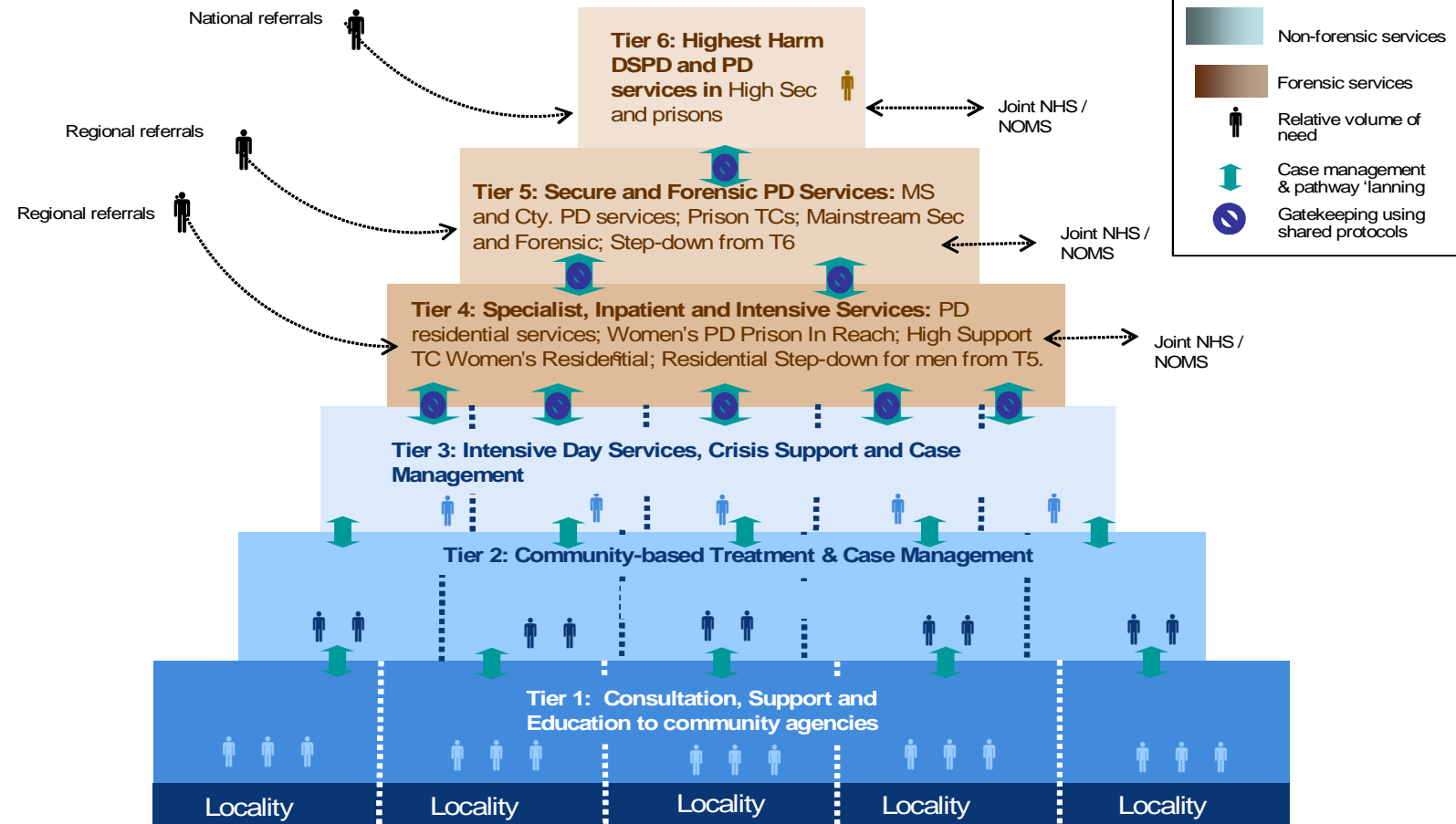


Stepped care in Tier 2 and Tier 3 personality disorder services

Steve Pearce

Tiers 1-6

Personality Disorder – Tiers of Provision

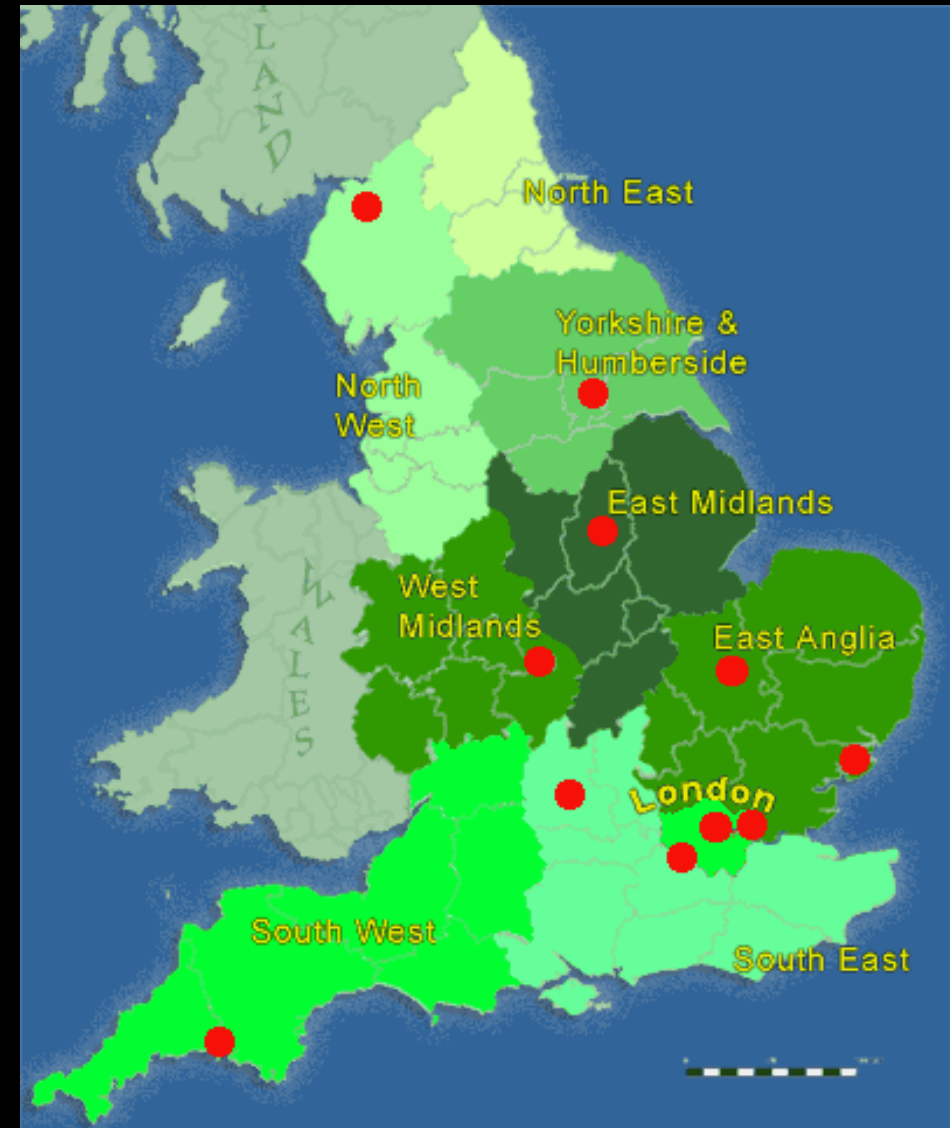


Tiers 1-4 - RCPsych position statement

	Tier 1	Tier 2	Tier 3	Tier 4
Setting	Primary care, voluntary sector	Mainstream CMHT. Liaison services. Acute and crisis services. Psychological services.	Local, semi-regional specialist and dedicated PD services incorporating day service interventions.	Regional or national specialist services
Beds	None	No specialist beds but work alongside crisis and acute services.	No specialist beds but work intensively with crisis and acute services to prevent admission.	Yes: mostly residential services for out-of-area referrals; some integrate consultation and step-down
Patient group	Those gaining sufficient help from low intensity and short-term psychosocial treatments	Able to engage and participate in outpatient short to medium-term psychosocial intervention. Occasional use of crisis/acute care.	Not successfully engaged or treated by Tier 2. High level of risk and/or disability. Frequent use of unplanned contacts and crisis/acute care. Includes older adults.	Risk level too high to be managed in Tier 3. Therapy requires a setting with highest level of psychological containment. Very high use of crisis/acute care.
Type of therapy	IAPT, Psychological education, Wellbeing networks, Recovery colleges, Social prescribing.	Psychological education, Structured Clinical Management, and evidence-based outpatient psychological therapies (eg MBT, DBT, DIT, STEPPS, TFP etc)	Greater intensity of intervention. Emphasis on therapeutic setting and supporting effective engagement.	Intensive, complex multi-model treatment programmes, integrating therapy and setting.
Approximate estimate of likely need	Up to 4%	0.4%: 400 per 100K population	40 per 100K population	4 per 100K population: 2,120 in England
Current provision	Unknown. IAPT may exclude those with a diagnosis of personality disorder if they are not clustered 1-3. Some recovery colleges allow step down access.	Extremely variable. Although 53% of English MHTs claim to have dedicated T2 services or teams ⁴ , many of these are likely to offer minimal and small-scale provision.	Although 56% of English MHTs claim to have dedicated T3 services or teams ⁴ , few of these are likely to accommodate the core T3 'difficult to engage' population	55 beds in England, in 4 units. Many more people are placed in independent sector specialist units, and locked non-specialist units (eg 'locked rehab')
Commissioning	Various	CCGs	CCGs	NHSE (CCGs for most independent sector 'out of area' placements, which are not usually specialist PD services.)
Specification and standards	None	None	None	Being developed by NHS England
Providers	Social care, primary care, third sector	NHS trusts	NHS trusts and partnership arrangements	NHS trusts and independent sector
Access	Open, self-referral	Via GP, CMHT, local procedures	Via GP, CMHT, local procedures	Restricted, only via T3 (where available) or T2

Location of the new pilot services

- 2004-2007
- At least 1 per NIMHE region
- Range of approaches
- Six monthly learning networks
- Six monthly DoH reviews incl. SU representatives



The Thames Valley Initiative

- 3 hubs - Reading, Oxford and Aylesbury
- Spokes in Banbury, Wallingford, Witney, Wycombe, Newbury, Slough
- 4 tier model
- Working without county boundaries
 - Clinical work
 - Training and service secondments
- TV-wide functions: recruitment, induction, training, staff support, evaluation, XBX input, awareness training, service advocacy

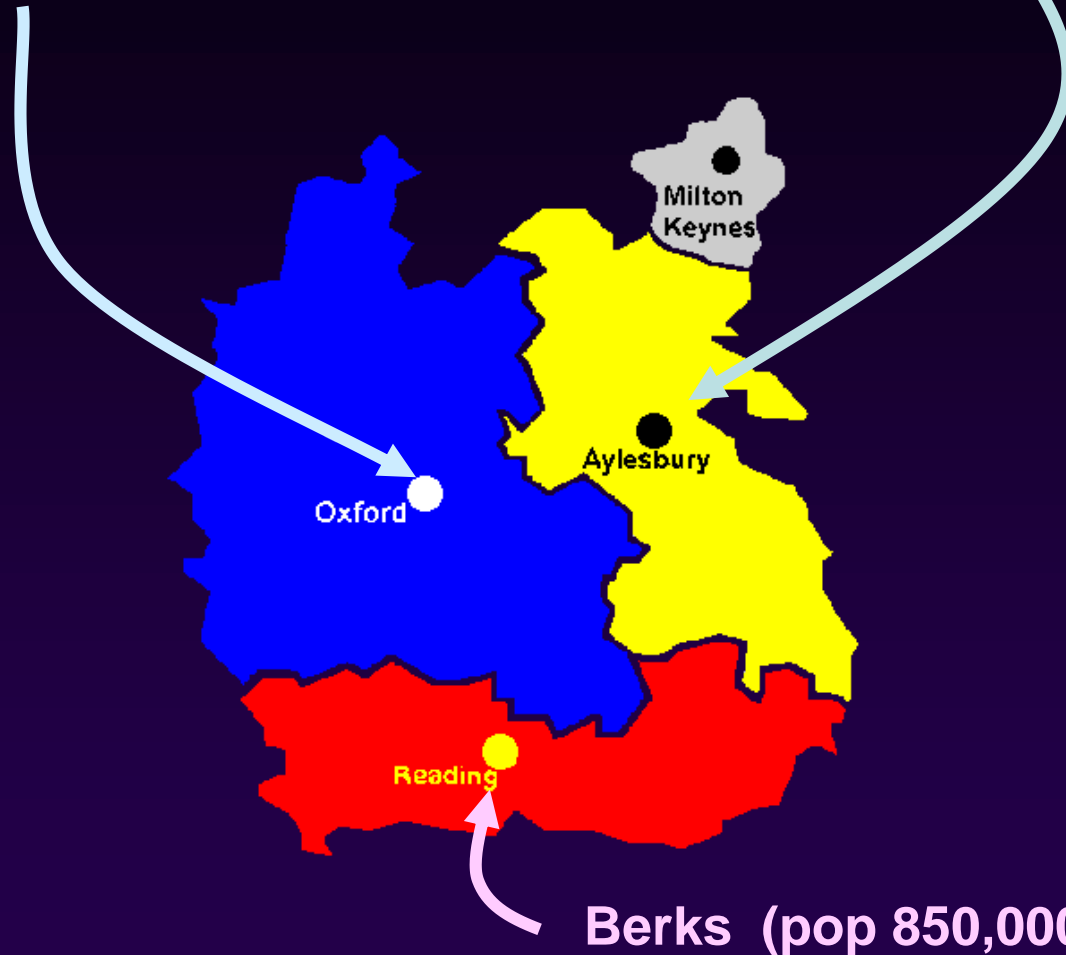


Tier 3

- Team base and teaching centre
- Three multidisciplinary specialist teams with students, placements, visitors etc
- Non institutional settings - ideally
- Day-TC design – multi-psychotherapy and democratically run by members

Oxon (pop 610,000)
Manzil Way, Oxford:
pre-group started 2003

Bucks (pop 450,000)
Tindal, Aylesbury:
started Nov 2005



Berks (pop 850,000)
Winterbourne House, Reading:
started 1973, PD specific from 1995.
Slough service planned.

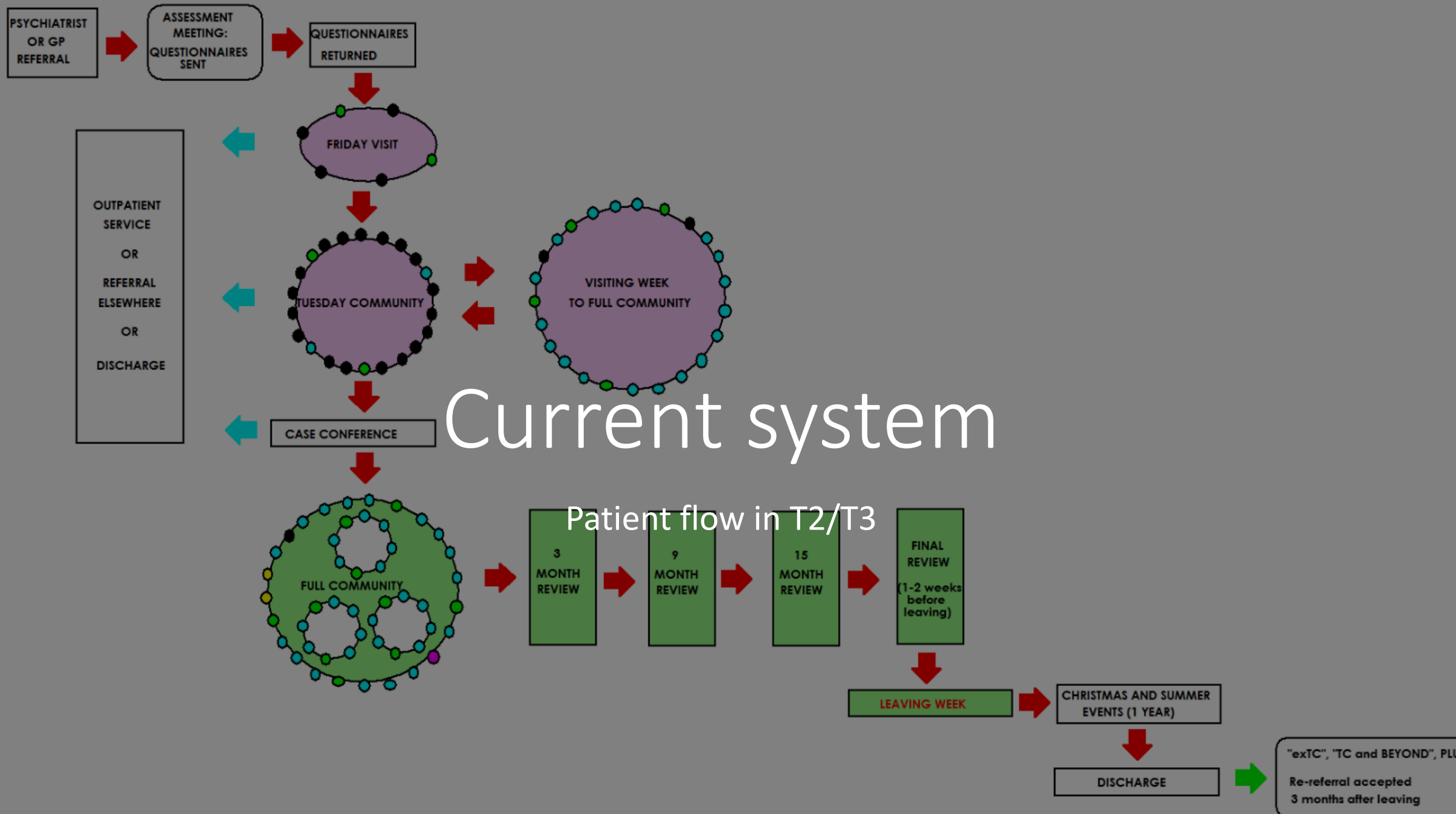


OXFORDSHIRE
COMPLEX NEEDS SERVICE
OXFORD THERAPEUTIC
COMMUNITY

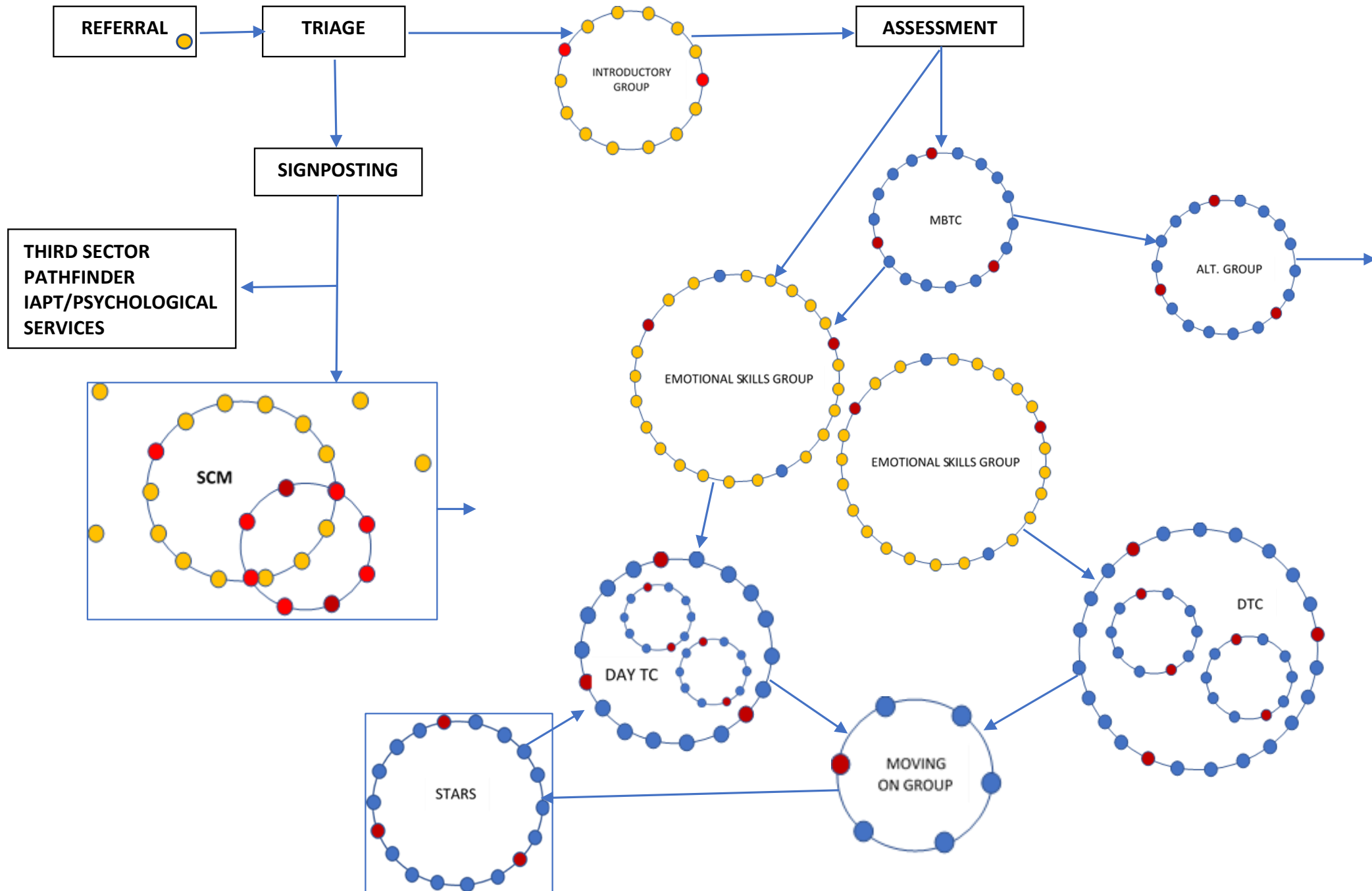
Entrance

PAY
HERE

Complex Needs Service

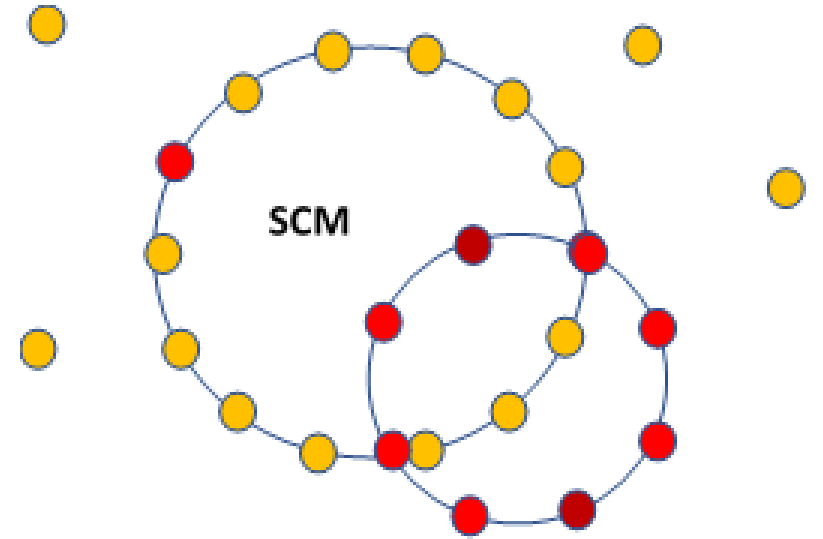


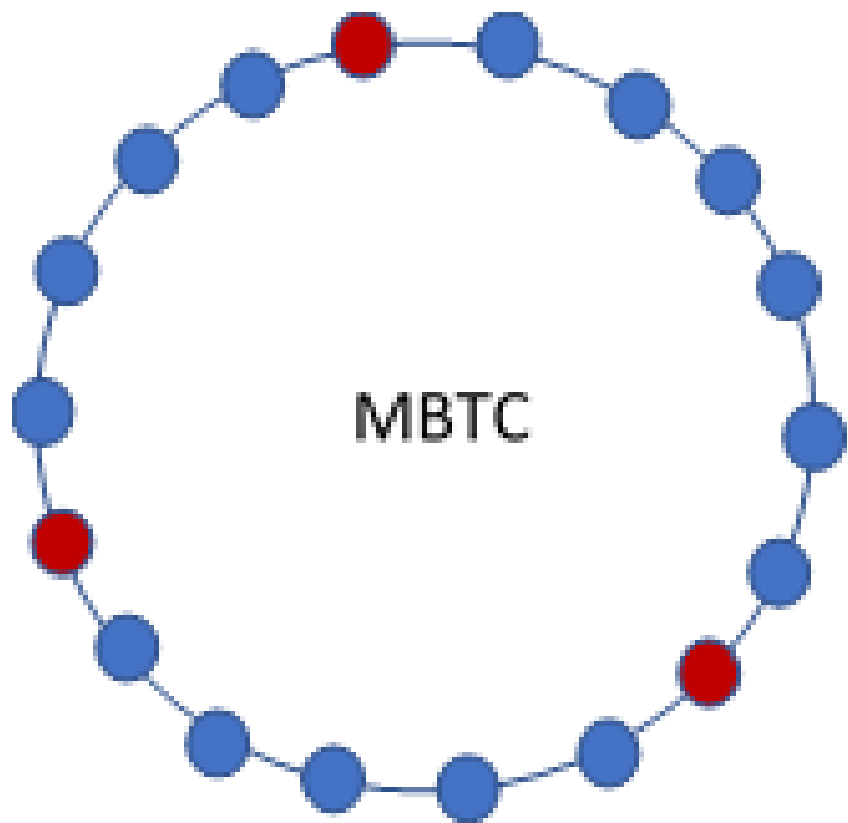
Oxfordshire and Buckinghamshire Complex Needs Service



T2/1: SCM

- Second opinions
- Contagion
- Inpatient discharge planning
- Consultations



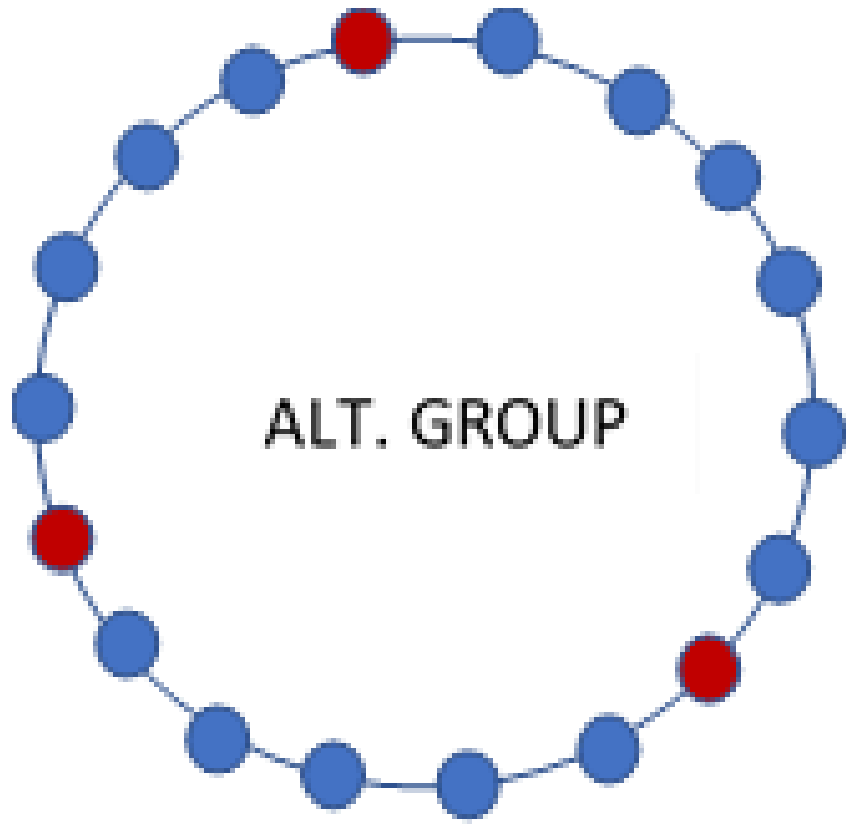


T3: MBTC

MBTC

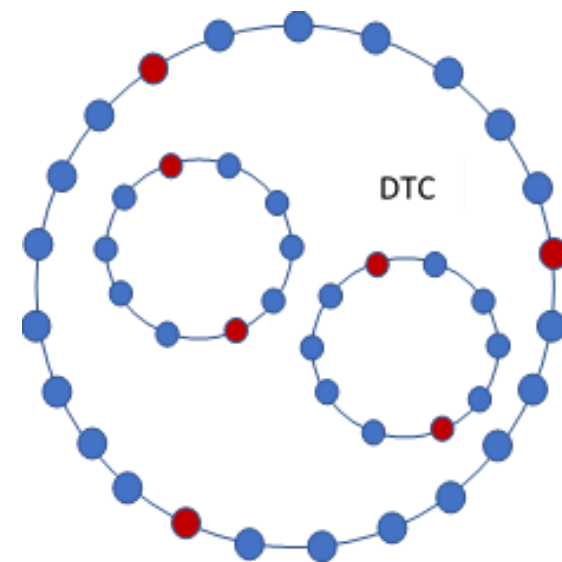
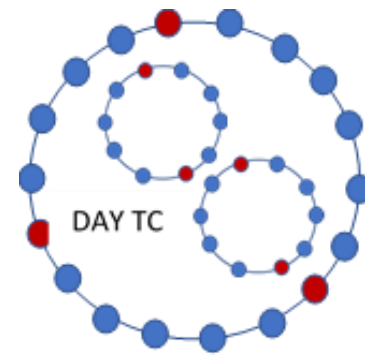
T3: Emotional skills groups



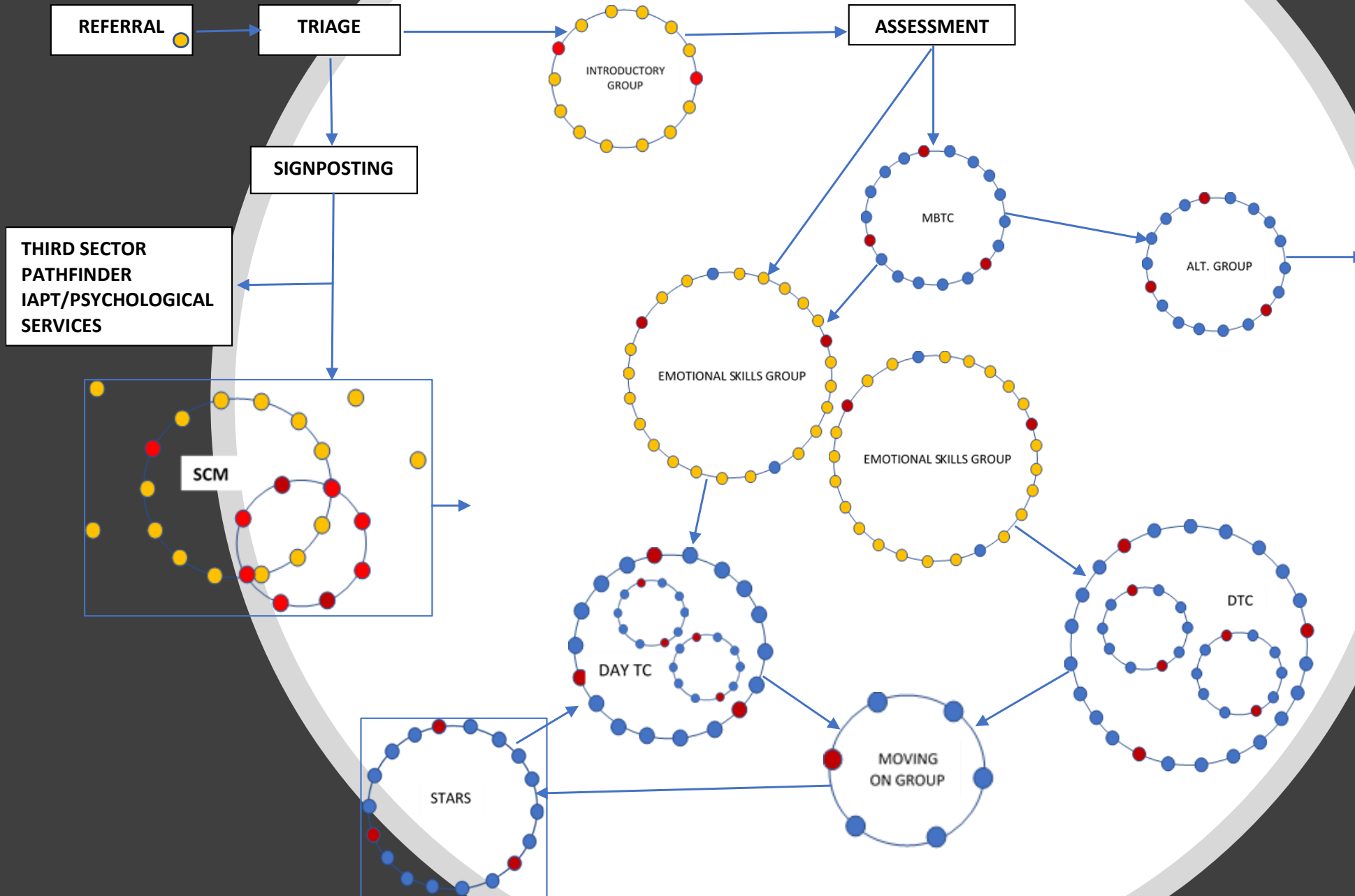


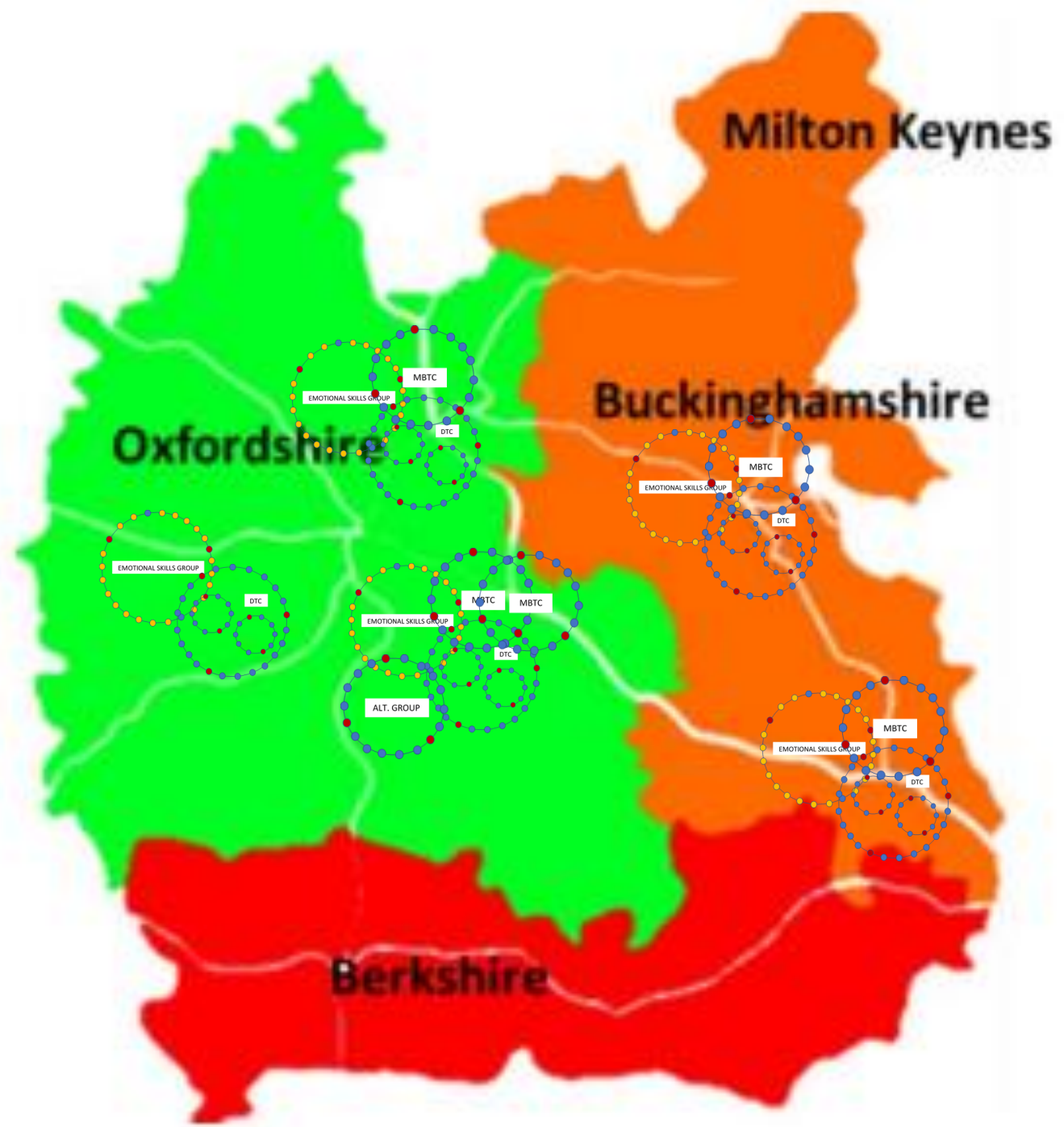
T3: CAT group

T3: DTC



T3 pathway



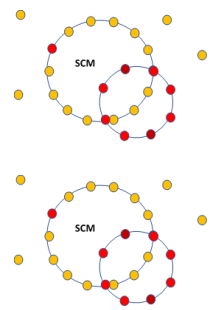


Milton Keynes

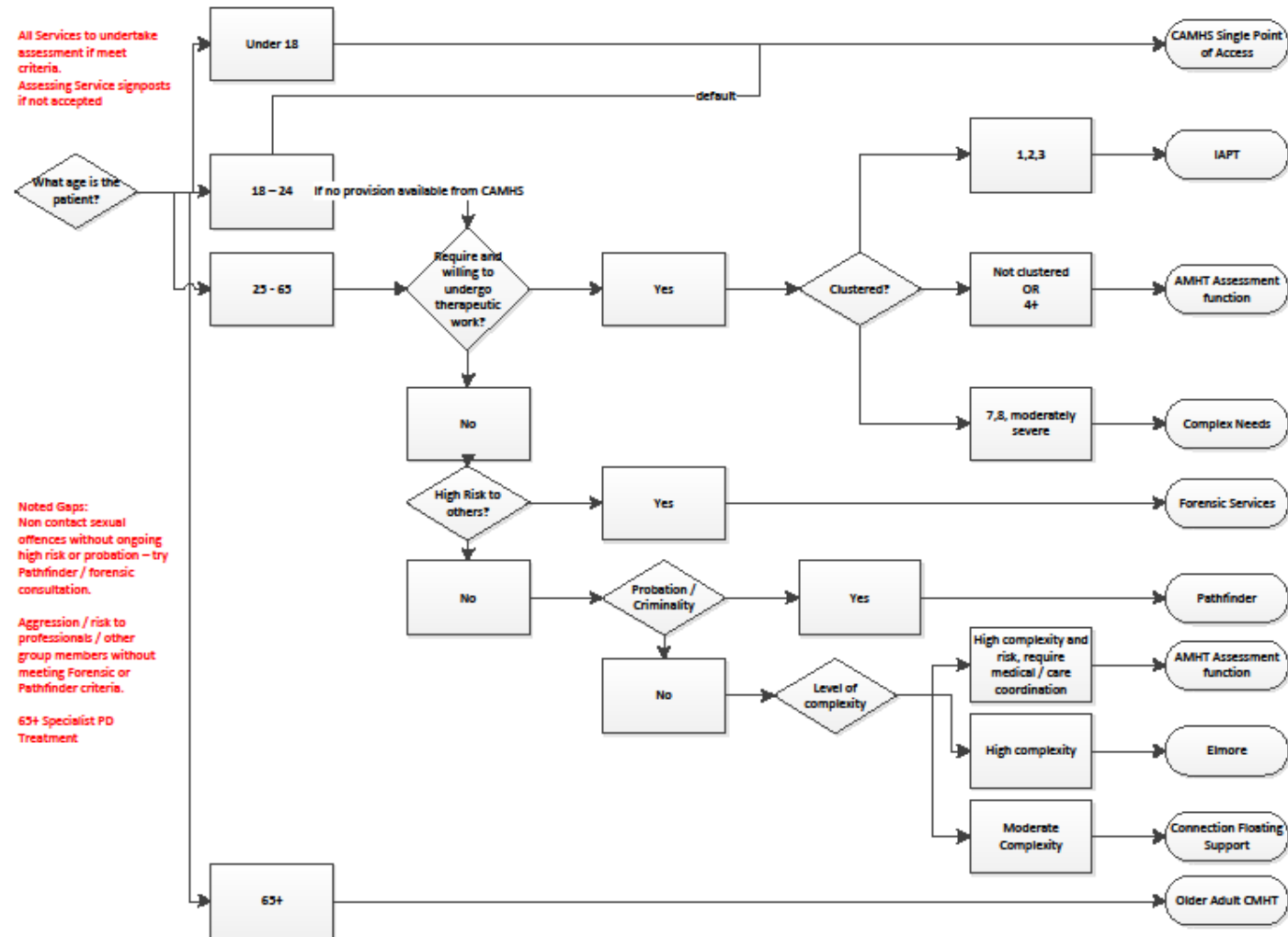
Buckinghamshire

Oxfordshire

Berkshire

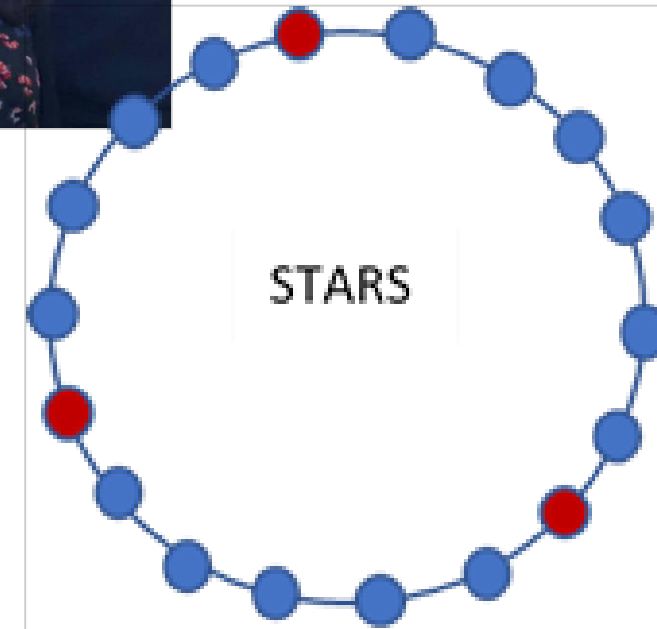


Trust T2(3) pathway

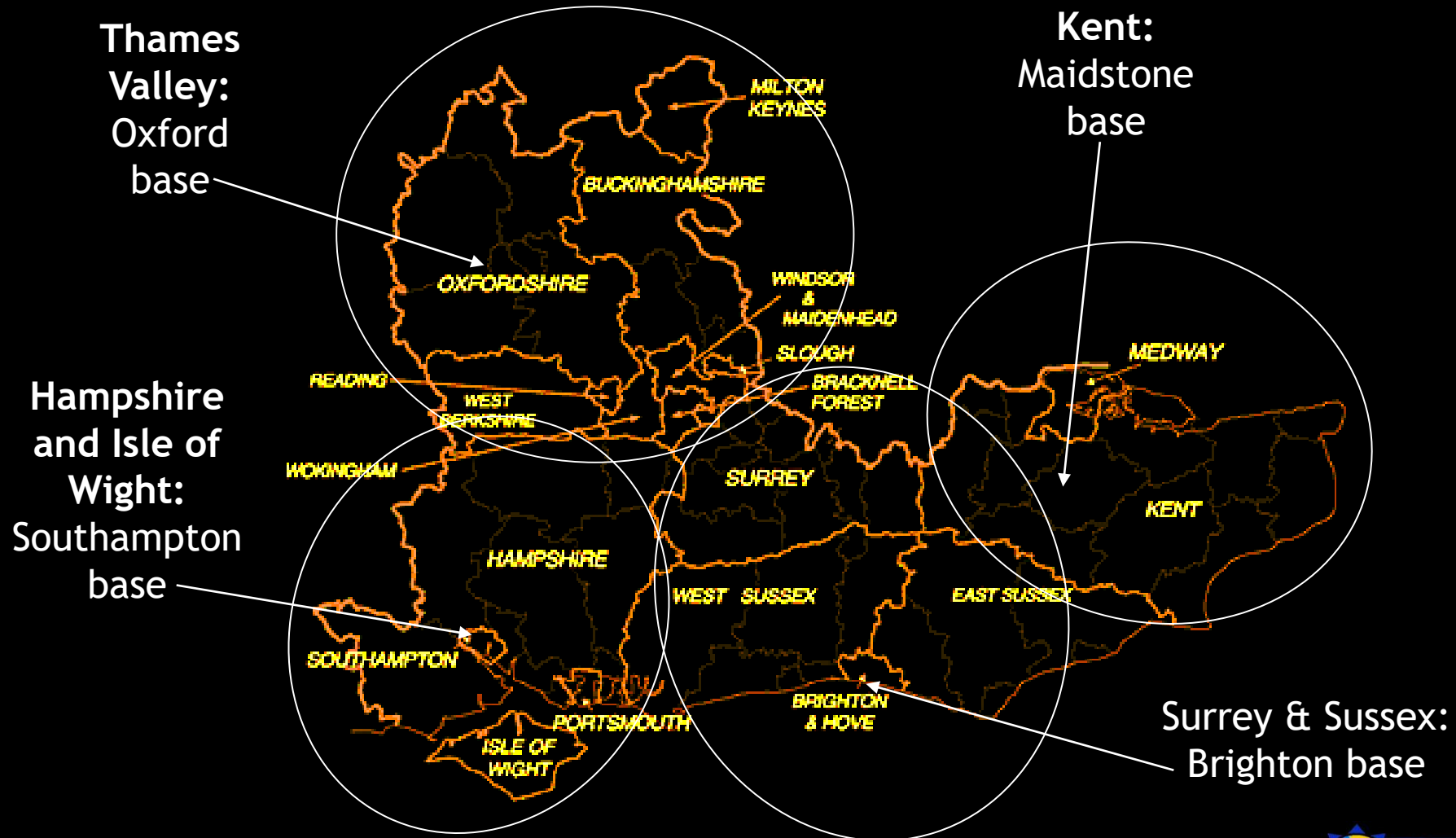


TV Strategic Clinical
Network (T1/2/3)
pathway work

Training



Four “network courses” in SE





The end |