DEVELOPING AN AREA-WIDE APPROACH TO THE MANAGEMENT OF PATIENTS WITH BPD IN SESIHN

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Why take an Area-wide approach rather than manage this clinical problem at a local service level?

Because of problems identified with the management approach, from incident reviews, patient and carer complaints, recommendations from external bodies (e.g. HCCC)
These included:
- Lack of co-ordinated approaches to management planning in acute crises / emergency presentations (including ‘never to admit’ management plans)
- Lack of therapeutic options for ongoing management of deliberate self harm and associated difficulties
USING A CLINICAL GOVERNANCE FRAMEWORK

- Evidence-informed practice
- Introducing new interventions
- Credentialing of clinicians
- Training and sustainability
- Consumer and carer involvement
- Collaboration, benchmarking and cross-fertilisation
EVIDENCE-INFORMED PRACTICE

- Literature and consensus guidelines examining both acute and continued care
- A need to ‘marry’ what is known about optimal clinical care with what is currently feasible within public sector MHS in relation to:
  - Overall resources
  - Clinicians and skill mix
  - Facility mix
  - Service models, including partnerships with NGO and private sectors
INTRODUCING NEW INTERVENTIONS

♦ Already well established at Area level for medications and surgical procedures
♦ Traditionally has not been applied to introduction of new psychosocial therapies
♦ Potentially enables a range of clinical interventions to be introduced without a rigorous process of determining evidence of effectiveness, appropriateness for service model and clinician mix
CREDENTIALING OF CLINICIANS

- Linked to specific intervention / therapy (e.g. DBT)
- Need to demonstrate BOTH adequate training / experience on part of clinician AND organisational requirement in order for credentialing to be credible and effective
TRAINING AND SUSTAINABILITY

- Adopt a ‘pyramid approach’ to training in clinical skills for BPD, with all clinicians having at least minimal knowledge / skills
- Need to identify quality, accessible and affordable sources of training
- Over time, aim to establish internal capacity to deliver most elements of training in clinical service delivery for DBT
- Need at a local and Area level to identify required numbers of clinicians to sustain local programs
- Identify local partner service providers to assist with longer term individual psychotherapy components of care
CONSUMER AND CARER INVOLVEMENT

- Engagement with service development initiatives
- Collaboration in care planning (e.g. tailored management plans)
- Piloting of new psychoeducation programs for families of patients with BPD ("Lighting the Future" at Sutherland)
COLLABORATION AND BENCHMARKING

- Ensuring that ‘good ideas’ and ‘lessons learned’ at different sites across the Area are shared in a spirit of collaboration
- Avoidance of ‘reinventing the wheel’ (e.g. policies, protocols, templates)
- Enable comparison of performance in a range of domains with a focus on quality improvement
OUTCOMES TO DATE

- Establishment of Area Steering Committee for BPD
- Emerging consensus on service model for acute management of DSH
- Development of capacity within all 3 networks to deliver group programs in DBT or equivalent structured therapies
FURTHER WORK REQUIRED

- Evaluation of existing programs
- Better identification of existing clinical need, partnerships with local providers and wait list management
- Better integration of acute and continued care management within and across services
- Planning for sustainability