



# WHOLE SYSTEM RESPONSE, THE ROLE OF PRIMARY CARE AND MULTI-AGENCY WIDER SYSTEM APPROACHES

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# PRIMARY CARE? WHAT ROLE DOES IAPT HAVE TO PLAY...



# WHAT DO WE KNOW...

- ▶ “The presence of co-morbid personality difficulties adversely affects treatment outcome among individuals attending for treatment in an IAPT service” (Goddard et al., 2015)


16% BPD, 69% at high risk of PD in IAPT (Hepgul et al., 2016)

need to work more effectively with personality disorder within primary care... (DOH, 2011)

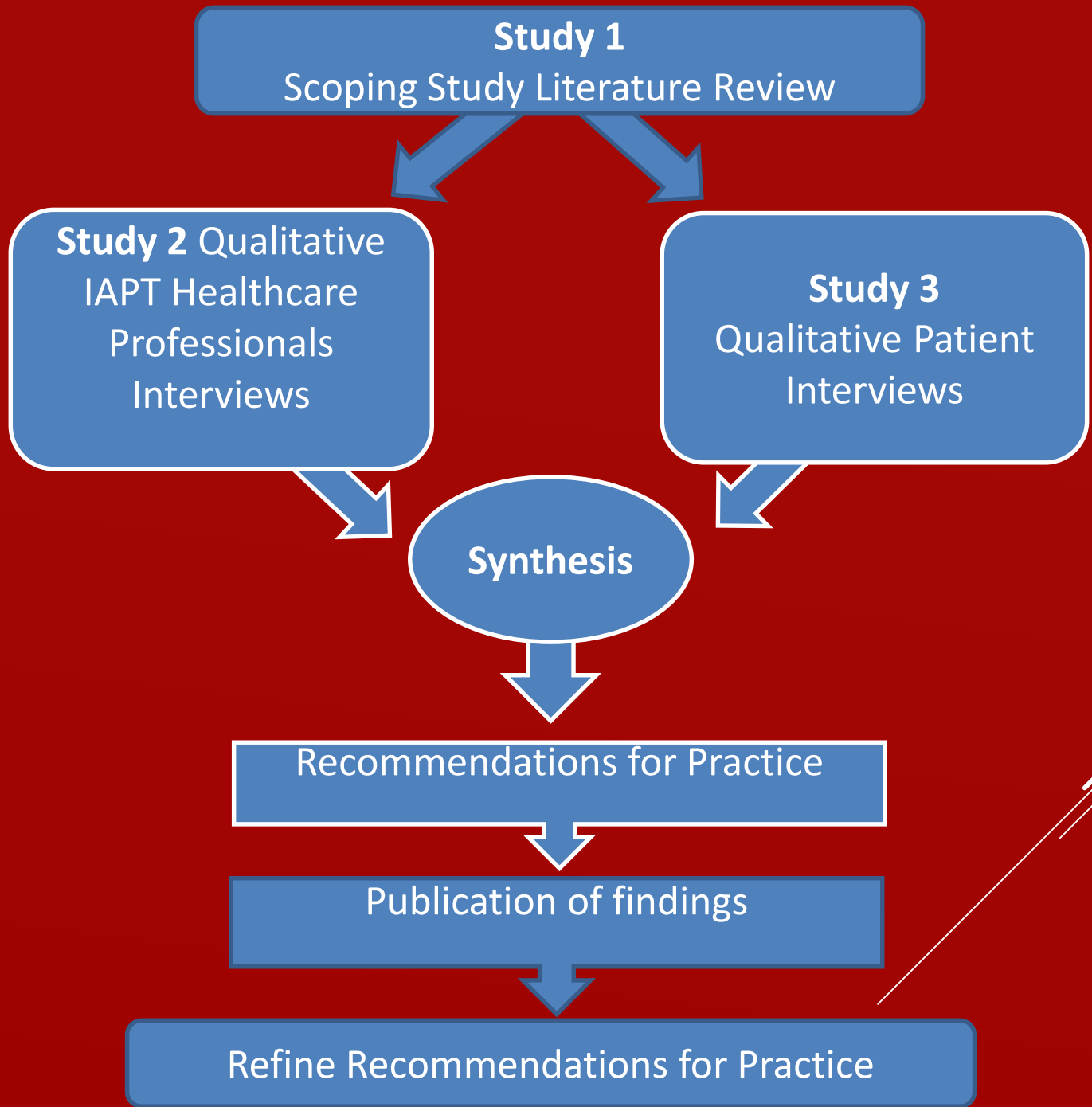
Routine personality disorder screening encouraged in IAPT to support “More provision of effective, personalised treatment in IAPT” (Goddard et al., 2015)

A whole system approach to care of people with personality disorder is long awaited (Mind, 2018).

# RESEARCH AIM

- ▶ To understand the service provision for people who present to primary care IAPT services with common mental health disorders and co-morbid traits of personality disorder.
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RESEARCH OVERVIEW



# SYNTHESISED DATA

Labelling

Sensitivities - Professional avoid/ Patients need to know?

The Business

Quantity Verses Quality - Patients report therapist rigidity / Therapist report system rigidity

Patient Needs

Past/Present, Offload, Flexibility, Individualisation and Personalisation – One size doesn't fit all

Therapist connection

Time to Talk - Step 2 constrained. skill/ knowledge deficits = fear and frustration

# RECOMMENDATIONS FOR PRACTICE

1. Education and the IAPT Workforce
2. Clinical Interventions
3. Provision of treatment at the right level

Next Steps:

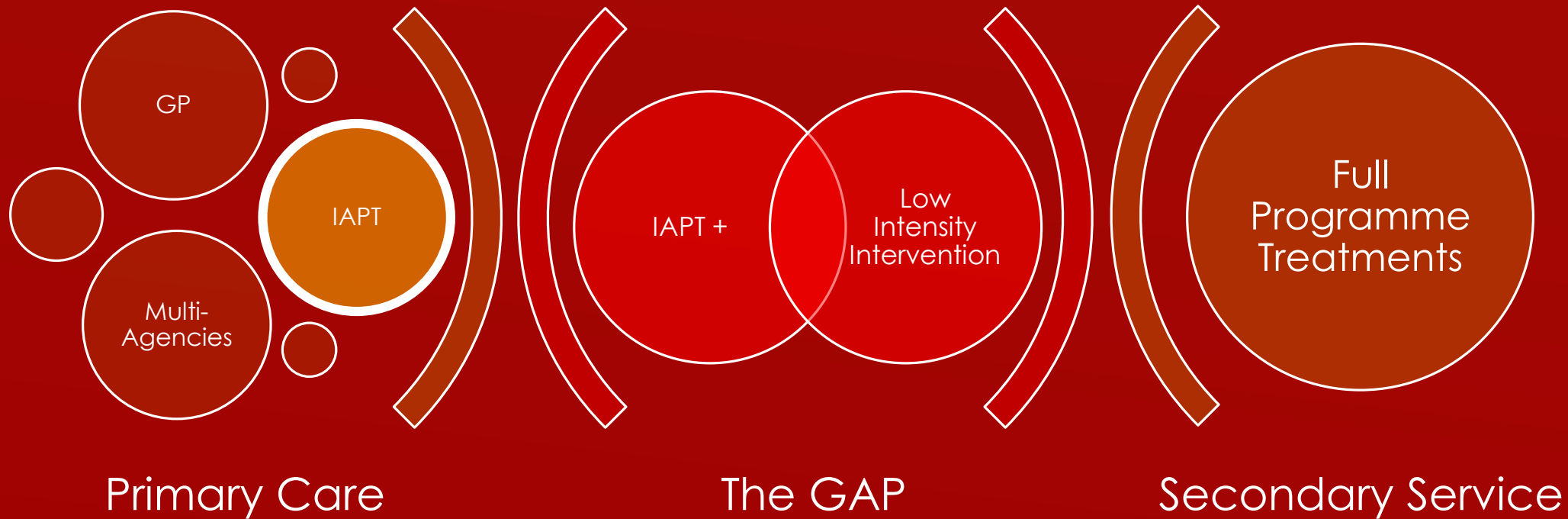
Refine Recommendations for practice manual

Test efficacy of suggested adaptations

4. National Recommendations



# THE INTERFACE (FILLING THE TREATMENT GAP) WHOLE SERVICE APPROACH





# MULTI-AGENCY THE ROLE OF THE WIDER SYSTEM...

- ▶ A Clear Strategy of Engagement with the wider system an essential component of a whole system approach



WHAT SERVICES DO PEOPLE WITH  
PERSONALITY DISORDER OR RELATED  
DIFFICULTIES ENCOUNTER WHEN IN DISTRESS?

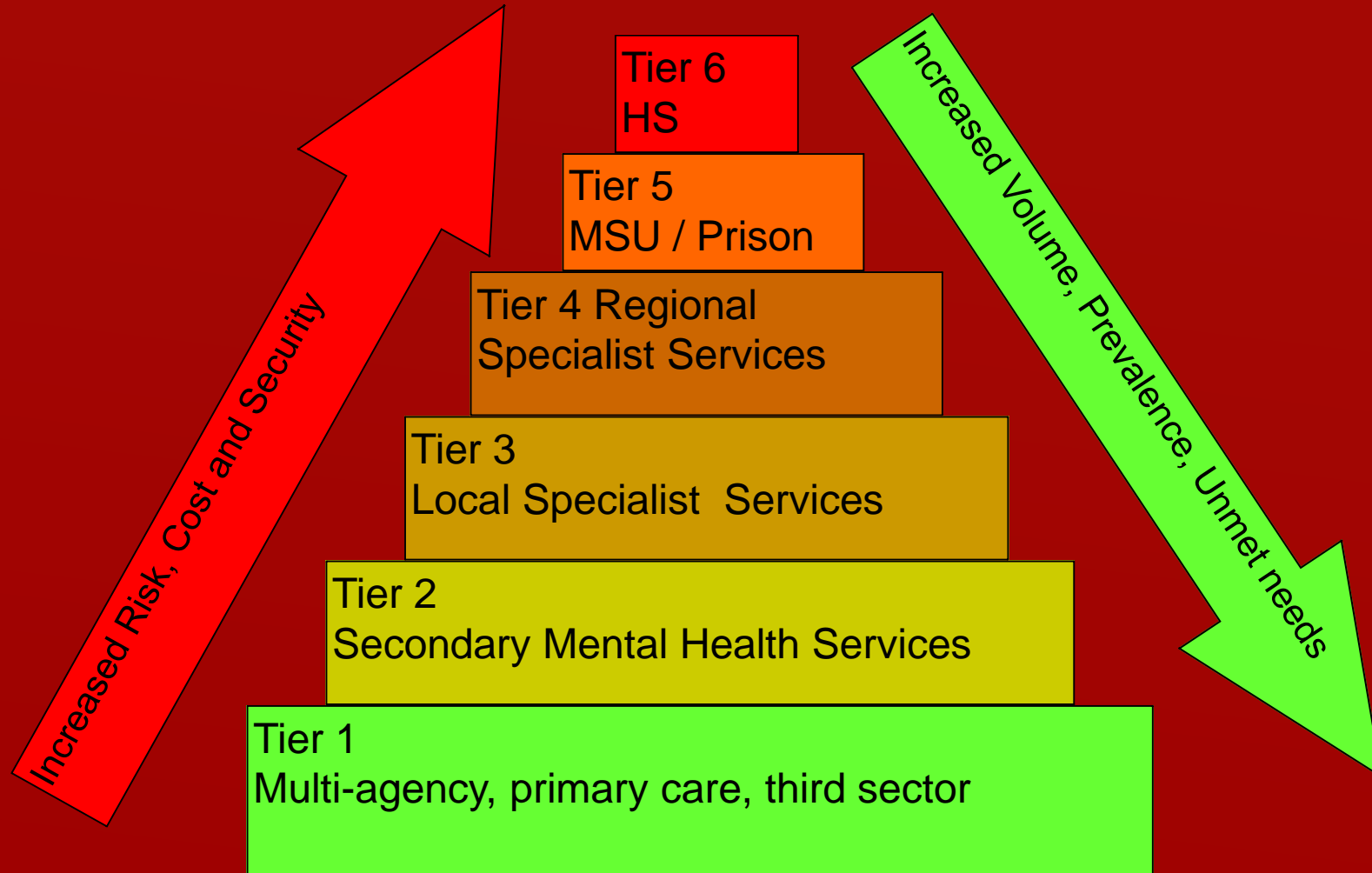


# MULTI- AGENCY

- ▶ Housing
- ▶ AED
- ▶ GP
- ▶ Police, probation, criminal justice services
- ▶ Primary care including IAPT
- ▶ Third Sector Organisations
- ▶ Substance Misuse Services
- ▶ Eating Disorder Services
- ▶ Ambulance
- ▶ Refuges
- ▶ Homelessness Services



# WHY MULTI-AGENCY?



# THE WIGAN MULTI AGENCY PERSONALITY DISORDER STRATEGY MODEL(WMAS)

Bridging the Gap



# WMAS STRATEGY ESTABLISHED IN 2010

Key aims-

Improve experience for individuals engaging at Tier 1

Training strategy to increase awareness of personality disorder and difficulty ,the wider system more equipped to work with the client group

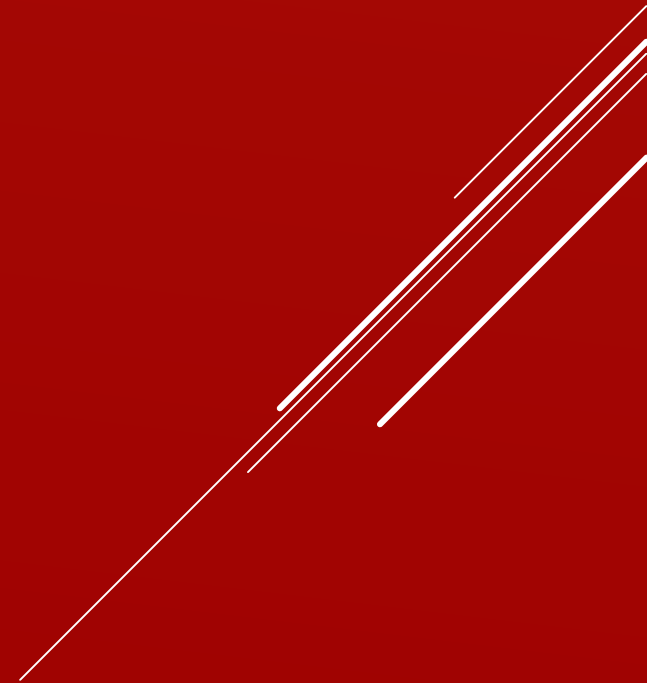
Challenge stigma/discrimination

Early and timely interventions for those with emerging difficulties

Strategy Lead key link for consultation between multi agencies and secondary care.

Co -production model at the heart of strategy

# STRATEGY OVERVIEW



# 'A STRATEGY FOR INCLUSION'

- ▶ Cost Effective Co-produced Wigan Multi-Agency Strategy
- ▶ Recruited EBOs and EBE's and team continues to grow and develop
- ▶ Developed a training strategy which includes awareness and skills training and explains current NWBH BPD Pathway –this ensures referrers understand the treatment offer
- ▶ All training is evaluated
- ▶ Monthly Multi-agency forums. PD Champions
- ▶ Strategy Lead providing consultation and key link to secondary services as Tier 1 services delivering care to individuals with a wide range of complex difficulties many of whom have not engaged or have discontinued treatment at secondary are
- ▶ Bridging the gap between wider system and secondary services
- ▶ Equipped, supported and informed wider system.
- ▶ In House training for EBE's and EBO's
- ▶ Sustainable and Self Sufficient Strategy now in its 10<sup>th</sup> Year- 3000 +staff trained



ANY QUESTIONS



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