

The Impact On Inpatient Stays, Crisis & Emergency Department Assessments in Patients with EUPD Who Complete an 18-Month Mentalization-Based Therapy Programme



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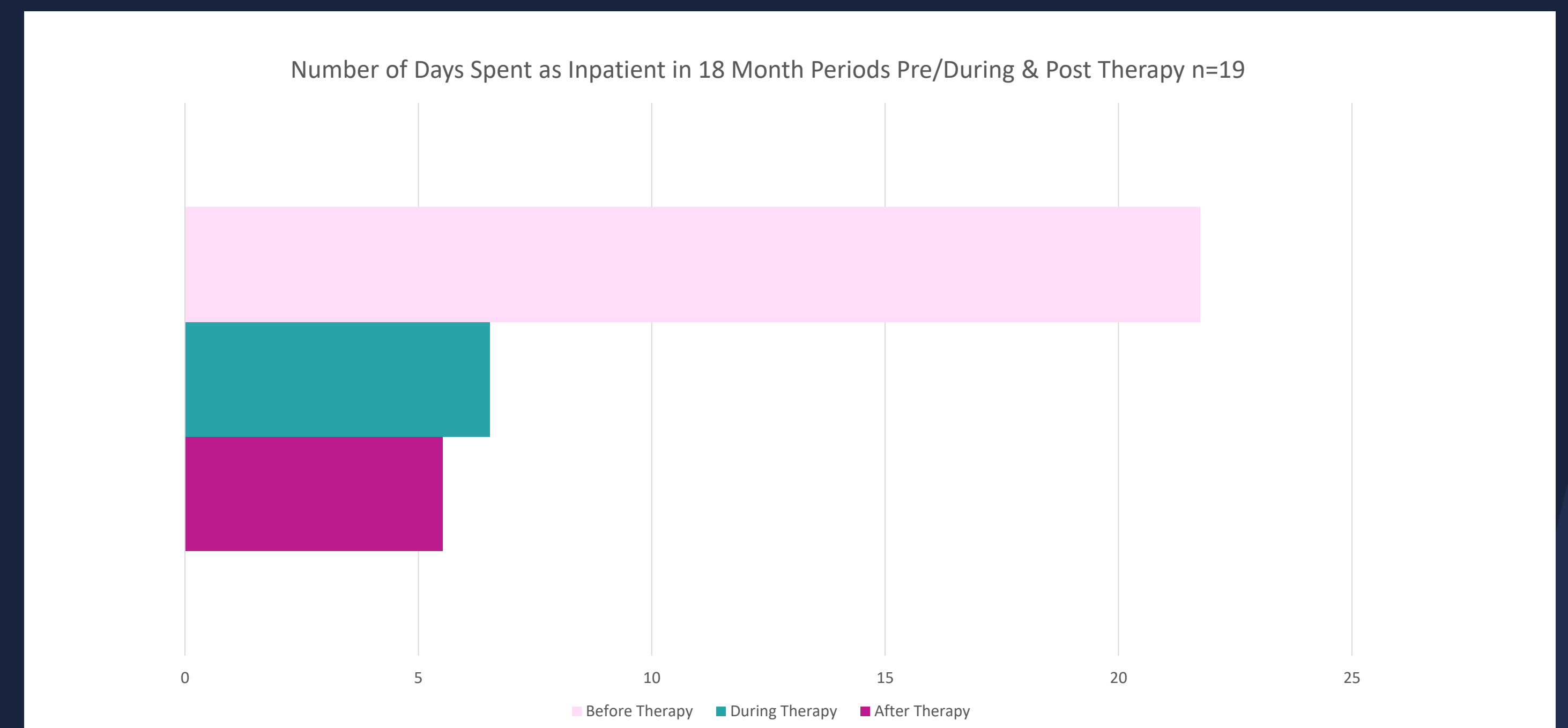
Introduction

The Personality Disorder Service in the Northern Health & Social Care Trust was originally set up to deliver evidence-based treatment for people with the diagnosis of personality disorder. This group of people historically have been stigmatised, excluded and let down by services, despite their complex needs and frequent history of childhood trauma. The team developed a Mentalization-Based Therapy (MBT) programme originally commencing in 2013.

The group itself is a rolling 18 month programme that required significant workup and education prior to joining and also includes weekly 1:1 session with Practitioner. Whilst we have been able to demonstrate high patient satisfaction via word of mouth and thank you cards, it is important that metrics are captured to demonstrate whether any objective improvement via any reduction in use of Crisis Services and/or hospital admissions as a result of completion of the programme.

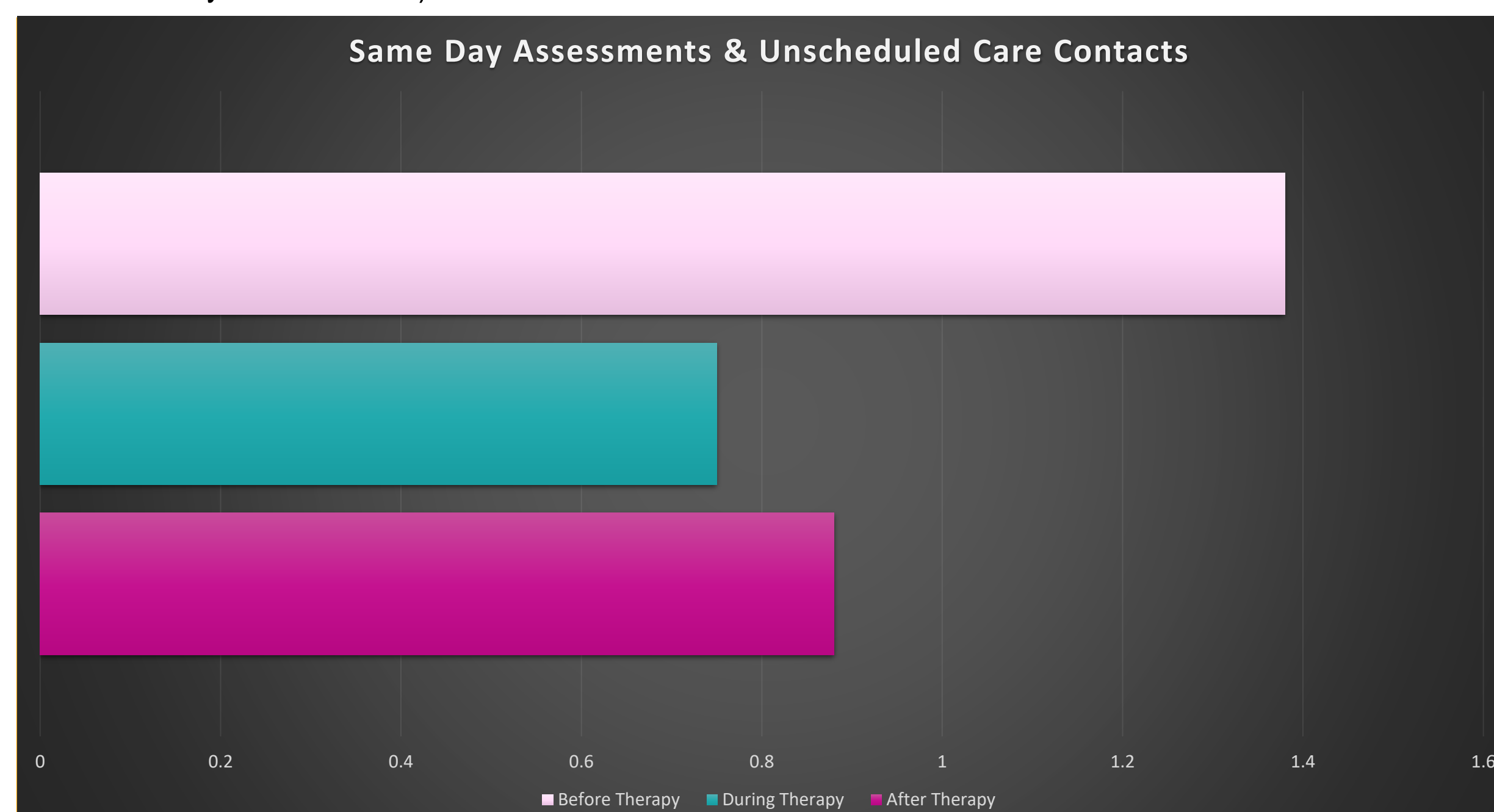
Aims

To identify recent completers of the MBT 2 18 month programme and to assess whether there was any reduction or change in pattern to the number of days spent as inpatient both during and after having completed the programme, whether there was a reduction in the frequency of same day assessments with community mental health teams or unscheduled care and finally whether there was any reduction in terms of volume of crisis assessments and presentations to Emergency Department.



Methods

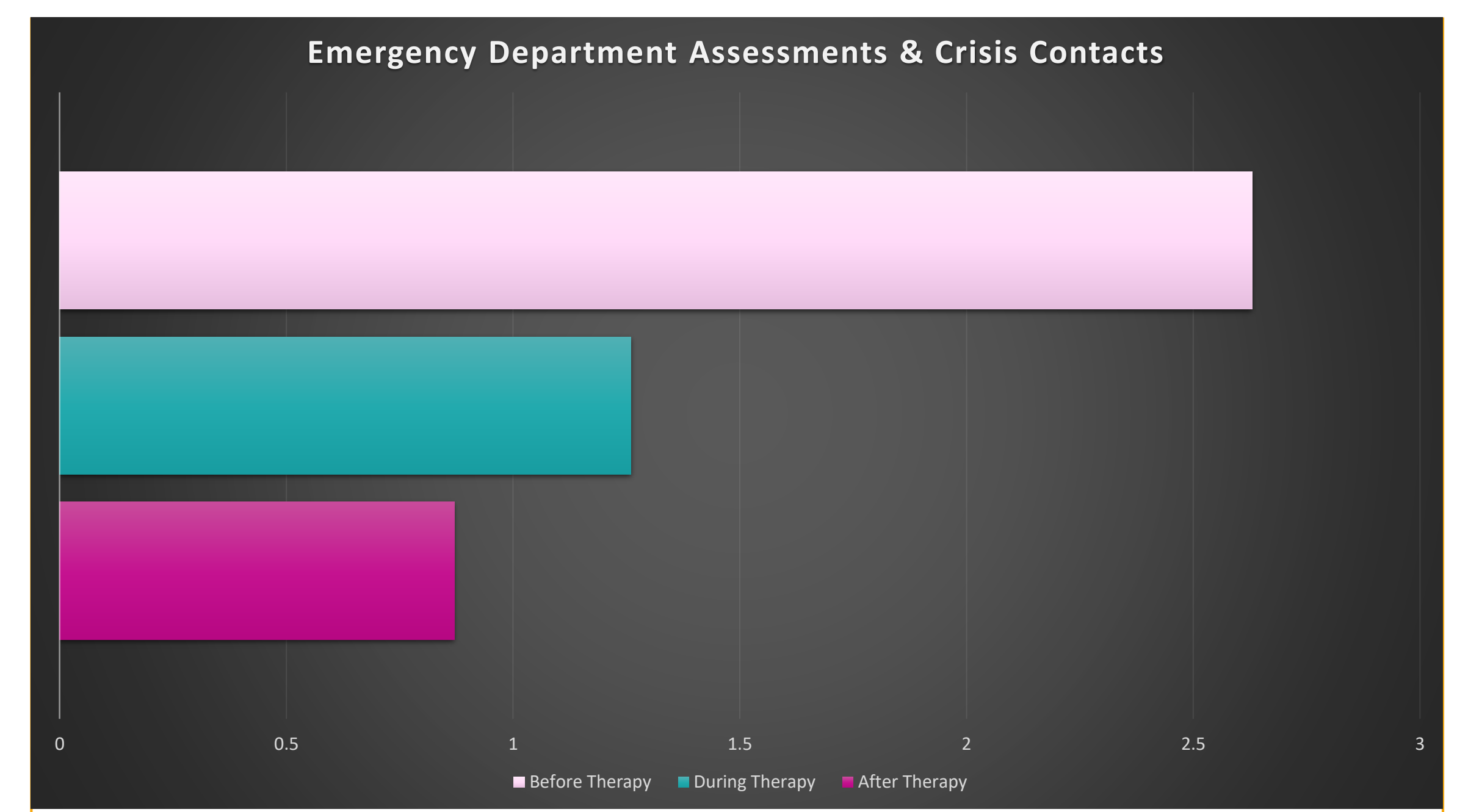
19 service users were identified that had initially been referred to Personality Disorder Service between 2016 and 2018 and who subsequently began MBT2 programme between 2017 and 2019. Given the length of completion of the programme, this allowed us to gather a full set of data with regard to these patients up to completion of programme in 2021. Subsequent period of 12 months was then analysed post-completion of treatment taking us up to 2022. Once this data was assessed and broken down into these 3 domains it was possible to further study it to assess any objective improvements both individually and as an average across the 19 service users. (8 in case of same day assessments)



Average Number of Interactions over 18 Month Periods Pre/During & Post Therapy n=8

Results

The average time spent in inpatient admission days prior to starting therapy for 18 months (n=19) was 21.74 days, this decreased to 6.53 during therapy and 3.68 post-therapy (12 month follow-up) = 5.52 adjusted for 18 months. This represents a reduction of 74.61%. The average number of same day assessments and unscheduled care (n=8) seeking prior to admission was 1.38. This decreased to 0.75 during therapy and 0.88 post-therapy adjusted to 1.32 for 18 months, which represents a small decline of 4.35%. Finally, the average number of Crisis contacts and Emergency Department assessments were 2.63 in the 18 months before commencing therapy, 1.26 during therapy and 0.58 in the 12 months post-therapy, 0.87 adjusted for 18 months. This represents a reduction of 66.92%



Average Number of Interactions over 18 Month Periods Pre/During & Post Therapy n=19

Conclusion

It is clear from analysis of the data that there has been a substantial decrease in time spent as admitted inpatient as well as number of contacts with Crisis Assessors and Emergency Departments in association with completion of the MBT 18 month programme.

This demonstrates that, by using an evidence-based and well-established programme, which carries a high time commitment for both service users and practitioners, it is possible to considerably reduce use of other, more acute services and keep patients with a diagnosis of EUPD out of hospital longer and on a sustained basis and also to reduce presentations to Emergency Departments which was often on the basis of self-harm and/or overdoses.

The dual result is that it can be validated objectively that service users are suffering less distress after having completed the programme, which will lead to better quality of life, whilst also reducing the burden on costly inpatient services with the end result being an important investment in mental health services in Northern Ireland and the prototype for the developing regional service.

This is something that will continue to be developed in Northern Ireland and a Regional Model is indeed part of the New Decade New Approach Plan for Mental Health Services ensuring fair access and evidence-based care.

References

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