GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Personality Disorder Improvement Plan

Greater Manchester Devolution- A story of co-production
Developing a Personality Disorder pathway

Tuesday 2nd of April

Marsha McAdam
Stephanie Roocroft

Welcome and Background

Marsha McAdam (Co-Chair, Greater Manchester PD Strategy Group)

BPD Roundtable Meeting – November 2017

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

BPD Strategy Group Meeting – November 2018

Greater Manchester Health and Social Care Partnership

Service User Voices

Faye, Jakob and Darryll- Strategy Group Experts by Experience (EBEs)

Personality Disorder and Stigmatisation

Personality disorder is a medical label to describe ways in which a person thinks, feels and behaves. A diagnosis of personality disorder can be stigmatising, especially if care, treatment and support isn't delivered and responded to in a supportive, helpful and understanding way.

The diagnosis can be seen as very damaging and unhelpful by some people; maybe those who have experienced poor care because of this diagnosis, whilst for others, it can be a turning point, offering a name for some of the difficulties they have been experiencing, as well as providing guidance for them and their family and/or friends to help manage these difficulties.

We in Greater Manchester acknowledge the difficulties that can arise from the stigma and labelling of a personality disorder, and we commit to be at the forefront of any discussions and consensus to change the term.

However, we also acknowledge, that without any alternative, the present diagnosis when delivered in the correct way can provide some people an explanation and a pathway to living life better

Overview of the Personality Disorder Improvement Plan

Our Principles

1. There will be a commitment from all provider Trusts in Greater Manchester, including primary and secondary care services, to collaborate and work in partnership in relation to Personality Disorder care and treatment.

2. Each Locality will establish a whole system approach to help enable people with personality disorder to live life well. Initially focusing on Borderline Personality Disorder.

3. Each Locality will commit to reviewing their progress against the standards laid out in this document and develop an action plan.

Overview of the PD Improvement Plan

Our Principles cont.

4. Service Users with a personality disorder, their carers and families will be engaged in reviewing the localities ongoing progress to achieve these standards.

5. Local Leaders and/or Boards will have the responsibility to sustain the commitment to delivery of these standards, including holding their services to account on compliance.

6. People with Personality Disorders will be offered comparable physical health care, as that of the general population.

Overview of the Personality Disorder Improvement Plan

Our Principles cont.

7. We will aim to eliminate out-of-area placements for people with Personality Disorder from Greater Manchester.

8. On a Greater Manchester level it will be the responsibility of the Mental Health Board/ Adult Mental Health Board to oversee the progress on the standards via the Personality Disorder Strategy Group.

9. There will be a commitment to do no harm for people with a Personality Disorder in particular around; inappropriate prescribing, defensive approaches to care and over restrictive treatments

Overview of the PD Improvement Plan

Local Standards

Standard 1: The Locality has a mental health strategy that includes a personality disorder focus, developed through partnership with local service users, carers and their families.

Standard 2: The locality has an integrated multi-agency personality disorder pathway.

Standard 3: People with personality disorder will receive evidence based high quality care that causes no harm in all localities.

Overview of the PD Improvement Plan

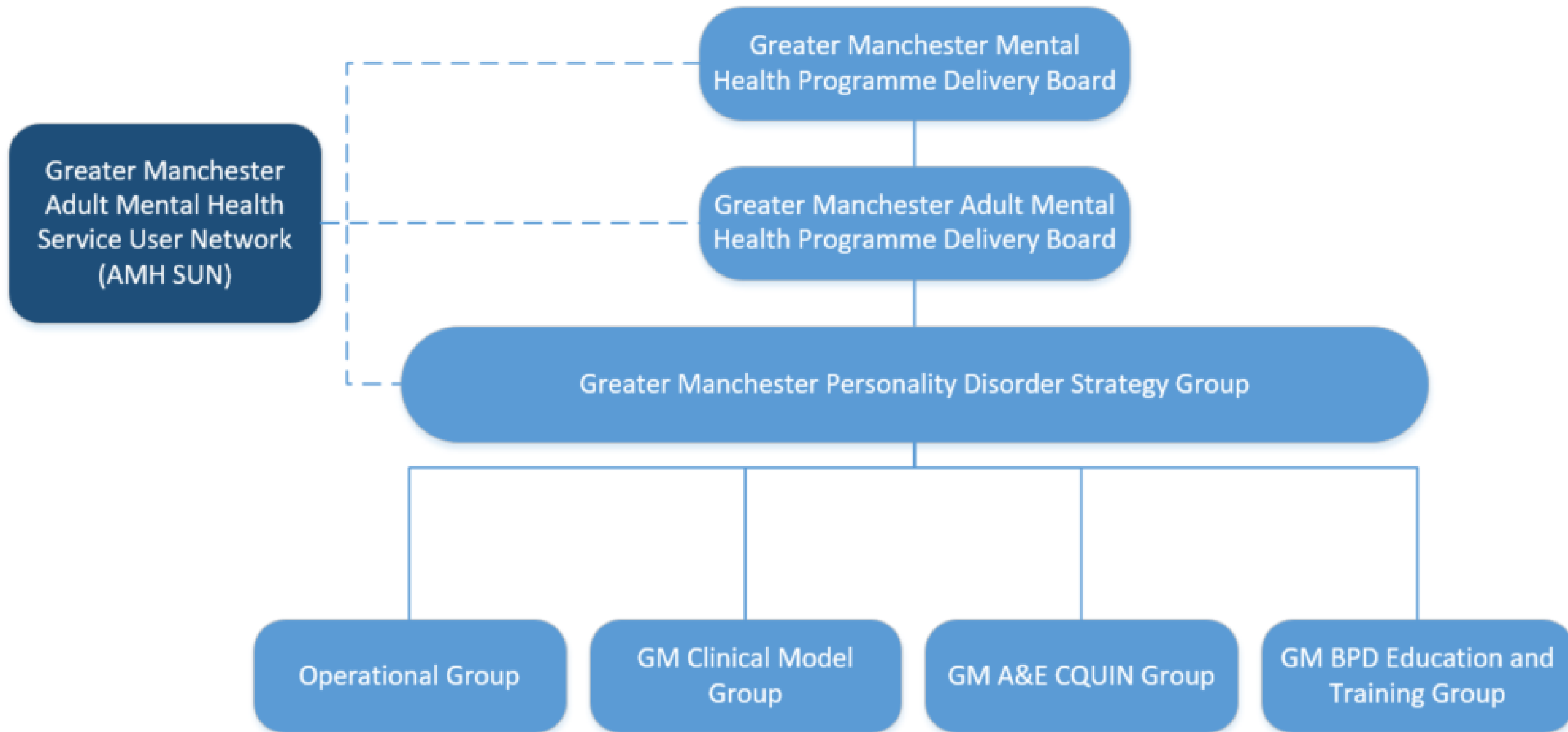
Local Standards cont.

Standard 4: The role of carers is recognised

Standard 5: Support is available to partners in the locality

Standard 6: Experts by experience are engaged at all levels

Project Governance



Next Steps

- To develop a coherent therapeutic offer – initially focusing on NHS
- To be able to provide effective care and treatment for 3000 people across GM for service users and families
- Standardised outcome measuring
- Collaboration and Development of Centre of Expertise
- Coherent Training Strategy covering different levels
- Multi-agency strategy
- Effective strategy for managing out of area placement

I statements

People with BPD say that the following standards would be great practice if they attend A&E in a crisis

- I really value when I am involved in decision making about my care and treatment. This helps me feel I am being listened to and that I have a voice in what is going to help me.

- I get the most from an emergency interaction when my distress is responded to appropriately, when people listen to me showing empathy, care, compassion, concern, and who don't show judgements or discrimination towards me.

- I need to have any follow ups of care arranged to actually happen - it makes me feel insignificant and that I and my problems do not matter if I get forgotten about.

- I find it really hard when I feel my illness/crisis is invalidated and not seen from my point of view, and I am told something along the lines of, "there are really poorly patients here whom need our time"; this makes me feel extremely undeserving of care and treatment, and sometimes can inhibit me presenting at A&E when treatment is desperately needed.

- I find it helps me be able to speak openly and honestly when I am asked open-ended questions which initiate a conversation, as it makes conversation easier, rather than answering 'yes or no', or shutting down, this also reminds me feel that somebody does wants to hear me/ help me.

- I appreciate perseverance when someone is trying to get me to disclose why I am distressed, especially if I am struggling to converse at first, which can often happen. This shows me that I do matter, and you do have time for me and do want to listen to me.

- I have found collaborative working and decision making very powerful in obtaining the best care/ treatment which I need at that specific moment, because a hospital admission is not always needed, sometimes, it might be a case of having a safe space for a short period of time which minimises the distress and de-stimulates that crisis, which can, in turn, prevent an unnecessary hospital admission.

- I need to be seen as a real person, not as a mental health diagnosis, or a statistic. I need to be treated fairly, and that I do have a right to be in A&E to get the care/ treatment I need, whether I have a physical or mental health need.

Equality and Health Inequalities Analysis
Stephanie Roocroft

The Equality Act 2010

Protected Groups

Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion or belief
Sex or gender
Sexual Orientation

Thank you
Questions

Marsha McAdam
Mark Sampson
Stephanie Roocroft