SPECTRUM

PERSONALITY DISORDER SERVICE

2019

Celebrating 20 years

2019 SNAPSHOT

Over

3,000

individual one to one clinical sessions

provided to our clients

Provided

319 workshops with

1,081
community attendances across those workshops

Provided professional development training to 1,191 health workers

240 group sessions provided with group attendances of 1,140 across those sessions

Completed training events

7,700 clinical cases

were audited retrospectively as part of a major research project

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WELCOME

Welcome to Spectrum 2019, a publication that looks back on some of Spectrum's achievements in 2018-19.

Spectrum continues to play a vital role in Eastern Health's Statewide Services program, providing national leadership in personality disorder treatment, research and education.

Eastern Health is in an enviable position to mobilise the specialist skills. knowledge and expertise Spectrum offers in the broader healthcare setting. Similarly, Spectrum can use its comprehensive knowledge of personality disorder to ethically test and implement new approaches across Eastern Health's hospitals and community services and conduct real-world research at the cutting edge of health care service delivery.

Spectrum continues to lead the development of evidence-based practice in personality disorder. At a local and national level. Spectrum's work is often cited within the personality disorder field and in the broader mental health sector.

This year has seen the commencement of a major statewide initiative that places Spectrum as the cornerstone of improving responses to personality disorder across Victoria. The initiative is funded by the Victorian Department of Health and Human Services and focuses on capacity-building across six area mental health services.

Spectrum's research maintains a well-earned national reputation for developing solutions to complex questions concerning personality disorder and building the evidence base for best practice.

In workforce development, Spectrum continues to provide high-quality training courses for healthcare professionals across Australia. Spectrum's work supports improved care for patients and the ongoing development of a strong and capable workforce.

Governments at a local, state and federal level engage Spectrum to help form policy which, in turn, influences the service delivery models that are implemented nationally.

As this publication demonstrates, much has been achieved by Spectrum over the past 12 months and many exciting opportunities are ahead.

Congratulations to all Spectrum staff, partners and collaborators on their continued strong leadership and outstanding work.

We are proud to have Spectrum as one of our pivotal services and look forward to delivering the Eastern Health strategic initiatives of Healthcare Excellence, Leading in Research and Innovation, and Leading in Learning in the area of personality disorder (PD).



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INTRODUCTION

Leading improvements in personality disorder treatment and research.

For more than 20 years, Spectrum has built a reputation as a leader in treatment, research and advocacy for clients with complex or severe personality disorder and associated high suicide risk. We continue to build strong relationships with Victorian mental health services and expand our program across Australia to ensure that people diagnosed with personality disorder receive the best–practice treatment and care they deserve.

Spectrum has adopted an optimistic five—year strategic plan in recognition of our important role in the innovation of treatment approaches for varied client groups. As we gain greater understanding, it is becoming clearer that personality disorder can occur throughout the life span and impact both men and women. Treatment approaches must reflect the diversity of our clients.

The ongoing priorities for specialist personality disorder services must also include preventative measures, early intervention, and effective and evidence-based interventions for the treatment of adults using a stepped approach based on severity or staging of the disorder.

2019 has been a very busy year. Our treatment, research and workforce development teams have been working on a number of important initiatives.

Some of the highlights include:

• Preparing a submission to the Royal Commission into Mental Health in Victoria, recommending that mental health systems be redesigned to include people with personality disorder, end stigma and discrimination, and take up effective evidence—based treatments:

- Working closely with Client and Carer advocates and the Australian BPD Foundation to ensure that people with lived experience have a voice in the development of treatment and research initiatives;
- Developing and launching a Core Competencies training program for mental health clinicians and initiating a national training program with the Australian BPD Foundation and the National Mental Health Commission:
- Commencing a supervision group for psychologists in addition to the further development of the psychiatrists supervision group;
- Hosting placements for psychiatrists visiting from China and Iran, and two psychiatrists doing sabbatical placements; and
- Providing student placements to psychiatry registrars, psychology students, nursing students, masters and PhD candidates.

Spectrum has a dedicated team that takes pride in working with highly distressed, complex and severely unwell clients with personality disorder. The outlook for ending stigma and discrimination, and providing access to evidence–based treatment of personality disorder in Australia is bright, and Spectrum is well placed to contribute to the realisation of this in the coming years.



20 YEARS OF SPECTRUM

2019 marks two decades since Spectrum was established. From its humble beginnings as a single **Community Care Unit,** Spectrum has emerged as a leading personality disorder service in Victoria with recent growth across Australia and internationally.

When the service commenced in 1999, there was limited understanding of treatments for personality disorder globally.

Over the years, we have gone through numerous clinical iterations, embracing various schools of thought as time has gone by. Even now we are seeing an evolution in peer work and the importance of people with lived experience being part of treatment.



Through the years, Spectrum has provided intensive care and psychotherapy for more than

2,500 people

with highly complex personality disorder. While suicidal behaviour is extremely prevalent among people diagnosed with borderline personality disorder (BPD), Spectrum clients experience a relatively low suicide rate. Annually, Spectrum trains between 1,000 and 1,500 clinicians and in doing so has inspired them to take up treatment of personality disorder. The growth of Spectrum's research programs has contributed greatly to the development of innovative interventions. As a result of all of this work, stigma and discrimination towards this patient group are reducing.

Through 20 years we have seen many team members and patients come and go, changes in approach and even location. However some things have always run true — people affected by personality disorder are at the heart of everything we do.

Inclusion, warmth and understanding have got us to where we are today and will guide us through the next 20 years.

CONSUMER & CARER TEAM

Spectrum is working to strengthen the lived experience voice in its services.

CONSUMERS

The consumer and carer team has successfully advocated for the redevelopment of a consumer-consultancy panel and is working towards offering peer-led workshops. These important initiatives will ensure that Spectrum's work is informed by the voices of people with lived experience.

CARER WORKSHOPS

The carer team has designed and delivered a series of unique workshops that include a combination of education that aims to improve the understanding of borderline personality disorder (BPD) and practical approaches to learning new skills. The workshops also provide a safe, supportive environment where carers can connect with other carers.

Unlike other workshops which are written by a clinician based on what they think carers want or need to hear, Spectrum's carer workshops are unique in that they are written and led by a carer with lived experience.

Over the past year, the team has held nine full—day workshops and five evening information sessions, hosting a total of 230 family members and friends who are supporting someone with BPD. As well as sessions being run in our Richmond office, we have held sessions in Ballarat, Dandenong and Shepparton.

Feedback is consistently positive. Attendees report that they value being able to speak, being heard, hearing others, and know they are not alone in a supportive environment. An attendee commented:

"The information workshop, its material, and the participants all contributed to providing me with great relief and a feeling of optimism. It also provided access to amazing resources to begin the journey... along with comfort knowing that I am not alone, and generally hope for the future."

Spectrum is currently evaluating data collected from participants to explore the effectiveness of the workshops as brief interventions and encourage other services to offer something similar.

The team has also participated in revising policies, planning the annual Spectrum conference and research.





REFERRAL & CONSULTATION SERVICE

Over the last year, the Referral and Consultation Service team processed more than 1,450 service requests.

Spectrum receives a significant amount of calls from consumers newly diagnosed with a personality disorder, carers and family seeking support and other community organisations.

More than 1,450 service requests were received for assessment, treatment, or secondary consultation. The majority of requests were for information.

While the Spectrum service provides treatment to a specific population, the intake team provides information to help people navigate through the broader mental health system and facilitates discussion of complex issues and assistance in finding options for carers, consumers and professionals.

The feedback from services and clinicians accessing the team for secondary consultation has been consistently positive. Services find consultation extremely beneficial to treatment-planning for their clients. Spectrum clinicians often note a significant change towards openness to working with the client within the course of a few phone calls.



Our Dialectical Behaviour Therapy (DBT) clinic continues to expand and now offers specialised treatment programs for young people and their parents and for clients with a co–existing diagnosis of Post–Traumatic Stress Disorder (PTSD).

Spectrum's DBT Clinic provides a comprehensive weekly program. DBT is based on behavioural principles and provides group skills training alongside individual therapeutic support and telephone coaching sessions. It is one of the most effective evidence–based treatments for BPD.

Clients are supported to gain insight into their difficulties and to learn and practise behavioural skills designed to enhance mindfulness, manage crises, regulate emotions, and improve relationships with others.

We expanded treatment to offer several specialised programs this year. A youth–specific group was founded, complemented by a group for the parents of young people attending the program.

We also implemented a specialised approach to treatment for clients who have been diagnosed with BPD who also have a history of trauma.

A Spectrum study indicates that 77 per cent of our clients are diagnosed with both BPD and PTSD, so there is great need for effective treatments that address their complex needs.

Our DBT clinicians are consistently working towards improving their knowledge and skills to implement improved treatment for clients. We receive regular group supervision from international DBT expert Professor Alan Fruzzetti of Harvard University.

Additionally, two clinicians travelled to New Jersey to attend training on Working with Emotional Dysregulation in Families. They were invited to visit McLean Hospital in Belmont, Massachusetts, where they observed an innovative residential program for adolescent males with BPD. Their learning will inform our provision of youth and family services.

The team continues to offer introductory and post-introductory DBT training to public and private clinicians, improving the capacity of workers to implement DBT treatment across the mental health system.

MENTALIZATION BASED TREATMENT CLINIC

Our Mentalization Based Treatment (MBT) clinic continues a culture of excellence in improving treatment delivery and has taken the first steps towards applying MBT treatment for people with antisocial personality disorder (ASPD).

MBT is one of the most widely-accepted evidence-based treatments for BPD. At the Spectrum MBT clinic, therapists focus on developing a therapeutic relationship with clients as a basis for the treatment. In this supportive space, the client can actively focus on identifying and understanding their own and others' mental processes. This process of reflection can help them learn about themselves and gain new perspectives on their lives and relationships.

These new perspectives give positive results in decreasing BPD symptoms including self-harm, impulsivity, interpersonal problems, and difficulties with sense of self. This year the MBT clinic has taken steps towards offering this treatment approach to people diagnosed with ASPD and hope to replicate the significant gains experienced by clients with BPD.

Supervision plays a key role in effective learning and treatment delivery improvements.

The MBT team receive regular group supervision from international MBT co-founder and expert Professor Anthony Bateman and routinely record sessions as a basis for in-depth supervision. Our team also offer MBT-specific supervision to clients at a regional Child and Adolescent Mental Health Service.

Spectrum clinicians will continue to promote effective MBT practice by the continued provision of two-day training courses to health professionals across Australia.



PSYCHOANALYTIC CLINIC

Spectrum provided a Psychoanalysis Symposium series as well as continuing to offer psychoanalysis to clients dealing with complex presentations.

The Spectrum Psychoanalytic Clinic (PAC) provides individual treatment for up to two sessions a week. In psychoanalysis, the client is invited to speak freely with their clinician in an uncensored way. The emphasis is placed on what the client has to say, over and above any preconceived knowledge the clinician may have.

Psychoanalysis offers a flexible, skilled treatment option for clients with complex presentations for whom group treatment is not appropriate.

Psychoanalytic treatment can be very effective in working through experiences that are difficult to understand or prone to being misunderstood.

People with a diagnosis of BPD often report heightened symptoms of disturbing thoughts, feelings or impulses in interpersonal situations, which complicate their relationships. These difficulties are addressed and worked on in sessions as they arise.

As a result of the success of psychoanalytic treatment in our clinic, we began the Psychoanalysis Symposium this year. The symposium has been well-attended by public and private sector clinicians and has generated very positive feedback.

This forum has supported the consideration of psychoanalysis alongside other mental health treatments in the public and private sector and has provided practical ways to address complex presentations.

The Spectrum PAC clinicians have undergone psychoanalytic treatment as part of their training to help them foster the ability to listen in a skilled way and to apply the psychoanalytic process effectively. They continue to use their skills and experience to assist Spectrum clinicians and other mental health workers to enhance their reflective practice within their treatment modalities.





A unique service that works with clients with the most complex presentations of personality disorder across Victoria.

The Spectrum Complex Care Service (CCS) is offered to clients across Victoria who have particularly complex or intensive clinical and service needs. These clients have very complex presentations of personality disorder with complex co-existing diagnoses or psychosocial issues.

They have often had multiple previous trials of treatment.
Undertaking this work requires experienced senior clinicians who offer highly resourced approaches with increased time allocation.

Improvements in clients' mental health outcomes are achieved through system supports for clinical and non-clinical service providers as well as direct treatment to the clients, as appropriate, and also support for families and/or carers.

CCS clinicians work alongside the client, case managers, hospital-based staff, NGO staff and family members to understand relevant issues and to establish the best way to achieve improvements over time.

The systemic supports include secondary consultation, second opinions, treatment planning, supervision and education as needed.

The direct work clinicians undertake with clients is very flexible according to client needs, and is provided at the client's local service.

CCS clinicians often support rural and remote area clients who cannot otherwise access relevant local services. Tele-health arrangements are used at times to augment service delivery to those clients and services in rural and remote regions.

CCS service provision extends to Area Mental Health Services, forensic services and prison settings. Introducing innovative new treatment programs: *Treatment Essentials* and the *Wise Series*.

The Spectrum Treatment Innovation Unit has been developing, piloting and evaluating a range of brief treatment options designed for people with different levels of personality disorder.

Most treatments available today are long-term and require significant resourcing, which limits the number of people who can be helped.

This is problematic given the prevalence of personality disorder and significant need for treatment across the community.

Spectrum has been developing treatment models which allow for larger-scale population-level implementation of stepped-care approaches across primary, private and public mental health sectors.

This year has seen the development of two new Spectrum treatment innovations: *Treatment Essentials* and the *Wise Series*.

TREATMENT ESSENTIALS

Treatment Essentials is a program that is being developed for people with BPD that can be used in Area Mental Health Services.

The program includes 20 sessions of individual treatment using an integrated approach based on a combination of common factors known to be effective in all evidence–based BPD therapies.

As well as additional specific interventions based on their effectiveness and relevance for the unique needs of individual clients.

Once piloted and evaluated, the treatment method will be manualised and promoted across Victoria, along with the provision of training.

This is an exciting initiative that will offer a cost effective way of providing treatment for people with BPD in Area Mental Health Services across the state.

WISE SERIES

The Wise Series is a stepped series of Acceptance and Commitment Treatments (ACT) including four sessions of individual therapy and two ten-week group therapy options. The series is designed for people treated within the primary care sector. It may also prove applicable for people with BPD who attend emergency departments with crisis presentations who are not already engaged in other psychological therapies, or those who struggle to access longer-term treatment options.

Spectrum has previously adapted ACT principles to BPD and published a manual that has been internationally recognised. This new adaptation is for briefer applications of ACT treatment.

Early research into the effectiveness of the Wise Series is showing promising gains.







PERSONALITY DISORDER & SUICIDE

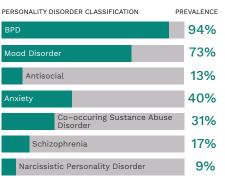
An Australian–first study has discovered people with suspected or diagnosed personality disorder account for nearly 10 per cent of all Victorian suicides, a high rate that is consistent with international findings. This study highlights opportunities for evdence–based interventions aimed at reducing suicide.

Spectrum, in collaboration with the Coroners Court of Victoria, examined the prevalence and circumstances of suicide among people diagnosed with personality disorder.

People with BPD experience intense psychological distress which frequently results in self-destructive behaviours. The chronic suicidality associated with BPD underscores the need for effective psychotherapeutic interventions.

Researchers conducted a retrospective case identification using the Victorian Suicide Registry and extracted information about socio-demographics, physical health, previous contact with mental health services and/or law enforcement, medication, illicit drug use, life-stressors and suicide method.

The coroner classified the deaths of 193 Victorians diagnosed with personality disorder as suicides between 2009 and 2013. Men and women were equally represented. The majority (94 per cent) of personality–disorder–related suicides involved a diagnosis of BPD. Most had been diagnosed with one or more co–occurring mental health disorder.



Nearly all (99 per cent) had contact with mental health services within the 12 months prior to their suicide. Most (88 per cent) had contact with psychiatrists, allied mental health, family doctor, and emergency departments in the six weeks prior to suicide.

Spectrum researchers conclude that BPD-related suicide occurs regularly, despite the high frequency and variety of contacts with mental health and emergency services. The frequency of co-occurring diagnoses underscores the complex needs of those with BPD. The high likelihood of contact with mental health services proximal to death highlights opportunities for evidence-based interventions aimed at reducing future suicides.

Patients with BPD often present to the emergency department (ED) experiencing emotional crises and associated self-harm and suicidality. The ED is an important first point of contact. Difficulties in caring for patients with BPD in the ED setting can result in unintended harm and may exacerbate destructive behaviours.

Spectrum researchers conducted a retrospective electronic audit that identified 1,123 BPD-related ED presentations between May 2015 and April 2016, 583 of which were unique presentations. These were matched with 'depression-only' cases based on age, sex and presentation.

The research found that patients with a diagnosis of BPD are more likely to:

- be female (81 per cent);
- be under the care of a psychiatrist;
- be case-managed;
- be admitted to an inpatient ward;
- re-attend ED on multiple occasions;
- arrive by ambulance; and
- have comorbid substance abuse, psychotic or bipolar disorder.

Only 38 per cent of BPD and depression patients were seen by the doctor within the recommended time.

BPD-diagnosed patients experienced similar triage categorisation, waiting times to see a doctor, and mental health triage as patients with a depression diagnosis, despite their greater severity and complexity. A possible moderator is the higher frequency with which patients with BPD re-attend the ED.

Our research identified that a coordinated approach is needed to identify and support frequent ED re-attenders and provide effective treatment referral pathways to reduce the reliance of people with BPD on hospital emergency departments for acute episodic care.

WORKFORCE DEVELOPMENT

The Workforce Development team continues to train the mental health workforce to increase their capacity and capability to provide best-practice treatment and support for people with BPD.

Spectrum trains up to 1,500 people a year on topics ranging from introductory to intensive. The training is provided face–to–face, via webinar or video–conferencing. This year, the training programs included:

- Workshops:
- Core Competencies and Foundational
- Working with Complexity
- Working with Risk
- Specialised programs for:
 - school counsellors, teachers and other educational providers
 - support workers.
- Training on treatment models:
- Dialectical Behaviour Therapy
- Mentalization Based Treatment
- Psychoanalysis Symposium Series

Spectrum has always viewed provision of training to Area Mental Health Service staff as part of its core business as a specialist statewide service. Specialist training is provided to a range of organisations from non-mental health community agencies, such as Centrelink, through to disability services and non-government (NGO) services and specialist services such as Forensicare. Training has also been provided to the College of Psychiatrists, the Psychology Association and the College of General Practitioners.

This year has seen increasing requests for training from a range of NGO services who are working with particularly complex presentations, especially young people. These include youth residential services, disability support services and secondary schools.

In the coming year the Workforce Development Team will expand its range of training topics and delivery to continue to build capacity and capability in providing appropriate treatment and support services for people with personality disorder. The team will also embark on its first major national training program in partnership with the Australian BPD Foundation, training health professionals in all jurisdictions through to the end of 2021.





PERSONALITY DISORDER INITIATIVE

The Personality Disorder Initiative (PDI) has been funded by the Victorian State Government to build the capacity and capability of the clinical mental health workforce to assess, treat and support people with severe personality disorder who are at high risk of suicide, high lethality self-harm, violent or aggressive behaviours.

The PDI will build expertise in Area Mental Health Services (AMHS) senior clinicians to meet the complex treatment needs of people diagnosed with severe personality disorder. These personality disorder clinician specialists will receive intensive training and active clinical oversight provided by Spectrum. The initiative will also manage a small number of consumers with the most complex, high-risk presentations.

The creation of the PDI recognises the important collaboration between Spectrum and AMHS. The Victorian Government has committed \$9.2 million over four years.

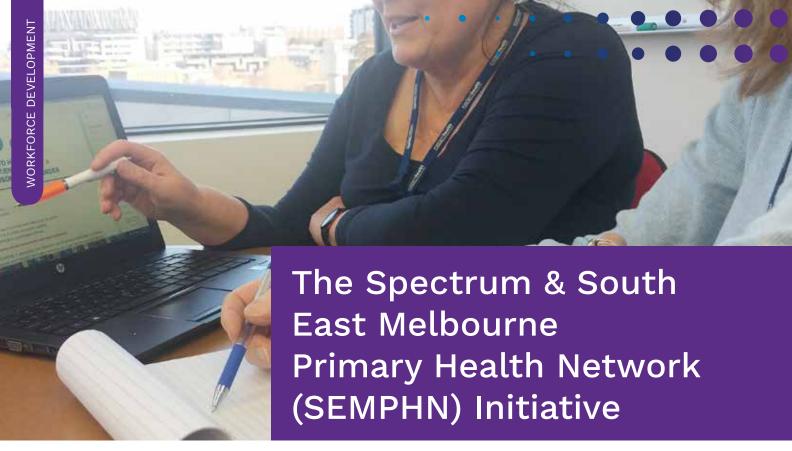
The six health services across Victoria to deliver the PDI in partnership with Spectrum are:

- Alfred Health;
- Monash Health;
- Melbourne Health (Northern Area Mental Health Service);
- Barwon Health;
- Goulburn Valley Health; and
- Forensicare.

The initiative will complement the new community mental health packages funded in the 2018–19 state budget.

Further, it will enhance the existing clinical treatment targeted to consumers with complex needs by ensuring clinicians can deliver evidence-based treatment to people with the severe personality disorder.

The Department of Health and Human Services will monitor and evaluate the initiative to assess its impact and strategic value at the consumer, health service and system levels and will identify areas for refinement as the service model is implemented.



Developing a model for supporting the primary care sector in working with people with BPD and risk of self-harm and suicide.

This exciting 18-month collaboration between Spectrum and SEMPHN provides general practitioners (GPs) with training in understanding BPD, assessing and managing risk, and options for treatments, including treatment referral pathways. GPs can also refer to Spectrum for specialist psychiatry assessments and access telephone consultations with Spectrum psychiatrists to address complex presentations and issues of risk.

The initiative also provides education and supervision for local primary care psychologists, other allied health staff and mental health nurses, as well as family education and support sessions.

People with BPD make up around 6 per cent of primary care patients. This means that GPs are not only important first-contacts for people with BPD, who may be often in a state of psychological distress.

They also are the ongoing treatment providers for people with potentially complex presentations of BPD. This is a direct initiative between Spectrum, as a specialist service, and SEMPHN, as a primary care network, without mediation by secondary mental health services. This leads to efficiencies and simplifying treatment for both clients and GPs.

The initiative also provides a model for addressing the needs of clients who can fall in the gap between primary care and secondary services. The model is being trialled in the SEMPHN area, and it is hoped will be resourced in other areas in the future.



PARTNERSHIPS

Spectrum is part of Eastern Health and works collaboratively with Eastern Health's mental health, alcohol and drug services, including Peter James Centre and Turning Point. Spectrum also works with public mental health and forensic services across Victoria, and has a range of partnerships with the following organisations:

- Australian BPD Foundation
- Tandem Carer Organisation VIC
- Monash University
- Melbourne University
- Swinburne University
- Project Air PD Initiative NSW
- BPD Co, South Australia
- HYPE (Orygen)
- · Coroners Court of Victoria
- Austin Health Partners in Recovery Care (PARC)
- St George's Hospital
- Victorian Data Linkage Service
- South East Melbourne Primary Health Network
- Department of Health and Human Services
- Deakin University
- Australian Catholic University
- SANE Australia
- RMIT University
- Centre for Mental Health Learning (CMHL)
- Mind
- Eastern Health Foundation
- ACT Health







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