P-05-812 Implementing NICE guidelines for Borderline Personality Disorder, Betsi Cadwaladr University Health Board Response to the Committee, 10.5.19

Current services for people in North Wales who have Borderline Personality Disorder difficulties are mapped to Borderline Personality Disorder: recognition and management (2009) NICE guideline CG78 and 2018 surveillance recommendations below, with additional information on future direction.

1.1 General Principles including access to services compliance

Within BCUHB, adults with borderline personality disorder difficulties or attachment disorders have access to stepped care mental health services, and for young people care is provided by CAMHS.

People with mild learning disabilities are not excluded from the mainstream available services. In addition, adapted DBT services within Learning Disability services are available for people who have moderate Learning Disabilities.

People who present with complex interpersonal difficulties require informed and supportive pathways through services. Service capacity and demand and the structure of mainstream services continue to present system-wide challenges requiring attention. There are ongoing challenges in managing endings and supporting transitions between services, and issues of timely equitable access to the right help at the right time. There has been better recognition of these difficulties in society and within services, resulting in an increase in demand over the last 10 years, but this has been not been matched by significant increases in service capacity.

Solutions include encouraging a system-wide approach. This promotes inclusion and the ethos that mental health and wellbeing, including helping service users with complex personality or attachment based disorders, are “everyone’s business”. Service users enter services at various entry points, and move between and across multiple and tiered services. Local aims are to promote awareness, knowledge, and skills, and work together to enable consistent training, supervision, and support for frontline multidisciplinary staff in statutory services. This requires enough specialist knowledge and training to deliver on, and the availability of timely and equitable access to specialist level intervention when needed for service users. In addition, work has progressed in wider partnership work with the voluntary sector to support and work alongside community initiatives.

Further work is required to progress more coherent and evidence based pathways across these multiple services, including general health and stepped/matched community and inpatient mental health care. Specialist knowledge is available from secondary care mental health specialist psychology. However, this competes with the full range of secondary care mental health need and there remain challenges around timely access to specialist psychological interventions where waits continue to be too long. Significant further work and resources will be required to improve equitability and ready access to the right care at the right time for service users across the Board.

1.2 Recognition and management in primary care

There is increased recognition of these complex difficulties in primary care at GP level. At primary care mental health service level in adults, there is also increased recognition and more consistent and routine assessment of risk facilitated by the Mental Health Measure Part 1 framework.

For management and treatment options in primary care mental health, some progress has been made in the setting up of skills groups within primary care mental health services.

However, this requires further development for coherent and consistent delivery across the Health Board. In alignment with Matrics Cymru and stepped/matched care models, an additional small investment from new psychological therapies monies will be used to support primary care mental health staff further. This will support the development of more consistent delivery of transdiagnostic DBT informed coping skills groups, which will increase accessibility to interventions for service users with less serious difficulties.

BCUHB primary care mental health services are routinely referring adults with complex problems onto community mental health services, and young people onto CAMHS teams.

1.3 Assessment and management by community mental health services

Last year we reported that in North Wales people given a diagnosis of Borderline personality disorder receive input via the CMHTs and that services aim to follow a person centred evidence based approach which is stepped and tailored around the individual's needs. This includes risk assessment and management or treatment offered at secondary care mental health level, including care management provided at CMHT or CAMHS level. Management of crisis may also involve support from Home Treatment services or local inpatient services

With regard to NICE recommended Psychological Treatment and evidenced based therapies, a number are offered within BCU CMHT adult secondary mental health services via psychology, and in specialist CAMHS for under 18s. Of the most highly rated by NICE, Dialectical Behavioural Therapy (DBT), Schema focused Cognitive Behavioural Therapy (CBT), CBT for Personality Disorders, and Transference focused psychotherapy are available. Cognitive Analytic therapy is also available and within Substance Misuse Services Acceptance and Commitment Therapy informed recovery programmes are offered. There remain issues of timely and equitable access to specialist psychological therapies across the region, due to demand and the small specialist resource trained and qualified to deliver these approaches. While full programme DBT has been available in the past in two localities, at present full programme is not running. Full programme DBT is recommended for women who present with significant risk of self-harm. However, it is a treatment programme which requires a team of trained clinicians with dedicated time to deliver and currently there are issues with MDT staffing sustainability. In the interim, DBT skills only groups are delivered in a number of settings. The large geographical spread of the Board remains an additional challenge in service delivery, with group programmes having significantly less reach in rural areas.

Significant work is continuing on waiting times and ways of working within secondary care mental health services to improve access, and NICE and Matrics Cymru (2018) are encouraged as best practice. It is important a wider holistic understanding of service users' difficulties and needs are understood throughout all services. An aim is to promote fuller understanding of the impact of Adverse Childhood Experiences (ACE's) on mental health long term. The work to meet needs should include the promotion of preventative measures, as well as system wide psychologically informed ways of working within services. This will involve developing more training opportunities to enable services be more attachment and trauma informed, and developing wider formulation led person centred risk assessment, support, and interventions. For survivors of childhood sexual abuse and other serious trauma resulting in significant mental health difficulties, targeted trauma work is provided at secondary care CMHT level mainly through specialist psychology. The partnership with Amethyst and CMHT psychology of group therapy for survivors of childhood sexual abuse (evaluated in a joint research study with Bangor University via a Health and Social care fund) is continuing, as well as teaching re: trauma informed care across MDTs in community and inpatient services.

Work continues on addressing issues of demand and capacity, supported by additional Welsh Government investments. This has included programmes of upskilling

multidisciplinary staff through investment in additional CBT and DBT training, but more development is needed to support staff to implement new skills within teams and services which require both systems change and increased specialist level to facilitate this.

1.4 Inpatient Services

There has been significant development work within BCU adult acute psychiatric units. In the last year, remodelling work has been ongoing and plans include developing alternatives to admission which aim to offer more therapeutic and helpful support to service users in crises.

Work has progressed in the promotion of more psychologically informed ways of working within the psychiatric inpatient units. This has been supported by new investment from Welsh Government over the last 3 years which has enabled dedicated inpatient psychology staff are now added to inpatient MDTs across all units. This has facilitated psychologically informed working, and individualised formulation of a person's of risk and circumstances leading to admissions. It has also enabled the setting up of DBT skills and stabilisation groups within the units, and psychologically informed discharge plans.

Service users who currently require out of area placements have complex multiple difficulties. In North Wales the largest group of people requiring this level of service have either neurological or learning difficulties. Some service users can have complex personality difficulties, and development work is ongoing with CHC and local rehabilitation services to develop a three year plan of how best to meet people's needs.

1.5 Organisation and planning of services

Whilst BCUHB has specialist clinicians working in services (mainly in secondary care CMHTs), in reference to adherence to recommendation 1.5.1. sustainable multidisciplinary specialist teams have yet to be developed comprehensively across the region. This requires further attention. In addition to NICE recommendations, evidence from local practice and local clinical research indicates this specialist resource is required. This is reflected in the views expressed by service users in North Wales, and by staff supporting service users with these difficulties.

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