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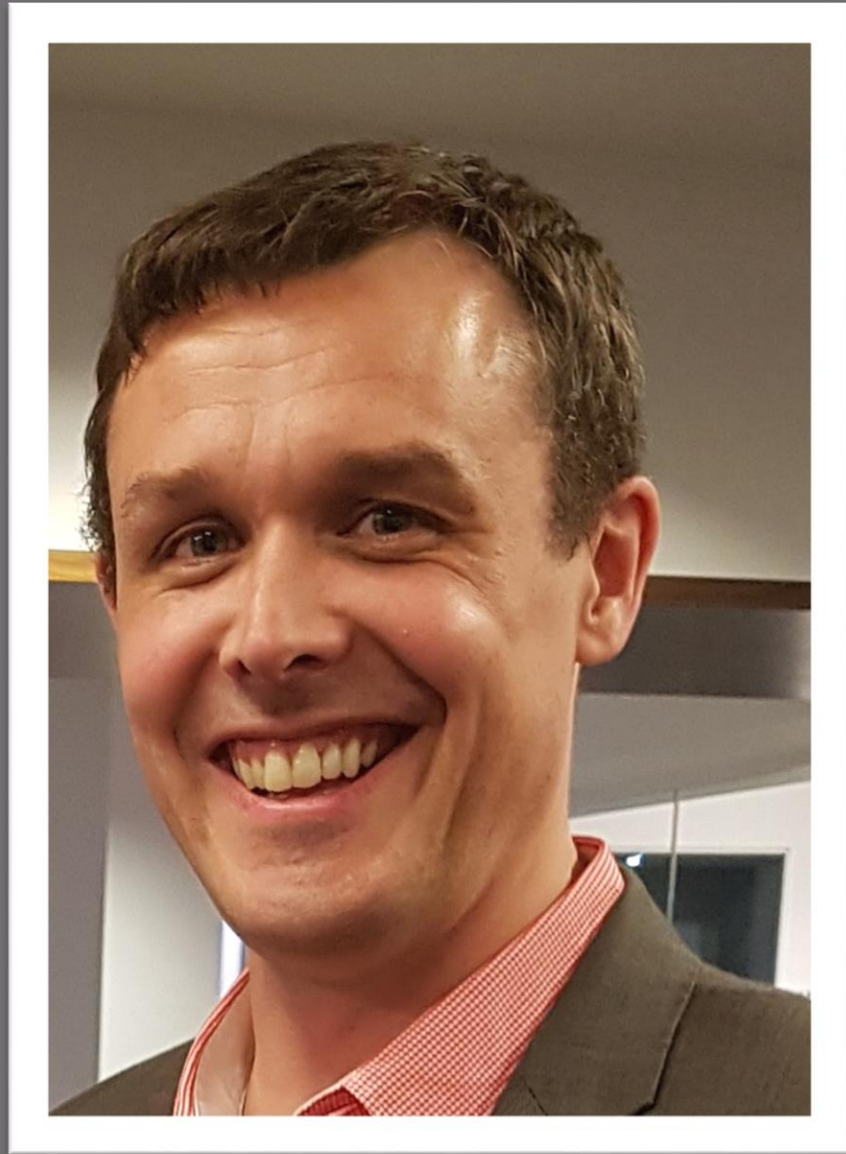
# Sharing Digital Innovations in Mental Health

3 February 2021

Improvement Hub

Enabling health and  
social care improvement

# Dr Tim Agnew



Dr Tim Agnew, Consultant Psychiatrist and Psychotherapist, is NHS Highland's Board Lead for Personality Disorder and Service Lead with NHS Highland's Personality Disorder Service and the Highland Decider Network.

He is also Chair of the NHS Highland Personality Disorder Integrated Care Pathway Review Group and currently Co-chair of the Scottish Personality Disorder Network. Before his current role, he worked for several years as a Consultant Psychiatrist in General Adult Psychiatry in community and in-patient settings. He has a longstanding interest in the role of self-management and emotion regulation in mental health.



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# Digital Group Therapy

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

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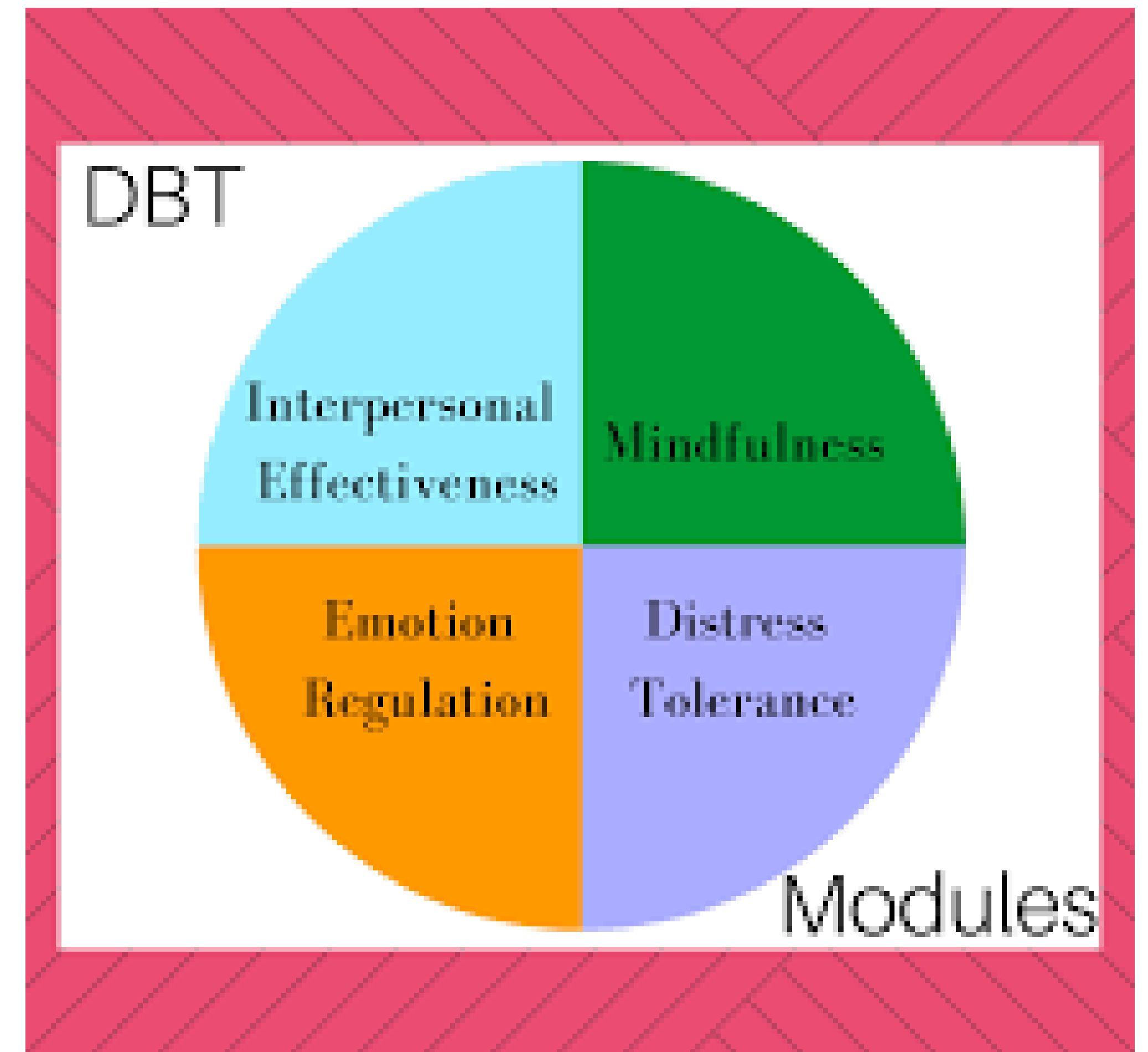
# NHS Highland Personality Disorder Service

- Multidisciplinary specialist service
- Referrals from secondary care mental health services
- Complexity and severity
- Multiple functions within Integrated Care Pathway
- Direct treatment interventions group based



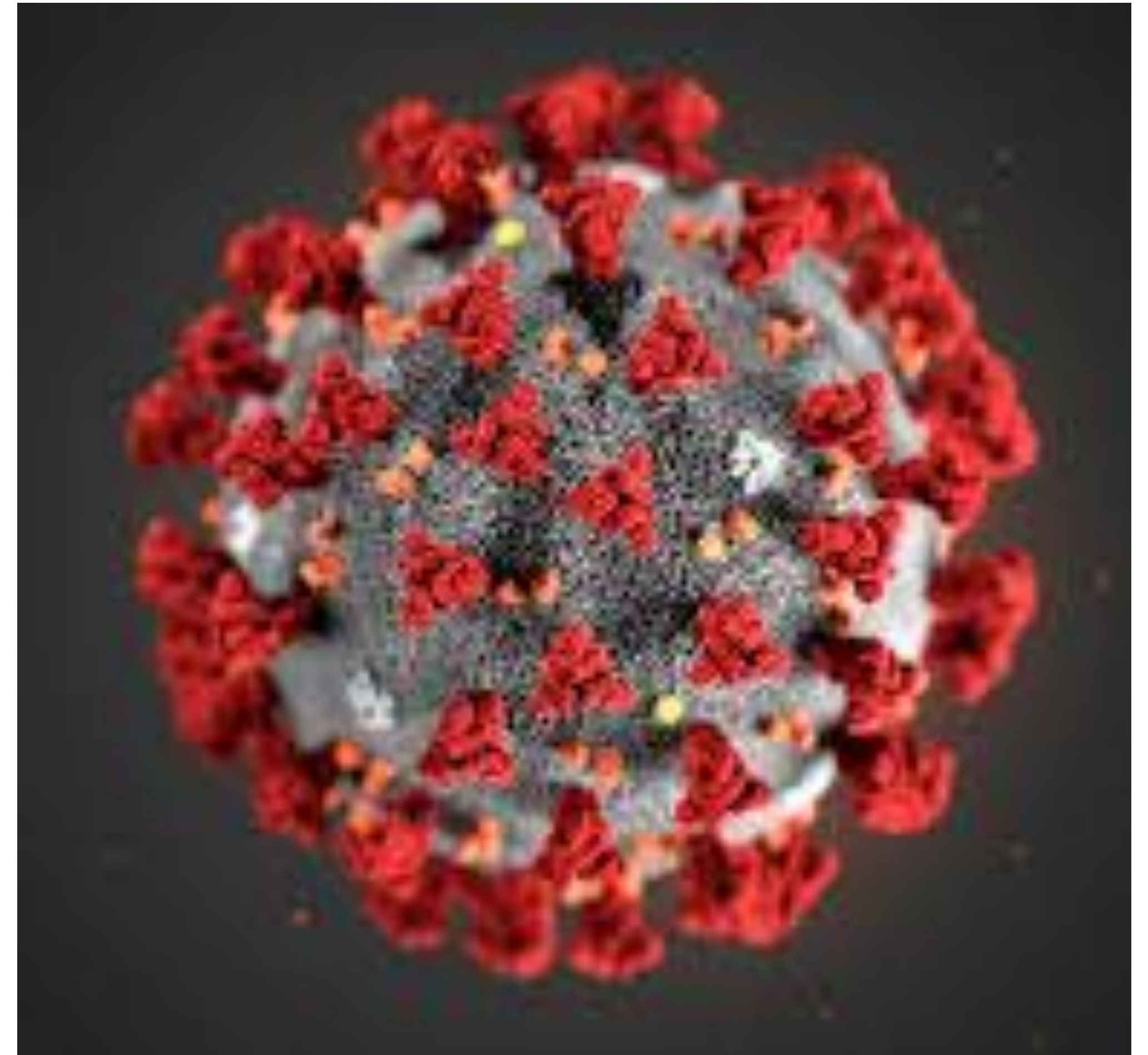
# Dialectical Behaviour Therapy

- Intensive psychotherapy for borderline personality disorder
- Chronically suicidal, high risk, often chaotic patient group
- 3 components:
  - Weekly individual psychotherapy
  - Weekly group skills training
  - Weekly therapist consult group



# Enter COVID-19...

- Individual therapy
  - Near Me
  - No break
- Skills Group
  - 3 week break, planning and development
- Consult Group (10 therapists)
  - No break
  - Trialled MS Teams but unworkable
  - Webex (free version – still not ideal)



# Framing the problem

- No national or local provision at all for group therapy platform
- eHealth primarily concerned about information security
- PDS more worried about extremely adverse outcomes without effective treatment
- Information security risk vs clinical risk



# Platforms

- Zoom
  - briefly explored
  - greater information security risks
  - eHealth said NO
- MS Teams
  - connections poor
  - eHealth said NO
- Webex
  - Workable (used for consult) and free
  - eHealth said NO





# Solutions

- Drafted detailed informed consent
  - risks, benefits, pros, cons, behavioural contract
  - option given to wait COVID out (!) and be seen face to face after return to normality
- Gained agreement of Service Manager and Clinical Director



# Blended groups

- Skills training videos (26 in all) produced and hosted on private YouTube channel
  - reduced continuous screen time for patients and clinicians
  - reduced risk of connection difficulties
  - eHealth also opposed this
- Clinicians anxious
- Patient feedback positive



# Since then...

- Webex limited free version
- Asked for paid version
  - eHealth said NO
  - eventually after 5 months, gained approval, CEO involved etc
- Developed website to host materials (wixsite)
  - No response from eHealth
  - After 2 months began to use this – more acceptable for admin, clinicians and patients



# Since then...

- MS Teams much improved
  - used for consult group
  - also used for other patient interventions within PDS (CAS Day Service)
  - eHealth still sending mixed messages around use of Teams for patients



# Key points

- Clinical services and eHealth have different decision making frameworks and bottom lines
- Pragmatic balance of risks approach seems most effective
- Digital group delivery much more acceptable to patients and clinicians than was assumed
- Will change service delivery even after “return to normal”

