Support for commissioning for personality disorders: borderline and antisocial

Support for commissioning
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Overview and resources

This resource helps with quality improvement by providing information on key clinical, cost and service-related issues to consider during the commissioning process and signposting other implementation support tools. It has been produced to support NICE quality standard 88 for personality disorders: borderline and antisocial.

We welcome your feedback on using this resource. See the feedback section for details.

More information about NICE support for commissioning

Use the NICE pathway on personality disorders for fast access to NICE guidance and implementation resources to support commissioning for this condition.

Why the quality standard on personality disorders: borderline and antisocial is needed

Who is responsible for commissioning for borderline and antisocial personality disorders?

- Clinical commissioning groups commission mental health services for their local population
- NHS England local area teams commission GP services for their local population
• NHS England also commissions highly specialised mental health services, (such as secure mental health services), prison healthcare, and police custody healthcare

• NHS England commissions liaison and diversion services, which aim to identify, assess and refer people with mental health problems when they come into contact with the police and criminal justice system

• Local authorities commission social services, housing services and care homes.

Who should commissioners work with?

To improve the quality of care for people with borderline and antisocial personality disorder, commissioners should work with:

• mental health trusts to commission care for adults, and young people post-puberty with borderline personality disorder

• mental health trusts to commission care for adults with antisocial personality disorder

• independent sector mental health providers, where applicable, to commission care for people with borderline and antisocial personality disorder, including third sector interim advice and support after a GP visit but before diagnosis, where borderline and antisocial personality disorder is suspected and the diagnostic referral pathway is delayed

• mental healthcare providers to ensure young people with borderline personality disorder are fully supported through the transition from child and adolescent mental health services (CAMHS) to adult mental health services

• GP practices to promote the correct prescribing protocols, referrals and care pathways for borderline and antisocial personality disorder, and ensure that ongoing support is provided in primary care, particularly during service changes and transitions

• acute secondary care providers to promote correct referral pathways for accurate diagnosis of borderline or antisocial personality disorder

• social services and care homes to ensure care plans are adhered to, and structured and phased plans are in place before services changes or withdrawals, for people with borderline personality disorder and adults with antisocial personality disorder

• prison and probation services to ensure care plans are adhered to, and structured and phased plans are in place before services change or are withdrawn for adults with antisocial personality disorder.
NICE acknowledges the current budget constraints within mental health services.

The quality statements and their commissioning and resource implications

Quality statement 1: Structured clinical assessment

Mental health professionals use a structured clinical assessment to diagnose borderline or antisocial personality disorder.

Rationale

Borderline and antisocial personality disorders are complex and difficult to diagnose. Even when borderline or antisocial personality disorder is identified, significant comorbidities are frequently not detected. People often need support that goes beyond healthcare and this makes care planning complex. Carrying out a structured assessment using recognised tools is essential to identify a range of symptoms, make an accurate diagnosis and recognise comorbidities.

Commissioner and provider actions

Clinical commissioning groups and NHS England local area teams should:

- commission services in which people with borderline personality disorder and adults with antisocial personality disorder are diagnosed according to structured clinical assessments to ensure that ongoing care is appropriate
- consider incentivising use and documentation of structured clinical assessments.

Mental health providers should:

- ensure that mental health professionals use structured clinical assessments to diagnose borderline or antisocial personality disorder and recognise comorbidities, and that they have the skills and training to use a recognised tool
- ensure sufficient time is available for mental health professionals to perform structured clinical assessments using standardised and validated tools for diagnosing borderline and antisocial personality disorder and any other comorbidities
- consider collecting data via local audit to demonstrate to commissioners that structured clinical assessments are used to diagnose borderline and antisocial personality disorder.
Estimated resource impact

- There may be a cost impact for this quality statement if there is no process or there is not sufficient capacity to use a structured assessment for people with borderline or antisocial personality disorder. The table below includes some costs for staff working in a local community mental health team who might carry out the assessments.

Local community mental health team staff costs

<table>
<thead>
<tr>
<th>Job title</th>
<th>Agenda for change pay band</th>
<th>Hourly cost (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>-</td>
<td>106.36&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Community psychiatric nurse (CPN)</td>
<td>5</td>
<td>22.50&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Social worker</td>
<td>6</td>
<td>27.70&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clinical psychologist</td>
<td>8a</td>
<td>40.43&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Clinical psychologist</td>
<td>7</td>
<td>33.21&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>1</sup> Source: Royal College of Psychiatrists  
<sup>2</sup> Unit Costs of Health and Social Care 2014  
<sup>3</sup> Unit Costs of Health and Social Care 2013 uplifted for face-to-face time  
<sup>4</sup> Agenda for change pay scales 2015–16 mid-point of band including employer on costs uplifted for face-to-face time

- The cost impact will depend on current levels of demand and service provision, and will need to be assessed locally.

- Accurate diagnosis and access to the required services could lead to the reduction in use of other NHS resources, such as a reduction in the number of accident and emergency department attendances and periods of hospitalisation.

- Hospital episode statistics give the number of admissions for people with a diagnosis of personality disorder (diagnosis code F60.9 personality disorder, unspecified) in England for 2013–14 as 578, of which 408 were emergency admissions. Total bed-days associated with these admissions were 21,715 days and the cost per bed-day is estimated at £236 (reference costs 2013–14). Any reduction in bed days used as a result of this statement could therefore lead to potentially significant savings for the NHS in England.
For people with antisocial personality disorder, most care is received outside the health service. A correct and timely diagnosis could therefore also reduce the use of resources in social care, housing services and the criminal justice system.

Quality statement 2: Psychological therapies – borderline personality disorder

People with borderline personality disorder are offered psychological therapies and are involved in choosing the type, duration and intensity of therapy.

Rationale

The NICE guideline on borderline personality disorder recommends psychological therapies for managing and treating the disorder. Because of the variety of symptoms and the variation in needs, flexible approaches that are responsive to the needs of each person with personality disorder are important. Involving people with borderline personality disorder in decisions regarding their own care is key for their engagement with treatment.

Commissioner and provider actions

Clinical commissioning groups and NHS England local area teams should:

- commission services with sufficient resources to enable people with borderline personality disorder to choose the type, duration and intensity of the psychological therapies offered to them

- consider using local audit data to incentivise the provision of psychological therapies with service user choice.

Mental health providers should:

- ensure that healthcare professionals offer psychological therapies to people with borderline personality disorder and provide them with choices about the type, duration and intensity of the treatment

- report to commissioners on what proportion of people with borderline personality disorder received psychological therapies and were involved in choosing the type, duration and intensity of therapy.
Estimated resource impact

- Coid et al. (2006) reported that the weighted prevalence of borderline personality disorder in a random sample of 626 British householders was 0.7%. Based on a population for England of 53.1 million and assuming a weighted prevalence of 0.7%, it is estimated that around 370,000 people have borderline personality disorder in England. This equates to around 700 people per 100,000 population.

- The table below shows the cost per hour for a professional delivering psychological therapy.

### Hourly cost of psychological therapy session per person

<table>
<thead>
<tr>
<th>Job title</th>
<th>Agenda for change pay band</th>
<th>Hourly cost (£)¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychologist</td>
<td>8a</td>
<td>40.43</td>
</tr>
<tr>
<td>Clinical psychologist (CBT)</td>
<td>7</td>
<td>33.21</td>
</tr>
</tbody>
</table>

¹ Agenda for change pay scales 2015–16 including mid-point of band including employer on-costs. Uplifted for face-to-face time

- Psychological therapies for people with borderline personality disorder are generally delivered in sessions lasting between 30 and 90 minutes. The number of sessions that are offered tends to be greater for people with personality disorder than for people with depression. Sessions are delivered on a weekly basis over a period of 9 to 36 months (Borderline personality disorder CG78 full guideline).

- The cost impact will depend on current levels of demand and service provision, and will need to be assessed locally.

### Quality statement 3: Psychological therapies – antisocial personality disorder

People with antisocial personality disorder are offered group-based cognitive and behavioural therapies and are involved in choosing the duration and intensity of the therapy.

### Rationale

The NICE guideline on antisocial personality disorder recommends psychological therapies for managing and treating the symptoms and behaviours associated with antisocial personality disorder. Group-based cognitive and behavioural therapies help to address problems such as impulsivity, interpersonal difficulties, and antisocial behaviour, and can help to reduce offending
behaviours. Because of the variety of symptoms and the variation in needs, flexible approaches that are responsive to the needs of each person with the disorder are important. Involving people with antisocial personality disorder in decisions about their own care is key for their engagement with treatment.

**Commissioner and provider actions**

Clinical commissioning groups and NHS England local area teams should:

- commission services with sufficient resources for all adults with antisocial personality disorder to be offered group-based cognitive and behavioural therapies, and to be given a choice over the duration and intensity of therapy
- consider incentivising the provision of cognitive and behavioural therapies with service user choice using CQUIN payments based on local audit data.

Mental health providers should:

- ensure that healthcare professionals offer cognitive and behavioural therapies, with choices about the duration and intensity, to adults with antisocial personality disorder
- report to commissioners on what proportion of adults with antisocial personality disorder received cognitive and behavioural therapies and were involved in choosing the duration and intensity of therapy.

**Estimated resource impact**

- The costing report for the NICE guideline on antisocial personality disorder (2009) estimates that the prevalence of antisocial personality disorder in the UK is 3% in men and 1% in women. Based on a national population of 26.1 million men and 27 million women it is estimated that around 1.1 million people have antisocial personality disorder in England. This equates to around 2000 people per 100,000 population.
- The table below shows the cost of a group cognitive–behavioural therapy programme.

**Cost of a group cognitive–behavioural therapy programme**

<table>
<thead>
<tr>
<th>Staff cost per session (£)¹</th>
<th>Number of sessions²</th>
<th>Cost of programme (£)³</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>16</td>
<td>1178</td>
</tr>
</tbody>
</table>
The cost impact of achieving this quality statement will depend on current levels of demand and service provision, and will need to be assessed locally.

**Quality statement 4: Pharmacological interventions**

People with borderline or antisocial personality disorders are prescribed antipsychotic or sedative medication only for short-term crisis management or treatment of comorbid conditions.

**Rationale**

No drugs have established efficacy in treating or managing borderline or antisocial personality disorder. However, antipsychotic and sedative medication can sometimes be helpful in short-term management of crisis (the duration of treatment should be no longer than 1 week) or treatment of comorbid conditions.

**Commissioner and provider actions**

Clinical commissioning groups and NHS England local area teams should:

- specify that antipsychotic or sedative medication should only be prescribed for short-term crisis management (no longer than 1 week) or to treat comorbid conditions for people with borderline or antisocial personality disorder

- specify that services prescribing antipsychotic or sedative medication for people with borderline or antisocial personality disorder should keep records of the reason for treatment and the duration of treatment.

Mental health providers and GPs should:

- ensure that healthcare professionals only prescribe antipsychotic and sedative medication to people with borderline or antisocial personality disorder for short-term crisis management or treatment of comorbid conditions
• demonstrate to commissioners that antipsychotic or sedative medication has been prescribed for people with borderline or antisocial personality disorder only for short-term crisis management or treatment of comorbid conditions by recording the reason for treatment and the duration of treatment in medical records.

Estimated resource impact

• Commissioners could make savings by reducing prescribing costs for antipsychotic medication, although these are unlikely to be significant. Two commonly prescribed antipsychotics (olanzapine and haloperidol) cost between £0.30 and £0.76 a week. Work needs to be carried out at a local level to estimate the savings that could be made by reducing the prescribing of antipsychotics to people with borderline and antisocial personality disorder.

• The duration of treatment for short-term crisis management should be no longer than 1 week and medication should be reviewed in line with the NICE guideline on medicines optimisation (NG5).

• Treatment with olanzapine can lead to weight gain and diabetes, and the use of antipsychotics is associated with significant, and in some cases irreversible, long-term harm, such as tardive dyskinesia (Borderline personality disorder CG78 full guideline). Reducing inappropriate long-term antipsychotic prescribing could therefore lead to a reduction in treatment costs for borderline and antisocial personality disorders.

Quality statement 5: Managing transitions

People with borderline or antisocial personality disorder agree a structured and phased plan with their care provider before their services change or are withdrawn.

Rationale

Once in treatment, people with borderline or antisocial personality disorder may build a strong attachment with practitioners and services that support them. Any change to the familiar arrangements is likely to cause anxiety and be associated with an increased risk of crisis. Self-harming behaviour and suicide attempts often occur at the time of change. Discussing changes in advance and coming up with a structured and phased plan acceptable to the service user, gives them a greater sense of control and reduces associated anxiety.

People with borderline or antisocial personality disorder also need to know that they can access services easily in time of crisis. Integrating services is important to establish clear pathways for
transitions between services and agencies and facilitating well-organised services, care and support.

**Commissioner and provider actions**

Clinical commissioning groups, NHS England local area teams and local authorities should:

- work together to commission joined-up services which reduce risk of crisis when people with borderline or antisocial personality disorder experience changes and transitions in their care
- ensure that providers work with service users to agree structured and phased plans in advance of service change or withdrawal
- consider encouraging mental health providers to put in place mechanisms for accessing service user and carer views to demonstrate the extent that people with borderline or antisocial personality disorder feel actively involved in shared decision-making.

Mental health providers, GPs, social services, care homes, prison and probation services should:

- work with commissioners, other provider organisations and people with borderline or antisocial personality disorder to develop and agree structured, phased plans before changes in service provision happen.

**Estimated resource impact**

- In 2013–14 there were 4618 finished consultants episodes which contained a diagnosis code of both intentional self-harm (ICD-10 codes X60-X84), and dissocial personality disorder (ICD-10 code F60.2) or emotionally unstable personality disorder (ICD-10 code F60.3).

- A sample group of these episodes identified that most were linked to the healthcare resource group code 'WD22Z, All patients between 19 and 69 years with a Mental Health Primary Diagnosis, treated by a Non-Specialist Mental Health Service Provider'. The cost of a non-elective short stay is £376 and non-elective long stay is £1903 (national reference costs 2013–14). Savings could be made by ensuring that a structured and phased plan is in place for everyone before their services change or are withdrawn, which could lead to a reduction in associated admissions.
Quality statement 6: Education and employment goals

People with borderline or antisocial personality disorder have their long-term goals for education and employment identified in their care plan.

Rationale

The symptoms of borderline and antisocial personality disorder can often be improved with a range of interventions yet people still find it difficult to live well in the community. Health and social care practitioners develop comprehensive multidisciplinary care plans in collaboration with service users, which identify short-term aims such as social care and housing support. However, these care plans should also look at long-term goals for education and employment.

Commissioner and provider actions

Clinical commissioning groups, NHS England local area teams and local authorities should:

- ensure that providers work together and with people with borderline or antisocial personality disorder to create multidisciplinary care plans
- specify that providers work with people with borderline or antisocial personality disorder to devise long-term education and employment goals which are included in care plans.

Mental health providers, social services, care homes, schools, prison and probation services should:

- work with service users, all commissioners and other provider organisations to develop multidisciplinary care plans for people with borderline or antisocial personality disorder
- collaborate with service users to ensure long-term education and employment goals are included in care plans and communicate with other provider agencies to assist occupational recovery.

Estimated resource impact

- A significant cost impact is not anticipated for this quality statement because care planning is already being performed. The statement will ensure that service users are involved in developing their occupational recovery goals and that these are included in their care plans.
Quality statement 7: Staff supervision

Mental health professionals supporting people with borderline or antisocial personality disorder have an agreed level and frequency of supervision.

Rationale

Some mental health professionals may find working with people with borderline or antisocial disorder challenging. People with personality disorder can experience difficulties in communication, building trusting relationships and respecting boundaries. This can be stressful for staff and may sometimes result in negative attitudes. Mental health professionals have a varied remit when supporting people with borderline or antisocial personality disorder. This means that the level and frequency of support and supervision that mental health professionals receive from their managers needs to be tailored to their role and individual needs.

Commissioner and provider actions

Clinical commissioning groups and NHS England local area teams should:

- specify that mental health professionals supporting people with borderline or antisocial personality disorder are supervised to agreed levels, at a frequency which reflects individual need and that support is recorded and monitored
- consider asking mental health providers to use a staff questionnaire for professionals supporting people with borderline or antisocial personality disorder, asking questions on level and frequency of supervision provided, to assess the quality of staff supervision and support.

Mental health providers should:

- agree level and frequency of supervision with individual mental health professionals who support people with borderline or antisocial personality disorder
- ensure that supervision is recorded and monitored, and that it can be demonstrated to commissioners.

Estimated resource impact

- There may be a cost impact for this quality statement if there is no process or insufficient capacity to provide adequate supervision to mental health professionals supporting people with borderline or antisocial personality disorder. This is because this supervision is likely to be...
over and above statutory supervision. The impact of this statement will need to be assessed locally, due to local variations in service models.

- Achieving this quality statement may lead to a reduction in sickness absence rates in mental health professionals due to the increased support and supervision provided and associated savings from reduced agency staff required. The average daily pay cost per NHS agency staff member from a band 5 up to a band 8a varies from between £123 up to £221 per day (Agenda for change 2015–16 pay scales, mid-point including on-costs plus 25%) and the average sickness absence rate is 3.92% (Health and Social Care Information Centre NHS sickness absence rates April 2014–June 2014). Potential savings should be assessed locally.

Other useful resources

- Department of Health (2009) - Recognising complexity: commissioning guidance for personality disorder services
- Joint Commissioning Panel for Mental Health (2013) – Guidance for commissioners of forensic mental health services

Feedback

We welcome your feedback on using this resource, particularly if you have used it to support the commissioning process.

Please let us know how you have used it and how it was helpful.

Please also let us know if you have any suggestions for improving this resource or if you would like to suggest further support that we could provide.

Send your feedback and suggestions to commissioningsupport@nice.org.uk

Disclaimer

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