

A different way in?

Choice and Engagement in a therapeutic service for Borderline Personality Disorder

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The problem

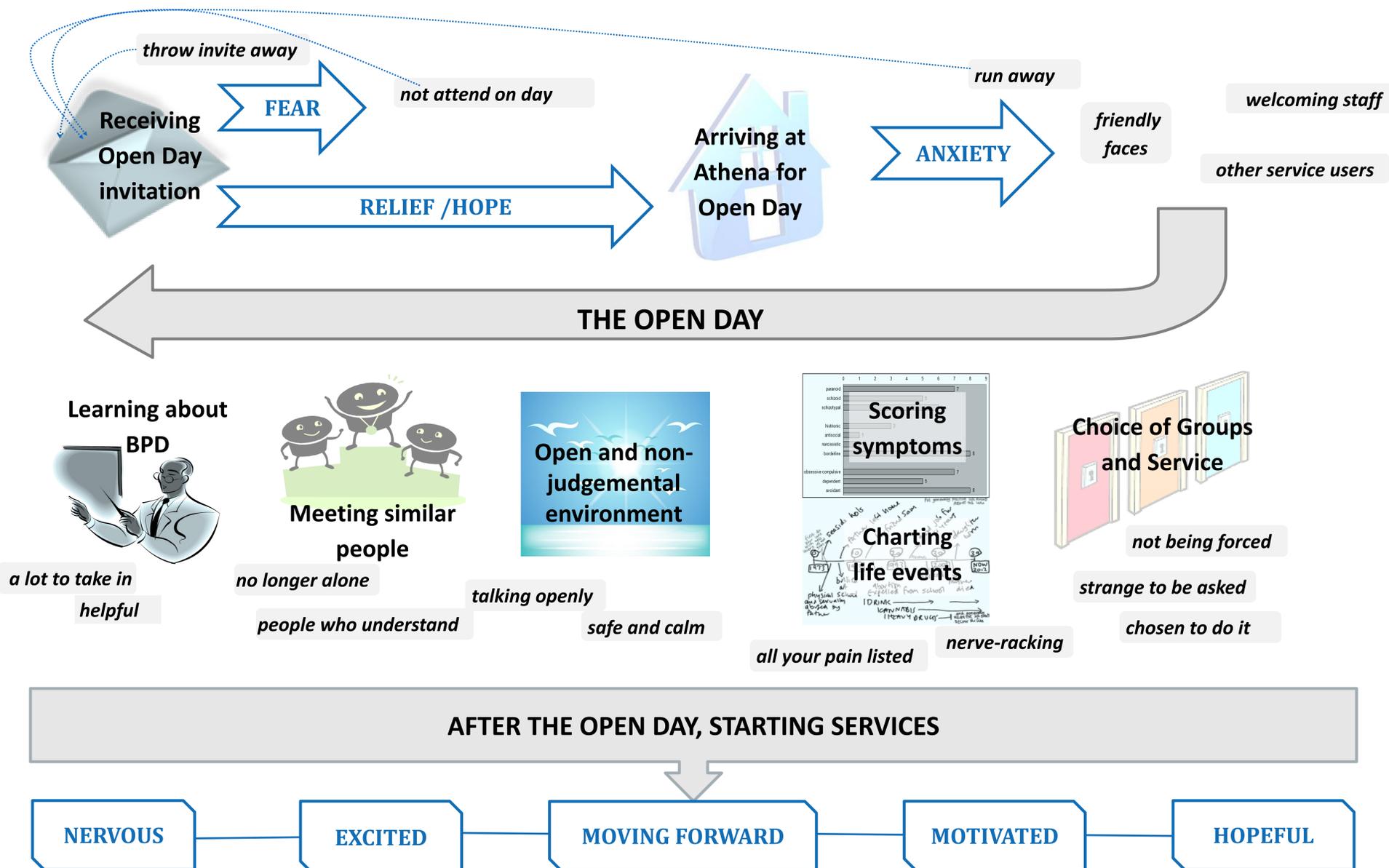
- We know that non-completion of mental health treatment results in worse outcomes for service users.^a
- Additionally, for people with BPD, poor engagement with treatment is a significant clinical issue often leading to high drop-out rates.^b
- It has been shown that choice can improve service user engagement and retention.^c
- Ensuring authentic patient choice in PD services is therefore imperative for practical as well as philosophical reasons.
- Patients' choice and mechanisms of engagement are key theoretical ideas supporting the 'Open Day' concept.

What our service offers

- The ASSiST and Athena treatment service specialises in helping people with BPD.
- This reports on the use of an 'Open Day' for service users to enter into treatment services which specialises in helping service users with BPD.
- People referred to the service are invited to attend an 'Open Day' where information is provided, some assessments completed, and various discussions take place.
- At the end of the Open Day service users make their own choices about starting with the service.

Gathering the data

- We held a discussion group with eight service users all of whom had experienced the Open Day process within the last six months.
- This was audio recorded with the narrative written up and then qualitatively analysed.
- A questionnaire was devised from the themes of the discussion for use at future Open Days allowing service users to rate their experience.
- From the discussion with service users we compiled a list of recommended improvements to the Open Day and these were reported to the relevant clinicians.



Conclusion

The "Open Day" system of entry into services suggests a novel way of engaging a service user group who find it hard to access helpful treatment and struggle to engage via traditional routes. This model needs further research but could potentially be successfully adapted for use across other services for severe mental illness.

References

- ^aWebb & McMurrin (2009). A comparison of women who continue and discontinue treatment for borderline personality disorder *Personality and Mental Health* 3(2) 142-149
^bJinks, McMurrin, & Huband (2012). Engaging clients with personality disorder in treatment *Mental Health Review Journal*, 17(3), 139-144
^cLaugharne & Priebe (2006). Trust, choice and power in mental health. *Social Psychiatry & Psychiatric Epidemiology*, 41(11), 843-852

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