Healthcare Improvement Scotland

Summary of evaluation into Community Mental Health Teams Psychology to BPD treatment pathway in Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde

Reform Resource Library

Background context and rationale

·The Borderline Personality Disorder (BPD) treatment pathway steering group conducted an exercise to attempt to quantify the contribution of parts of the treatment pathway beyond the intensive, specialist treatment programmes offered such as Systems Training for Emotional Predictability and Problem Solving (STEPPS) Dialectical Behavior Therapy (DBT) and Mentalisation Based Therapy (MBT). This exercise specifically looked at the contribution of psychology in adult community mental health teams (CMHTs), psychotherapy and the Psychological Therapies Groups Service (PTGS),

It was recognised from the outset of the exercise that patients with a diagnosis of BPD form a proportion of the caseloads of clinical psychologists in secondary care Adult Mental Health Teams. The Information Services within the board area were approached with a request to try to quantify the numbers of patients with a diagnosis of BPD being seen by psychology within adult CMHTs.

The evidence base supports that not all people with a diagnosis of personality disorder will be suitable for group work and therefore it must be ensured that there are other appropriate treatments in line with The Matrix:

"due to the complexity of personality disorder most services should offer more than one type of intervention"

There is also a population of patients that do not have a diagnosis, but do have significant features of BPD. This can complicate type of therapy being delivered.

Individually delivered, highly specialist psychological therapy delivered by psychology in CMHTs can also form part of the patient's treatment pathway. This process can involve the patient completing a 1:1 PT with psychology in CMHT before referral to a more intensive recommended therapy such as STEPPS/DBT/MDT.

Patients can also be referred to CMHT psychology for a 1:1 psychological therapy following completion of STEPPS/DBT/MBT. This can be typical when a person presents with a significant history of trauma.

Report from Information Services

The primary ask to Information Services was to assess the number of patients with a diagnosis of BPD. Information services were not able to report on this, as approximately 56% of active caseloads did not have a linked diagnosis with referral. This meant that there was a lack of clarity in the information held by information services.

Information services were able to report on other pertinent factors such as:

Total caseload:
Total caseload for CMHT psychology staff n=1776. Mean caseload should be in the range of n=1382-1613.
Staff profiles and WTE:
For the 18 CMHTs in Greater Glasgow and Clyde, with set 44WTE for clinical psychology staff, 38.4 are filled.
Information available on diagnosis:
Across the 18 CMHTs, percentage of caseload with no linked diagnosis ranges from 12% to 73%.
Waiting times:
Wait times for PT range from 6 weeks to 51 weeks

Following the outcomes of the Information Services exercise, it was decided that a manual review was required to assess the caseloads of CMHT psychologists. This evaluative review was devised and implemented during April 2024.

Manual review of psychology caseloads

·All psychologists working within Greater Glasgow and Clyde were approached and requested to carry out manual review of their CMHT caseloads, reporting on:

- Total number
- Number with diagnosis of BPD/mixed PD
- Numbers with no diagnosis but present with significant features that impact delivery of PT

·Outcome of the manual review process reported a total caseload of n=753. This accounted for <50% of the total number of cases reported to be open to CMHT psychology by Information Services at the time of the census.

Of the 753 patients described by the Psychologists who responded, 14% had a diagnosis of BPD (n=109). 23% reported not to have a diagnosis of BPD but to be presenting with significant features (n=174).

Those with diagnosis and significant features of BPD comprised over 1/3 (approx. 37%) of caseload (283/753) of patients open to psychology in CMHTs could be considered in the scope of the BPD pathway.

Based on the reported figures by Information Services (of 1776 individuals currently open to psychology in adult CMHTs), and extrapolating from the responses, approximately 600 individuals could be considered 'in scope' of the BPD treatment pathway and may be open to psychology in adult CMHTs at the time of this exercise.

Based on the proportions suggested by this exercise, a similar proportion of individuals waiting to commence psychological therapy on adult CMHT psychology waiting lists (around 37% of those waiting) could be the population 'in scope' of the BPD treatment pathway.

Based on the current numbers of people waiting (at the time of writing) on adult CMHT psychology waiting lists (n=626), this could equate to >200 people who are experiencing BPD symptoms and waiting to commence psychological therapy.

Importance of review outcomes

The outcomes of the evaluative review of CMHT psychology into the Greater Glasgow and Clyde BPD are important for a number of reasons. Firstly, they provide a good example of how to approach manual data collection when information available through business intelligence has gaps. The information provided in the review clearly states the process that the service used in order to collect data.

Secondly, the review highlights how manually collected data was used in conjunction with the information that was available through business intelligence. This allowed for a deeper understanding of the initial ask. Using both sources of data allowed the service to understand the resources available, the demands on the service, prediction of patients with a diagnosis or a suspected diagnosis and wait times. This information could be used to support capacity building within the service.

An important finding from the review was illustration of gaps in business intelligence concerning diagnosis or lack thereof in the system. Understanding the number of people coming through a service, or waiting for access to a service with a diagnosis of a complex mental health condition is not only important for capacity planning but also for ensuring that people access appropriate support in a timely manner. The lack of diagnostic data can lead to blind spots in services understanding the true demand on services.

Template for manual review of CMHT Psychologists' caseloads

Patient initials	Issues with EUPD/BPD/mixed PD not a significant feature of presentation or focus of treatment	Diagnosis of EUPD/BPD or mixed PD confirmed	EUPD/BPD/mixed PD diagnosis not given but is a significant feature of the presentation and forms part of the focus of your treatment
Example 1 JS	*Being seen for recurrent depression*		
Example 2 SH		*Being seen for DBT informed input*	
Example 3 CH			*Complex trauma, but cannot work on due to emotional dysregulation*