

**Table 1. Commonalities in gaps in care identified across sources**

Gap in Care	Source of Information		
	Process Map	Focus Groups	Quantitative Data
<b>Support for patients while on waiting lists</b>	Lack of support for patients on waiting lists for evidence-based therapies	<ul style="list-style-type: none"> <li>- Lack of support for patients on waiting lists for evidence-based therapies</li> <li>- Patients value sources of support such as Safe Haven, Peer Support Workers and Samaritans</li> </ul>	Most people who access Safe Haven, are on the waiting list for the Complex Needs Service (CNS; specialist PD service offering a range of evidence-based therapies)
<b>Support for CMHT staff</b>		Long waiting lists for therapy mean CMHTs are holding risk and feeling unsupported	Patients are under the care of CMHTs for a significant amount of time
<b>Access to evidence-based treatments</b>	<ul style="list-style-type: none"> <li>-SCM is delivered to a small number of patients due to staffing and COVID constraints</li> <li>-Access to evidence-based treatments during inpatient admission is lacking</li> </ul>	<ul style="list-style-type: none"> <li>-Access to appropriate treatment needs improvement</li> <li>-Resource for SCM in CMHTs is lacking</li> </ul>	<ul style="list-style-type: none"> <li>-High discrepancy between the number of patients under the care of secondary services and the number receiving an evidence-based therapy</li> <li>-Limited numbers of patients receiving DBT and SCM annually</li> </ul>
<b>Standardised approach to assessment and triage</b>	<ul style="list-style-type: none"> <li>-Multiple entry points into the system, without a consistent approach to assessment</li> <li>- Staff do not describe treatment options to patients, other than those offered in the CNS</li> </ul>	<ul style="list-style-type: none"> <li>-A formal diagnosis is rarely given early in the care pathway and patients are often misdiagnosed</li> <li>-Lack of a specialised PD assessment at the start of the patient's journey</li> </ul>	
<b>Utilisation of sources of expertise</b>		CMHT staff are too stretched to prioritise aspects of PD care, such as complex case panels	Less than 1% of patients under the care of secondary services are being reviewed by the complex case panel