



# The effect of Dialectical Behaviour Therapy on patients with Borderline Personality Disorder in a rural setting of NSW



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**Background:** Clients diagnosed with Borderline Personality Disorder (BPD) are known to utilize mental health services at a greater rate than people with other mental illnesses (with the exception of schizophrenia). These clients are difficult to engage and treat because of the complexity of the problems they experience. Conventional approaches to treatment often, unintentionally, reinforce maladaptive behaviours. The suicide rate for this diagnosis group is high at 10%. A therapy known as Dialectical Behaviour Therapy (DBT) has been coordinated from the Curran Centre for six years for these clients. Research literature demonstrates DBT reduces admission rates, occasions of self-harm/suicidal behaviours and occasions of service which achieves significant cost saving for the service. Importantly, the clients' quality of life improves with decreases in depression, anxiety and stress.

**Aim:** To determine if DBT is effective in a rural public mental health clinical setting.

**Method:** This is a retrospective study (N=16) looking at the demographics; a file audit (12 months pre and 12 months post DBT program); two measures- Depression Anxiety Stress Scale (DASS) and a Self Harm Inventory (SHI), both completed at baseline and three monthly whilst on program.

**Results:** The results show significant reductions in the participants' level of: depression ( $p=0.011$ ), anxiety ( $p=0.001$ ), and stress ( $p=0.001$ ), indicating an improved quality of life. Also, self-harm ( $p=0.013$ ), hospital admissions ( $p=0.008$ ) and community contacts ( $p<0.001$ ) are significantly reduced.

**Conclusions:** The results show DBT is an effective treatment for people diagnosed with BPD and can be utilised in a rural public mental health service.

- Implications:**
- 1). This represents a cost saving for the service of \$10,277 per person (for the 12 months post DBT compared to the 12 months pre DBT).
  - 2). Early intervention would enhance greater savings to the service.
  - 3). Clinicians have good support through the consult group and are able to provide a treatment with clinically relevant and significant results.
  - 4). The program is set out in a manual, therefore staff from different professional backgrounds can be easily trained as clinicians to be involved in the program.

- Questions that still need to be asked:**
- 1). What do Managers and Administrators understand about BPD, its available treatments and cost saving to the service?
  - 2). What is the attitude of staff towards this client group and their (staff) understanding of available treatments?
  - 3). Why is it taking so long to roll out this program when the evidence indicates significant reduction in client disability and their contacts with the service?

*For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'*

Pam is a Mental Health Nurse and has worked in many different roles in the Greater West Mental Health Service. Currently, Pam is a Clinical Nurse Specialist with the community team. She has worked on two research projects and enjoys spending time with her family, bushwalking, reading, and good food and wine.



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