



Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Your Ref/eich cyf:
Our Ref/ein cyf:
Date/dyddiad:
Tel/ffôn:
Fax/FFacs:
Email/ebostr:
Dept/adran:

AL/JMG
12th September 2018
01443 744921
01443 744889
Alan.lawrie@wales.nhs.uk
Executive

Mr David J Rowland AM
Chair
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Mr Rowland

I am writing further to your letter dated 30th July 2018 in regard to the Petitions Committee's inquiry into details of the services currently provided to people with borderline personality disorder in the area and whether such specialist services are available in line with NICE guidelines

The following response look to provide a factual summary detailing services currently provided to people with borderline personality disorders in Cwm Taf.

1. Service Delivery: Value Based Model

Cwm Taf UHB (CTUHB) mental health services have adopted a clear value based model of care for people with borderline personality disorder. The 'specialist team' work from within integrated mental health teams, and have been trained specifically in the delivery of Dialectical Behaviour Therapy (DBT). This team has developed specific expertise in the diagnosis and management of borderline personality disorder, which includes assessment and implementation of a DBT programme in adherence with Nice guidelines (Borderline Personality Disorder; recognition and management 2009). The programme contributes to person centred services that are psychologically led and trauma focused. The application of this work promotes support that is based upon individual formulation (an explicit summary of factors that underlie and maintain the person's presentation) to guide treatment. This approach is well accepted across all professional groups which has enabled the development of a dedicated service for this specific group of patients. . This service is focused on individual patient centred care and includes formulation meetings for the person to arrive at a multi-disciplinary shared understanding and plan of care. This is essential when working with people who are regarded as 'high risk' in view to self-harm and tend to make intensive demands upon health services. The model of care aims to:-

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

- (i) facilitate the process of recovery
- (ii) reduce suicide and self-harm
- (iii) reduce reliance on other health care services i.e. A & E/CRHT
- (iv) improve overall quality of life

Psychologists play a valid part of the contribution towards treatment planning, and the training and supervision of staff from other professional groups' i.e. nursing/occupational therapy. Data is collated on the quality and effectiveness of the support and treatment delivered.

2. Service Delivery: Dialectical Behaviour Therapy

CTUHB has adopted the British Isles DBT training programme, which is based upon the Lineham model of DBT. Staff are required to complete an intensive training programme prior to working as a DBT therapist. Once training is completed, staff are linked into the DBT team that is based closest to their working locality and will be supervised accordingly.

CTUHB DBT service is in its 4th year of operation and the service has been audited twice, both results indicating that an effective treatment approach is being implemented. The priority is to ensure patients with this diagnosis have access to an effective support and treatment plan that promotes positive changes in lifestyle (Nice guidelines 2009). CTUHB delivers a complete dialectic behaviour therapy service that focuses on the following key principles:-

- Access to services (that they may have previously been excluded from)
- Autonomy and choice (based on learning new solutions that promote positive life changes)
- Developing optimistic and trusting relationships (within community and with mental health care services)
- Managing endings and supporting transition (increasing levels of independence and reducing reliance on others and services)

The service is led by a consultant clinical psychologist and delivered by professionals with a nursing, occupational therapy and psychology background.

The service operates across CTUHB and is incorporated into secondary care provision. The service consists of 2 teams that are linked directly into the 4 locality community mental health services, and provide set programmes of therapy that include:-

- Weekly 1:1 sessions
- Weekly skills training groups
- Access to telephone coaching
- Weekly staff supervision groups

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

The DBT service is a relatively small dedicated multidisciplinary team (12 staff in total) that is susceptible to change, as people move on in their careers. It is essential that good succession planning and ongoing access to training is maintained in order to ensure a consistent and timely DBT service. The plan for the future includes; increasing the numbers of staff trained (nursing and occupational therapy) and promoting training of other professional groups such as, specialty trainees (Drs) and social work.

3. Service Delivery: Sexual abuse and freedom and empowerment (SAFE)

CTUHB has high incidence of sexual abuse amongst its population. A history of incest, brutality, early loss, neglect and other traumas are more common amongst people with borderline personality disorder than among people with any other disorder. The majority experience sexual physical or emotional abuse particularly between the ages of 6 and 12 years. Such early abuse seems to explain the disorganised attachment pattern and negative views of others that are frequently found in people with emotionally unstable personality disorders.

In 2014, CTUHB invested in training to develop a comprehensive group therapy for female survivors of childhood sexual abuse (CSA). The female SAFE model has 2 group facilitators, six individual therapy support workers (ITSWs), and two supervisors (one for group, one for ITSWs). All staff are female. The group runs for 12 consecutive weeks. The current SAFE model is drawn from the experiences of an Exeter-based tertiary service for adult survivors of CSA. This service has operated for over 20 years and offers evidence-based group interventions to adult survivors of CSA. The CTUHB SAFE model has demonstrated robust outcomes for female participants, both in terms of significant improvement in functioning and quality of life, and also in reducing service use following the group. This is an innovative service in which a highly specialist, intensive psychological therapy was delivered in a group format.

Currently, men whose personal development has been severely compromised by CSA will require a formulation based individual treatment plan provided or overseen by a clinical psychologist. Additional funding will be sought to extend the same model for male survivors of CSA over the coming IMTP round.

4. Research informed practice for people with a personality disorder

The DBT service has an ongoing database that was set up at the onset of the service and captures the following information:-

- Statistics on people referred, assessed and offered DBT (to include numbers completing and dropout rates)
- Standardised assessment measures to determine outcomes at onset, set times during treatment and on completion of treatment programme. Outcome measures used are DIB-R, DERS and Core-OM
- Attendance at groups and 1:1 sessions

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

- Monitoring of information captured from patient dairy cards (incidents of self-harm/inpatient admission/length of admission/ attendance at A & E and CRHT etc that compares pre and post DBT therapy)

CTUHB also participated in a major research study with our head of psychology being the site principal investigator for Wales:

Psycho-education with problem solving (PEPS) therapy for adults with personality disorder: a pragmatic randomised controlled trial to determine the clinical effectiveness and cost effectiveness of a manual lies intervention to improve social functioning.

The objective was to compare the effectiveness of PEPS therapy plus treatment as usual (TAU) against TAU alone. Participants were adults living in the community with any personality disorder.

Psycho-education consisted of up to 4 sessions of information and discussion about personality disorder as experienced by the individual with the aim of increasing self-understanding, building rapport and motivating participants for problem-solving therapy. Problem-solving therapy was a 12-session group intervention designed to help participants learn skills for solving interpersonal problems.

The main finding was that PEPS therapy plus TAU was no more effective than TAU alone. The conclusion was that PEPS therapy is not an effective treatment for improving social functioning in community adults with personality disorders. A reasonable application is that no specific treatment should be delivered to this group of individuals in the absence of good clinical care. Structured clinical management of people with personality disorders is an important aspect of treatment; it is not an alternative to specific treatments but rather the bedrock on which these treatments may be offered. Effective team working is essential to providing high quality clinical care to this population of people.

5. Future Direction of Service Delivery

Within a context of uncertain and constrained finances, we are fortunate that Welsh Government has prioritised additional spending on mental health and on psychological treatment specifically.

Within our existing service configuration and our strategic direction to shift to a genuinely multi-professional psychologically informed workforce there is much that we can do to continue to improve services for people with personality disorders.

Our treatment for this clinical population can evidence:

- Strong emphasis on establishing a therapeutic relationship with attention paid to ruptures to the working alliance.

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

- Emphasis balanced between supportive and more challenging elements (making people feel heard and valued as well as extending their life skills).
- Simultaneous emphasis on fostering the individual's responsibility.
- Attention to both past and present concerns so that past aversive events are not re-enacted.

Clinician characteristics require

- Consistency
- Ability to set limits
- Able to communicate acceptance and empathy in the face of resistance, hostility or dependence
- Patient and comfortable with slow progress and setbacks

Interventions to be used:

- Motivational interviewing especially with resistant or court-ordered patients
- Behavioural and cognitive (to improve coping skills and relationships and to address presenting problems)
- DBT
- Crisis management is needed
- Other therapies with an evidence-based such as schema-focused therapy, interventions based on attachment theory, and mentalisation-focused therapy need to be established.

Financial constraints and specifically lack of funding to set up a specialist personality disorder team need not prevent us from actively working to improve services to this population. A common theme in improving services is to make it everyone's business. This will require changes to job plans.

It is essential that we strengthen training and supervision for all staff working with this client group who by definition have long-standing difficulties in the areas of attachment, emotional and impulse regulation.

6. Out of area placements

CTUHB has successfully re-patriated several people from out of area placements, with many receiving support from the DBT service. This work is ongoing with the aim of treating people as close to home as possible in the least restrictive environment.

The directorate has actively attempted to strengthen our forensic staff complement and to work across service boundaries with people in Probation. We have looked at providing funding for a bespoke complex trauma/personality disorder service, but at that time, this was not a viable option. We will continue to keep this under review.

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams

7. Conclusion

In conclusion, CTUHB have successfully initiated and developed a DBT service for people with borderline personality disorder within secondary care provision. This service is based upon NICE guidelines (2009) and provided by staff trained in DBT with ongoing supervision networks. However, the team is relatively small and will continue to require investment in view to more staff being trained in order to sustain the service.

Other programmes of support include SAFE, trauma focused care and formulation that is embedded into the Community Mental Health Team service provision, are also available for people with BPD to access. Again, ongoing investment is necessary in order to maintain staff motivation, and to provide ongoing training and supervision in view to maintenance of service provision.

Areas of further development are necessary as have been indicated within this report, that include plans agreed to develop staff skills and promote service development in the future.

Kind Regards



Mr Alan Lawrie
Director of Primary Care, Community and Mental Health
Cwm Taf University Health Board

Return Address: Cwm Taf University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Chair / Cadeirydd; Professor Marcus Longley

Chief Executive / Prif Weithredydd: Mrs A Williams