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Hope and optimism for BPD in Australia

Sathya Rao

Director, Spectrum

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6th National BPD Conference, Sydney

Imagining the ideal healthcare for BPD

- Every person with BPD can access evidence based BPD specific psychological treatments – FREE OF COST.

- Treatment can be accessed from a specialised BPD centre that is not more than an hour away (50 Km radius) from home.

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Ideal services

- People with BPD are treated for 18-24 months (individual and group treatments)
- Families also get help every week for 18-24 months
- Early detection and early intervention available

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Ideal services

- Therapists make home visits and school visits- out reach services
- Specialised Crisis Management Services for BPD
- Programs for parents and school teachers- prevention

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Ideal services

- Early treatment programs (12-18years)
- Treatment programs for adults (18-64 years)
- Services for the old age (65 and over)
- Mothers with BPD

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Ideal services

- At risk children as young as 5 years- get help (both children and families)

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Ideal services

- Only exclusion criteria:
  - Acute schizophrenia
  - Severe ID
  - No home address
- **“It is NEVER a hard NO for inclusion”**
- 20 % of all BPD currently treated
- Waiting time- zero to maximum of 6 months (some treatment while waiting)
- 15% drop out rate

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Ideal services

- 80 % of people achieve symptomatic recovery
- 3 suicides in 10 years- in one of the centres
- > 4000 clinicians trained - enough to treat 50% of all patients in 8 years.
- High quality supervision and training

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Ideal services

- Patients get help with employment, schooling
- If BPD patients are in crisis, their GPs are told not to admit- home visits, crisis interventions
- If admitted- early discharge and follow up
- Child protection services, criminal justice systems refer patients for treatment

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Ideal services

- 5% of budget is spent on Quality Assurance
- > $ 2 million - Research and Development
- About $ 50 million budget for personality disorder specialist centres
- Four Professors for BPD (assessment and diagnosis, treatment, implementation, outcome)

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Ideal services

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- If people with BPD have co occurring eating disorders, drug abuse problems and PTSD- they are seen as part of BPD and treated by the same team of clinicians, if necessary enlisting the help of addiction/ eating disorder specialists.

- Domestic violence- women and children are supported with therapy.

- **“If it has to be done, it will be done”** attitude

Netherlands


North Sea
Germany
Netherlands
Amsterdam
The Hague
Rotterdam
Belgium

Current challenges

- The prevalence of BPD in Australian community is around 1-4%.

- Estimated 1% of the community (240,000 Australians) with severe BPD-manifesting suicidality and severe self-harm **- needing urgent care.**

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Borderline Personality Disorder

- One of the most stigmatized disorder
- Highly misunderstood
- Reliable and Valid diagnosis
- 10% suicide, 85% self injury
- Significant medical illnesses
- No medications patented for BPD yet
- Psychotherapy is the treatment of choice- evidence based
- Prognosis is good with treatment
- Remission is common
- Recovery is possible

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How are we responding to people with BPD now?

- BPD is often underdiagnosed.
- Early diagnosis in children under age 18 is not common.
- Early invention is rare.
- Irony is that early intervention was pioneered in Australia.

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How are we responding to people with BPD now?

- Most people with BPD don't get any evidence based treatments in Australia.
- Our mental health workforce is poorly trained in the management and treatment of BPD using specific therapies.
- The Mental Health Services are not ideally set up for managing BPD.

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How are we responding to people with BPD now?

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- Significant discrimination
- Not seen as a legitimate mental illness
- Frequently excluded when attempted to access services from emergency departments and mental health services.
- If lucky to get service-substandard and inadequate care.

How are we managing BPD now?

- We have a chaotic and fragmented approach.
- There is **no population based approach**.
- We know that TAU does not work, buts that's the common care offered.

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How are we responding to people with BPD now?

- We medicate patients, admit them to hospitals if highly suicidal and discharge without follow up with evidence based treatments.
- Mental health services are struggling with inadequate resources and it is people with a diagnosis of BPD who are most heavily impacted by this.

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How are we responding to people with BPD now?

- **There are major gaps in service provision throughout Australia**

- Significant burden on health resources (ED, IPU, Police, Ambulance, excessive prescription of medications) without providing evidence based care for BPD

- Treatment is cheaper than no treatment

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Progress made so far

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- Considerable interest in BPD
- BPD Foundation- Julien McDonald
- Janne McMahon- **Beacon of hope for BPD** movement in Australia
- National BPD Awareness week
- 6 National BPD conferences
- NHMRC clinical practice guidelines
- National Expert Reference Group
- HYPE- Prof A Chanen- early intervention

Progress made so far

- Project AIR initiative in NSW-Prof B Grenyer
- NEA-BPD Australia- Anne Reeves
- Spectrum- Victorian centre of clinical excellence for BPD- 2 decades
- Sydney-Prof Meares- Conversation model
- BPD Vic Community
- RANZCP- guide for BPD
- Many other initiatives

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What can we all do to end stigma and discrimination and replace it with hope and optimism?

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Tasks ahead

- Continue to raise awareness
- Educate the community
- Media campaign

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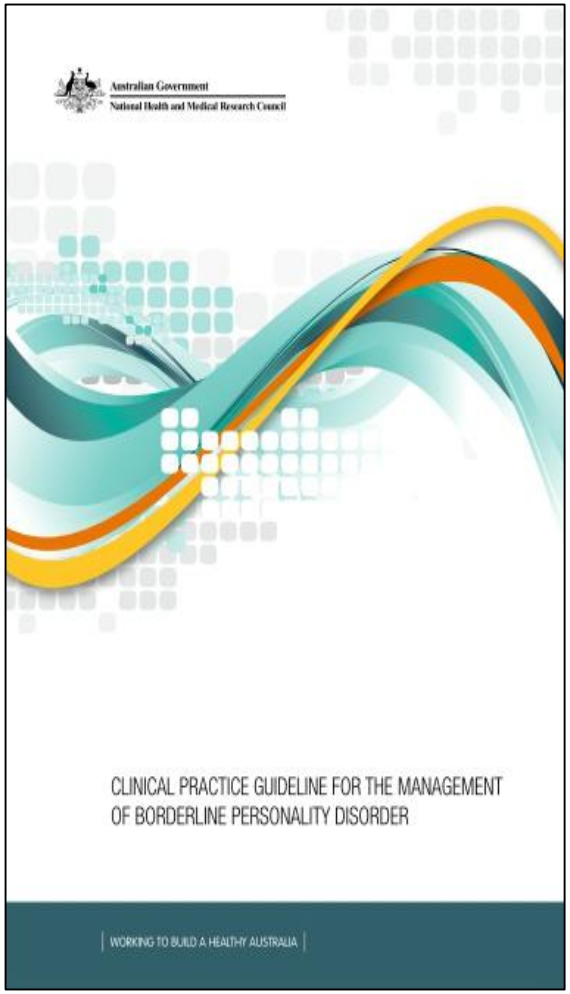
Implement NHMRC Guidelines



http://www.nhmrc.gov.au/guidelines/publications/mh25

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Tasks ahead

Declare BPD as a **PUBLIC HEALTH PRIORITY** in Australia.

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Develop a **POPULATION HEALTH APPROACH** to care for BPD.

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Establish a **NATIONAL TRAINING FRAMEWORK** for BPD

Establish a **National Training Framework**

BPD to be adequately represented in the training curriculum for all clinicians:

- Health work force- broadly
- Mental Health Nurses
- Psychologists
- Medical students
- GP's
- Psychiatrists

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Commission a **National BPD treatment implementation research**

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Develop **models of care for BPD** in mental health services.

Establish a **National Research Centre** for BPD

Creating a **National Framework for Family and Carers**

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Establish a **National Registry** of all accredited and evidence based treatment providers for BPD

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Establish a **National Suicide Registry** for BPD in order to estimate the true mortality rates for BPD in Australia.

Coming together

- Support the Australian BPD Foundation
- All stake holders need to come together under a single alliance to fight against BPD
- Role distribution

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Establish **Specialist Centres of Clinical Excellence** for BPD (such as Spectrum in Victoria) in every single state and territory of Australia.

Why do we need Spectrum like services across Australia?

- Demonstration that patients are treatable and that they recover
- Advocacy amongst clinicians
- Treating complex and high risk patients
- WFD- teaching and training
- Secondary consultations
- Just training does not help

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Contributions of Spectrum in the last 19 years

(with due acknowledgement to HYPE and other advocates for BPD)

Progress made in Victoria:

- Hope and confidence
- Therapeutic optimism
- More willingness to care for BPD
- No more **Not For Service**

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What has Victoria gained by having Spectrum?

- **Probably the most well trained workforce in Australia**
- Psychotherapy available in public and private sector
- Primary sector- diagnosis and referral
- Excessive medication and ECT use has reduced
- BPD no longer considered as an untreatable condition
- Hub for consumer and carer movement

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- **ONE DOLLAR PER PERSON PER YEAR WILL GET US TO ESTABLISH SPECTRUM LIKE SERVICES ACROSS AUSTRALIA – $ 24 million**

- **That is just the beginning…….**

- **Need to go beyond establishing Spectrum like services and establish a population health approach**

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- Opinions expressed during this lecture are my own.
- Some have research evidence.
- Some are based on my reflections as a clinician who works in the field

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BPD Awareness week website

http://www.bpdawareness.com.au/national-road-map/

- Towards developing a National Strategy for Borderline Personality disorder- A dollar a citizen per year will get us started in the right direction.
  - Challenges facing us
  - Progress that has been made so far
  - Tasks ahead of us
  - Potential solutions
  - Questions that need to be debated

THANK YOU FOR YOUR ATTENTION

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Acknowledgements

- Ms Julien McDonald
- A/Prof Josephine Beatson
- Ms Anne Reeves and
- Guy Ellies
- NHMRC guidelines
- Tolkien II Report

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Questions

- **Short term strategy:** What changes are urgently required to be made in order to save lives where possible?
- **Long term strategy:** What is the long term strategy to achieve the goal of caring for every single Australian with BPD?
- How can we all come together under a single banner and advocate cohesively?