

PROVIDING COMPASSIONATE, RECOVERY-ORIENTED CARE: GUIDE FOR MENTAL HEALTH PROFESSIONALS

This resource is a brief guide to offering compassionate, recovery oriented care as informed by people with lived experience of personality disorder. It is also recommended health professionals seek further training and professional development in recovery-oriented care.

THE LIVED EXPERIENCE PROJECT:

The information in these resources was provided by people with lived experience of personality disorder and carers supporting people with personality disorder through two focus groups carried out in May 2019. This set of resources were developed through co-design and consultation with people with lived experience and other peak Consumer and Carer bodies in NSW. This work was funded by the New South Wales Mental Health Commission.

Providing care for people with personality disorder

- Understand that change can be difficult and takes time. It is likely treatment may extend beyond the 10 session Mental Health Care Plan Medicare model.
- Clearly explain and discuss treatment approaches and plan with the person and involve carers where applicable. Invite them to ask any questions about treatment options and approach.
- Encourage self-determination. Locus of control is on the person with personality disorder (even if at times, they ask you to take control). Try to keep people responsible and engaged with their recovery plans and goals.
- Listen to what the person is saying with curiosity and be attentive in the moment.
- Provide a safe space within treatment for the person to express distressing emotions.
- Be responsible, consistent and accountable with your communication. This will strengthen rapport, increase trust and decrease distress.
- Continue to learn from people with lived experience about how to better work with personality disorder.
- Individualise treatment by engaging with the person you are working with, discuss their goals openly and focus on what works for them. Encourage human connection by allowing and inviting questions.
- When a person is not benefiting from treatment, discuss the issues, focus on strengths and explore other treatment options together. If a person stops attending therapy, reach out to reconnect and let them know they are safe to ask for a referral to another professional.
- Engage in professional development to further understanding and education of personality disorder and other complex mental health problems.

Encouraging person centered care

- Consider that people may have more than one mental health diagnosis and many also have physical health and other social concerns (i.e. homelessness, domestic or family violence). Discuss these concerns and provide appropriate treatment for co-morbid conditions, and refer to specialised services when suitable.
- Encourage opportunities for the person you are working with to be in contact with or aware of other people with lived experience, particularly those who are well on their journey to recovery (i.e.. peer workers where available).

- Encourage holistic care with a range of modalities such as physical exercise, peer support, art therapy, and pet therapy, and where possible provide therapy in the natural environment. Unfortunately, these options are not always available to all, but be aware of the services available within your area.
- Encourage the person to recognise when they are not feeling safe, and support them to identify a safe space outside of therapy (e.g. a place where they can decrease distress and feel safe).
- Where appropriate and with consent, include carers, family members and other support people in treatment consultations.
- Encourage and support the person to connect to community (i.e. LGBTIQ+) and cultural groups (i.e. first nations people).

Communicating with people who have personality disorder

- Communicate that recovery is achievable.
- Be genuine and communicate that you want to support the person to help themselves.
- Recognise that reaching out for help can be difficult. Validate their efforts when they attend sessions.
- Understand that when a person is experiencing crisis, they are in immense pain. Be empathetic, and do not use stigmatising labels such as “attention seeking” or “manipulative”
- Work with people in a way that respects their intellectual capacity.
- Understand that most people with personality disorder have difficulties with trust. Validate this experience and be authentic while building rapport.
- Use carefully considered language (eg. Avoid telling people that they are not ‘unwell enough’ to access services). Admit and apologise if you have said something ‘wrong’ – repairing these ruptures may be a part of the therapy process.
- Let the person know that you may not be able to meet all needs at all moments because you are a human being. Be open to having rupture and repair conversations.
- Inform the person about the amount of time you will be able to provide support and discuss your experience regarding personality disorder. Allow them to decide whether they are comfortable being supported by a particular professional or if they would prefer another professional.
- Be clear about the cost of sessions and discuss options (eg. medicare, ATAPS, victims support). Understand that private psychology sessions may increase financial strain and consider accommodating. Ask the person if they would prefer completing payment before sessions begin to reduce anxiety.
- Offer flexibility for therapy sessions. For example offer to provide virtual sessions for when the person is out of area, or offer to provide support over phone, text message or email when they are too distressed to attend. Be open and clear about how this will be costed, and the boundaries around this type of support.
- Provide information that people can read and use at home.

Communicating with other health professionals

- Encourage continuity of care and multidisciplinary treatment, and be open and willing to working with a range of other health professionals.
- With permission, share information between health professionals and services to support quality and trauma informed care. For example, read previous case notes before a meeting so that distressing questions are not repeated.
- Contact the persons primary provider (if applicable) to understand how best to help them.