

Q&A PDIP Launch Webinar, 31 May 2022

Question 1 - Who is in the team? What representation is there from CAMHS or for those under age 18 years and their carers/parents?

Answer – The programme team consists of a Senior Improvement Advisor, Social Researcher, Strategic Planning Advisor, Senior Programme Officer, Programme Officer, Admin Officer and also includes 2 Clinical Leads (from Psychiatry and Clinical Psychology). There is also very broad representation within the Expert Reference Group (ERG), including people with lived experience and other representatives from the Scottish Personality Disorder Network (who are co-chairs of the group) which is also open to family members and carers. In addition there are members of the ERG from different clinical and professional backgrounds, including those with experience in research in BPD and CAMHS.

Question 2 - Is this just 'borderline personality disorder' that is being looked at?

Answer - The programme remit is broad around Personality Disorder. We are expecting that we will find many services are organised around people with a diagnosis of Borderline or Emotionally Unstable PD (BPD/EUPD), but the programme is broader than that. We will explore where there may be information about services or gaps in service for people with any PD diagnosis.

Question 3 - Very sad to hear that HIS made a decision to limit this to those over age 18 years of age and would like to hear what the rationale was for this. What do those with lived experience think of this?

And

Question 4- Bearing in mind that personality is forming during adolescence, and outcomes are actually quite good comparatively, under 18 years of age is probably a critical early intervention optimal time. Why have CAMHS as an almost bolt on last?

Answer – We recognise that it is important to consider the development of personality disorder, and how this is responded to in people under the age of 18. The current PDIP programme was commissioned by the Scottish Government with a remit in this first phase to look at services across Scotland for adults with this diagnosis. This is an ambitious agenda within the timescale, and therefore it would not be possible to do justice to a full scale review of CAMHS services within this phase of the programme. We are planning at least 1 webinar on the subject of transitions from CAMHS, and hope to scope out areas for future work in this area.

Question 5 - Is there representation from Arts Therapies in the Expert Reference Group? Can the profession be included please?

Answer – We appreciate the important role that Arts Therapy can play. We are hoping to hear more about this during our Board/Health and Social Care Partnership visits. We have

not approached Expert Reference Group membership by specific therapeutic approaches. We would be delighted to offer the opportunity to have input on Arts Therapy in one of our workshops and will discuss in more detail with Art Therapists.

Question 6 - I think you need more representation from those with lived experience of caring for those with BPD and the deficits in the professional support system.

Answer – We completely agree about the crucial role in the programme of people with lived experience across the Board. With that in mind we have had early conversations with Carer’s Trust Scotland and are delighted to have a representative from that group on our Expert Reference Group.

Question 7 - Hoping Mental Health Social Work are involved in the project - not just Health

Answer – Yes. We will discuss mental health social work when conducting our Board/Health and Social Care Partnership visits. We also plan to have social work represented on our Expert Reference Group.

Question 8 - Will learning disability services be invited to be involved?

And

Question 9 - I may have missed this but is there consideration for scope of looking at services for people with diagnosed learning disabilities and personality disorder?

Answer – Yes. We will discuss learning disability when conducting our Board/ Health and Social Care Partnership visits. We will also focus on learning disability as part of the underserved/often overlooked workshop/webinar.

Question 10 - Thinking about terminology - might 'Underserved' be more accurate than 'hard to reach'?

Answer – Yes, we completely agree. We have changed this to underserved/often overlooked.

Question 11 - Are you automatically registered for all other webinars and workshops?

Answer – No, you are not automatically registered for each webinar/workshop, however if you have given consent to the team to be contacted you will be emailed with information on how to register for each event. If you are unsure whether your email address is included please get in touch with the team at his.mhportfolio@nhs.scot.

Question 12 - Is the mapping that have occurred around specialist personality services or are you looking at experiences that people with personality or staff working with people with PD have in other part of the systems. i.e. general GP support, criminal justice, adult protection

Answer – Our Strategic Gap analysis work will not be confined to specialist personality disorder services. We will discuss broader system approaches and interfaces when we meet with Boards/ Health and Social Care Partnerships. We also hope that the contribution to the programme from people with lived experience (via Scottish Recovery

Network/Voices of Experience (VOX)) will highlight some of these other interfaces where there are gaps/ good practice.

Question 13 - Why did HIS commission a review of only adult services?

Answer – The Scottish Government commissioned HIS to carry out this programme of work focussing on services for adults with a diagnosis of personality disorder. This commitment by the Scottish Government followed on from reports by the Royal College of Psychiatrists in Scotland and the Mental Welfare Commission published in 2018, outlining significant variation in service provision and patient experience for people with this diagnosis in Scotland. The scope of the RCPsych report included consideration of early recognition and interventions relevant to young people and Child and Adolescent Mental Health Services. The current commission is limited in this first phase to outlining services for adults.

Question 14 - Will there be consultation with forensic services across Scotland?

Answer – The scope of this programme does not currently include looking at forensic mental health services. We are aware that there has been considerable work within the Forensic Network in Scotland around the population of people in forensic services with a diagnosis of personality disorder. There are some similarities, but also significant differences in these populations of people, and the approaches to care. It is hoped that learning can be shared where relevant, and any colleagues working in forensic settings would be welcome to attend and contribute their knowledge through webinars and workshops.

Question 15 - How will the visits be publicised across the HSPC's to ensure multidisciplinary involvement, thinking of my colleagues without NHS emails as we are often not aware of these things?

And

Question 16 - how will these visits be publicised across the Health and Social Care partnerships to ensure multidisciplinary involvement, thinking of my colleagues without NHS emails as we are often not aware of these things?

Answer – We plan to ask Boards/Health and Social Care Partnerships about current supervision practices as part of the strategic gap analysis. We are hoping to get views from staff about their experience of working in this field, and we expect that high quality supervision and reflective practice will be part of that conversation. This piece of work will also feed into our recommendations.

Question 17 - Are there plans to update the matrix? decider very helpful as low intensity intervention that can be delivered by third sector partners but not on matrix

Answer – NES (NHS Education Scotland) is currently undertaking a review of the MATRIX guide to evidence based psychological therapies. More details of this can be found on the NES website: [Matrix - A guide to delivering evidence-based psychological \(scot.nhs.uk\)](https://www.nes.scot.nhs.uk/matrix) Our Healthcare Improvement Scotland programme is interested to hear about the whole range of approaches used effectively in different boards/health and social care partnerships. We are also conducting our own literature review.

Question 18 - How are services accessible to those who live in rural areas?

Answer – We are very interested to better understand the experience of people from Remote and Rural areas. We plan to discuss with Boards/Health and Social Care Partnerships and to explore in more detail as part of a workshop. We are engaged with the National Rural Mental Health Forum. We are also delighted that we will hear from NHS Highland at our next webinar on 12th July about their approach.

Question 19 - Do we get our certificate of attendance for CPD purposes?

Answer – At the moment this isn't something we offer at the moment, however we will look into this for future webinars and workshops.

Question 21 - The incompatibility between evidence-based psychological therapeutic models for PDs (which take investment and time), and, MH services's current policies focused on waiting times (and throughput of care and patients) almost exclusively.

Answer - This issue is relevant and a much discussed theme. Our programme is very mindful of the balancing act around staff's time when longer term psychological therapies for complex problems are considered. We are looking forward to learning more about the different approaches to this challenge nationally, specifically about examples of how time intensive models are embedded with organisational commitment to resource, to help manage quality and waiting list dilemmas.