



South West London
Academic, Health and Social Care
System

Case Studies- Series 2

Early Identification and Treatment of BPD Comorbidity in Psychosis Clients

Early intervention in Psychosis services are widely accepted to be successful and cost effective in improving clinical outcomes. But whilst solid evidence enables Early Intervention Teams to effectively identify and treat clients for psychosis, there is very little data on the frequency, effects or treatment of comorbid Borderline Personality Disorder (BPD) within this group; even though growing clinical experience suggests a high correlation between the two. Last year SWLS funded a project to research this knowledge gap and pilot a potential early intervention solution.

In May 2014, after discussing how this issue impacted on both their services, Dr Sarah Mansfield Clinical Psychologist from Wandsworth Early Intervention Service and Dr Jonathan Garabette, Specialist Registrar in Medical Psychotherapy from Wandsworth Complex Needs Service submitted a bid for a service development project.

"The project was originally suggested following a number of referrals between the Early Intervention service and the Complex Needs team, highlighting a potential subgroup with both psychosis and complex trauma/BPD. EIS Care Coordinators have had certain clients who they have struggled to know how best to support in light of these complex trauma difficulties and the impact these can have on attachments and the client's relationship to help. So we'd all suspected there was this subgroup."

Dr Sarah Mansfield, Clinical Psychologist,
Wandsworth Early Intervention Service

Thanks to a grant from SWLS the Wandsworth Early Intervention Service (EIS) was able to research comorbidity of BPD in their clients with first episode psychosis. Building a solid evidence base would be the first step to identifying those needs as early as possible, ensuring the right care at the right time, and understanding what treatments may be effective



Researching Comorbidity

"Usually clients with complex trauma/attachment difficulties and a related diagnosis of BPD access support through the Complex Needs Service. But the hypothesis for this project was, 'Is there a sub-group of Early Intervention clients who would meet the criteria for both BPD and psychosis? And if so, where would they best fit?'" **Dr Sarah Mansfield**

After recruiting a dedicated research assistant the data collection for the project began in earnest in November 2014. Between November and February they reviewed the Early Intervention Psychosis service population across Wandsworth for possible rates of emerging BPD.

The research bore out the hypothesis and revealed approximately 15% of the Early Intervention Team's psychosis caseload also met the criteria for BPD or have significant numbers of BPD traits. The team now had the validation for the second part of their project; piloting the feasibility of a cross pathway service.

'Making best practice accepted practice'

Early Intervention Support for BPD Sub-group

Those identified as having both psychosis and BPD needs were invited to attend a 12 week trial psycho-educational group run collaboratively by the Complex Needs & Early intervention teams, based on Mentalisation Based Therapy (MBT).

"In this comorbid sub-group high levels of distress and related crises can frequently occur. Psycho-educational sessions supported clients to identify these difficulties, recognise long-standing patterns, and understand what might help and support them." **Dr Sarah Mansfield**

At the end of the trial one of the outcomes for the clients was a personalised formulation of their difficulties, based on what they and the facilitators had learnt about their mentalising and attachment based patterns and a modified crisis plan informed by these patterns to help them cope more effectively.

Measuring Impact and Outcomes

The team intend to run the group intervention again in September and, if numbers permit, continue on a six monthly basis. The next stage of the project will attempt to assess impact by tracking service use and in particular crisis management following the trial intervention.

"We'd like a large statistical base. But we started with very small numbers and some of those that completed the trial will leave our service, making them hard to track. So it's going to be a longer term project to look at impact." **Dr Sarah Mansfield**

But Dr Mansfield is already aware of clear benefits for clients, staff, and the wider mental health care sector:

Clients: *"We were actually quite surprised at the level of positive feedback. They all said the group helped them make more sense of their difficulties than anything they'd had*

before, that they felt more confident in managing crises, and they wish they'd had this earlier."

- Early Intervention Team: *"They have found it very helpful to have this subgroup named. They can also now use the screening tool we used as part of the project to support earlier identification and can offer the intervention group."*
- Dissemination: *"We are currently looking to get a discussion article published, and then a full research piece once we have a stronger statistical base. We've also presented at various conferences and events where many other clinicians have expressed a similar interest in this comorbid subgroup and the need to provide more coordinated services for them and we will be at the SWLS Conference this October."*

SWLS Support

As well as funding the project the SWLS has also encouraged the team to consider the broader impact of this project and its results. For example, exploring any correlation between the client group and young people in the social care system.

"NHS Trusts struggle to protect time in their services to do this level of research. So the funding that SWLS provided to get a dedicated research assistant was crucial. I really don't think we could have done this without their support." **Dr Sarah Mansfield**

Additional Project Staff:

Research Assistant, Katie Bogart

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