Twitter Thread by Wren



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@jaunty_aphorism

"Dependency" and "personality disorder" in mental health services: a thread.

I'm thinking today about Courtney Porter who died earlier this year, just three days after being discharged from inpatient care against her wishes. 1/

She was 20 years old. At her inquest, @CNWLNHS defended their decision to discharge Courtney by stating that people with a diagnosis of EUPD could not stay indefinitely due to the "risk of developing a dependence on the service." 2/

"Risk of dependency" is a phrase used very commonly to deny or withdraw support and care from certain mental health patients - most often those bearing a personality disorder label. But why? Why are this huge heterogeneous group of people, labelled with PD, 3/

supposedly all at risk of developing dependency, more so than anyone else, and what is so terrible about dependency that it's actually preferable for people to die than to be dependent..? 4/

Mental health services in the UK reflect the western culture of viewing autonomy and independence as key to personal development and success. Since the rise of individualism and self-care in the NHS moved us away
5/

from asylums to community care, services have been built on the overarching principles of personal responsibility and independence. Naturally it follows that within a service so heavily based on these cultural ideals, dependency on others would be pathologised. 6/

Western clinicians and academics, espousing the same cultural ideals, heavily emphasise the "pathological" and "undesirable" nature of dependency, with little thought for its active, adaptive, and positive functions. 7/

Contrary to the negative views promoted by mental health services, research shows that "dependent" patients have less delay in seeking help for physical issues, miss fewer appointments, are more "engaged" and 8/

"compliant" with treatment, are less likely to experience substance use difficulties, more likely to be active in seeking solutions to their issues, and more likely to perceive their therapeutic relationships positively, leading to better clinical

outcomes.9/

This understanding that dependency can be a positive and helpful trait is not reflected in mental health services however, who only conceptualise it as an inherently negative deficit in functioning.10/

If dependency was rightfully viewed as a more complex concept, perhaps the fear of "encouraging" dependency wouldn't stand in the way of providing otherwise appropriate healthcare interventions, and people like Courtney may still be alive. 11/

But why is this issue so rife within services for people labelled PD? Services frequently present a blanket ban to PD-labelled patients on any form of support considered to lead to dependency - a clinical decision seemingly based *entirely* 12/

on the label, not on the individual needs of the person sat in front of them. It seems to me that there are two forces at play here. First is the inherent stigma, prejudice, and discrimination faced by people who are considered by mh staff to have 13/

a disordered personality, (or "traits" of such.) PD still very much *is* a diagnosis of exclusion. Crying "risk of dependency" seems a very easy and cheap means of excluding undesirable patients, all done in their so called best interests. Very neat, very tidy. 14/

Research shows that the negative connotations of dependency in healthcare lead clinicians to view patients they see as dependent (often those with "complex needs"/under services for a while, read: PD-labelled) 15/

as "needy", "clingy", a "burden", "unreasonably demanding" and before even being assessed "likely to need treatment longer than necessary". 16/

While services exploit the PD stereotype to discredit and malign a diverse group of patients as insufferably demanding, selfish, and needy, they avoid awkward questions about their legal and ethical duties of care. 17/

Secondly, there seems to be a huge lack of understanding regarding the difference between "dependent personality traits", and "care dependency" - as these are in fact two entirely different constructs. 18/

Research has found that the specific context of mental health care plays a separate role in determining whether or not patients become "dependent". Basically, even if every single patient labelled with PD had ragingly dependent 19/

personality traits, there would still be no justification for withholding services based on this diagnosis, as there is no significant correlation between dependent personality traits and becoming "care dependent". 20/

Once again it appears that the care of people mental health services label with PD is hampered by ignorance and prejudice. To withhold potentially life-saving interventions from a single, vastly heterogeneous patient group based 21/

upon an entirely unproven belief they will all somehow experience a possible side effect (a side effect which may subsequently prove to be immeasurably helpful) is utterly perverse and entirely clinically unjustifiable. 22/

It really does my head in that all these concepts are created and used by the very same people who refuse to understand them properly. If you believe in "care dependency", do some fucking reading about it before using it to deny people care - leaving them to die. 23/

RIP Courtney. I'm so sorry you were failed so badly. NHS mental health services are an absolute disgrace. You deserved so much better.
24/24
https://t.co/PJ380PB11N

> With great sadness, I tweet - yet again - the death of a woman diagnosed with 'EUPD/BPD'.
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> RIP Courtney Porter, 20, who was discharged by services during lockdown although she "begged" not to be. She tragically died by suicide 3 days later. (Not linked due to unpleasant report). pic.twitter.com/U7jYYnygJY
>
> — Female Suicide (@we_are_nina) January 8, 2021