

Personality Disorder Improvement Programme

A Unifying Model of Core Personality Disorder Training: Coordinated Clinical Care in NHS Greater Glasgow and Clyde

The Personality Disorder Improvement Programme (PDIP) is working in partnership with health boards and health and social care partnerships across Scotland to highlight examples of good practice of service provision for people who have a diagnosis of personality disorder.

This case study looks at an example of a model of staff training in NHS Greater Glasgow and Clyde.

This case study summarises the development and implementation of Coordinated Clinical Care (CCC) training in NHS Greater Glasgow and Clyde. The training was designed as a unifying model to promote good practice principles common to different therapy approaches.

We will highlight areas of good practice including multi-disciplinary input, lived experience contribution, built-in evaluation, and systems to support embedding of learning after training.

The content of this case study is gathered from the project's annual report, training evaluation, and presentation shared at the PDIP Webinar on 7th December 2022. It includes perspectives from people with lived experience and health and social care staff.



Planning for Coordinated Clinical Care training

Background

The Borderline Personality Disorder Implementation Steering Group identified the need for core training for all mental health staff in NHS Greater Glasgow and Clyde. This is to improve understanding and working practices with people with a diagnosis of Borderline Personality Disorder (BPD).

As part of the Mental Health Strategy, the Steering Group's main objective is to help reduce acute inpatient bed use. People with BPD account for substantial levels of service use across a range of settings. These include Community Mental Health Teams, Primary Care, and Acute services.

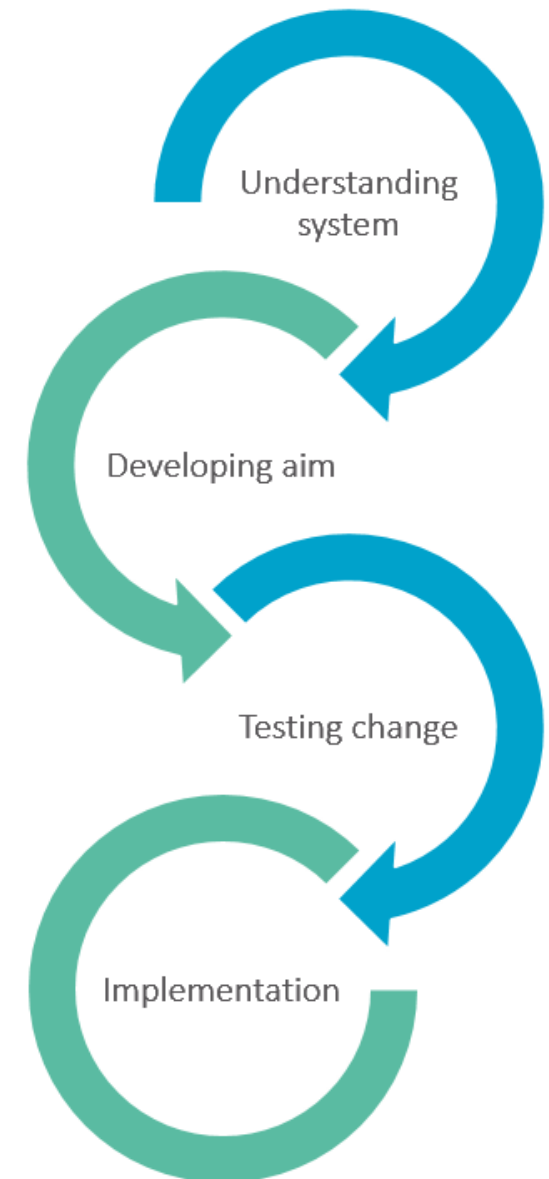
The Group recognised the challenges that mental health staff may experience, including:

- Connecting and communicating with this group of patients, and
- Feeling under-skilled and poorly equipped for this aspect of their work.

The Mental Welfare Commission have highlighted the need for staff training. Training is essential to improving the provision of good care for people with BPD.

A multi-professional group developed the CCC training. Previous successful training packages informed its content. People with lived experience observed the training and produced video material that has become an integral part of the training delivery.

Rollout of the training started in February 2021. The day's training is delivered digitally and is also compatible with in-person delivery. Two part time trainers coordinate and deliver the training.



Process for planning training

Strategy

- Mental Health Strategy includes commitment to develop the BPD Pathway
- Pathway Steering Group identified a training gap on this topic
- Multidisciplinary Training Working Group formed to address this

Training model

- Group agreed on unifying model of training to support the Pathway
- Learn from existing evidence based training models
- Dedicated time to write materials based on learning and local pathway needs

Testing the model

- Sense check training with 'critical friends', including staff and lived experience
- Pilot training, then review and refine based on learning
- Develop evaluation tools to measure impact on key objectives

Operationalise

- Make business case for permanent trainer resource within organisation
- Convert training pack for digital delivery (during Covid-19 pandemic)
- Administration resource identified to support roll out

Consolidate

- Multidisciplinary Training Group continues to oversee, review and refine training
- BPD Link workers established in clinical teams to consolidate learning
- Materials developed to support application of learning: Detailed Clinical Guidance

Training objectives

Outline

CCC is designed to underpin all therapy models as a unifying approach to staff development and training. It acts as the foundation to the BPD Pathway in Adult Mental Health in NHS Greater Glasgow and Clyde.

The overall goal of the Pathway is to equip existing clinical services to provide a more consistent and effective patient experience.

Coordinated Clinical Care training aims to:

- Introduce core knowledge and skills as the foundation for the pathway to improve the quality of general psychiatric care.
- Create a common model for good practice across all services.
- Improve consistency of patient experience no matter where the service is accessed.
- Promote a culture of empathy, optimism and hope.
- Contribute to the board's Mental Health Strategy aim of reducing in-patient bed use by improving responses to crisis and out of hours contacts.
- Provide the opportunity to share information about the pathway and stepped/ matched care options.

Challenges and requirements to achieve objectives



Commitment required by health board:

- To identify and protect time for development of the package,
- To ensure staff resource for coordinating and delivering the training,
- To release staff for a day to attend the training, and
- To provide IT equipment for virtual training.

Expected commitment from participants:

- Available for a full day of training,
- Contribute to discussions and group activities, and
- Participate in outcome measures.

Embedding training into everyday service delivery

CCC training is designed to work with different existing therapy models. It is adaptable so that teams can integrate the training to relevant Pathways in their services.

- ✓ By design CCC training serves the BPD pathway, and this Pathway consists of wide range of therapy approaches.
- ✓ The training is designed for all professionals working in adult mental health. It should cover aspects of everyone's job to be useful and bring value to staff development.
- ✓ Its main aim is to promote an empathic, hopeful, and optimistic workforce. It does this by including a range of ways of understanding and working with this population.
- ✓ The training makes the most of existing training resources, knowledge, and expertise of professionals and people with lived experience.



"It was particularly helpful to have the input from the patients with BPD and their experience of not being believed. For patients with BPD that are particularly pre-disposed to feeling rejection, it is important to listen to what they are saying, validate and believe this and empathise with their experiences..."

Training participant, CCC Audit Findings pp.9.

Key messages from trainers

"The content of the training is relevant and relatable in the real world of clinical practice."

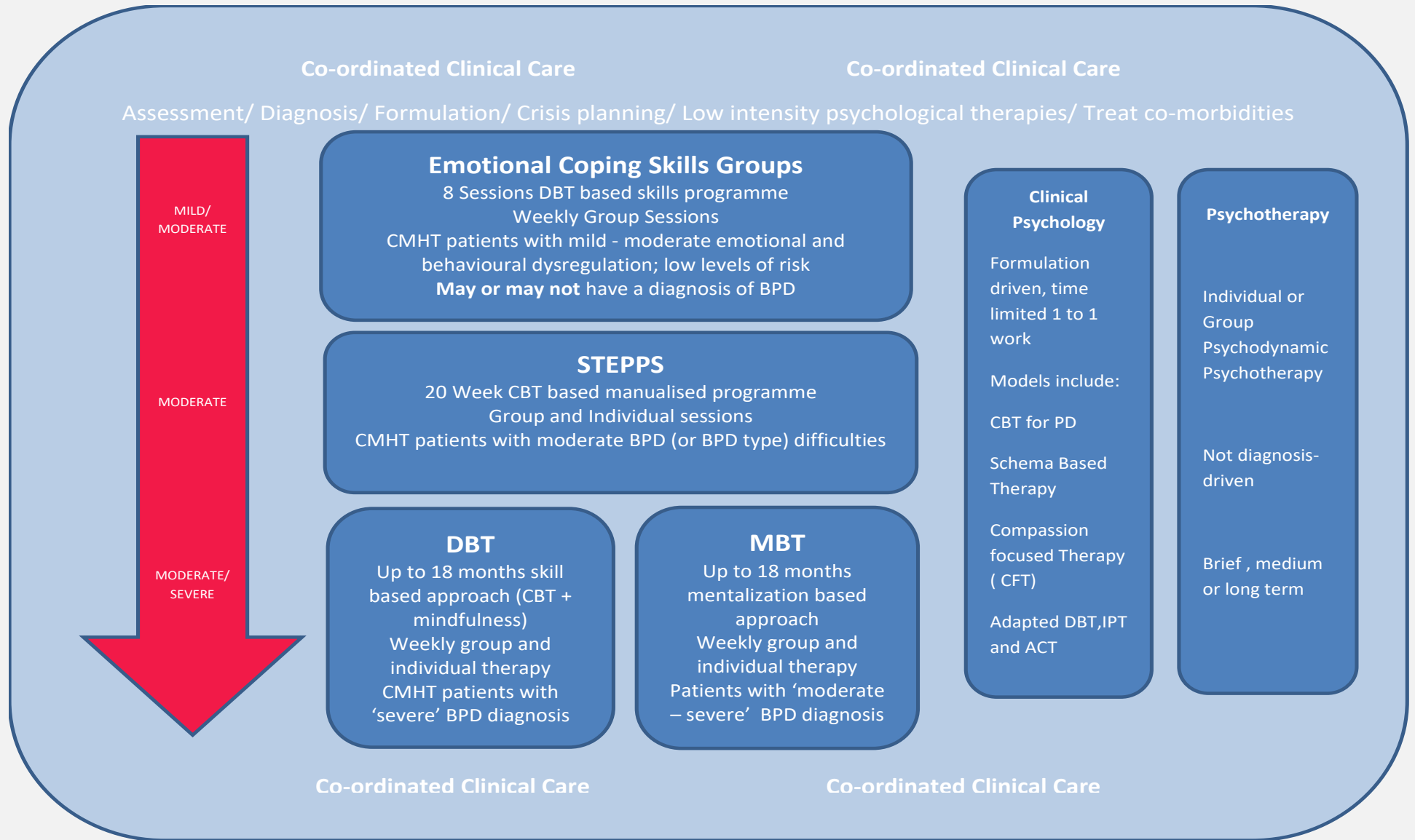
"The process is supportive of safe discussions around the challenges and emotional impact on the individual clinician of working with BPD."

"The lived experience contribution is a powerful component of the training day and promotes hopeful message of optimism and recovery."

"Having a wider network of BPD link workers in each team helps monitor effectiveness and challenges of embedding model in team culture"

Coordinated Clinical Care as the foundation of the BPD Pathway

This visual description of the pathway has been pulled from the BPD pathway document for NHS Greater Glasgow and Clyde.



Built-in model of evaluation

The Steering Group designed the CCC training model to include built-in evaluation. The key learning points from the pilot training guided the questions for a brief evaluation measure.

Between February 2021 and April 2022 there were 33 training sessions with a total of 366 participants. Covid-19 staff pressures had an impact on the number of staff released from their jobs to attend the day's training.

What does built-in evaluation look like?

- ✓ Model of evaluation considered from the start of designing the training.
- ✓ Evaluation measure planned by Steering Group in advance.
- ✓ All participants complete the five item questionnaire before training starts on the day.
- ✓ The same measure is then posted in the Microsoft Teams chat box for completion at the end of the day.

Qualitative feedback has been an additional priority for this evaluation and the questionnaire allows for this information to be captured.

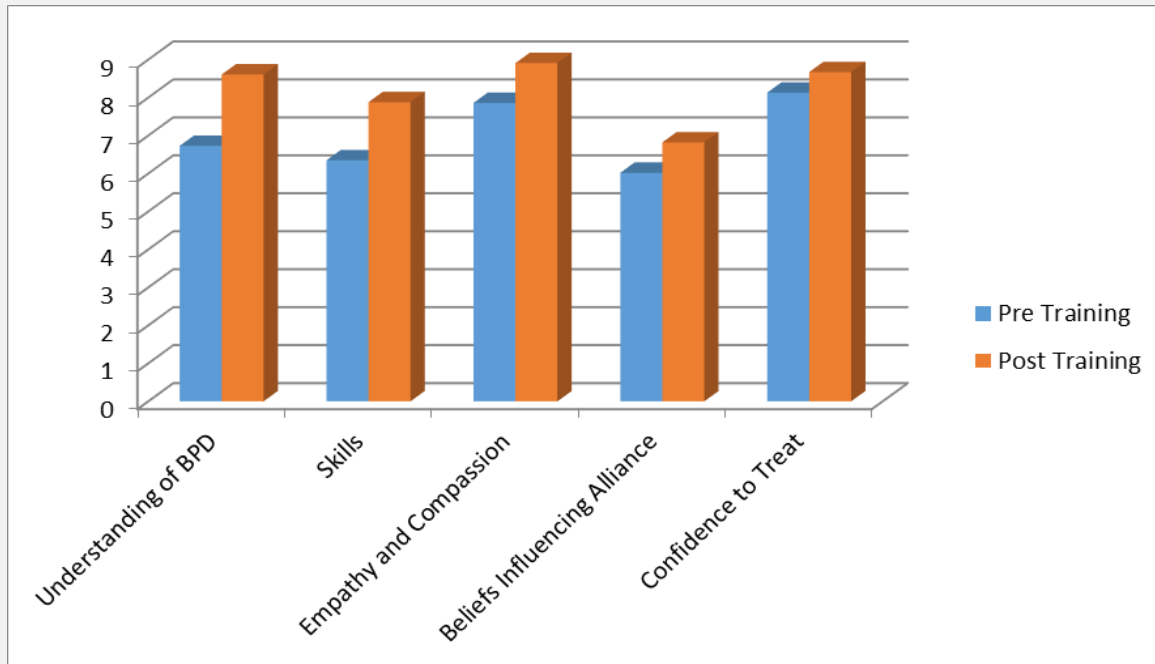


“Our priority was to develop a questionnaire that was brief and that measured the main areas that we wanted to influence through the training”

Clinical Psychologist, Steering Group member

Evaluation results

Initial findings



Evaluation shows all participants found completing the CCC training to be of benefit to their work. CCC training has particularly improved their understanding, skills and empathy when working with this group of patients.

Key learning about the evaluation

- Be confident of what you want to measure.
- Test training out with a pilot team.
- Evaluate from the start to adapt training based on feedback.
- Protect time to make sense of data.
- Establish method to capture follow up evaluation (after three months), even if just from a small number of participants.

Next steps

The Steering Group aims to work with lived experience group to find a way of evaluating whether there are measurable changes in patient experience of services.

“It was helpful to think of the attitudes and challenges around supporting people with BPD and linking this to how much more amplified this must be for patients living with BPD.”

Training participant, CCC Audit Findings pp.9.

Tips for introducing a core model of personality disorder training



Connect through shared priorities

Focus on the common factors of different therapeutic models and involve a range of clinicians – “all participants felt their opinions and values were respected by participants and facilitators”, shared in the CCC Audit Findings pp.9.



Buy-in makes an impact

Secure organisational commitment to develop and deliver the training. Prioritising development requires the release of staff from their jobs to attend training.



Avoid starting from scratch

Use existing training resources, knowledge, and expertise. This allows for more efficiency, saving time and making the most of what you already have.



Lived experience matters

Explore the benefits contributions from lived experience make. “it was particularly helpful to have the input from the patient’s with BPD and their experience of not being believed”, shared by a training participant (CCC Audit Findings pp.9).



Consider scale

Start introducing training on a small scale to see what works. For example, begin delivering the training to one sector of staff first before scaling up. Once consolidated consider adapting model to other care groups.



Evaluation

Have evaluation from a broad range of participants. Design the evaluation to consider clinically relevant areas.

Resources

NHS Greater Glasgow and Clyde. Coordinated Clinical Care Audit Findings. [Unpublished] 2023.

NHS Greater Glasgow and Clyde. Coordinated Clinical Care Training Overview. [Unpublished] 2023.

Personality Disorder Improvement Programme. PDIP Webinar Resources [online]. 2023. [cited 2023 Feb 16]. Available from: <https://ihub.scot/improvement-programmes/mental-health-portfolio/personality-disorder-improvement-programme/programme-updates/>

Personality Disorder Improvement Programme. PDIP Webinar: Staff Development and Therapeutic Approaches [online]. 2022. [cited 2023 Feb 16]. Available from: <https://www.youtube.com/watch?v=BYJqN5WMtbE>

Thank you to NHS Greater Glasgow and Clyde to allow us to draw on their knowledge and experience and to reproduce their visual description from their BPD pathway document. Furthermore thank you to those who have contributed to the creation of this case study.

March 2023

Improvement Hub | Healthcare Improvement Scotland
www.ihub.scot

This document is licensed under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International License. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

“

[The training gave me] a better awareness of the skills and it will be good to use these in practice, to become more confident working with this patient group.

Training participant,
CCC Audit Findings pp.9.

