Aims and objectives

- Parity of access to psychological therapies
- To offer assessment, diagnosis and formulation
- To promote multi-agency consistency of approach within teams and between different organisations through consultation and reflective practice
- To provide a programme of training on personality disorders, boundaries and MBT
- Empowerment and partnership - supporting people with personality disorder to engage and contribute to their own self-management in partnership with care providers
- Early interventions with the under 25 population (approximately a third of our referrals) to influence prognosis and improve long term experience and reduce use of services

Results and outcomes

This population find it harder to engage consistently. We explored the demographics of referrals and adapted our therapeutic frame (Bateman and Fonagy, 2001) in order to engage people into the service and evaluated the effectiveness with specific focus on attendance, engagement, use of services and outcome measures (CORE-OM)

PRE Service Use

- 1/3 referrals under 25
- 74% have or have had problems related to alcohol or drug misuse
- 54% have had contact with A&E in the 6 months prior to referral
- 90% have had psychiatric hospital admissions
- 81% have history of self harm
- 35.8% in care in childhood (39% had 4 or more placements)
- 54% have had more than 1 accommodation placement
- 30% police contact - 44% have had a prison sentence

POST Service use in last 6 months

- Age range – 18 – 40 in treatment
- Reduced frequency of attendance at A&E
- Reduced hospital admissions 30% to 18%, fewer repeated admissions and shorter length of stay
- Self harm reduced from 81% to 36.7%
- Improved stability in accommodation placements 40% have more than 1 placement and many in their own accommodation
- Reduced contact with police with only 9% having a prison sentence

Training and Consultation

The service offers a range of training to HSPC staff and third sector. We work with other NHS colleagues to support national training in Mentalization skills. Alongside training is a consultation service and opportunity for reflective practice.

The way in which PD works and now I am now more confident in this area

Mentalizing is a 2 day skills course skills which has been researched within GG&C supported by University of Glasgow. 366 staff trained by GG&C MBT trainers

"Focusing on working with service users affect individual team members and also the team as a whole. Good to have time to explore"

One day training offers an introductions to increase knowledge and understanding, 262 staff have been trained over the last 2 years

As well as direct clinical contact services can access consultation (17% of service case load) and we offer reflective practice to 4 teams.

Discussion

The wider service data suggests that this integrative approach helps stability and reduces self harming, leading to reduced need for services. The introduction of MBT treatment model has led us to explore the active ingredient of the therapeutic process, and how this co-ordinated approach assists the patient to move from a position of epistemic mistrust to epistemic trust. This appears to be important as abuse, neglect and trauma in childhood have often led to hypervigilance about others’ motives and a tendency to anticipate negative reactions. Our current hypothesis is that mentalization helps the individual to learn about trusting others, as the therapeutic moves aims to improve the person’s capacity to understand their mind and the minds and perspectives of others in interactions. Improving epistemic trust is a primary aim of therapy for the individual, and this is supported by the wider engagement with other services, utilising this mentalizing approach.


Based Treatment Versus Structured Clinical Management -– http://www.coreims.co.uk/About_Measurement_CORE_Tools.html

Randomized Controlled Trial of Outpatient Mentalization Based Treatment Versus Structured Clinical Management -– http://www.coreims.co.uk/About_Measurement_CORE_Tools.html

Figure 2: Mentalization treatment pathway

Figure 3 – Pre and Post CORE 34 Outcome

CORE 34 was administered pre treatment and mid way through the treatment. At present the numbers are too small to draw firm conclusions however, there is a trend towards reduction of symptoms and improved well being and functioning.