Personality Disorders Service Offer – Thurrock
HOSC meeting 02.09.2021

Presenters

- Jane Itangata – Deputy Director Mental Health and Inequalities (MSE)

- Dr Mhairi Donaldson – Consultant Clinical Psychologist/Associate Clinical Director for Psychological Services (EPUT)

- Kathleen Swearingen – Consultant Psychotherapist/Operational Lead for Specialist PD&CN MDT (EPUT)

- Dr Laura Addis – Consultant Clinical Psychologist Head of Service for South West Essex Adult Community Psychological Services (EPUT)

- Mark Frost – Clinical Lead (MPFT-Inclusion Thurrock)

- Dr Richard Pione – Clinical Psychologist Head of Step 4 Service (MPFT-Inclusion Thurrock)

Mental Health Transformation Programme

MH Transformation

3 transformation programmes

- **UECMH – System**
  - MH Street Triage (Supporting the Police)
  - MH Liaison (Acute Hospitals)
  - 24-7 MH Community Crisis Response and MH Crisis Sanctuaries
  - Ambulance (Supporting paramedics)
  - Wave 3 Transformation Suicide Prevention

- **IPCCMH (SMI) – PCN/Place**
  - Integrated MH teams in PCNs
  - SMI psychological therapies and psychology service offer
  - MH Outpatients redesign service offer
  - Complex care including Rehab for those requiring specialised MH care

- **MH Accommodation – System/Place**
  - Complex psychosis relating to out of area placements
  - Inpatient services therapeutic offer (improving quality reducing LOS)
  - LA MH Accommodation Strategies (housing options to meet MH needs)
  - Dormitories redesign (CQC requirement for EPUT to move to single room provision)

Severe Mental Illness Transformation
Integrated Primary and Community Care Mental Health

The NHS Long Term Plan ambition in relation to community Mental Health care for people with Severe Mental Illness

We will establish new and integrated models of primary and community mental health care to support at least 370,000 adults and older adults per year who have severe mental illnesses by 2023/24, so that they will have greater choice and control over their care, and be supported to live well in their communities.

A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Networks will include: improved access to psychological therapies, improved physical health care, IPS/employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse.

These models will also incorporate improving access and treatment for people with a diagnosis of Personality Disorder, and those in need of Early Intervention in Psychosis (EIP), adult community eating disorder services and mental health community based rehabilitation

Through transforming the model of care and investing in new workforce we will be providing better care for people already receiving mental health support in the community, and increase access to these services over a 10 year period, including testing a new **four-week waiting times standard** for (generic adult and older adult) community mental health teams with a view to future roll-out.

This testing of a potential future standard will form part of testing of the overall new model, in line with a new Community Mental Health Framework, in selected sites from 2019/20 using centrally-allocated funding, over and above new CCG baseline funding uplifts for community mental health services from 2019/20.

As part of improving the overall community offer, we will further increase the number of people with severe mental illnesses receiving **physical health checks** to an additional 110,000 people per year, and support an additional 35,000 people to participate in the **Individual Placement and Support programme** each year by 2023/24.

Mental Health Transformation Journey

Guiding Principles

Partners

- Clear vision

- Clinical leadership

- Use of data and intelligence

- Trust, Partnership and Co-production

- Solution focussed

- Focus on service users, families and carers

Severe Mental Illness Transformation Deliverables 2021-22

- Integrated Teams in Primary Care Networks;

- Primary/secondary divide – addressing 'Missing Middle' needs;

- Sustainable offer for psychological services for people with Severe Mental Illness;

- Outpatients Caseloads – circa. 1200 people;

- Place specific projects – At Risk Mental State (ARMS);

- Focus on metrics – SMI Health Checks;

- Complex Care – Personality Disorders, Eating Disorders, Rehab, ADHD;

- 18-25 service offer;

- Older Adults service offer.

Personality Disorders Service Offer Development overview

- Our journey to review our PD offer began early in 2018 following the presentation at the Thurrock H&W Board of a MH JSNA and MH LGA Peer Review.

Phase 1

- A working group was set up to co-produce an holistic and integrated service offer for people presenting with Personality Disorder needs:
  - ➤ Data and intelligence – local Data
  - ➤ Training
  - ➤ Assessment and Treatment pathways
  - ➤ Support and resilience
  - ➤ Comms, engagement and coproduction

- Outputs
  - ➤ Circa.70% of Personality Disorders caseload history of sexual abuse circa 35% in IAPT hence Trauma-focussed and Trauma-informed care training;
  - ➤ LA funded training – similar to KUF training (83 staff across Social care, Primary Care and Voluntary CSE)
  - ➤ Open Dialogue Training – PH funded (13 staff)
  - ➤ Successful CCG funded pilot in September 2019 of the STEPPS offer, now mainstreamed as part of PD offer treatment offer across SW.
  - ➤ System Training in Emotional Predictability and Problem Solving (STEPPS) is an evidence based intervention designed specifically for the treatment of EUPD (Harvey et al., 2014). STEPPS was developed to address the cognitive distortions, emotional instability and behavioural disturbance in clients with EUPD, and combines this with skills training and a systems component (Black et al., 2004).

Integrated Primary and Community Care Mental Health – Severe Mental Illness (SMI) Transformation

Phase 2

- Development of the Thurrock Integrated Primary and Community Care MH offer to be delivered at Place and in Primary Care Networks;

- Further detailed analysis of the Outpatients Caseload by Consultants identified over 40% are Personality Disorders with little medical or therapeutic offer but requiring Psychological Therapies, Psychology and Social and Daily Living Support;

- Development of a Step 4 SMI Psychological Therapies offer inclusive of a dedicated Thurrock & Brentwood Mind support offers for social and daily living, employment through the Individual Placement Support service;

- Social Care support and Housing;

- Strengthening Occupational Therapy offer via Recovery College.

Phase 3

- Personality Disorders Complex needs – Mid and South Essex (led by Thurrock) project group to be set up to co-produce the full Personality Disorders Service Specification.

- Investment provided to recruit into a Lived Experience post to set up Focus Groups of people with lived experience of Personality Disorders and input into the development of the Personality Disorders service.

Service Transformation:
Personality Disorder and Complex Needs

Transformed Services for Personality Disorders/Complex Needs

- Broad pathway principles:
  - Integration and working in partnership
  - Needs-based
  - Range of complexity from least to most
  - Not siloed
  - Service user and carer involvement
  - Upskilled workforce
  - Awareness and treatment capacity in every service
  - Ease of transitions

- Sufficiently flexible to adapt to local needs/services and delivery at place
- Focus on supporting systems change at local level

New Resources/Structures

- Specialist Pathway:
  - Essex-wide MDT
    - Direct clinical role (most complex)
    - Provision of consultation/supervision/joint working/building network
    - Training co-ordination and provision across system

- Locality:
  - PD Lead Psychologists
  - Transitioning Psychologists

- Service User Network
  - Development of PSW role

- Multi-agency Forum

Clinical Developments

- STEPPS and DBT:
  - Training provision (NHSE and internal)
  - Co-facilitation
  - Funding for specialist supervision
  - DBT-coherent consult embedded

- Structured Clinical Management

- Mentalisation-based Therapy

- Individual and group

- Joint working of complex cases

Training Provision

- Knowledge and Understanding Framework for PD (3 days)
- PD Awareness Training (delivered by PD&CN MDT)
  - 275 staff from EPUT, inpatient, Inclusion, SHIFT, VCSEs
  - 86% of attendees from MSE
  - 2 hour session available with plans to present at 'Time to Learn' sessions to GPs.
- Additional 70 staff trained in SCM
- 17 trained in Family Connections, 11 from MSE
- NHSE/I Psychological Therapies for Severe Mental Illness training

Examples of Work Undertaken

	Clinical	Supervision and Consultation	Integration and Collaboration	Training
Principal Clinical Psychologist	Collaboratively with local Psychological Services in SW, managing transition of complex PD&CN client (joint asst, liaison with secure unit, consultation to case manager.	Attended SW/SE DBT/STEPPS meeting for past year to support adherence and assist with shaping referral criteria/WL management.	Provision of separate monthly supervision groups for staff working in Trustlinks/Reach Recovery College/Sanctuary Crisis café.	Delivering a training session to Step 4 staff in Thurrock to enable them to run STEPPS-early intervention; development of SCM 'top up' training to support roll out in trust.
Service User Network Facilitator		Consulting with Renee Harper in Recovery College Thurrock around PSW role; consulting with Richard Pione to establish service user input/co-production re Step 4.	Linked with existing service user group at Southend Assoc of Voluntary Services for educational & feedback purposes.	Working with colleagues from EPUT, VCSEs and primary care network to identify speakers for PD&CN awareness groups.
Social Worker	Working collaboratively with local Psychological Services in SW to support transition of client with complex needs, specifically re child protection and safeguarding issues.	Consultation with 'Team Around Me' from Camden and Islington NHS Trust to support development of Multi-agency Complex Needs Forum in SEE; consultation with Community Forensic Team.	Worked with Commissioning Manager for Adult Health and Housing in Thurrock Council to map provision of services in Thurrock for those with MH needs, aimed at supporting the step down of patients from secondary to place-based services.	Co-facilitation of PD Awareness Training with team colleagues and service users; webinar presentation in trust re service transformation.
Assistant Psychologist	Co-facilitation of STEPPS group in SE and DBT group in SW.		Co-facilitation of SUN groups with Service User Network Facilitator & Manager.	Scheduling and management of all training delivered by PD&CN MDT. Co-facilitation of training with team colleagues and service users; webinar presentation in trust.

Examples of Work Undertaken

	Clinical	Consultation & Supervision	Integrated/collaborative working	Training
Family Therapist	Offering Systemic Family Therapy with ind, couples and families in collaboration with care co-ordinators.	Working collaboratively with colleagues working with client with long term involvement with MH services to understand current crisis systemically.	Reflective practice sessions care co-ordinator, with plan to offer same to care co-ordinator in new service to ease transition.	Co-facilitating 1-day PD awareness training with Specialist Team colleagues and service users; webinar presentation in trust re service transformation.
Specialist Psychotherapist (Transitions)	Providing 1:1 therapy to YP with complex needs to aid transition.	Working with colleagues in adolescent inpatient units to support transition of 18 year olds into adult community or inpatient care.	Collaborative working with EPUT & EWMHS leads to understand and implement meaningful transition protocol.	Co-delivering PD&CN 1-day awareness training with Specialist Team colleagues and service users; webinar presentation in trust re service transformation.
Consultant Psychotherapist	Development of Mentalisation Based Therapy interventions in BBW; provision of 1:1 and group psychotherapy for clients with complex needs.	Provision of supervision to Recovery & Wellbeing staff in SEE to support implementation of SCM; co-facilitation of SCM groups in coming year.	Working with CCGs to progress service transformation, especially in relation to Multi-agency Complex Needs Forum.	Co-delivering PD&CN 1-day awareness training with Specialist Team colleagues and service users; webinar presentation in trust re service transformation.
Specialist Psychosocial Nurse	Development and implementation of Mentalisation-based Therapy Groups and development of MBT protocol, both in SW.	Offering experience to student nurses on placement.	Use of Psychosocial Nursing Skills to support psychotherapy provision.	Provision of 3 day Knowledge and Understanding Awareness Training for PD&CN to staff across South of Trust.

Creating integration across MH services in MSE: The Thurrock Model

Context & Rationale of Step 4

- Psychiatry caseloads
  - Transformation plans
  - Moving Psychiatry into primary care
  - 80% of psychiatry outpatient appointments are for patients falling under cluster 7 and receiving little psychological input

- 'Missing middle' population and impact on IAPT and ACP caseloads
  - Prior to Step 4 – IAPT and ACP were both seeing this client group which was impacting on respective waiting lists

Process of Developing the Model

- Referral criteria for Step 4.
  - Co-produced by Inclusion Thurrock & ACP to ensure agreement & partnership working between services from Step 4 inception

- Flow of Step 4

- Consulting service users regarding the Step 4 design, model, name and processes (i.e. DNA policy).
  - Consultation with Service User Network (EPUT)
  - Consultation with Recovery College students who have used similar services

The Step 4 Offer

- Comprehensive assessment & formulation
  - 2-4 sessions

- Individual 1:1 Sessions
  - CBT
  - EMDR
  - Cognitive Analytic Therapy
  - Dynamic Interpersonal Therapy
  - Mentalization Based Therapy (TBC)

- Group offer
  - STEPPS-EI
  - Acceptance & Commitment Therapy group

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Evaluating Efficacy – Quantitative Data

- The development of a core outcome set for Step 4

- Importance of outcomes of this service being comparable to other services at other 'steps' within Thurrock

- Patient burden in completing measures (every 4 sessions)

- Ethical duty to use the data

- Co-Primary Outcome Measures
    - PHQ-9
    - GAD-7
    - S-WEMWBS
    - CORE-OM

- Secondary Outcome Measures
    - DERS
    - DESii
    - PCL-5

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Evaluating Efficacy – Qualitative Data

- The development & use of a Patient Reported Evaluation Measure (PREM)

- Regular reviews of PREM with respect to service design.

- Interview clients who drop out of service to determine reasons, identify any barriers etc

Inclusion Thurrock – Step 4 Service

Evaluation Questionnaire

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I was satisfied with the care I received					
I would recommend this care to friends and family					
I received the right support at the right time in the right place					
I felt safe, listened to, supported, and respected					
I felt my care was tailored to my needs					
The care helped me worked toward goals that were important to me					
The care I received felt meaningful and valuable					
I felt an equal partner in the work that was completed					

What I like about the service
_____
_____
_____
_____
_____
_____

What could be improved about the service
_____
_____
_____
_____
_____
_____

Any other comments
_____
_____
_____
_____

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How barriers have been negotiated…

- ISA to facilitate flow of communication between different organisational systems

- Considering how and where Step 4 fits in within the wider Thurrock system

- Ongoing project to ensure patients are referred to correct service at point of discharge from psychiatry
  - This has involved changes to how the Thurrock MDT functions
  - Moving away from email/ letter referrals
  - Accepting clients after case presentation in MDT with representatives from services across Thurrock to ensure psychological in addition to social needs are considered

Adult Psychology Pathway for Thurrock

GP → PCN CPN's

Referral via IAPT
Referral made to Step 4 from Step 3

Referral via MDT

All referrals for ACP/ Step 4 to be discussed at the MDT.

Referral via MDT
A DBT/STEPPS referral will either be accepted at the MDT or be made to the DBT/STEPPS team

Suitable for Step 3. Referred back to IAPT.

Step 4 Assessment:
By Step 4 Psychological Therapist
- Understanding of presenting problems including chronicity, severity, risk.
- Treatment goals.
- Discuss appropriateness of group intervention (i.e. STEPPS-EI)

Telephone triage
Initial engagement following referral

If client declines PAP but would like assessment

Psychology Awareness Programme
3 session group programme
•Intro to services
•Formulation and self-care
•Motivation, engagement and goal setting

DBT/STEPPS assessment
Completed by OT or Psychologist

Psychology Groups:

STEPPS-EI (13 sessions)
ACT (12 weeks)

1:1 Therapy with Step 4 Psychological Therapist:

CBT, EMDR, Systemic Family Therapist (0.5 WTE; TBC), CBTp, DIT, CAT
No formal session limit. Anticipating approximately 16-20.

Not appropriate for Step 4:

Referred back to MDT or other relevant service.

Formulation Driven Assessment
Completed by locality Psychologist

Individual Therapy
Letter sent to the client when a first therapy session becomes available for regular therapy. Average of 16-20 sessions CBT, CBTp, ACT, EMDR, Schema Focused, (DBT alongside group where appropriate)

Alternative support
Alternative services and support considered

Group Therapy
Letter sent to the client when a first therapy session becomes available for regular therapy.
DBT (Dialectical Behaviour Therapy)
STEPPS (Systems Training for Emotional Predictability and Problem Solving

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