

Structured Clinical Management Commissioner Guidance Document

What is Structured Clinical Management?

- Structured Clinical Management (SCM) is an evidenced based approach that enables generalist mental health practitioners to work effectively with people with borderline personality disorder.
- SCM provides generalist mental staff with a coherent systematic approach to working with people with borderline personality disorder. It is based on a supportive approach with case management and advocacy support. There is an emphasis on problem-solving, effective crisis planning, medication review and assertive follow-up if appointments are missed.

What is the evidence for SCM?

- Bateman and Fonagy (2009b) carried out a randomised control trial in which substantial improvements were demonstrated across a range of clinical outcome measures for those engaged in SCM. See attached paper for details.
- Research into other generalist treatments (treatments comparable to SCM) for borderline personality disorder have also been shown to be effective (McMain, Guimond, Cardish, Streiner, & Links, 2012; McMain et al., 2009). This research has informed the development and application of SCM. See Bateman and Krawitz, 2013 for a description of these treatments and related research trials.

Why should we invest in SCM?

- SCM as an intervention is compliant with NICE guideline 78 borderline personality disorder (Bateman and Krawitz 2013).

SCM enables general mental health services to meet **the needs of the majority** of people with borderline personality disorders. However, it is not a replacement for specialist personality disorder or psychological/psychotherapy services as

there is some evidence that patients with complex personality disorder do better with a specialist approach (Bateman & Fonagy, 2013).

- As SCM draws on existing knowledge within the workforce it is a relatively easy approach to implement within existing workforces.
- SCM is a relatively brief training. It involves two full training days plus six months organisational implementation supervision.
- SCM supported by a specialist psychological/psychotherapy service would enhance the capacity to manage people with severe personality disorder in the community and reduce the pressure on inpatient beds.
- All NHS Senates (areas) will soon have access to centrally funded NHS England Tier 4 specialist personality disorder beds. Access to these beds will be evenly distributed throughout the UK. However, access will be limited and is unlikely to meet current demand (clinical reference group Tier 4 personality disorder 2014). Therefore, although NHS England has no intention or remit to tell CCG's how to commission personality disorder services there will be an expectation that all Trusts will provide appropriate Tier 3 specialist personality disorder treatments (outpatient). The Clinical Reference Group for Tier 4 personality disorder services has voiced concerns for Trusts without adequate Tier 3 services as they are likely to require more expensive out of area specialists placements.
- SCM has been developed by Anthony Bateman, Peter Fonagy and Roy Krawitz, renowned international experts in personality disorder. The manual developed by Bateman and Krawitz that accompanies the training provides unique credibility to this generalist training ensuring that the approach is grounded in the best evidence available.

Book

Bateman, A., & Krawitz, R. (2013) *Borderline Personality Disorder. An Evidence-based guide for generalist mental health professionals*. Oxford University Press. Oxford Useful

References

- Bateman, A., & Fonagy, P. (2013). Impact of clinical severity on outcomes of mentalisation-based treatment for borderline personality disorder. *British Journal of Psychiatry*, 203, 163-164.
- Bateman, A., & Fonagy, P. (2009b). Randomised controlled trial of outpatient mentalization-based treatment versus structured clinical management for borderline personality disorder. *American Journal of Psychiatry*, 166, 1355-1364.
- McMain, S., Guimond, T., Cardish, R., Streiner, D., & Links, P. (2012). Clinical outcomes and functioning post-treatment: A two-year follow-up of

dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, 169, 650-661.

- McMain, S., Links, P., Gnam, W., Guimond, T., Cardish, R., Korman, L., et al. (2009). A randomized controlled trial of dialectical behaviour therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry*, 166, 1365-1374.

Evaluation of SCM Training

Structured Clinical Management training has been delivered to a number of NHS Foundation Trusts in the UK.

The feedback below was received from Five Boroughs Partnership NHS Foundation Trust immediately following the training (1 = strongly disagree, 5 = strongly agree).

Feedback from delegates was extremely positive; overall delegates strongly agreed that the training was relevant, clearly explained and would improve their practice.

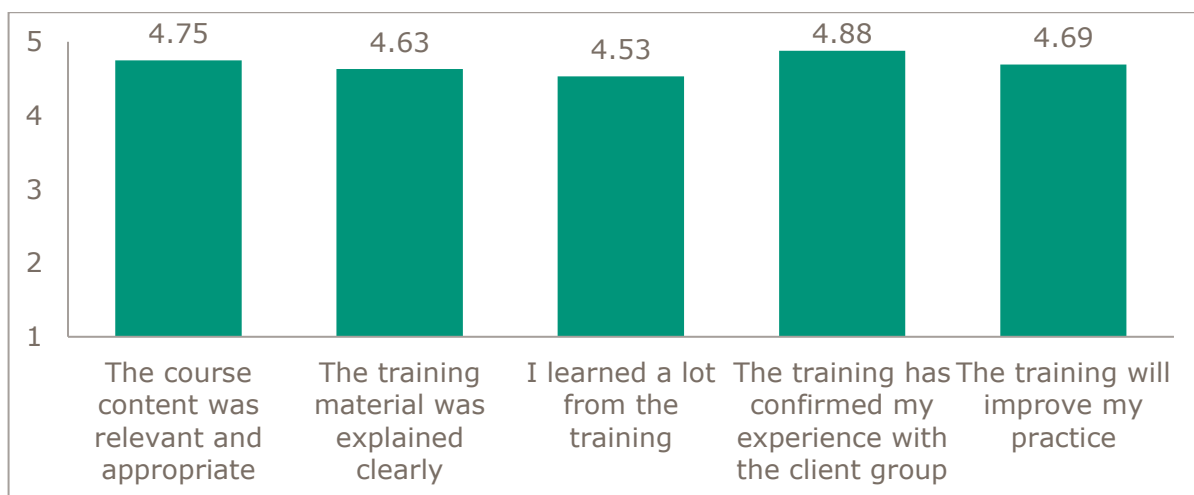


Table 1: Feedback for SCM training delivered to Five Boroughs Partnership

A follow-up survey was undertaken 12 months after the SCM training was originally delivered.

- 100% of the staff reported that there were advantages to working in an SCM way;
- 75% thought that SCM was a better way to work than a non-SCM way;
- 75% of staff had been given feedback from service users regarding working in an SCM way;
- 92% felt that being an SCM practitioner has impacted on their job satisfaction;

- 92% felt that SCM may benefit service users with other conditions

"One of my clients told me that for the first time since being involved with services she believes that someone is actually listening to her and helping her."

"I now enjoy working with this client group to the point of wanting to learn more skills and have an exclusive BPD caseload."

"SCM is very focussed with clear objectives. The approach is consistent and uncomplicated and the process is clear."

Structured Clinical Management (SCM) training

Aims

By the end of the two day training participants will:

- Understand the rationale and evidence base for SCM
- Show increased awareness of personality disorder
- Develop skills to treat people with personality disorder comorbid with affective and other disorders
- Be able to implement strategic and core processes of SCM

Who is the course suitable for?

The course is suitable for all mental health professionals currently working with patients who have a personality disorder or whose personality interferes with treatment. No specialist or high level psychological treatment skills are required to attend the course.

SCM has been implemented successfully by general mental health professionals without additional specialist training. It is particularly suitable for mental health nurses, graduate workers and others interested in the treatment of personality disorder.

Format of the training:

Three days. (2 + 1 format).

Programme

Day 1

09:00 – 10:30 Introduction, orientation to course and rationale for SCM as an effective treatment for Personality Disorder comorbid with affective and other disorders

Coffee/Tea

10.30 – 12.00 What is personality disorder

12.00 – 13.00 Outline of SCM, Summary of Spine of SCM,

Lunch

14.00- 14.30 SCM Attitude of therapist

14.30 - 15.00 Video of therapist stance and discussion

15.00 – 15.40 Role play

Coffee/Tea

16.00 – 17.00 Initial sessions of SCM - strategic processes. Giving information (diagnosis); crisis planning and risk management; contracting around core areas of emotional, interpersonal, and/or impulse problems; developing short term and long term goals.

Day 2

09.00 – 10.00 Continuation of Initial sessions of SCM

10.00 – 10.30 Role Play

Coffee/Tea

11.00 – 13.00 Core treatment strategies

Lunch

14:00 – 15:15 Core Treatment strategies

15:15 – 15:30 Coffee/Tea

15:30 – 16:30 Service organisation of SCM and General Discussion

Day 3

Follow up day.

Tutor biographies

Prof **Anthony W Bateman** MA, FRCPsych is Consultant Psychiatrist and Psychotherapist and MBT co-ordinator, The Anna Freud National Centre for Children and Families, London; Visiting Professor University College, London; Honorary Professor in Psychotherapy University of Copenhagen.

He developed mentalization based treatment with Peter Fonagy for borderline personality disorder and wrote the manual for mental health professionals on Structured Clinical Management of Personality Disorder. He received a senior scientist award from British and Irish group for the Study of Personality Disorder in 2012 and in 2015 the annual award for "Achievement in the Field of Severe Personality Disorders" from the BPDRC in the USA.

Mark Sampson is a consultant clinical psychologist and the clinical lead for personality disorder for 5bp NHS Foundation Trust. Mark has extensive experience in personality disorder – he has been involved in local and national policy development (e.g. NICE guideline development group BPD), and is a member of the Clinical Reference Group for tier 4 personality disorder. He is trained in several specialist therapies (MBT,DBT and CAT) for personality disorder. Mark's Trust (5bp) was one of the first to implement Structured Clinical Management (SCM). They now have an established SCM pathway.

Sharron Kayes is a qualified RMN with 16years experience working with people with SMI and has specialised in working with PD. Sharron has worked in SCM for the past 2 years and is one of the lead nurses in ST Helens Recovery Team working within SCM framework. Sharron has taken part with in house training of SCM and has also delivered training with Anthony Bateman.

Ashlie O'Connor is a senior nurse practitioner whom works within 5BP NHS foundation trust and has done so since 2009.

Ashlie has previously worked on an acute admission ward working with females with varying presentations including first episodes psychosis, bipolar, personality disorder (different types), schizophrenia, depression and anxiety. Ashlie has also worked within a busy Recovery team, working with service users with severe and enduring mental health problems.

Currently Ashlie works in the Assessment team services which is the single point of access for individuals with mental health needs.

Ashlie became an SCM practitioner in 2013 which she thoroughly enjoys and feels that this is a forward way of working. Ashlie has been able to implement SCM pathways within the Recovery team and is now piloting this in the Assessment team which has not previously been done.