



Building a Secure Base at Spring House: Evaluation and Perspectives of a Co-constructed Community Based Service for Personality Disorder (PD)

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Introduction

The Mersey Care Community Based Service for Personality Disorder:

- The Mersey Care PD Service is unique as it blends different approaches: (1) User led therapeutic communities model [a local Service User Reference Group (presently operationalised as the PD HUB-TCG)] (2) the Leeds PD Network model¹.
- The caseload comprises those with the most complex presentations: High levels of service usage including acute inpatient placement (frequency and duration), 'crisis' contact with emergency services and the use of out of area placements (OATS), often with non-NHS providers.
- One hundred weeks of intensive case management are offered, using Structured Clinical Management². If service users are pre-contemplative for this psychological intervention more conventional care co-ordination is offered, with detailed care plans to manage crises.

The PD hub service can be delineated into three component parts

- Case Management: Consists of 4 psychiatric nurses whom primary task is to offer more concentrated support and SCM.
- PD Hub Crisis Services: It comprises 4 mental health practitioners and 3 support staff who are tasked with supporting service users in the midst of acute emotional distress. This work is undertaken directly with service users through 'drop in' sessions and telephone communication.
- PD hub Therapeutic Day Service (TDS): Offers a range of therapeutic psychosocial and psychoeducational activities to engage PD HUB registered service users. Led by an Occupational Therapist assisted by 4 assistant therapists.
- The TDS also hosts the Service User PD HUB Therapeutic Community Group (PD HUB-TCG). This group comprises both registered service users and staff. It meets weekly and contributes to aspects of the PD HUB such as service development, communication and adjudication of behavioural boundary transgressions for all registered service users.

Methods

Quantitative Method:

- Standardised clinical measures data will be collected on a number of assessment points over a maximum period of 24 months for any individual participant. These assessment points are referred to as Time 1, Time 2, Time 3, Time 4 and Time 5 (T1, T2, T3, T4 and T5). That is T1 representing a baseline for future data collection and analysis. T2 data would be gathered at 6 months post commencement, T3 at 12 months, T4 at 18 months and finally T5 at 24 months post commencement. This pre and post evaluation will offer insight into the objective efficacy of the PD HUB.

Qualitative Method :

- The 'lived' experiences of the PD HUB aims to gain understanding into the questions of 'how' and 'why' elements of the PD HUB prove to be effective (or not). Service users and staff will be interviewed individually and, or as part of a focus group.
- PD HUB service users will act as interviewers and data analysts alongside members of staff.

Questions asked at interviews:

- Q1:** What does Spring House (the PD Hub) mean to you?
Q2: How does your experience of Spring House (the PD Hub) compare to your experience of previous or other services?
Q3: What is your experience of adjusting to the way Spring House (the PD Hub) works?
Q4: What impact has spring house (the PD Hub) had on you?
Q5: What have been the helpful aspects of Spring House? What have been the unhelpful aspects?
Q6: How would you like things to be improved for the future?
Q7: Have you experience any barriers accessing spring house? Prompt: travel issues, financial issues, referral to the service

Results

This project has been approved by the Clinical Audit and Effectiveness Team, Mersey Care NHS Trust Service accordingly.

Qualitative Study:

- Completed 10 individual interviews. All the interviews included public advisor involvement.
- Completed 1 focus group with 10 participants, 8 service users and 2 staff.
- Data will be analysed once transcriptions have been completed .

Quantitative Study:

- Standardised measures have been selected and final clinical measures will be agreed jointly with service users participation. Thereafter, T1 data collection will begin and the process will continue accordingly.

References

1. Bateman AW, Krawitz R. Borderline Personality Disorder: An Evidence Based Guide for Generalist Mental Health Professionals. Oxford, 2013.
2. Choi-Kain L. W., Zanarini M. C., Frankenburg F. R., Fitzmaurice G. M., Reich D. B. (2010). A longitudinal study of the 10-year course of interpersonal features in borderline personality disorder. *J. Pers. Disord.* 24, 365–376.