SBAR

Gala Resource Centre (GRC) review and support for people who have a diagnosis of personality disorder

Tim Sporle

25th October 2022

Situation

There is currently a review in progress with respect to the Gala Resource Centre (GRC). One of the identified gaps in local service provision has been support for people who have a diagnosis of personality disorder, particularly at the mild to moderate range of presenting problems. This was a resource previously provided by the GRC and there has been discussion in local stakeholder groups about how to meet the need for a range of interventions to be available to this group of people.

Background

Before its closure the GRC provided support in the form of psycho-educational courses with a focus on learning skills to cope with problems in emotional regulation and tolerating distress. The courses were co-facilitated by a support worker and another mental health professional. The content of the courses was based on DBT skills. Although the support worker had attended a DBT course themselves and had been involved in co-facilitating DBT courses in the NHS Borders, they had no professional qualifications or formal training in DBT. The other members of the GRC staff who would co-facilitate the courses had no formal training in DBT. There was no supervision arrangement in place appropriate to the course that was being delivered. There had been no discussion about the establishment of these courses with our local psychology service which is responsible for the governance of psychological therapies delivered within local statutory services. In summary, although the courses were valued by both professionals and people with lived experience, there was questionable governance with regards to the course and qualifications of those offering it. We would therefore have concerns about replicating this, without these issues being addressed.

The skills courses offered at the GRC that were attended by people who had received a personality disorder diagnosis from the CMHT and / or had problems with emotional dysregulation. For some patients they were often discharged from the CMHT when they were referred to the GRC, for others they continued seeing their CPN whilst attending the GRC. There does not appear to have been a clear protocol or SOP regarding how to manage this pathway of referrals between the GRC and the CMHT. More recently, there has been discussion amongst local stakeholder groups about how to recreate resource similar to the GRC courses that would enable patients to be discharged from the CMHT. I would like to present below an argument for keeping the treatment of these patients within the CMHT.

Assessment

The provision of courses for people diagnosed with a personality disorder needs to fit within our current therapy provision for people who have this diagnosis and/or associated presenting problems of emotional dysregulation.

Psychological treatment for this group of people could involve a course or one to one psychological therapy. We have been piloting a range of courses, including Survive and Thrive (Transdiagnostic although trauma focused, 10 weeks) and Emotional Resources Groups (Transdiagnostic, 6 weeks). The moderate intensity offer is DBT skills and the high intensity offer is DBT programme. DBT skills is a weekly course that lasts approximately one year. DBT programme includes attending a weekly course and having 1:1 therapy with a DBT therapist.

I would suggest that the gap in service provision created by the loss of GRC courses could be filled by the creation of a lower intensity course within secondary care that sits below the level of the current course options and is specifically focused on personality issues.

This could include options such as a Decider Skills course. Decider Skills refers to a set of coping skills which are based on DBT skills but which do not require training in DBT in order to implement them. Many of our local teams have begun to receive training in Decider Skills. A Decider Skills course would therefore offer a different option to the Emotion Resources Groups currently offered within our lower intensity interventions. Offering treatment within the CMHT would enable smoother transitions if patients need to step up or down between courses and also ensures that patients can work with staff who have appropriate training in working with the diagnosis of personality disorder.

One further issue is providing support to people who have a diagnosis of personality disorder. Our current Personality Disorder Pathway recommends that core and general treatments take place within secondary care before considering psychological treatment options. Core treatment includes establishing a therapeutic relationship, risk assessment and harm reduction planning, medication review and considering referral to other CMHT team members and third sector organisations.

General treatment includes psychoeducation and / or introduction to skills training in line with the principles of safety and stabilisation work and structured clinical management. Although the core and general work can be supported by a range of team members, the most obvious professional group to undertake this work is CPNs. If the CMHTs experience limitations within their CPN resource then it can present a challenge to local CMHTs to meet the demand for core and general treatment to take place.

If additional resources were made available to the CMHTs to provide core and general treatments as part of the Personality Disorder Pathway then this would also fill some of the gaps that had been created by the loss of courses available at the GRC.

<u>Recommendations</u>
The assessment section above sets out a need to provide:

- Courses, ideally based on Decider Skills
- Additional resource to support the direct provision of 1:1 core and general treatments including safety and stabilisation work as per our current personality disorder pathway
- Consultation support to keyworkers in the CMHT providing core and general treatment
- It is recommended that this work would take place within CMHTs and provide additional resource to the CMHTs

It is understood that approx £70,00 is currently available. It is recommended that this money could be used to create one full time or two part time Band 6 or Band 7 mental health professional post(s). These post(s) could be open to staff from a range of professional backgrounds including nursing, occupational therapy and physiotherapy. It is recommended that the post(s) require candidates to have some previous training and experience of using relevant therapies, either CBT or DBT, although appropriate candidates could receive further training if needed. It is suggested that one full time post holder is likely to be the preferred option. The creation of one post would enable the post holder to co-facilitate courses with other colleagues from the CMHT, assuming there is an option to free up time for course delivery from existing CMHT staff. This would support the up skilling of other CMHT colleagues in developing their Decider skills. However, if the vacancy is filled with two posts this would enable co-facilitation of the courses with both post holders.

It would be proposed that the post holders would become part of the DBT Team within secondary care services in order to receive supervision and support. It is suggested that there would be a dual accountability within the posts – within their professional grouping for line management and clinical caseload and within psychology for their psychological therapeutic work.

Thank-you for giving consideration to the points set out above.

Tim Sporle
Consultant Clinical Psychologist

Appendix
NHS Borders Personality Disorder Pathway summary diagram

Personality Disorder
Integrated Care Path