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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref JP/RB/ch

Direct Line 01633 435959

5 September 2018

David J Rowlands AC/AM
National Assembly for Wales
Petitions Committee

Dear Mr Rowlands

Re: Petition P-05-812 NICE Guidelines for Borderline Personality Disorder

Thank you for your letter requesting from Aneurin Bevan University Health Board (ABUHB) the following information in relation to Borderline Personality Disorder:

- Details of the services currently provided to people with Borderline Personality Disorder in your area; and
- Whether specialist services are available in line with NICE guidelines (the petitioner has advised the Committee that less than half of NHS trusts in Wales follow NICE guidelines).

Aneurin Bevan University Health Board - Personality Disorder (PD) Service Development

Mental Health Services within the Health Board area have been specifically providing services for people with Borderline Personality Disorder since October 2004.

Following the National Institute for Mental Health (NIMHE) document "PD: Not a Diagnosis of Exclusion" (2003), we established a Specialist Personality Disorders Multi-disciplinary Team, which provided the following services to these patients, their generic mental health teams [Community Mental Health Team (CMHT), Inpatient Services, Assertive Outreach (AOT), Home Treatment Team (HTT) and other Specialist Services (e.g. Forensic and Eating Disorders). This includes:

- Consultation/advice/support/supervision services to CMHTs and others within our Mental Health Services.
- Assessments with a view to advising teams on a treatment and risk management plan.

Bwrdd Iechyd Prifysgol Aneurin Bevan

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Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

- Intensive treatment for a small number of severely distressed patients who cannot be managed at CMHT level.
- Assessments for proposed out of area referrals.
- Involvement in decisions to refer a patient to out of area PD Services.
- Be involved in the ongoing liaison/monitoring of patients who are placed out of area.
- Build up a thorough knowledge base of out of area services including their specific therapeutic focus and quality and use to make placement decisions.
- Provide staff training and staff development services to improve the level of skills our staff have to respond effectively to these patients and to reduce staff stigma of BPD and Personality Disorder as a diagnosis.

The intensive treatment provided for our most unstable patients has been Dialectical Behaviour Therapy to stabilise them, followed by intensive 1:1 psychological therapies including Cognitive Analytic Therapy, Psychodynamic psychotherapy, CBT, and more latterly EMDR & MBT.

We established an expertise in the provision of Dialectical Behaviour Therapy, which helped many patients, by stabilising them and enabling them to live independently, and in many cases avoided escalation and the need for them to be placed in secure services. When introduced this reduced out of area referrals and continuing healthcare spend. We also provided this clinical service to patients returning from secure services, which made their transition quicker and more successful.

Given the demand for DBT for BPD and issues of emotional dyscontrol across the CMHTs, we supported all our CMHTs to establish their own local DBT services. We provided training, which was supported by the accredited DBT training (which our staff accessed) and our expertise in establishing and running these services. All our five localities in ABUHB now have their own DBT service which they provide to their patients with BPD. This further increased access and availability of clinical services to patients with BPD.

Another key intervention of the Personality Disorder Service was to provide staff training in Personality Disorder. We have now trained over 700 mental health staff providing them with basic information about Personality Disorder including BPD, how to provide good quality first line services and manage risk effectively. We have included service users in this training, who have provided their extremely valuable real experiences of services and what helps and doesn't help. This training has contributed to changing the negative attitudes to PD and BPD, as did our clinical successes, which challenged colleagues to realise that this is a group of patients who are in fact in great need and who can be helped very effectively.

The Personality Disorder service has helped transform our Locked Rehabilitation Service for women with complex and severe mental health problems including PD/BPD and psychosis to a very effective service with a high degree of relational security for patients and staff, with minimal "incidents" and strong success in placing our very complex and severely disturbed patients in supported community living. We were a nominee for a Wales NHS Award and our Nursing Manager was awarded Nurse of the Year for her work in this service in 2017.

Staff engage in weekly reflective practice meetings, skills training, and think psychologically, within the context of providing kind and compassionate care for our patients. Patients feel secure which is calming and enables them to work on their issues and make progress. This is now a model service for other in-patient services and we are endeavouring to mirror this in our Acute Wards. The PD Service also provides specialist psychological therapy for our very unstable and traumatised (PD/BPD) patients using CBT, CAT, EMDR, DBT, Mindfulness etc. Our Consultant Clinical Psychologist is an Approved Clinician and is the Responsible Clinician for all the patients.

We have also established a Mentalisation Based Therapy (MBT) Group Service for patients with Personality Disorder, which we provide to patients in our CMHTs and in-patient Unit. MBT offers patients with BPD another effective treatment option, particularly for those who do not engage with the manualised DBT style of therapy, but prefer a psychotherapeutic experiential approach. We plan to introduce this into our localities as our expertise increases.

Current Services for Patients with Borderline Personality Disorder

The following services are available to people with BPD in the Health Board. These are in line with the NICE guidelines on BPD:

Primary Care Mental Health Services:

- Counselling
- A range of psychological therapies, including cognitive behavioural therapy and solution focussed therapy,
- Stress management,
- Family and parenting work,
- Behavioural or social interventions,
- Links to other agencies and organisations e.g. MIND, Gofal.

Secondary Care Mental Health Services:

- CMHT multidisciplinary service including psychological and psychiatric assessment, psychological and medical treatment, CPN support, within the context of a Care and Treatment Plan, and a Care Co-ordinator.
- Acute in-patient Care at times of crisis.
- Home Treatment and Crisis Team.
- Psychiatric Intensive Care.

Patients are provided with longer term support and therapy as recommended by the NICE guidelines.

Psychological therapies available include:

- 1:1 Psychological therapy with the CMHT Clinical/Counselling Psychologist, or Psychological Therapists, who will use evidence based therapies e.g. CBT, DBT, CAT, Mindfulness, ACT etc.
- DBT group and 1:1 therapy is accessible in all localities.
- Psychoeducational groups, which are a useful source for starting to acquire improved coping skills including, stress control, activate your life and mindfulness.

The major goal is to help our patients become stable and able to function independently.

Specialist Personality Disorders Service:

Patients with BPD and their generic mental health teams (CMHTs, Inpatient Services, AOTs, HTTs) and other Specialist Services (e.g. Forensic, Eating Disorder) have access to the following:-

- Consultation/ advice/support/ supervision.
- Assessments with a view to advising teams on a treatment and risk management plan.
- Intensive treatment for a small number of severely distressed patients who cannot be managed at CMHT level using Mentalisation Based Therapy.
- Assessments for proposed out of area referrals.
- Involvement in decisions to refer a patient to out of area PD Services. A member of the in-house panel of highly experienced clinicians and managers who support teams with their very complex patients (including BPD), provide advice and decide how best to meet the individual's needs in discussion with treating teams. This may involve establishing a local bespoke service, placing a patient in supported living with local high quality providers, or using out of area services if there is no other option.
- Involvement in the ongoing liaison/monitoring of patients who are placed out of area and in supported community living.
- Staff training, staff development, clinical service development, to improve the level of skill our staff have to respond effectively to these patients, to reduce staff stigma of BPD and Personality Disorder as a diagnosis and increase the relational security of our mental health services to these patients.
- Joint working with the Continuing Health Care Team and individual patients who have become extremely unstable and highly risky with PD/BPD to develop and provide the best local and least restrictive services possible for the individual. This service will be greatly enhanced by the new "Structured Clinical Management" service that will come on stream over the next 6-9 months.
- Our Bellevue Locked Rehabilitation Service for women with PD/BPD and other complex disorders to stabilise them, prevent them from going to secure services (high cost, low effectiveness, long admissions), and resettle them in supported community living as quickly as possible without subsequent breakdown and re-admission. This is a highly successful service.

Other Specialist In-house Services:

- Eating Disorders services.
- Forensic Mental Health Services.
- Early Onset Psychosis Service.

Out of Area Services:

These services are used as a last resort when a patient's disturbance/risk is very high and/or interventions need to be provided in an in-patient setting.

- The Retreat in York – In-patient DBT service (not locked).
- St. Andrews Hospital, Northampton, in-patient DBT (locked).
- The Cassel Hospital, Richmond, in-patient psychotherapy service (week days).
- Low Secure Services.

I hope the above information is helpful. If you have any further queries please do not hesitate to contact either Dr Bob Colter, Consultant Clinical Psychologist, Gwylfa Therapy (PD) Service, Bob.Colter@wales.nhs.uk or Dr Chris O'Connor, Divisional Director for Mental Health and Learning Disability Services, Chris.OConnor@wales.nhs.uk 01633 436711.

Yours sincerely



Judith Paget
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