Using Service Utilisation Data to Increase Resources for the Treatment of Borderline Personality Disorder.

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Before we had DBT

- People with BPD had difficulty accessing ongoing mental health care. "Borderline Personality Disorder is not a mental illness."
- Clinicians reluctant to engage due a perceived lack of support and lack of efficacy.
- Pressure to discharge led to compromised care, "just treat for the depression and discharge".
- 'Treatment as usual' involved a selection of crisis intervention, hospital admissions, case management, short-term psychological therapy.
Focus of our DBT Program

- 4-years ago: began taking referrals.
- 42 referrals in the first year with only 4 individual therapists, already in other roles.
- Decided to focus on ‘high risk’ and/or high service utilisers.
- Some studies suggest that this is where DBT has the most to offer (Linehan et. al., 1993; 2006).
- Will other options for counselling/psychotherapy adequately meet this persons needs?
Hospital Presentation and Admission Data

- Data for 10 people who have completed the program and have been discharged (12-18 months).
- Have they spent less days in hospital for a mental health reason following DBT involvement?
- Data collected: - Pre-DBT (1-year)
  - DBT Treatment (12-18 Months)
  - Post-DBT (1-year)
Impact of DBT Treatment on Hospital Admission Days

![Graph showing the impact of DBT treatment on hospital admission days, with a significant decrease from Pre-DBT (27.6 days) to DBT Treatment (2.3 days) to Post-DBT (1.4 days).]
A significant change?

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Sum</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-DBT</td>
<td>10</td>
<td>276</td>
<td>27.6</td>
<td>33.0</td>
</tr>
<tr>
<td>During DBT</td>
<td>10</td>
<td>23</td>
<td>2.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Post-DBT</td>
<td>9</td>
<td>13</td>
<td>1.4</td>
<td>3.0</td>
</tr>
</tbody>
</table>

- A Wilcoxon Signed Ranks Test showed a significant difference between the period of DBT treatment, when compared to the 12-months before ($z = 2.366$, $N - Ties = 7$, $p = 0.009$, one-tailed).
- This significant difference was maintained during the year following discharge ($z = 2.028$, $N - Ties = 7$, $p = 0.022$, one-tailed).
Impact of the data

- Less need for acute admissions reflects systematic change at the point of admission.
- Consumers and clinicians alike are managing urgency associated with distress.
- Commendation from surveyors following accreditation.
- More funding for material resources (e.g., books, DVD's).
- More funding for clinician training.
- Funding for carers groups.
- Increased clinician involvement: particularly from non-psychologists.
Future Directions

- Gathering presentation and admission data from other programs.
- More formal evaluation of changes in clinicians skills and attitudes towards working with people with BPD following training and involvement.