NHS
South West London and St George's Mental Health NHS Trust

Kingston Personality Disorder Pathway
Briefing for Health and Wellbeing Committee
November 2019

1.0 INTRODUCTION

Earlier in 2019 the Mental Health Service was requested by the CCG to design and model a service that would meet the needs of those people in Kingston who required specialist interventions designed for those with a Personality Disorder, as it was recognised that the provision in the borough was insufficient at the time.
The pathway was developed to meet the need for specialist evidence based interventions for clients with borderline personality disorder living within the borough of Kingston, in line with all other boroughs covered by South West London and St George's Mental Health NHS Trust (SWLSTG). A significant proportion of clients within the North and South Recovery and Support Teams met criteria for a diagnosis of borderline personality disorder and were not receiving appropriately standardised, clearly defined, recovery focused interventions from suitably trained clinicians. Kingston borough, compared to other boroughs in SWLSTG, also had the highest number of inpatient bed days for clients with high levels of lethality and impulsivity), with fewer bed days for people not in this group when compared to other boroughs. This data, together with the absence of specialist treatments for people with a personality disorder in Kingston, suggested that we could do a better job of meeting the needs of these particular clients in Kingston.

The trust therefore developed a service and began to recruit and train a small cohort of people in the recommended and evidence based interventions in line with NICE Guidance for the treatment of Personality Disorders in April 2019. The provision has been fully available since July 2019

2.0 THE SERVICE

2.1 The Pathway

The Kingston Personality Disorder (PD) service consists of a pathway for people with a Personality Disorder working within the local RST's (Recovery and Support Teams). This is a pathway rather than a separate service as referrals are accepted by the RST and directed to the pathway if client's symptoms and presentation appear to meet criteria of high lethality, severity and complexity. This could include clinical diagnoses like borderline personality disorder or recurrent depression for example, where significant self-harm and/or suicidal behaviour is present.

2.2 The Process

Clients that are referred to the pathway are asked to opt in to the assessment and treatment process, after which they are invited to participate in a detailed assessment over approximately six hour-long appointments. In these meetings we aim to get a sense of the clients presenting difficulties including their level of self-harm and suicidal behaviours. We agree an initial crisis plan to help address these risks, and attempt to understand the clients' level of complexity through this series of assessment meetings. We use a semi-structured interview guide (SCID-5) to assist this process. We offer a choice of treatments within the pathway and a number of expectations that go with each of the treatment options.

2.3 The Treatment Interventions

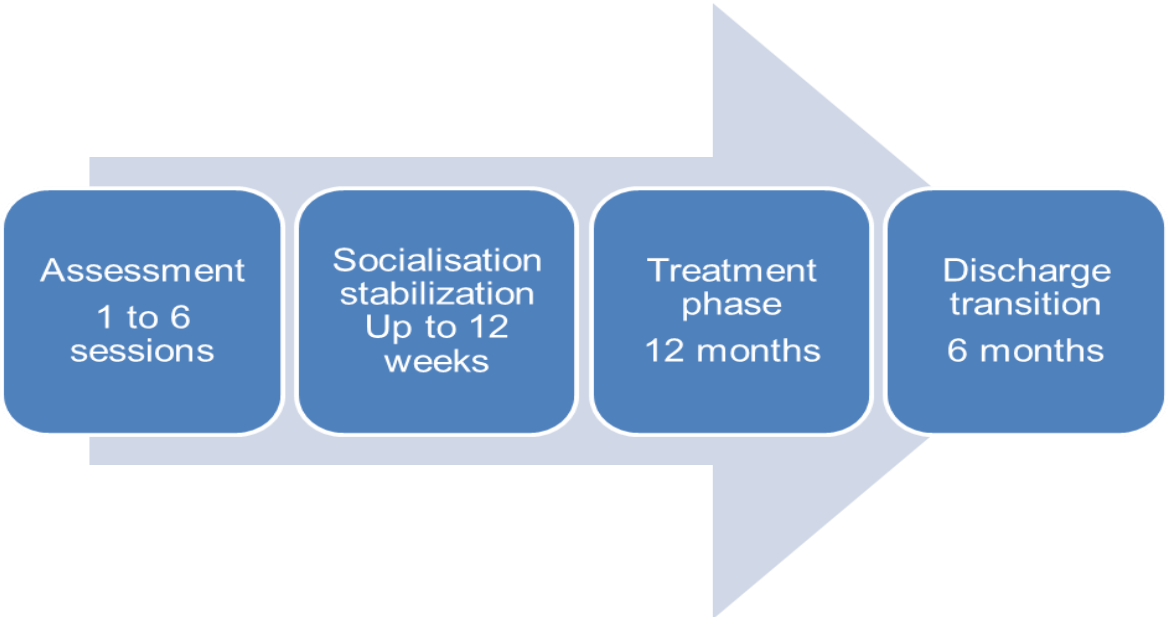
The alternative treatments are as follows

- **Structured Clinical Management** (SCM)

- **Dialectical Behaviour Therapy** (DBT)

These therapy interventions are described in the assessment process, as are the client expectations which include things like attending on time and reliably, working on reducing self-harm and suicidal behaviours, identifying goals, developing and using a crisis plan, reducing therapy interfering behaviours etc.

The service also offers to meet with a person's carers/family as part of the assessment process, and will attempt to identify any current barriers to treatment and offer brief interventions to address these if appropriate (socialization phase of the pathway).



Regarding treatment, clients can choose either Structured Clinical Management (SCM) or Dialectical Behaviour Therapy (DBT). Both options comprise of

- Weekly one to one talking therapy
- Weekly skills based group intervention
- Telephone coaching to aid skill acquisition.

In both SCM and DBT, active treatment is for one year followed by a six month step down phase where clients are seen much less frequently as they prepare for discharge. While there are significant similarities in these treatment approaches, the differences are discussed in the assessment process to aid clients in their decision making process. DBT for example is more prescriptive in structure than SCM, and it also tends to have improved outcomes for more complex presentations. These and other differences are discussed with prospective clients in the assessment process.

2.4 The Team/Staff

The pathway has two groups of staff:

- One group is specifically commissioned to provide DBT treatment, and consists of two full time DBT practitioners (nurses by profession) and two clinical psychologists providing sessional input.

- The second group of staff are provided by the North and South RST's, and they provide the SCM treatment and detailed assessments for the pathway (Occupational Therapists and nurses by profession).

Clinical leadership of the pathway is provided by a Consultant Clinical Psychologist.

2.5 Capacity

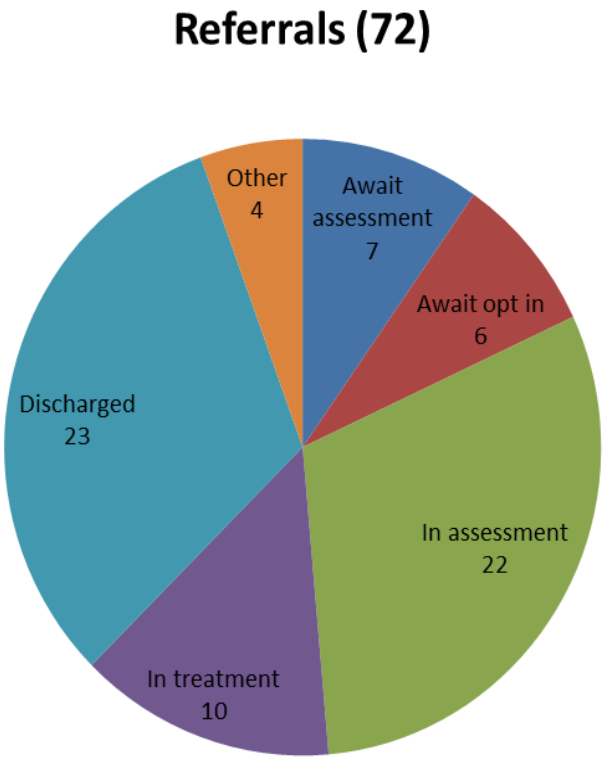
- The DBT component of the pathway is commissioned to provide for a capacity of 35 clients. 24 in active treatment with the remaining 11 in assessment, socialization or step down phases of the pathway.
- The SCM component of the pathway has a capacity for 12 clients in active treatment.
- The demand for assessments for the pathway is high and this element of the pathway is also provided for by current RST staff.

2.6 Training and Supervision

Working with this client group is complex and demanding, and consequently clinicians working within the pathway are offered frequent and regular assessment and clinical supervision by experienced clinical psychologists as is recommended within the NICE guidelines for treatment and management of borderline personality disorder.

2.7 Activity/Number of Referrals

(July to November 2019)



Frequently Asked Questions/ Further Information

How long do clients wait for assessment within the pathway?

The aim in the pathway design is to avoid clients having to wait for assessment. Allocation of Recovery and Support Team members to this component will help us meet this objective.

How long do clients wait for treatment within the pathway?

This will depend on the demand – which currently appears high given the number of referrals since July. Because the service is new we do not currently have a wait for treatment, but a waiting period for treatment is likely to develop.

Can a client be care coordinated instead of undertaking DBT or SCM?

No, we have adopted an evidenced based treatment model in Kingston and therefore clients are expected to engage with a treatment approach with an established evidence base.

What happens if clients do not feel able meet the expectations of the pathway?

They are discharged from the pathway/secondary care services but are welcome to return as soon as they willing to fulfil the expectations of patients on the pathway.

Will the client receive regular appointments with a Consultant Psychiatrist?

Clients will be seen by their psychological therapists on a weekly basis and will not have medical appointments unless there is a specific reason to review or consider the use of medication.

What if the client does not adhere to or work within their care plan?

Collaborative working is a key component and requirement for treatment within the pathway. Clients are offered up to 12 weeks of "socialisation/stabilization" to assist them in addressing issues that may prevent them from being able to access or use the treatments on offer. Clients will not be discharged from their treatment without reasonable warning of this possibility and a clear understanding of the reasons for this consideration.

Malcolm Simpson Consultant Clinical Psychologist

Melissa Ellison Clinical Manager, Kingston Adult Community Mental Health Service

November 2019