



Spectrum Virtual Research Forum 2022

Presentation Abstracts

MORNING PRESENTATIONS:

Spectrum Research: the year in review – A/Prof Jillian Broadbear

Spectrum is fortunate to have a vibrant clinical program and engage with many enthusiastic individuals and organisations in the pursuit of our research and evaluation program. Jillian will provide a brief presentation covering some of the significant developments in the field. She will also share highlights from Spectrum's research program, many of which you will learn more about today.

Can research solve care gaps for Borderline Personality Disorder? – Dr Lois Choi-Kain

While research has transformed the prognosis of borderline personality disorder (BPD) as a treatable disorder, it has yet to map a realistic care plan for the diversity of challenges patients encounter throughout a lifespan. The fit of common clinical profiles to gold standard treatment in reality is poor. Intensive specialized psychotherapies can facilitate significant change in acute symptoms, but their finite nature restricts the support we offer patients with ongoing difficulties to sustain a life that improves self-esteem and relationships. This brief review of existing gaps in care will address issues of heterogeneity of the clinical context where most patients are seen as well as patient profiles of acuity, overall psychiatric burden, preferences for care. Research and development of scalable psychoeducation and assessment tools for general settings, longer term mental healthcare, and management of major comorbidities such as alcohol use disorder will be discussed.

Should we compel people with borderline personality disorder to have care? – A/Prof Giles Newton-Howes

The management of borderline Personality Disorder is tricky, particularly when patients are engaging in non-suicidal self-injury and vacillate about their wish to engage in treatment. It is a not uncommon clinical dilemma to review people in an emergency department following NSSI only to have offers of help rejected. This raises the question of whether we should compel treatment, in order to support people on a road to recovery. This talk will look to see if we do this, whether we should do this, and if there is any evidence this is helpful.

Crisis-based responding to the needs of people with BPD: breaking the cycle for better outcomes – A/Prof Jillian Broadbear



People with living experience of borderline personality disorder are prone to strong and overwhelming emotions that may lead to self-injury, overdose, and suicidal feelings. Emergency services are a first point of contact for people experiencing mental health crises. We will review three studies that look at the involvement of the Victorian ambulance service, emergency departments, and the Coroners' Court in relation to BPD-related crises, with suggestions for creating pathways to BPD-appropriate care and treatment to break out of this vicious cycle.

RAPID-FIRE PRESENTATIONS:

Borderline personality disorder and the emergency department: An integrative review of consumer, carer and clinician experience – A/Prof Judy Hope

The emergency department is an important point of care for people with BPD who have acute physical and mental health crisis. This review sought to summarize the experience from multiple perspectives. A comprehensive search strategy was conducted using journal databases and nine studies were included in the review. The majority of the studies examined consumer experiences through qualitative methods. One paper reported carer experience and two studies examined staff viewpoint. Themes common to all groups included: EDs are busy, unprepared and unskilled; and ED staff prioritized physical over mental health needs. Consumers identified both positive and negative experiences; both consumers and carers identified problems with staff skills, attitudes and communication. Consumers reported feeling misunderstood, mistreated, judged, disrespected and disliked; carers felt overlooked and excluded; and staff felt frustrated, incompetent and helpless. This review demonstrated that problems in the ED environment and interactions lead to difficult experiences for all three groups. This study suggests that targeted ED staff training may improve consumer, carer and staff experiences.

Sexual diversity in people who have BPD – Mr Julian Nolan

Previous studies have demonstrated that people with Borderline Personality Disorder (BPD) are more likely to report a sexually diverse orientation (e.g. gay, lesbian) than people with other or no psychiatric condition(s). Past literature has attempted to link the BPD symptoms to explain this overrepresentation. This however can be stigmatising and possibly suggest sexual diversity orientation as a pathology. This presentation covers two studies aimed at better understanding this overrepresentation, featuring recently-published survey results from 164 people and analysis of interviews conducted with 4 people, all living with BPD.

Late manifestation of Borderline Personality Disorder – characterisation of an under-recognised phenomenon – Dr Rachel Jo

A retrospective clinical file audit identified 23 cases of late manifestation BPD (first presentation at or above the age of 30) and various clinical and psychosocial factors were examined. People with late manifestation BPD had similar risk factors and vulnerabilities, including childhood trauma, to the broader BPD population. They were distinguished by having higher levels of education, employment,



and long-term intimate relationships. Interpersonal problems, loss of employment and reminders of past sexual trauma were key precipitating factors.

Men and BPD – Ms Chloe Dean

The study endeavored to illuminate the lived experiences of men with BPD, and their meaning making associated with their diagnostic and treatment journeys. Through analysing four in depth semi-structured interviews, themes related to identity, connection, barriers & need for advocacy, emerged. The findings are discussed with reference to quotes and limited existing literature.

Learning more about the consumer experience of receiving a diagnosis of BPD – a mixed methods study – Dr Ian Ng

The study attempted to better understand consumers' experiences of receiving a diagnosis of BPD. It explored the timeframe from onset of BPD symptoms to diagnosis, the timeframe from diagnosis to BPD-specific treatment and considered factors that might impact these timeframes. It also explored the qualitative experience of receiving a diagnosis of BPD.

Exploring the Relationship Between Co-occurring Borderline Personality Disorder and Substance Use Disorder – Natalie James

Nat's doctoral thesis focusses on exploring the complex relationship between co-occurring BPD and SUD, specifically, understanding the differences in single vs. co-occurring diagnoses in relation to demographic factors, clinical features, symptom severity, risk profiles, psychosocial functioning, and factors that contribute to difficulties with treatment engagement and retention. Her research also explores client and clinician experiences of these diagnoses and treatment.

Mental health support and telehealth use in Australians living with BPD during the onset of the COVID-19 pandemic: A national study – Dr Pari Heidari

An online survey was conducted to investigate mental health service use and telehealth experiences of people living with BPD in Australia during the first year of the COVID-19 pandemic. 169 survey responses were included in the analysis. The findings of this study may assist mental health clinicians, healthcare managers and policy makers to better understand the benefits and shortcomings of telehealth for meeting needs and challenges faced by people living with BPD.

Treatment of complexity in Borderline Personality Disorder – A/Prof Sathya Rao

Borderline Personality disorder (BPD), commonly co-occurs with other mental health conditions and personality disorders. This paper will present data from the ongoing Spectrum evaluation project



investigating the outcomes for people with BPD accessing treatments at Spectrum who tend to have severe and complex BPD. The paper highlights the outcomes for depression, substance use, eating disorder symptoms and other personality disorders when they co-occur with BPD. The paper also highlights the co-occurrence data for people presenting to emergency departments and who die by suicide as represented in coronial data for Victoria.

AFTERNOON PRESENTATIONS:

Assessment of outcomes for people receiving specialist psychotherapy for severe and complex Borderline Personality Disorder – Dr Aghareed Al-Qassab

Spectrum, a Statewide Service for personality disorder and complex trauma, offers treatment to people suffering from severe and complex personality disorder. Spectrum's Service Evaluation Program comprehensively evaluates the efficacy of specialised psychotherapy across a wide range of clinical outcomes. All clients admitted to Spectrum were included in the evaluation program. Clinical, social and functional outcomes were measured using a validated set of instruments at four time points: Baseline, 6, 12 and 18 months/discharge. Data for 114 clients were analyzed. At discharge, 86% no longer met the diagnostic criteria for BPD. Scores for depressed mood fell below the diagnostic threshold. BPD symptom severity was higher in clients who reported self-harming behaviours and suicidal ideation compared to participants who did not. Self-rated social and functional outcomes, were significantly better for participants who did not report experiencing suicidal ideation at discharge. There was also a substantial reduction in emotion dysregulation and in disordered eating scores by 18 months.

Borderline Personality as Social Phenomena – Exploration Grounded in the Narratives of those with Lived Experience – Professor Renata Kokanovic, Emma-Louise Seal and Tamara Borovica

There is increasing acknowledgement that experiences categorised as Borderline Personality Disorder (BPD) are rooted in social and cultural phenomena, particularly gender, social disadvantage, marginalisation and complex trauma. Addressing BPD as a social phenomenon leads to questions about the intersection of mental ill-health with bio-medical and psycho-social science, policy, politics, law, consumer movements and professional care, and to interrogating how these interactions are transforming experiences and care of BPD. This research, funded by an Australian Research Council (ARC) Linkage grant, addresses these issues by taking applying an interdisciplinary, qualitative approach that is grounded in the lived experience of BPD. The presentation will provide an overview of the research aims, methodological design, and present some emerging insights from lived experience narrative interviews.