

The experience of persons with BPD who frequently visit the emergency department with mental health-related complaints



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Background

- Emergency departments (ED) are overcrowded, with 52% of EDs reporting having more than 1 patient per designated treatment space¹.
- Individuals who frequently present to the ED greatly contribute to this overcrowding, with frequent presenters responsible for 21-28% of all visits².
- 45% of the frequent presenter population is comprised of patients with a psychiatric disorder³.
- Studies have suggested that patients with BPD make up a significant portion of frequent presenters with a psychiatric disorder^{5,6}.
- BPD is characterized by interpersonal hypersensitivity, emotional dysregulation and impulsivity⁴.
- This study explores the experience of people with BPD who frequently use the ED.



Methodology

- Design: interpretive description⁷.
- Purposeful recruitment was done through a community mental health service. Inclusion criteria consisted of having 12 or more visits to the ED at The Ottawa Hospital for a mental health complaint in a 12 month period. A convenient sample of participants with BPD was taken from that initial study⁸.
- Data collection was done using semi-structured interviews⁸.
- The data were analyzed using thematic analysis⁹.
- The rigor of this study was ensured by following the trustworthiness criteria of Lincoln and Guba^{10,11}.

Participants

- Six participants were interviewed that had a diagnosis of BPD.
- Participants were male and female, ages 26 to 66 with emergency room visits ranging from 14 to 27 times in the last 12 months.

Preliminary Findings

Preliminary findings of the participants' experiences of receiving care from the emergency department are described using two themes: Connections and Coping Mechanisms. Each theme is supported by sub-themes and participant quotes.

1. Connections (n=3)

Within the theme of connections, participants describe loss, loneliness, and positive connections, all of which affected their use of the ED.

a. Loss

Loss was described as the disappearance of someone or something. Participants spoke at length about the losses they have experienced. Their losses contributed to their feelings of loneliness.

"My friends didn't really know what to do either because I was like the one person that like had mental health issues and no one else did. And so I kind of lost a lot of people too." (Participant 1)

b. Loneliness

All participants expressed feeling lonely. Loneliness was described as a lack of meaningful connections. Experiencing loneliness contributed to increased usage of the ED. Participants often went to the ED because they were seeking connections.

"I think that's why I am going to the hospital is because I'm living alone... because I get really lonely at night." (Participant 3)

c. Positive connections

Participants described positive connections, presence of a meaningful relationship, as protective factors for avoiding the ED. Positive social connections were utilized as a way to deal with their symptoms in the community.

"I find that if I'm around people I'm fine. I mean, I still feel suicidal but it's not as bad. I might not be able to talk about how I feel in these drop-ins with the staff... but being with people, uh, many do not feel the same stuff that I do. They all have, uh, different issues just the same. But just the idea of being with somebody other than, that understands what I'm going through." (Participant 2)

2. Coping mechanisms (n=3)

Each participant had an array of coping mechanisms that they used to try and deal with their symptoms.

a. Positive coping mechanisms

Positive coping mechanisms were those that did not cause harm and contributed to staying in the community however; some positive coping skills were limited by their availability.

"I mean drop-ins are open only certain hours of the day. Um. I mean I'll go play chess or I'll play crib or I'll play euchre but it's only at certain hours of the day and then they're closed and that's it. If I'm not around people I'm sorry but I'm out to hurt myself." (Participant 2)

Negative coping mechanisms

Each participant also had a range of negative coping mechanisms to deal with their symptoms. Negative coping skills were any that caused harm.

"And I think I used alcohol to kind of... Get over it. And then it just kind of spiraled into its own addiction. And on top of that I also have an eating disorder and I also use self-harm so I have a myriad of different coping mechanisms to control my emotions when they get out of hand." (Participant 1)



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Conclusions

- Results showed that loss and loneliness caused an exacerbation of symptoms that required the utilization of coping mechanisms or required emergency department use.
- Positive coping mechanisms and positive social connections were protective factors in keeping participants in the community.
- These results suggest that social connections could be influential in keeping this population in the community.
- There is some evidence to support that peer support or befriending interventions have a positive impact on persons with mental illnesses^{12,13,14}.
- More research is needed to explore the benefits of interventions that increase social connections in persons with BPD.

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