Personality disorder in CAMHS: professionals' perspectives

BORDERLINE PERSONALITY DISORDER IN YOUNG PEOPLE: THE PERSPECTIVES OF FRONTLINE PROFESSIONALS IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

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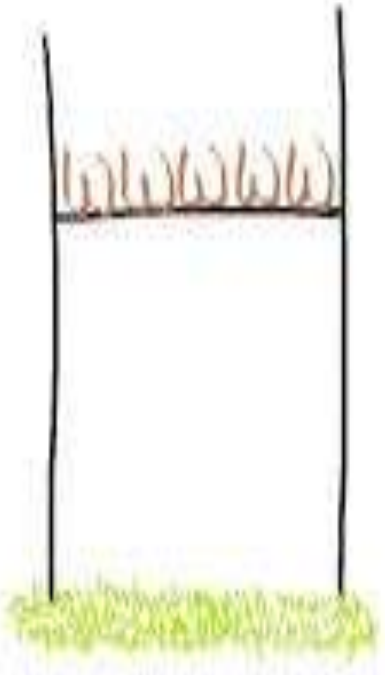
OUTLINE



Why?

What? (do we know already?)

When?

How? (methodology)

Who? (participants)

What? (did we find out)

Where? (does this lead us…)

WHY?

'Future in Mind' (The Children and Young People's Mental Health and Wellbeing Taskforce , 2015)

Shortcomings in services:

Unable to meet the needs of vulnerable young people

Unable to build resilience

Intervention not early enough

Widespread misunderstanding and lack of understanding

Prior to this document, the NHS England review of tier 4 CAMHS 2014 highlighted similar challenges working with borderline personality disorder in inpatient settings.

'Meeting the Challenge, making a difference' (DH, 2014)

WHAT?... DO WE KNOW ALREADY?

Borderline personality disorder:

"...a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts" (DSM 5, 2013, p.663).

Prevalence :

- 11% of outpatient mental health care (Chanen et al, 2004)
- 61% of an adolescent inpatient population have a cluster B personality disorder (PD),mainly BPD (Levy et al, 1999).

Risk of suicide:

- between 8 and 33% (Pompili, Girardi, Ruberto & Tatarelli, 2005; Runeson & Beskow, 1991).

Self-harm

- Although, self-harm is not a sole indicator of BPD it is commonly seen (Lieb et al, 2004) as it provides the young person with a way of coping with emotions (Lamph, 2011).

HOW?

A generic qualitative approach was taken as it could enhance the credibility of the findings by means of accurately describing the experiences of participants, staying close to the data and ensuring interpretations are transparent in comparison to adopting a theoretical approach (Sandelowski, 2000).

3 focus groups (2 x in-pt & 1 community) were used for data collection to method to draw upon participants' personal perspectives, views, feelings, attitudes, exploring experiences, opinions, wishes and concerns (Kitzinger & Barbour, 1999) not possible using other evaluation or research methods such as observation or questionnaires.

Thematic Analysis (TA) is a qualitative analytic method which focuses on identifying, analysing and reporting patterns or themes within the generated data (Braun & Clarke, 2006; 2013) and felt appropriate for our study and service evaluation that can be stringent and rigorous (Braun & Clarke, 2006).

WHO?

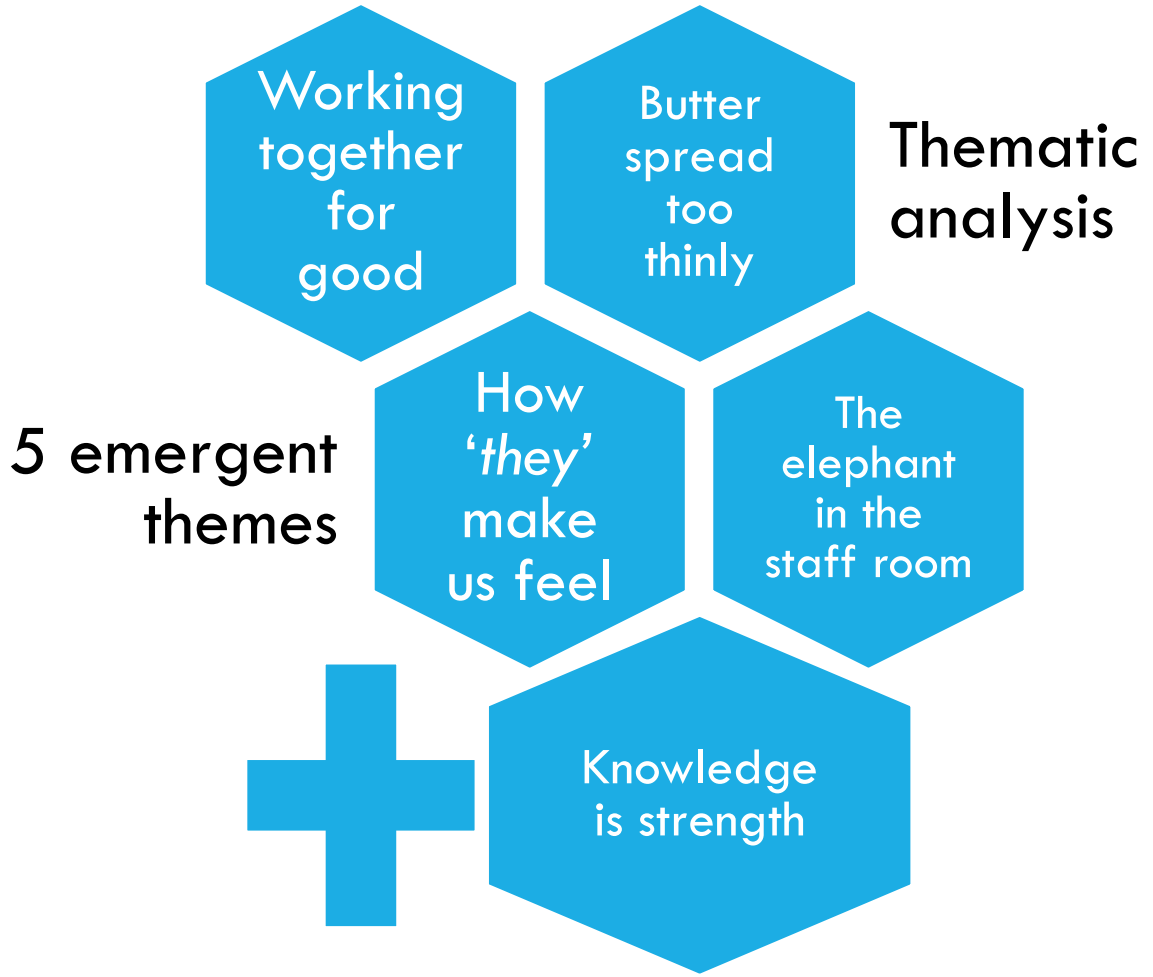
Tier 3 (community) and tier 4 (inpatient) frontline CAMHS professionals

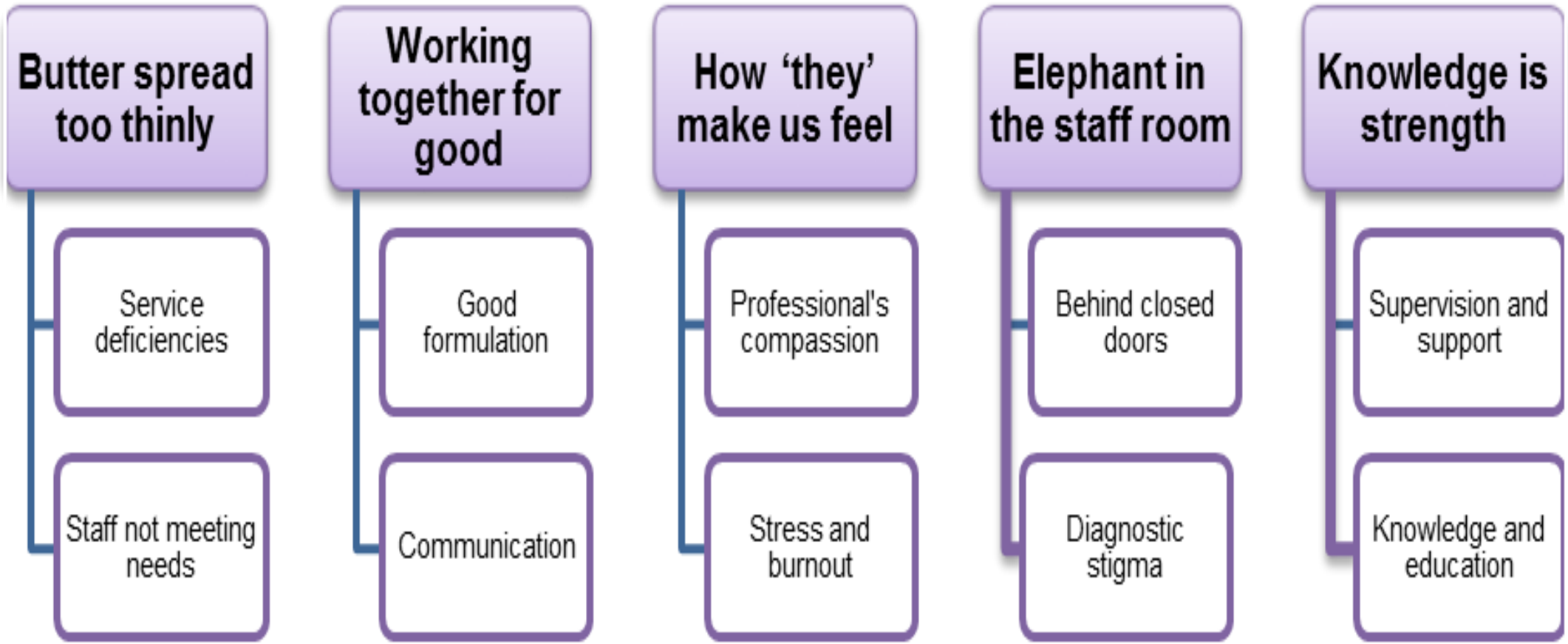
Inclusion criteria

- various disciplines working on the frontline with emerging BPD,
- employed by the NHS,
- working with young people aged between 12-18 year olds,
- have worked with this service user group for a minimum on 12 months.

Email invitations were sent via an intermediary along with consent forms and information sheets were confidentiality and anonymity was discussed.

WHAT DID WE FIND OUT?




Butter spread too thinly
Service deficiencies
Staff not meeting needs
Working together for good
Good formulation
Communication
How 'they' make us feel
Professional's compassion
Stress and burnout
Elephant in the staff room
Behind closed doors
Diagnostic stigma
Knowledge is strength
Supervision and support
Knowledge and education

WHAT DID WE FIND OUT? CONT…

‘Butter spread too thinly’

"I feel all thin, sort of stretched…like butter scraped over too much bread" (Tolkien, 1954, pp, 111.)

Ellen – “um, I think at one point from a nursing point of view it almost just felt like, we came in we did our job and it was kind a like us as the nursing team we’re feeling exhausted and…correct me if I’m wrong Noah but unsupported” (T1, p. 27, line 21).

Noah – “yea, absolutely yea-yea” (T1, p. 27, line 24).

Ellen – “in one sense, from the, from management with regards to acknowledging how we were working with the young people with emerging personality”(T1, p.28, line 1).

‘WORKING TOGETHER FOR GOOD’

Laura – “That’s my frustration as well that people don’t agree [cross talk] on how to manage, and we might have a formulation that says you know this person needs this, they’ve had a very difficult trauma background and they need nurturing, and they need an non-judgmental approach etcetera etcetera, but you’ll get one shift or certain people on one shift responding in X way and then the next shift come on and respond in a very different way, and I find it really frustrating” (T1, p. 10, line 1).

Patrick –“...lets come tether-together make a joint formulation on what is going on with this person and lets all work off the same page and be consistent...” (T2, p. 18, line 15).

‘HOW ‘THEY’ MAKE US FEEL’

This challenging group of young people seemed to elicit conflicting emotions from professionals. However, not simply positive or negative but feelings of frustration appear to with the service, not being able to meet young people’s needs. Yet these difficulties can appear to motivate professional’s to strive to care through their apparent understanding and compassion.

Kathryn – “and so actually working with these young people as a family therapist is-is one of the hardest parts of my job, and it can actually, just…leave me feeling completely inadequate” (T1, p. 15, line 19).

‘ELEPHANT IN THE STAFF ROOM’

This theme encompasses the uncertainty professionals have around diagnosis, its utility and the service’s lack of recognition of this.

Katie – “I think we do have discussions in the team meeting about cases sometimes don’t we and we sort of say could it be like a personality disorder but we don’t formally go down that-that route you know the assessment process for uh” (T3, p.3, line 1).

‘KNOWLEDGE IS STRENGTH’

The professional’s awareness of the difficulties was evident, as participants mentioned that staff need training, support and supervision.

Sarah – “I think supervision of staff, whether for me is really vital to you know allow a place where you know where staff can actually talk about their own feelings because it, well wow it can bring up some powerful stuff” (T1, p. 11, line 21).

PROMOTING DEPENDENCE

- negative experiences
- long admissions
- creation of long term dependent relationships
- unrealistic hope
  - All resonates with previous work in this area (Burns, 2006). Additionally, self-harming has become recognised as the key to services:

"There is a link between hurting yourself and getting support and treatment. It is hard to resist self- harming behaviour when, you know if you do it, you will get treatment." (DH, 2003a, p.21).

‘ATTACHMENT ‘DISORDER’: A DIAGNOSIS OF EXCLUSION?

Really??????

SADLY…

This study highlights the limited awareness of BPD in young people and the acknowledgement of training needs in order to develop professional '*knowledge*'.

Plus professionals recognise the need for leadership, appropriate '*support*' and appropriate specialist '*supervision*' in order to face the challenges with working with young people with BPD.

These findings are consistent with the literature on staff development and training in personality disorders (Adshead et al., 2001; Bowers & Allan, 2006; Duggan, 2007; Kurtz, 2008; Murphy & McVey, 2003; Wright et al., 2007).

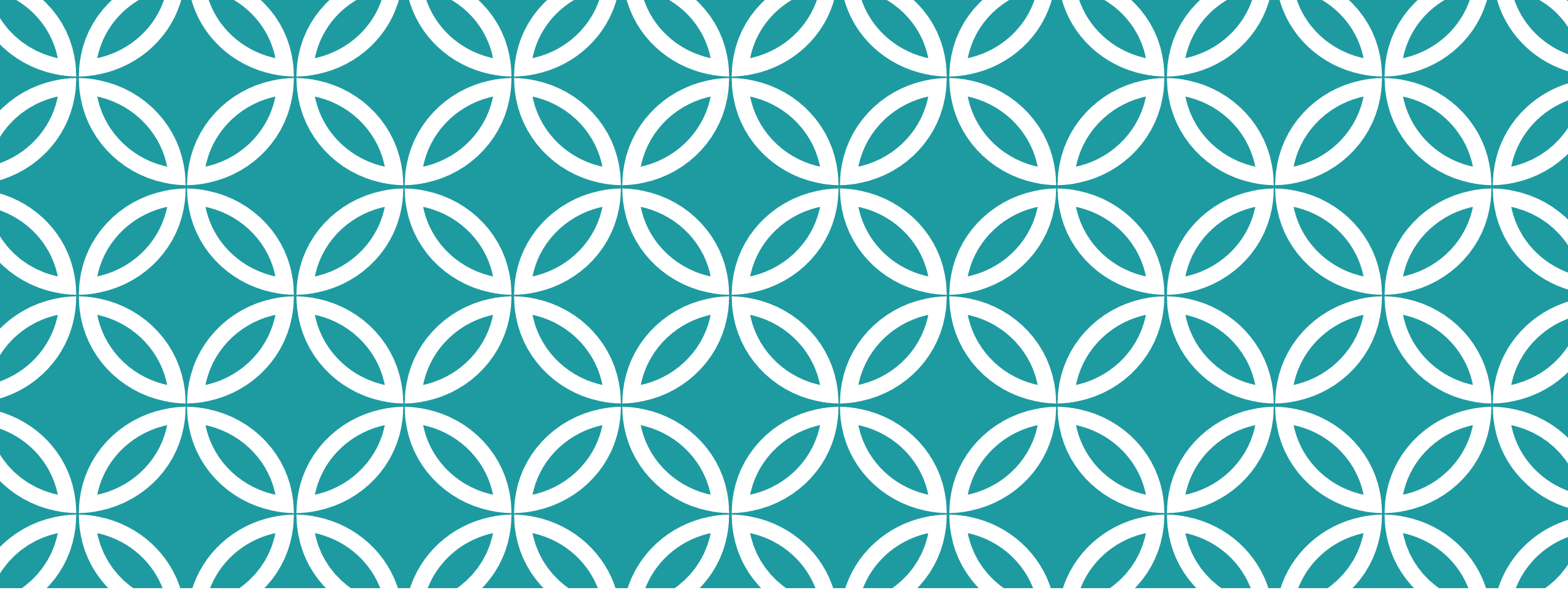
The consequences of lack of support supervision and access to training and education can result in stress and burnout, hinder motivation and compassion and contribute to service deficiencies.

WHERE DO WE GO WITH THIS?

Recommendations for Practice

- Further consideration is given to commissioning appropriate assessment and available interventions for young people with who are at risk of a diagnosis of BPD.
- The use of shared formulation could offer young people with an alternative to a diagnostic label
- Investment into evidence based interventions that develop resilience, aim towards care pathways and meaningful clinical outcomes for young people and their families.
- The development of preventative services that offer early intervention.
- Additional support for accurate assessment for BPD or alternatives to diagnosis

Such services would require capable professionals, equipped with resources, training, support and specialist supervision (Bateman & Tyrer, 2004; Gunderson, 2011; Livesley, 2003; McCubbin, 2006; NICE, 2009; NIMHE, 2003b; Sampson, 2006).



ANY QUESTION?

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