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MHMM

MENTAL HEALTH MATTERS

**THE PREVALENCE OF
DEPRESSIVE AND ANXIETY
DISORDERS**

**MENTAL HEALTH AMONG
STUDENT-ATHLETES
ADHD IN WOMEN**

**MORE THAN JUST A
"GUT FEELING"**

**NAVIGATING MENTAL
WELLBEING IN THE
WORKPLACE**

**EVIDENCE-BASED
PRACTICE?**

**PSYCHOTHERAPY WITH
STROKE PATIENTS**

**BORDERLINE
PERSONALITY
DISORDER**

**THE HEALING POWER
OF RUNNING**



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BORDERLINE PERSONALITY DISORDER: AN EVIDENCE-BASED THERAPY APPROACH IN DIALECTICAL BEHAVIOUR THERAPY

If you're a GP or mental health professional, you're likely familiar with the unique challenges of treating Borderline Personality Disorder (BPD). Managing BPD patients can be demanding; finding an effective, sustainable approach to treatment is often challenging. Dialectical Behaviour Therapy (DBT) is a well-supported, evidence-based treatment that offers hope for improving outcomes for patients with BPD.

Here we'll look at BPD, introduce DBT, and explore its role in the South African context.

What is BPD?

BPD is marked by difficulties with emotion regulation, unstable relationships, and a fragile sense of self. Many patients with BPD experience symptoms like self-harm, intense suicidal thoughts, and extreme mood swings, making them especially vulnerable. This

constellation of chronic symptoms and high-risk behaviours makes it challenging to treat BPD effectively, especially in under-resourced settings like South Africa's public health services.

Key Symptoms of BPD:

- Fear of abandonment
- Intense interpersonal relationships
- Fragile sense of self
- Impulsive, self-destructive

behaviours

- Suicidal thoughts or behaviour
- Mood instability
- Chronic feelings of emptiness
- Intense anger or rage
- Dissociative episodes

The Promise of DBT

DBT was developed by Dr. Marsha Linehan in the 1980s as a type of Cognitive Behavioural Therapy (CBT) tailored to help people with BPD manage their emotions and behaviours. DBT teaches practical skills in four areas: **core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness**. These skills can be applied to help individuals live more fully in the present, cope with challenging emotions, improve relationships, and better manage emotional reactions.

What's particularly effective about DBT is its "dialectical" approach—balancing acceptance with change. This approach helps patients accept themselves as they are while learning new ways to cope. DBT's benefits go beyond BPD, with evidence showing effectiveness for issues like suicidal behaviour, self-harm, depression, anxiety, substance use, PTSD, and, emerging evidence for neurodiverse conditions like ADHD and Autism Spectrum Disorder (ASD).

DBT in South Africa: A Real-Life Example

In South Africa, DBT programmes have mainly been available in private clinics or certain state facilities within wealthier provinces like Gauteng and the Western Cape. A noteworthy adaptation is currently being piloted at Fort England Hospital in the Eastern Cape, where researchers are assessing the effectiveness of an adapted DBT programme for South African BPD patients. This is the first adapted DBT programme to be formally studied in South Africa.

This programme, specifically for BPD patients, has been condensed into a 5-week cycle—much shorter than the typical 12-month model. The focus is on essential skills, making it a feasible option within a resource-limited setting where

time and funds are constrained.

DBT Skills: A Closer Look

DBT centres around four core modules that form the foundation of the treatment approach:

Core Mindfulness:

Mindfulness is central to DBT. It teaches individuals to stay present and aware of their thoughts, feelings, and physical sensations without judgment. For BPD patients, mindfulness helps with recognising overwhelming emotions and creating a pause between feeling and reacting. This pause is vital, providing a chance to respond thoughtfully rather than impulsively.

Distress Tolerance:

In the distress tolerance module, patients learn ways to endure and manage distressing emotions without turning to harmful behaviours, like self-harm or substance use. This module includes techniques for distraction, self-soothing, and radical acceptance—an approach that encourages individuals to accept their current reality without judgment. By developing these skills, patients become better equipped to handle emotional crises safely. Emotion Regulation:

Emotion regulation training focuses on helping individuals identify and label emotions, reduce emotional vulnerability, and adjust emotional responses. For BPD patients, who often feel emotions intensely, this module is key to reducing impulsivity and managing emotional reactivity. Patients learn to spot early signs of emotional escalation and use strategies to bring their emotions back to baseline.

Interpersonal Effectiveness:

BPD patients often struggle with interpersonal relationships due to impulsivity, fear of abandonment, and challenges in communication. This module teaches skills like assertiveness, limited-setting, and conflict resolution, helping patients build healthier, more stable relationships. With practice, patients can reduce relational tension and build positive, supportive relationships.

DBT skills are taught through a combination of group sessions, individual case management, and structured inter-session contact. Group sessions offer a supportive environment to practice new skills, while individual sessions provide guidance on applying these skills to real-life situations.

Why Adapt DBT for South Africa?

The adapted DBT programme at Fort England addresses several challenges unique to South Africa's public health sector. Long wait times, limited mental health resources and the high demand for services make it difficult to deliver lengthy, resource-intensive therapies. By shortening the programme and focusing on key skills, this adapted DBT approach could potentially be scaled to meet the needs of more patients in public hospitals, even where resources are tight. Although the pilot study is still ongoing, preliminary results suggest that the adapted programme is both feasible and beneficial.

The Way Forward

DBT is widely recognised as a gold standard for BPD treatment, and by building on existing evidence with this current study, DBT could become a transformative treatment modality for individuals with BPD across the nation. This would help address the gaps in mental health service provision offering hope for those affected. With Linehan's dialectical therapeutic stance guiding us, "We are doing the best that we can (acceptance), AND we must do better (change)!"

If you're a GP or mental health professional treating patients with BPD, consider whether DBT—whether in its full or adapted form—might be appropriate for your patients. With greater collaboration between GPs and mental health specialists, there is an opportunity to bring evidence-based care to the patients who need it most.

References available on request. MHM