ADULT BORDERLINE PERSONALITY DISORDER (BPD) IN MENTAL HEALTH

Task

It is very crucial to understand the role of physical and mental wellbeing in the development of one's personality. The personality of a person is the way he or she perceives the external world around them and react accordingly (Grosios et al., 2010). The manner in which they exhibit their feelings, emotions, attitude and act after getting influenced by any external stimulus, defines the personality that they belong to. There can be individuals with different mind-sets and personality and that enables them to address daily challenges of life. Thus, a healthy personality is essential to remain calm and controlled during tough situations. Personality disorders are an obstacle in healthy living since it manipulates the biomedical balances within the body. When personality traits start misfunctioning, it leads to unhealthy thoughts and unstable mental health condition which ultimately harms the person in many ways. This is what personality disorder is all about (Grosios et al., 2012).

The current essay is organised in two parts. The first part (Part A) will focus on Borderline Personality Disorder (BPD) and will demonstrate how it can be managed. Furthermore, the report will try to analyse its

causal factors and the gaps existing in the current model to deal with it. Accordingly, the essay will identify the methods of improvement so that individuals affected by it can be supported in a better way. In addition, the paper will analyse the role of legal, ethical and other protocols to ensure proper mental health condition for citizens (Docherty and Thornicroft, 2015). In the second part of the essay (Part B), a critical evaluation of the current provisions and service delivery will be discussed with respect to the political and economic agendas.

Personality disorders are usually associated with a certain kind of social and personal stimulus. It is the changes of an individual's mental health state or and behaviour due to any external or internal disruptions (De Silva et al. 2016).

As per The American Psychiatric Association's (APA), the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) states that personality disorders fall into three groups, (Groups A, B and C) (Orthwein, 2017). First of all, disorders within group A include paranoid personality disorder, schizoid disorder and schizotypal personality disorder. Individuals belonging to this group are described by odd or capricious conduct, unusual discernments or thoughts, bizarre discourse or activities, and difficulties in identifying with others (Stirman et al. 2016). Secondly, the disorders within group B include

antisocial personality disorder, borderline personality disorder, histrionic personality disorder and narcissistic personality disorder. Individuals that fall under this group are usually characterized by the expression of dramatic and excessive emotional behaviour and thoughts (Burton, 2012). Lastly, obsessive-compulsive disorder, dependent and avoidant come under category C. These are mainly characterized by high level of anxiety and fear in an individual's thoughts and behaviour (Beck, Davis and Freeman, eds., 2015).

Borderline personality disorder (BPD) can simply be defined as the state of mental disorder recognised by mood swings, chronic emptiness, emotional turbulence and impulsiveness etc. (Larsen and Buss, 2009). According to The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), BPD can be defined as a "lasting pattern of behaviour and inner experience that markedly deviates from norms of the person's culture". (American Psychological Association (APA), 2013). Sweeney, et al (2016) state that this disorder makes it difficult for people to understand the social norms and erratic behaviour is commonly seen.

Borderline personality disorder (BPD) can be riskier to deal with since individuals affected by it can be self-harming due to poor anger management within them. Also, very quick changes in a person's

attitude can be observed. Mainly, it is found that detachment from loved ones, inner emptiness and dissociation are the chief causes behind such unpredicted behaviours (McGirr *et al.,* 2009). For instance Kayla, a musician attempted suicide in her teenage due to separation anxiety, fear of abandonment and emotional instability. The emotional turbulence caused in earlier years of her life led her develop BPD (Mental health, 2019).Notably, according to most medical practitioners, people with BPD are often attention seekers and manipulative and would go to any limit to convince people towards their beliefs (González et al. 2016). However, the major issue with them is that they cannot be diagnosed easily or can be misdiagnosed on occasions. Therefore, BPD represents the most complex of all the kinds of personality disorders known (Chmielewski et al. 2011). Moreover, it has been found that in the UK every 1 individual out of 20 is affected by BPD, which reveals that the ratio is very high (Rcpsych, 2017).

BPD is usually treatable but can prove to be chronic if not handled properly. Hence, it is crucial, to diagnose the symptoms early to avoid making it more rigid and complex to treat (Amminger et al. 2013).

However, Clark (2015) illustrated that it may appear in early adulthood, but the serious implications are that it can last till the lifespan of a person. Another feature associated with this is that a person affected will show negative behaviour in all the areas of life either in professional conduct or personal relationships. Most individuals diagnosed with BPD are seen very rigid and depict ego-syntonic behaviour. These individuals often become inflexible to adopt to change and are difficult to manipulate (DClinPsy and DClinPsy, 2015). According to APA these symptoms are maladaptive and are extremely difficult to manage. However, Sharp et al (2015) affirm that, once diagnosed, the individual affected must be provided treatment immediately without any further delays. Emotional changes are common, and an individual may show extreme happiness and sadness at the same time due to the extreme level of emotional turbidity within their minds (Heath, 2016).

The causes of BPD are still not clear and mostly it is believed that it can be inherited as well as acquired (Goutaudier et al. 2014). According to Beatson et al. (2017), the causes of BPD can be related to social, environmental and personal factors such as victim of sexual, emotional or physical exploitation, or being exposed to some sort of chronic fear during childhood, or might have been neglected by one or both parents etc. Social factors include abandonment, social

discrimination, conflicts within family and other relations, or unstable and invalidating relationships. Among personal factors include family detachment, death of one or both parents or no personal attention and care given during childhood. However, Hunt et al., (2017) critically revealed that the cause of BPD can be attributed to genetic factors. They observed that women having 5-HT 1A of lower levels of neurotransmitter were identified to be affected by BPD. On the contrary, Hayes et al. (2016) supported the notion that lack of proper parenting and attention and care during childhood leads to such cases. Also, sudden environmental changes such as any catastrophic incident or accident causing emotional turmoil may also lead to such kind of mental disorders.

Though it is mostly identified in adults it can be persistent from the early years of an individual. Thus, the person suffering certain emotional instability from childhood is more prone to BPD (NICE, 2011). In such cases they become impulsive and it becomes difficult to stay calm with friends, relatives or spouses. They might find it difficult to keep and maintain close relationships due to their sudden unpredictable behaviour which can be aggressive also at times. Katsakou (2016) identified that mostly those who have faced physical, emotional or sexual abuse during their early ages are more often found suffering from BPD. In the majority of the cases, practitioners found

that lack of proper parental care and emotional support lead to such condition in later years of life. Besides this, any trauma also can make the conditions even more severe. Most people visiting psychiatrists seeking cure are judged as diseased, inadequate, mentally ill etc. by society, which makes the situation even more critical. Not every individual can deal with emotional disturbances and keep their mental state stable in every situation. And thus, they get stigmatised. Inusa, et al. (2018) state that the behaviour of surrounding people is the major factor that makes the conditions of people even worse. Individuals with BPD are likely to get offended and hurt when others pass negative comments about them. This further increases the risk of them feeling unwanted, judged and becoming more aggressive, leading to self-harming and suicidal attempts being a common scenario. There are a lot more cases observed of self-harm caused by people suffering from BPD (Chen and Huang, 2017). Not only this, research in the UK revealed that there are increased cases of people being harmed by individuals who were suffering from mental disorders (Donaldson and Rutter, 2017). This is due to the fact they are unable to control the internal stimulus within them. Clinicians thus try to find at what level they are affected or not by the syndrome. The medical care units must ensure that patients do not harm themselves and others by critically examining their mental health. This can be done by

physical examination such as identifying critical symptoms or through a psychological evaluation such as counselling the patient, asking them to fill a questionnaire or conducting some mental activities. Also, during admission in the care unit, they analyse the medical history to find traces of evidence if any acts have been conducted in an earlier period or not. Every so often persons going through acute personal issues are kept in isolation from others to protect them and others during situations of extreme hyperactivity (Hunt, et al. 2018). However, it is necessary for the practitioners or service providers to document the reason why they are being treated like that during their hospitalisation.

As per the data obtained from several studies, majority of people with mental illnesses referred to primary care services are found having alike symptoms (NHS, 2018). As per the National Institute of Health and Care Excellence, (NICE) varying degree of severity of personality disorders must be addressed with varying expertise and support. In cases of extreme hypersensitiveness, utter care must be taken by professionals while examining the patient and providing them with the required treatment. Likewise, the patient must also be willing to engage in the therapy and have the capacity to undergo within the restrictions of a therapeutic relationship. There can be medications and therapies provided to the individuals depending upon the severity and the kind of disorder they are suffering from. Counselling is a type of

treatment that can be provided. One example of counselling is Cognitive Behavioural Therapy (CBT), where individuals are made to change their thought patterns to cope with stress, emotional turbulence, complexities in relationships and unwanted behaviours (Dobson and Dozois eds., 2019). Though initially the patient is always provided with primary care, in case the practitioners observe severity they may be referred to community mental health units where further assessment can be done to check whether the person is suffering from BPD or not. As per NICE, (2011), with the 'stepped care' model of administration, arrangement ought to be used by General Practitioners (GPs) in essential consideration for patients with BPD (Saville and Swales, 2018). The Community Mental Health Team (CMHT) is assigned with a role to deeply assess the mental conditions of a person suffering from BPD. Also, the National Health Service (NHS) in the UK elaborates the tasks included in the Community Care Act 1990 and Care Program Approach in 1991 for providing better mental health care services (Mentalhealthlaw, 2017). Moreover, NICE has established that there must be clear and better communication with patents to improve their participation in the treatment process and prevent unethical conduct. Moreover, legal protocols have been established to keep the integrity and health conditions of individuals confidential.

Task B

In comparison to other mental disorders, BPD is considered to be the most complex disorder due to how complicated it is to diagnose it (Kernberg, and Yeomans, 2013). According to Inusa et al., (2018) BPD is considered untreatable because quite often either it remains unrecognised or it is considered 'not being critical'. In such circumstances, individuals are not provided with proper care and medications that they need. Also, initially the individual affected by BPD is referred to the primary care unit and upon assessment, he/she is further provided with assistance from a secondary health care unit (Lawn and McMahon, 2015). However, in more than 70 per cent of cases individuals are not recommended secondary care. Moreover, Reiterer, et al. (2019) noted that nursing staff do not treat BPD patients with sympathy as compared to the treatment they would normally give to patients with other mental health conditions. Such behaviour can have negative effect on patients, especially to patients who require special care needs not only medical care but also prompt social care and services. Patient-centred medical home (PCMH) has established a promising model for providing complete, coordinated care to all those who require special attention and care (Thurston and Rahman, 2018). Despite so many political and economic changes going

on around, NHS is predetermined to provide the best health care and services to the people on the basis of need rather than on the availability of funds.

When dealing with personality disorders, it becomes very paramount to provide patients with in-depth analysis and diagnosis. However, there is evidence that shows that, mostly, BPD remains undiagnosed or underdiagnosed (Brand, Webermann and Frankel, 2016). As patients are provided primary care initially, the capability of staff in primary care units is the main cause of lack of complete attention and proper diagnosis of the disorder. Quite often, primary care staff neglects the symptoms and do not recognise the illness (King and Martin, 2019). This adversely impacts the conditions of those who need special attention. The lack of skills and competencies lead to further damage to the service users. Inability to assess the mental illness and prevalence of BPD is the main cause of the increasing number of complicated cases. Service users are not provided with adequate facilities and guidance of PD practitioners, which ultimately aid in making the conditions more chronic. Even though large efforts have been made by the government and NHS to acknowledge 'no health without mental health' mission, there are still huge gaps in the functioning of care divisions. According to Inusa and Colombatti (2017) some groups of individuals need additional medical supervision

and also social support to come out of BPD. Observing the intensity of the person, added supervision and social care is provided to them which is no doubt more expensive and require more resources. The absence of which leads to inadequate service delivery to the users. Moreover, since there are differential needs of patients, care must be taken while observing the intensity of the issue and the remedies that are offered to them by care providers.

The initiatives such as IAPT and SCM has supported immensely in improving the provisions of treatment for common health conditions such as anxiety, depression and OCD. The IAPT (Improving Access to Psychological Therapies) is the program initiated in 2008 to provide greater access to treatment of mental health related issues. According to past annual report of IAPT around 900,000 have been able to access IAPT services and also it is claimed that 49.7% have recovered from illness upon completing their treatment (OCDUK, 2019). Further improvement in IAPT manual will defiantly improve delivery of evidence based psychological therapies. NHS –UK has committed to extend IAPT services to around 1.5 million people per year by 2020-21. Now the important question is "how does IAPT work"? hence it has been observed that IAPT has taken a stepped approach in dealing with issues related to mental health. In the initial steps: step 1 and step 2, psychological therapy practitioners are employed to provide initial help

regarding diagnosis of BPD and other mental health related issues. They provide self-help material and education regarding mental illness and how to address them. In initial steps therapy workers are trained in cognitive behaviours diagnosis and they are then employed to help people with low to moderate level of anxiety and depression. While in the third step high intensity cases are undertaken by trained and expert Cognitive Behavioural therapy practitioners. And in severe cases patients are recommended prolonged treatment and also sometimes sent to rehabs for intensive care.

Moreover another affective approach towards diagnosis and treatment of BPD is Structured Clinical Management (SCM). SCM provided health care practitioners with tools and training needed to coherently work with people suffering with BPD. Such initiatives enable staff to understand the rationale and utilise their extraordinary skills while treatment. SCM will ensure problem solving, robust crisis management and assertive follow up to provide best services to the BPD sufferers.

Corner (2017) stated that despite continuous efforts being made to make stringent policies regarding service delivery and provisions, there are still some loopholes in the existing system to diagnose BPD appropriately and provide treatment and care as required. Johnston (2018) illustrated that many remain deprived of proper treatment due

to lack of family support, nonconformity with treatment procedure, lack of resources and zero communication by practitioners. As stated by Taylor Alner and Workman (2017), unawareness of BPD in most people also makes them suffer dramatically at a later stage. Due to poor communication of the illness, individuals do not consider it chronic and this causes them more damages lately. Moreover, Barker and Meehan (2018) argue that improper planning and coordination, lack of careful assessment between clients and care providers are the main reason for poor functioning of care units. Furthermore, an explicit and integrated plan must be utilised by all psychoanalysts, which must be discussed within care taker teams and the nursing team in place while providing psychosomatic cure to people suffering from BPD; primarily those with severe impairments and or multiple co-morbidities. At the same time, people with a higher level of risk must be assessed by expert PD practitioners. In addition to this, a collaborative approach can be undertaken by the care providers, medicos and psychoanalysts to develop empathy and positive attitude towards those who suffer BPD. In this way they can gain a little emotional attention from staff and service users which might help them to recover quickly (Robertson, 2018).

It has been identified by Fonagy Luyten and Bateman (2017) that lack of leadership skills among nursing staff is another major factor that

creates obstacles in providing robust treatment. Since the lack of complete knowledge among medical staff at the primary care units prevents them to make informed and evidence-based decisions, they end up giving wrong treatment or diagnosis. To provide more effective treatment nurses need to gain more skills and competencies to analyses the symptoms and not ignore the critical aspects. Thus, it is critical to have complete knowledge of how the care delivery system works and team collaboration, to cooperate effectively within and across the system. The basic perspective believes that staff must know how to be an effective patient advocate and provide the information with the greatest skills without harming their sentiments (Wang et al., 2007).

Forensic mental health can be defined as a branch of mental health provision that is concerned with public safety. According to Kanske et al. (2016), due to uncontrolled stimulus and emotional imbalances within patients, they often tend to create troubles for themselves and others. As a result, many times they get indulged in criminal acts such as rape, physical abuse, violence etc. Also, it is equally necessary to provide treatment to those who are undergoing mental illness but are simultaneously facing court proceedings. In such cases, they are required to be dealt with a forensic psychiatric specialist. As per

Bennett (2015), there must be a special provision of secure mental health treatment to be provided in special circumstances. For instance, medical treatment provided for mental illness to those who are in prison. In such cases, they are taken to secured health care centres, where treatment can be provided in high-level security. Similarly, there are also others who are not criminal offenders, but need to be detained in mental health care units for the sake of their safety as well a that of the public (McCloskey and Ammerman, 2018). These individuals need special attention and vigilance from the service staff during their treatment periods if not they may cause harm to the surrounding people. However, it is to be remembered that people who are undergoing any court proceedings or are considered prisoners can be taken to health care centres for proper treatment whereas others who are found mentally ill can be sent to rehabilitation centres under the orders of a therapeutic practitioner.

The police and criminal Act 1984 is applied in case any individual is identified to be involved in any criminal activities due to his/her mental illness. Moreover, the Forensic Mental Act can also be applied to complex scenarios. There are different levels of securities and services are segregated accordingly (Ozin, and Norton, 2019). Individuals with extremely uncontrollable behaviour are detained within high-security centres. However, if there is an improvement in their mental health

state, they can be referred to medium or low secure units. Also, if the patient has completely recovered from the illness, he or she can be referred to the community. Nevertheless, Muñoz et al., (2016) stated that it is extremely difficult to identify which ones have completely recovered and do not require additional supervision because the chances of them getting violent if they are exposed to ruthless conditions again are high. Therefore, care must be taken while transferring individuals from one service category to another. Also, people often face difficulty in adjusting in different conditions once they find themselves comfortable in one particular centre.

It has also been recognised that individuals with critical mental illnesses are often detained for a longer time period and as such, they become more adaptive to the environment. However, Grosios et al., (2010) stated that individuals with not very complex issues are not required to be retained within the service centres instead they can be called as to when required to provide regular counselling and therapy.

According to Clark (2015), individuals cannot be detained within hospitals or health care units on the grounds of mental illness. Prolonged detention only on the reason to be preventive also leads to a social detachment which is considered unethical and unlawful. McCloskey and Ammerman (2018), argue that detaining individuals for

longer durations just to protect them from conducting any wrongful actions in future can be more harmful to their physical and mental health. It may lead to social detachment. Moreover, it is also difficult for health care teams to provide resources for them. However, at the same time, there are individuals who require larger attention but are not considered to be admitted because of under-diagnosis of the real illness (Muñoz et al., 2016). Thus, care providers must be cautious and must take decisions only after complete and in-depth diagnosis with the relevant evidence of the actual disorder.

There are many gaps observed in service delivery and provision. Reiterer et al., (2019) elaborated that lack of complete supervision and efficient training is the main cause of observed gaps. On the part of governmental agencies and legal institutions as well, large discrepancies can be seen. There have been numerous incidents of violent behaviours and acts within service centres due to non-identification of most dangerous individuals. For instance, it was observed that one of the patients in low secure centre hurt another co-patient because he was considered as being recovered from his earlier chronic stage and was considered non-harmful for the rest. Furthermore, there must be an enhancement in the approach taken to define the recovery philosophy. Though it has been observed gaining larger control over oneself, taking and understanding responsibilities,

finding internal peace and establishing self-identity can be considered as the features of recovery, but they cannot be considered last evidence of complete recovery. Thus, the service delivery units based on different levels of security must integrate and collaborate on a person's observable changes so that actual recovery can be done.

Moreover, a multi-disciplinary approach must be undertaken to improve the quality of services to be provided to the patients. More effective training programs must be initiated to train the mental care unit staff so that they can develop competencies to identify different patients with different disorders with greater efficiency (Sweeney, et al., 2016). Since BPD is most likely to remain unrecognised, a more robust plan must be developed to initiate collaboration with the patient's family and friends to obtain complete information about them before coming to a decision (Giourou et al 2018).

Conclusion

In conclusion, it can be stated that Borderline Personality disorder though is a mental illness and can cause serious harms to the sufferers and the people nearby, still there is a huge lack of diagnosis of the issue. Often the affected individual is either misdiagnosed and not provided with due care and treatment which is required. Also, there are numerous other mental disorders which have similar symptoms

and as a result, can cause confusion. At the same time, lack of proper skills and competencies within service and the staff is a major drawback, reason why many individuals suffering from BPD remain unrecognised. Furthermore, lack of research and knowledge and training lead to long detention of individuals within centres which are again a flaw in the system. Besides this, poor communication and leadership skills of the nursing staff is also responsible for poor resource management at the health care settings. Thus, the governments, NHS and other affiliated bodies must take collaborative actions to make strict protocols to be followed by clinicians and service providers. Also, the service units must take initiatives to train their internal staff to make more informed decisions in order to reduce the increasing number of cases of people affected by BPD.

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