

Thea L Hedemann¹, Salman Shalзад³, Qamar ul Hassan³, Aneela Maqsood⁴, Imran B Chaudry³, Muhammad O Husain^{1,2}

¹Department of Psychiatry, Faculty of Medicine, University of Toronto. ²Centre for Addiction and Mental Health. ³Pakistan Institute for Living and Learning ⁴Pakistan National Centre for Research on Suicide Prevention

Correspondence:
Thea L Hedemann
thea.hedemann@mail.utoronto.ca

Background

- BPD is a condition characterized by significant social and occupational impairment and high rates of suicide
- BPD is more stigmatizing when compared to other major mental health diagnoses in high income settings
- Most BPD research has been conducted in high-income countries; this has left a gap in knowledge about BPD in low and middle income settings
- Attitudes towards BPD in Pakistan have not been studied

Objectives

1. To understand lived experience of service user's with BPD and their family members/carers in Pakistan
2. To understand the perspectives of mental health clinicians towards service users with BPD in Pakistan.
3. To determine if overall years of clinical experience, clinical experience with service users with BPD, and type of clinical training influence attitudes towards BPD.

Service Users and Carers' Perspectives

Methodology

- The Short Explanatory Model Interview (SEMI)
- Semi-structured interview that includes open ended and closed ended questions
- Personal background and demographics, nature of presenting problem, help-seeking behavior, and interaction with physician/healer
- Will be provided a clinical vignette of a service user with BPD and asked questions to elicit illness understanding and beliefs

Recruitment

- 100 service users with BPD and 100 carers

Inclusion Criteria

- Patients: meet DSM V criteria for BPD, >17 years old, do not have bipolar disorder or a psychotic disorder
- Carers: have a family member or carer to an individual with BPD

Data Analysis

- Data will be qualitative and quantitatively analyzed

Healthcare Workers' Perspectives

Methodology

- Online survey validated and used in the US and Italy to better understand healthcare workers attitudes and perspectives towards service users with BPD
- Disseminated to multiple psychiatric institutions in Pakistan

Inclusion Criteria

- >1 year experience in mental health, currently work in a mental health setting

Data Analysis

- Analyze if training, role, and experience influence attitudes

Please rate how much you agree or disagree with the following statements.

1. If I had a choice, I would prefer to avoid caring for a BPD patient. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
2. I feel professionally competent to care for BPD patients. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
3. BPD patients intentionally manipulate others. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
4. Providing care to a patient with BPD is highly satisfying. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
5. It is easy for me to stereotype patients with BPD. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
6. I dislike BPD patients. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
7. BPD is an illness that causes symptoms that are distressing to the BPD individual. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
8. Most staff currently lack the expertise to adequately care for BPD patients. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
9. I believe the BPD patient has low self-esteem. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
10. Some medications are very effective in helping patients with BPD. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
11. I feel I can make a positive difference in the lives of BPD patients. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
12. The prognosis for BPD treatment is hopeful. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
13. Some psychotherapies are very effective in helping patients with BPD. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
14. BPD is more a social diagnosis - BPD symptoms are really due to other disorders. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree
15. I would like more training in the management of BPD patients. [] Strongly Disagree [] Disagree [] Somewhat Disagree [] Neutral [] Agree [] Strongly Agree

Figure 1: Questionnaire

Anticipated Project Timeline

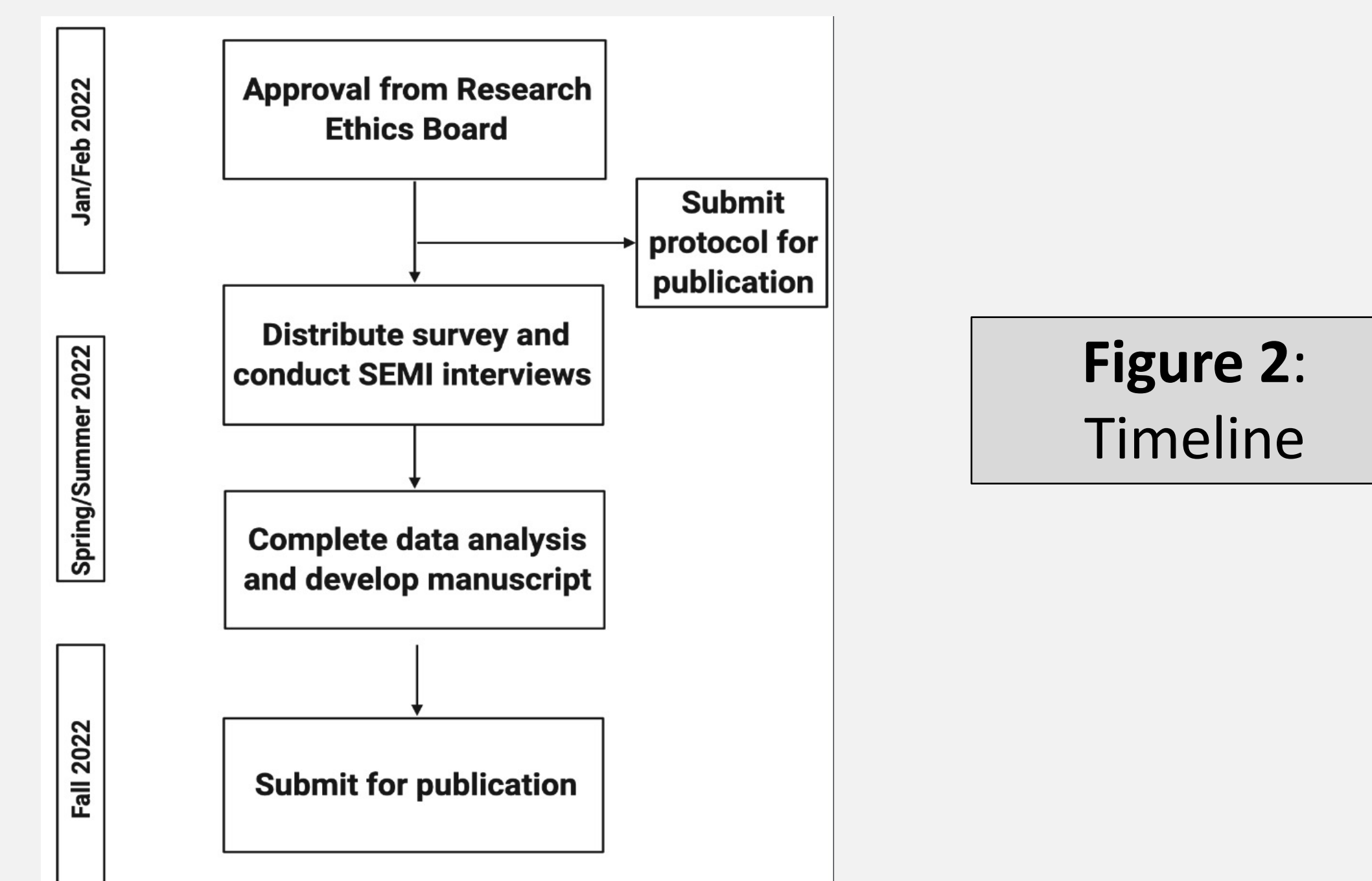


Figure 2: Timeline

Expected Outcomes and Future Research

- The results of this study are important as we know clinician and service user attitudes can greatly impact care
- We hope to identify current barriers that may be impeding care for service users with BPD
- Our results may guide BPD-specific training for mental health clinicians who care for service users with BPD and help inform future interventions for service user with BPD in Pakistan

References and Acknowledgments

The completion of this review was supported in part by The Pakistan Institute for Living and Learning (PILL)

Please contact presenter for list of references.