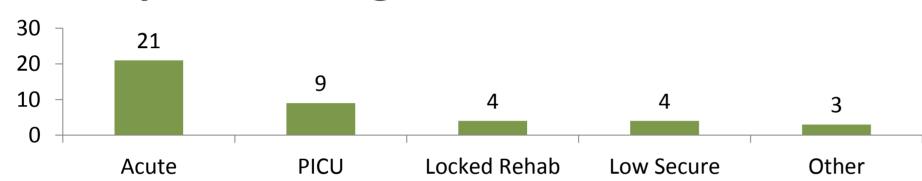
The Pathway Development Service (PDS) provides independent reviews of care for service users with a diagnosis of personality disorder who are at risk of moving into secure hospitals, or whose pathway out of hospital is blocked. Informal feedback from services has been generally positive, however it has been challenging to formally measure the impact of the PDS reviews on service users due to the large number of possible variables involved in progressing a successful pathway. This evaluation therefore aimed to better understand the impact of the service through two methods:

- 1. Pathway outcome data was collected for 41 service users previously reviewed by the PDS to identify how many had 'stepped down' into the community or less secure services, how many stayed in the same placement, and how many 'stepped up' into more secure care. Outcomes were compared with the PDS review recommendations.
- 2. Telephone interviews were conducted with six members of frontline staff working across the range of hospital settings where reviews have taken place. The interviews aimed to elicit staff experience of PDS reviews, including helpful aspects & obstacles to implementing PDS recommendations.

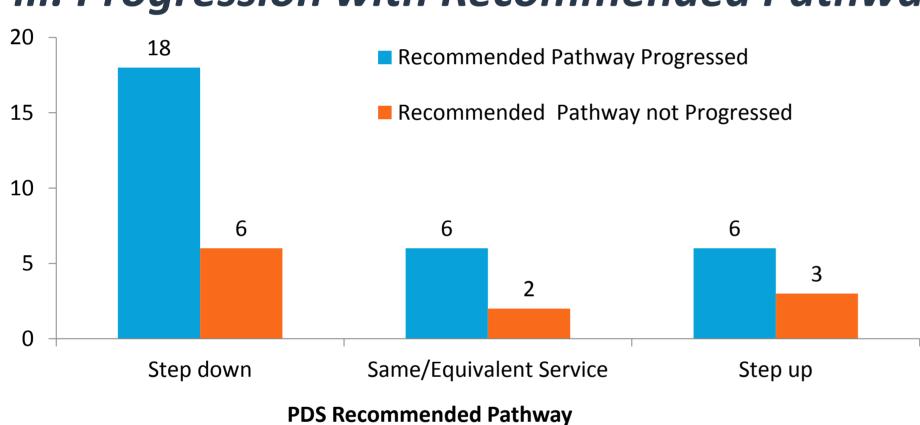
i. Demographics

Gender	Female: 32	Male: 9
Age	Average: 30	Range: 17-59
Ethnicity	White British: 39	Mixed Race: 2

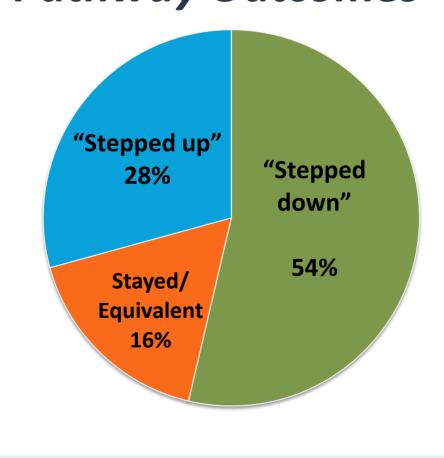
ii. Hospital Settings



iii. Progression with Recommended Pathways



iv. Overall Pathway Outcomes



v. Front-line Staff Experiences



Discussion: It is encouraging that almost 75% of service users reviewed by the PDS have progressed along recommended pathways, with over half stepping down to the community or a less secure service. Frontline staff responses suggest that PDS Reviews support timely discharge and that an independent & thorough review of care and pathway options is welcomed, although there are inevitably differences of opinion between the PDS and clinical teams regarding the complex needs of service users with personality disorder. This feedback is consistent with anecdotal feedback from service commissioners and locality case managers. However, without a control group it is not possible to definitively state that any pathway progression is a direct result of PDS intervention, and the small sample of staff interviewed is unlikely to be representative of all staff involved in PDS Reviews. This reflects the challenge of finding a meaningful model of evaluation for any service that provides an 'indirect' intervention with clinical teams. The complex question of whether a PDS review 'adds value' to creating meaningful pathways for individuals with personality disorder has not been comprehensively answered using a simple evaluation methodology.

Further evaluation is therefore being piloted focusing more explicitly on the *experience* of service users, clinical teams and case managers. Gaining a better understanding of stakeholder experience will inform future service developments and enable the PDS to support teams more effectively in creating meaningful pathways for service users with personality disorder.