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**


**References**
