



Healthcare
Improvement
Scotland

Summary of NHS GGC Psychological Therapies Group Service Audit Update 2024



**Personality Disorder
Toolkit for Change**

Background context and rationale

This summary refers to the 2024 audit of the Psychological Therapies Group Service (PTGS). The PTGS was implemented in December 2020 and is part of NHS GG&C CMHTs. The aim of the service is to increase availability and predictability of psychological therapy group provision. The service adopts a partnership model, whereby the PGTS sits as an adjunct to the 18 CMHTs across NHS GG&C, working with teams to provide group therapy. All groups are delivered digitally. A brief overall summary to contextualise the audit report is provided, however some additional information pertaining to Emotional Coping Skills (ECS) and STEPPS is also provided as these are interventions indicated in the treatment of clinically complex mental health conditions (personality disorder). The audit focused on data relating to referrals, retention and attrition, clinical outcomes, and service user feedback. The graphic on the following page details the interventions used in the service.

Emotional Coping Skills (ECS)

Dialectical Behaviour Therapy (DBT) skills-based course for the treatment of emotional dysregulation delivered over 8 weekly, 90 minute sessions

Living well with anxiety (LWWA)

Transdiagnostic treatment for individuals with anxiety and related disorders (CBT and ACT based group) delivered over 12 weekly, 90 minute sessions

Survive and Thrive (S&T)

A psycho-educational course for people who have been affected by interpersonal trauma. Delivered over 10 weekly, 2 hr sessions and aims to help people gain a psychological understanding of their difficulties and learn strategies that can help people cope better

Living well with physical health conditions (LWWPHC)

Acceptance and Commitment Therapy based group to support individuals living with a range of long-term physical health conditions and co-morbid mental health difficulties, delivered over 7 weekly, 90 minute sessions

Systems Training for Emotional Predictability and Problem Solving (STEPPS)

Manual-based group treatment programme involving psychoeducation, and emotion and behaviour management skills training, delivered in once weekly 2-hour sessions over 20 weeks, which includes education for a friend or relative

Referral routes and screening information

Patients are referred into the service through local community mental health teams. Staff complete an SBAR referral on EMIS. Staff meet weekly to discuss referrals, with three possible outcomes:

1. Referral accepted and sent an opt-in for screening
2. More information required. The team will contact the original referrer. Once obtained, the referral will progress to opt-in or rejection following team discussion
3. Referral rejected

If the person opts in for screening, they will be given an appointment. If the patient does not attend, a second offer is made. If they fail to attend the second appointment they are discharged back to the referrer.

Clinical outcome measures and timeframes

Patients are asked to complete clinical outcome measures a week before the introductory session of their group. Measures are sent via email. They are asked to complete the same set of measures upon completion of the group.

Overall audit outcomes

PTGS received 1274 referrals in 2024 (28% of a team's total allocation was for ECS, and 6% for STEPPS). Overall, slightly over 50% of those who were referred attended screening appointments. Approximately 10-20% of people DNA for group sessions. STEPPS has the lowest rates of DNA (see table 3. Suggested that this is due to people being known to CMHT longer, having previous group/therapy experience and reinforcer contact).

Table 1. *Referral to PTGS group*

	2021	2022	2023	2024	Total
ECS	222	292	485	595	1594
LWWA	37	78	142	172	429
S&T	30	114	198	322	664
LWWPHC		37	63	89	183
STEPPS	46	65	76	93	280

Table 2. *Referrals from assessment and caseload*

	Referrals from new assessment	Referrals from caseload
ECS	168	427
LWWA	48	124
S&T	129	192
LWWPHC	25	58
STEPPS	0	87

Table 3. *Retention and attrition rates*

	Number who started a cohort	Number who never attended any session	Number who dropped out	Number who completed
ECS	270	44 (16%)	94 (35%)	132 (49%)
LWWA	90	19 (21%)	23 (26%)	48 (53%)
S&T	138	25 (18%)	37 (27%)	76 (55%)
LWWPHC	45	7 (16%)	20 (44%)	18 (40%)
STEPPS	53	5 (9%)	17 (33%)	30 (58%)

Emotional Coping Skills

Pre and post measures were available for 89 people (67% of completers) in the ECS cohort. Paired samples t-tests were carried out for all measures, with statistically significant difference on Core10, Living With My Emotions and Mental Health Confidence Scale ($p=.00$), evidencing that the intervention was clinically effective in improving distress.

Systems Training for Emotional Predictability and Problem Solving (STEPPS)

Pre and post measures (CORE34 and Work and Social Adjustment Scale) were available for 18 people (60% of completers). Paired samples t-test was carried out for CORE34, with statistically significant differences in scores ($p=.02$). WSAS scores were not normally distributed, and a Wilcoxon signed rank test was used, with non-significant results ($p = .0207$). Results suggest a significant decrease in distress, but no significant change in work and social function.

Service user feedback

The audit also reported on anonymous service user feedback. 167 participants (N=11 STEPPS and N=76 ECS) completed the feedback. Across the six satisfaction-based questions, scores ranged from 9.32 to 6.88. The following themes were generated from what participants felt was most helpful and what could be improved:

What was most helpful	What could be improved
• Skills learned • Group facilitation (compassionate clinician and structured groups) • Peer support • Resources	• Facilitation (retaining the same facilitator, reducing disruptions from other group members) • Change to resources (summaries, more in-depth materials) • Face to face delivery

STEPPS outcomes

Most of the participants preferred digital delivery (N=75), with reasons being safety, accessibility and increased likelihood to attend. Difficulties with digital delivery were technical issues and decreased connection with clinicians and others. Feedback was also collected from those who did not complete (N=4). Outcomes highlighted that people found going through handouts with therapists, seeing others with similar experiences and understanding their feelings were the most helpful. Challenges were cited as approach/modality and timing for groups being unsuitable, as well as mental health. Improvements were cited as a clearer way to communicate with facilitators before the group and clearer slide presentations.

Implications for the service

The audit allowed the PTGS service to have greater understanding of the referrals into their service, whether this was coming through existing caseloads or new referrals.

It also allowed the service to see which interventions provided by the service were experiencing the highest levels of referrals, whether these changed over time and for which interventions referrals were increasing.

This would allow the service with planning for such things as managing staff capacity and staff training. Referral information was also aggregated by sector and teams, allowing the service to scrutinise changes over time and plan allocation of places.

The audit also captured the use of clinical outcome measures, how many people these had been applied to and how effective these interventions were for people accessing the service. The analysis allowed the service to ensure that interventions were effective, through evidencing statistically significant pre and post outcome scores. This would assist with capacity planning around interventions offered, as well as understanding which interventions were not working in the way envisioned, or in a way that supported the people accessing them. Consequently, this would enable targeted improvement efforts.

Capturing retention and attrition data enabled the service to understand where they were experiencing the highest levels of drop out. This subsequently allowed the service to begin considerations as to why some interventions had high retention, whereas others did not (e.g. such as the differences seen with the STEPPS programme, which uses reinforcer contact).

Use of service user feedback also assisted with this understanding, as people who utilised the service were able to highlight what was working well and what could work better. Whilst service user data was not aggregated by intervention type, this would support future efforts towards service improvement.

The PTGS used audit outcomes, taking clinical and service user outcomes to shape future improvement initiatives. For instance, within ECS; new content has been added around explaining emotional dysregulation and its development, with the plan to assess the impact of this after 6 months. Across interventions, session by session drop out rates are now being monitored, with plans being developed to reduce this.

Outcome measures used in service

Clinical Outcomes in Routine Evaluation – Outcome Measure (COREOM)

Description:

Measure of general distress

[Learn more](#)

Scoring:

11-14 mild distress
15-19 moderate distress
20-24 moderately-severe distress
25+ severe distress

[Access](#)

Clinical Outcomes in Routine Evaluation 10 – (CORE-10)

Description:

Short form of the CORE34

[Learn more](#)

Scoring:

As above

[Access](#)

Mental health confidence scale

Description:

Assesses self-efficacy in relation to mental health

[Learn more](#)

Scoring:

Higher scores indicate higher self-efficacy

[Access](#)

Living with my emotions

Description:

Measures confidence in coping with and expressing emotions

[Learn more](#)

Scoring:

Higher scores indicate greater confidence

[Access](#)

Comprehensive Assessment of Acceptance and Commitment Therapy (CompACT)

Description:

A measure of psychological flexibility

[Learn more](#)

Scoring:

Lower scores indicate greater psychological flexibility

[Access](#)

Acceptance and Action Questionnaire (AAQ2)

Description:

A measure of psychological flexibility

[Learn more](#)

Scoring:

Higher scores indicate greater psychological flexibility

[Access](#)

Mindful Attention Awareness Scale (MAAS)

Description:

Assesses how often people are aware of the present moment without judgement

[Learn more](#)

Scoring:

Higher scores indicate higher levels of dispositional mindfulness

[Access](#)

Patient Health Questionnaire 9 (PHQ9)

Description:

Assesses the severity of depression symptoms

[Learn more](#)

Scoring:

·5-9 mild depression
·10-14 moderate depression
·15-19 moderately-severe depression
20-27 severe depression

[Access](#)

PTSD Checklist-5 (PCL-5)

Description:

Assesses the presence and severity of PTSD symptoms

[Learn more](#)

Scoring:

A cut-off of 31-33 is indicative of possible PTSD

[Access](#)

Generalised Anxiety Disorder 7 (GAD7)

Description:

Assesses the severity of anxiety symptoms

[Learn more](#)

Scoring:

·5-9 mild anxiety
·10-14 moderate anxiety
15-21 severe anxiety

[Access](#)

Perseverative Thinking Questionnaire (PTQ)

Description:

Measurement of repetitive negative thinking

[Learn more](#)

Scoring:

Higher scores indicate higher levels of perseverative thinking

[Access](#)

Emotion Regulation Skills Questionnaire (ERSQ)

Description:

Assesses ability to regulate emotions

[Learn more](#)

Scoring:

Higher scores indicate greater skill in managing emotions

[Access](#)

Work and Social Adjustment Scale (WSAS)

Description:

Assesses impairment of functioning

Scoring:

Higher scores indicate a greater degree of impairment

[Learn more](#)

[Access](#)
