

Healthcare Improvement Scotland - Mental Health Reform Webinar:

Developing staff to work confidently with complex mental health needs

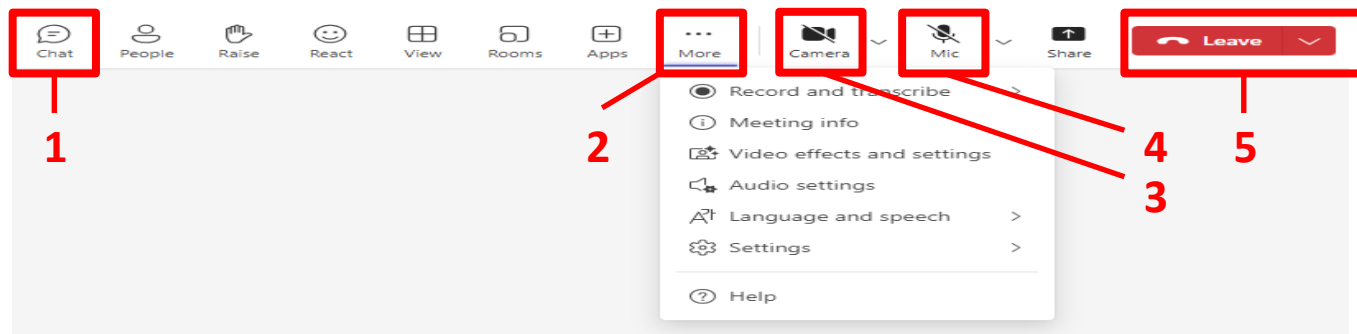
Tuesday 16th September 2025

Welcomes, introduction and scene setting

Rachel King

Unit Head, Transformational Change Mental Health
Community Engagement and Transformational Change
Healthcare Improvement Scotland

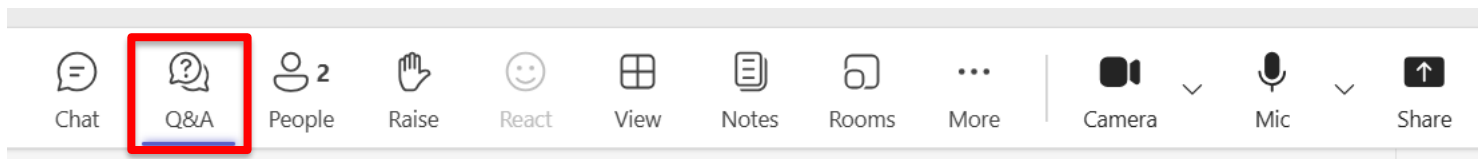
MS Teams settings and accessibility



1. How to open and close the chat panel – use the chat panel to introduce yourself, take part in conversations or let us know if there are any technical issues.
2. If you click 'more' you can access some accessibility features under language and speech, such as live captions and a live transcript of the meeting.
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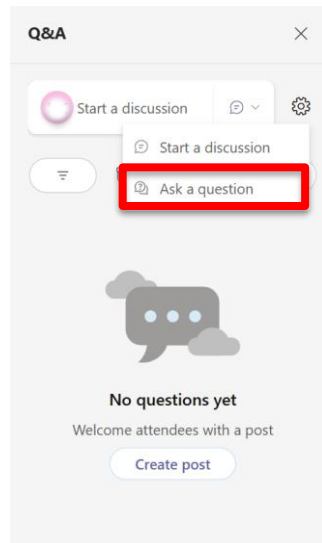
Q&A function



How to use the Q&A function:

1. Click the Q&A button in the tool bar at the top of the screen.
2. Click on the drop down to start a discussion, select ask a question.
3. Enter your question in the text box.
4. Press 'Ask', this will send your question into the Q&A zone.
5. Anyone can ask a question.
6. Anyone can also like, comment or upvote on other questions in the Q&A zone.

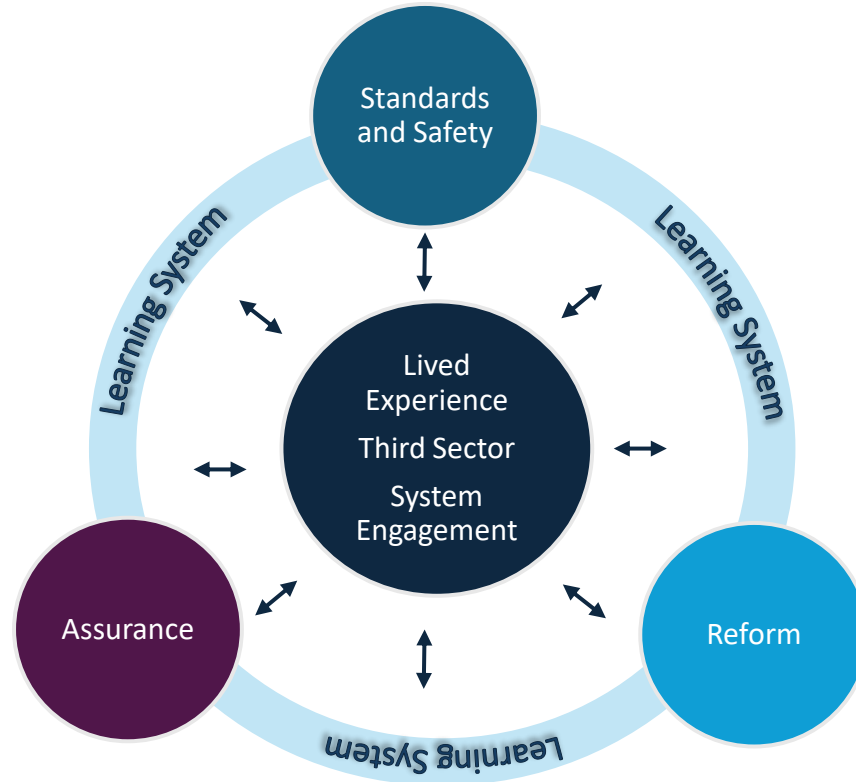
Please feel free to like, comment or upvote any questions you are particularly interested in hearing the answer to.



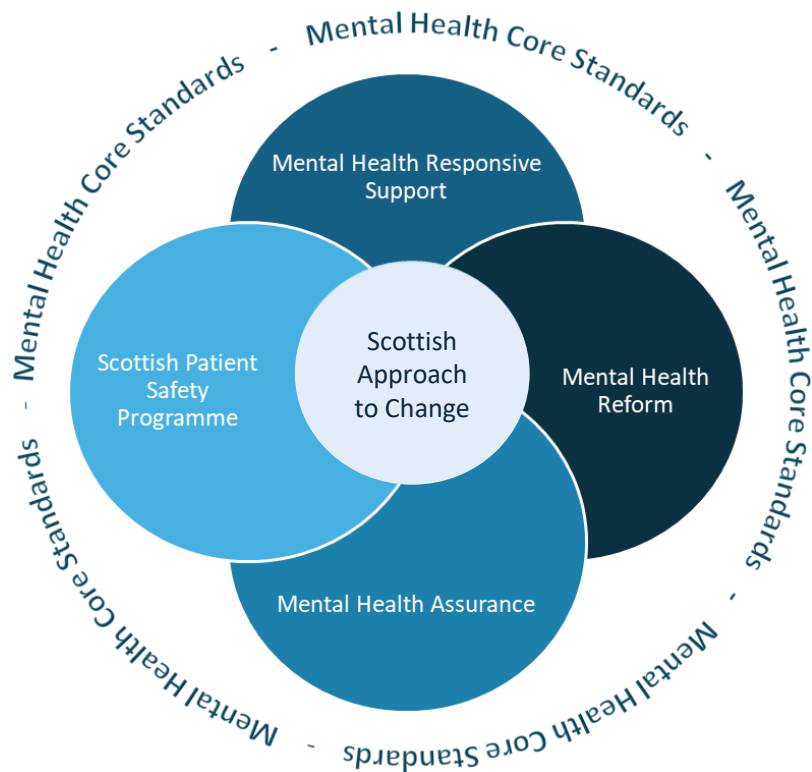
Agenda for Today

Title	Duration	Speaker
Welcome/Introduction/Scene setting	7 minutes	Rachel King
General considerations in developing staff confidence in working with people with complex mental health needs	25 minutes	Dr Tim Agnew
Developing and Mentoring Staff to Work with (EUPD) pathway the Dumfries & Galloway Way	20 minutes	Dr Jackie Stirling and Emma Ritchie
Co-delivering an Inpatient Emotional Coping Skills Group with multi-disciplinary staff	15 minutes	Dr Danielle Graham and Jemma Young
Polls	2 minutes	Rachel King
Question and answer session	20 minutes	Dr Michele Veldman
Close	2 minutes	Rachel King

HIS Wide Approach



Mental Health across Healthcare Improvement Scotland



Personality Disorder Phase 1 – staff interviews

- Staff questioned themselves over whether they are “good” enough, some felt that they lacked knowledge and training to be able to support people with a diagnosis.
- Resources to support staff (supervision, wellbeing and organisational support) were not always felt to be available. Echoed in terms of access to training and professional development to ensure competence.
- Staff felt that there was little focus applied specifically to personality disorder within early career education and training.
- Variation in access to training opportunities, with access being felt to be inequitable.

A question on good practice

Can you share any areas of good practice relating to developing staff to work confidently with complex mental health needs?

Please share your experiences in the chat.

Developing staff confidence in working with complex mental health needs – general considerations

Dr Tim Agnew

Consultant Psychiatrist and Psychotherapist
Personality Disorder Service
NHS Highland

Developing staff confidence in working with complex mental health needs – general considerations

Dr Tim Agnew, Consultant Psychiatrist and Psychotherapist, NHS Highland Personality Disorder Service.

Low levels of confidence?

- Associated with feelings of uncertainty about:
 - What to do
 - How to do it
 - Why to do it
 - When to do it
- Often accompanied by:
 - High levels of emotion (and emotion-driven responses)

Reducing unnecessary uncertainty

- A degree of uncertainty is healthy insofar as it can promote reflection and effective flexibility – confidently doing something unhelpful is in no-one's interest
- Clearly agreed pathways, principles and treatment frames supported by education and awareness, and consultation and supervision help to reduce unnecessary uncertainty and promote healthy confidence by providing a framework to think about and respond to complexity in an effective way

Key focus areas

- Pathways and principles
- Education and awareness
- Consultation and supervision

Pathways and principles

- General explicit agreement (at organisational level)on:
 - Pathways
 - Principles
- Specific explicit agreement (at clinician/team-patient level)on:
 - Treatment frame

Pathways

- Clarity around:
 - Referral processes
 - Assessment, diagnosis, formulation processes
 - Care and treatment processes
 - Transition and discharge processes

Principles

- Clarity around principles of care
- For example:
 - Self-management
 - Consistency
 - Collaboration
 - Validation
 - Motivation
 - Importance of team approach

Treatment frame

- Informed by agreed principles
- Will vary depending on focus and context of the work
- Includes clarity around:
 - Place and time of contacts
 - Agreed roles and responsibilities
 - Clear shared care and treatment plan
 - Focus of care and treatment
 - Treatment targets (short and longer term)
 - Agreed means to address targets
 - Identification of relevant risks and effective responses to individual risks
- Specified duration before progress review

How can staff be supported to confidently work to agreed pathways, principles and treatment frames?

- Education and awareness
- Consultation and supervision

Education and awareness

- Readily available information on pathways and principles
 - Right Decision Service website
- Formal training
 - General
 - Introduction to personality disorder
 - 5 steps in responding to emotional intensity
 - Decider skills training
 - Specific
 - STEPPS facilitator training
 - DBT therapist training

Education and awareness

- Observation/placement opportunities
 - Observe PDS MDT
 - Observe Supporting Self-Management group
 - DBT therapists drawn from various background teams
- Re-usable learning materials
 - SPDN films
 - Videos and other resources on NHSH PDS website
- Patient-focused
 - Post-diagnosis group

Consultation and supervision

- General consultation/supervision:
 - Informal consultation
 - Case consultation
 - CPA
 - Reflective case-based discussion group (MHAU, CMHTs)
 - General clinical supervision
 - Input to wider pathway and policy development

Consultation and Supervision

- Specific consultation/supervision:
 - DBT consultation group
 - STEPPS consultation group
 - Decider consultation group
 - CAS Day Service consultation group
 - Specific clinical supervision

In summary...

- A degree of uncertainty is healthy insofar as it can promote reflection and effective flexibility
- Clearly agreed pathways, principles and treatment frames supported by education and awareness, and consultation and supervision help to reduce unnecessary uncertainty and promote healthy confidence by providing a framework to think about and respond to complexity in an effective way

Thank you.

Developing and Mentoring Staff to Work with (EUPD) Pathway the Dumfries and Galloway Way

Dr Jackie Stirling

Clinical Psychologist
NHS Dumfries & Galloway

Emma Ritchie

Community Mental Health Nurse Team Lead
NHS Dumfries & Galloway

Dr Jackie Stirling (Clinical Psychologist)
Emma Ritchie (CMHT team lead)

Developing and Mentoring Staff to Work with (EUPD) Pathway the Dumfries and Galloway Way

Overview

- Emotionally Unstable Personality Disorder (EUPD) pathway established in 2016
- Aim to offer an evidence based intervention to individuals with a diagnosis of EUPD
- Geography and population size informed pathway
- Funding opportunities available for training

What we needed

- Buy in
- Top down
- Bottom Up

Training

- Initially external trainers
- Developed in house training, flexible to needs of nurses
- Increasing input from existing facilitators

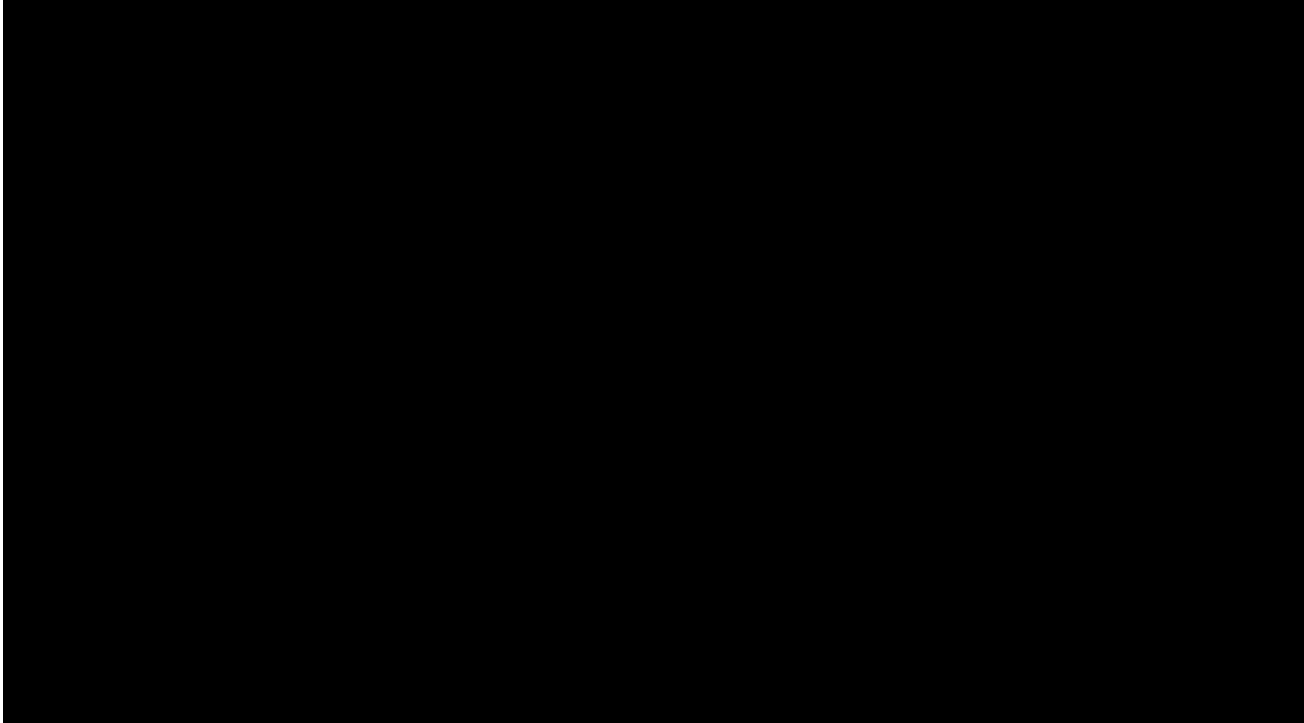
Supervision

- Regular supervision with Clinical Psychologist
- Developments: CMHT clinical psychologist
- Peer supervision

Mentoring

- Apprenticeship Model

Staff Feedback



Conclusion

- Constant evolution
- Flexible

Co-delivering an Inpatient Emotional Coping Skills Group with multi-disciplinary staff

Dr Danielle Graham

Consultant Clinical Psychologist
NHS Greater Glasgow and Clyde

Jemma Young

Quality Improvement Nurse
NHS Greater Glasgow and Clyde

Co-delivering an Inpatient Emotional Coping Skills Group with multi disciplinary staff



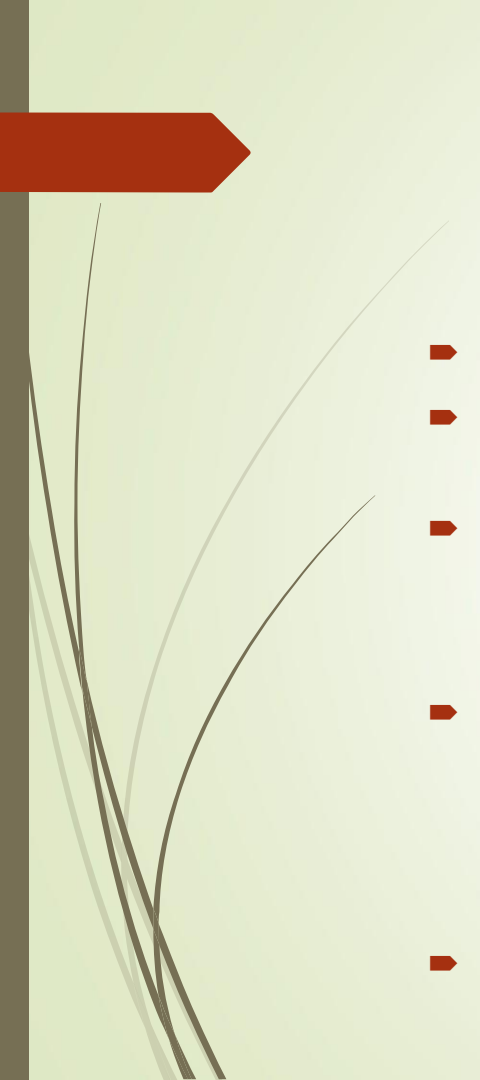
Dr Danielle Graham, Consultant Clinical Psychologist
Jemma Young, Quality Improvement Nurse

Leverndale Hospital
NHS Greater Glasgow & Clyde



Overview of ECS

- Began in Leverndale Hospital in June 2015
- Using adapted manual for a group delivered therapy developed by Isabel Clarke, Consultant Clinical Psychologist (2012) entitled 'Emotional Coping Skills'.
- Aims to teach participants skills in managing unpleasant emotions.
- Draws on specific techniques from Dialectical Behaviour Therapy (DBT).
- Throughout the group, participants are supported to understand how difficulties in emotion regulation arise, explore triggers to emotional distress, and learn and practice effective coping skills to manage distress.
- The intended outcome of the group is **not** focused on symptomatic remission, instead it aims to improve patient's self efficacy in managing their emotions.
- In the inpatient setting, this consists of 8 sessions, delivered over 4 weeks

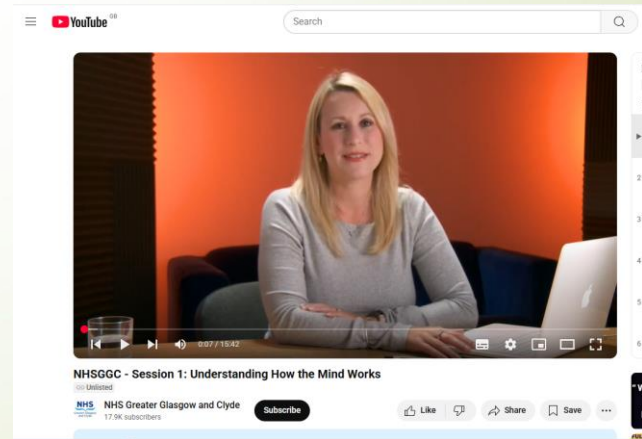


The Client Group

- Many of our clients will have a diagnosis of BPD/EUPD but **not all**
- All are inpatients at the point of referral (may be discharged as group progresses)
- Key inclusion criteria: **any patients whose difficulties may be partly maintained by poor affect regulation and/or distress tolerance and who would be able to engage in a therapy aimed at improving coping skills in these areas**
- In general, they are individuals who
 - Experience particularly intense emotions
 - Find these emotions to be intolerable and overwhelming
 - Resort to less helpful methods of managing these emotions (e.g. self harm; substance misuse; suppression)
- A heterogeneous group, all with 'emotionally thin skin' (Linehan, 1993a)

Board Wide Provision of ECS

- Provision of ECS has expanded: delivered across GG&C (Group service, 1:1/guided self help intervention for patients of PCMTs/CMHTs)
- Remote methods of delivery developed in response to Covid-19 pandemic



Outcome data – Leverndale Inpatient Service

- Total referred: 200
- Total patients who attended at least one session: 164
- Total completed post measures: 82
- Number of cohorts: 27

	Mental Health Confidence Scale		Distress Tolerance		Living with my Emotions	
	PRE	POST	PRE	POST	PRE	POST
Face to Face	38.4	51.1	25.7	37.3	7.3	12.8
Remote	37.7	53.1	25.7	32.6	5.5	11.1
Overall	38.0	52.1	25.7	34.9	6.4	11.9

Fixsen's Stages of Implementation Framework

Exploration & adoption <i>Getting ready for change</i>	Installation <i>Capturing hearts and minds</i>	Initial Implementation <i>Getting the ball rolling</i>	Full Implementation <i>Making it natural</i>	Sustainability
Review of evidence base Permission granted from author of materials Materials adapted Proposal provided to hospital management Stakeholders notified and referrals sought	Pilot delivered by Clinical Psychologists and results disseminated Ward managers engaged and agree to release staff Suitable staff identified Training and coaching delivered	Groups begin with multi disciplinary co-facilitators Further needs of co-facilitators identified On going coaching and supervision Overcoming barriers e.g. accommodation /poor attendance at supervision Outcome data disseminated widely	Groups run four times a year Staff skills transfer to day to day care – development of 'expert role' in wards Outcome data continues to be disseminated widely More staff identified and trained Approach becomes a recognised core part of care for client group	Group included in board wide BPD clinical pathway Regular co-facilitator training



Implementation of MDT co-facilitation - Training

- Once training dates are arranged, wards are contacted for their nominations
- In-house 2-day training, covers how to teach the ECS skills to patients, group dynamics, responsibilities of the co-facilitator
- Methods include didactic teaching, role play, group activities and skills assessment with feedback
- 12 staff members have been trained
- Coaching 'on the job'
- Monthly supervision



Benefits of Multi Disciplinary Co-facilitation

- Well beyond the sustainability of the group!
- 'Creating a culture of therapy in the acute inpatient unit is recognised as essential for a well functioning psychiatric hospital' (Clarke, 2009)
- Nursing staff in particular, are ideally placed to be delivering and supporting the use of emotional coping skills given that they are the largest discipline providing care on a daily basis
- MDT co-facilitators based within wards
 - A resource for the patients attending the group – support with attendance, homework etc.
 - Become increasingly knowledgeable about the client group – a resource for the wider staff team
- Significant support when managing risk



Some challenges we have encountered

► Individual

- Competing demands – multiple tasks (often administrative which eats up clinical time)
 - Psychological work may (regretfully) be at the bottom of a very long list of things to do
- Lack of ownership over time
- Lack of confidence in delivering group interventions
- Stress and burnout

► Ward

- Increased bed pressures, increased acuity in patient group
- Unstable staffing
- Unpredictable crises



Overcoming the challenges

- Individual – Support given to improve confidence, e.g. opportunity for observing, staff choosing which parts of the session they wanted to try
- Ward
 - Hospital management support for staff to be able to commit to the co-facilitation
 - Ward managers agreeing to a training 'contract' that staff trained would be released to deliver 1x cohort of the group per year at a minimum
 - Good working relationships
 - Time and outcomes!

My Experience of Co-Facilitating ECS – a nurse's perspective.

- 
- ◀ First sessions – typical anxieties of anything new. Practices.
 - ◀ Recent sessions - confidence in self and materials, relationships within team. Improved practices.
 - ◀ Recognising multi-facets of nursing role – pros and cons.
 - ◀ Role development for nurse facilitators.

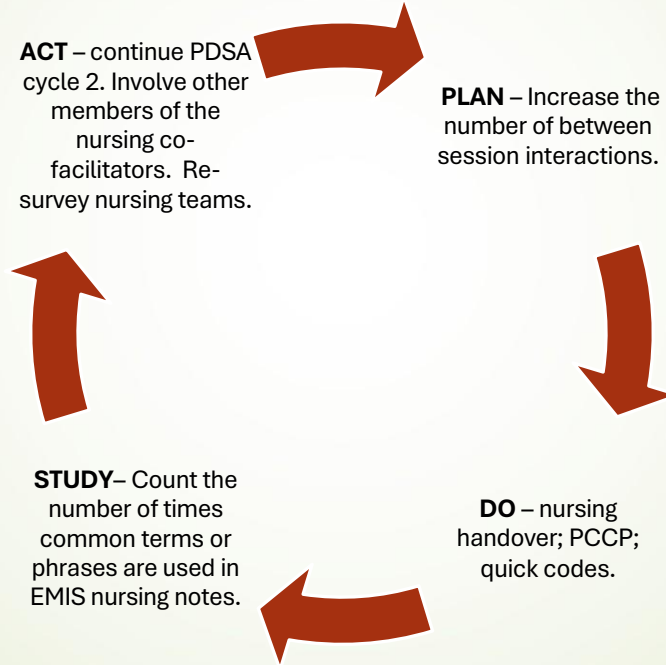
PDSA Cycle 1 – Between session practice engagement.

ACT – continue PDSA cycle 2. Involve other members of the nursing co-facilitators. Re-survey nursing teams.

PLAN – Increase the number of between session interactions.

DO – nursing handover; PCCP; quick codes.

STUDY – Count the number of times common terms or phrases are used in EMIS nursing notes.



Polls



Question & Answer session

Dr Michele Veldman

Consultant Clinical Psychologist
NHS Greater Glasgow and Clyde

Professional Lead for Mental Health Reform
Healthcare Improvement Scotland

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