Progress Report on Stage One of the National BPD Training and Professional Development Strategy: Upskilling and Engaging Clinicians Working with People with Borderline Personality Disorder and their Families

Introduction

A Consortium comprising, the Australian BPD Foundation, Spectrum and the Mental Health Professionals' Network has been funded by the Federal Government, via the National Mental Health Commission, to deliver training and professional development activities to enhance and upskill clinicians to better support people living with a diagnosis of BPD, their families and carers.

The Consortium has been funded to deliver four activities in total. The major focus of this report is on the first of these activities, a series of six professional development webinars aimed at helping practitioners improve recognition, treatment and support of people living with BPD, their carers and families. A brief progress report will also be provided on the Virtual Library and the Locally-Based Practitioner Networks. The Scoping Potential for Developing E-Learning Modules will be addressed in later reports.

This report consists of the following components:

> **Part A: Webinar One Report: What is Borderline Personality Disorder?**
>
> **Part B: Virtual Resource Library Report**
>
> **Part C: BPD Network Progress Report**

Part A:
Webinar Report #1 – Detailed Report
What is Borderline Personality Disorder?

The first webinar of the series, "What is Borderline Personality Disorder?", was held on Tuesday, 31st October 2017, from 7:15 pm – 8:30 pm AEDT.

The following outlines the webinar's learning objectives and presenters.

Webinar learning objectives

Through an exploration of borderline personality disorder and a panel case study discussion of Rachel's story, at the completion of the webinar participants will:

- identify borderline personality disorder and its underlying causes and describe appropriate assessment tools
- outline how to discuss the diagnosis of borderline personality disorder with patients and their families
- recognise prevalence of borderline personality disorder and understand stigma, shame and discrimination experienced by people living with borderline personality disorder.

Panel:

- A/Prof. Josephine Beatson (VIC - Psychiatrist)
- Ms. Janne McMahon OAM (SA - Advocate)
- Dr. Christopher Wurm (SA - GP)
- Mr Julian Browne (VIC - Psychologist)

Facilitator: Dr. Lyn O'Grady (VIC Community Psychologist)

The data for this report is sourced from:

- registrant data
- attendee data
- a post-webinar feedback survey for attendees
- a follow up survey for non-attendees.

REGISTRANT AND ATTENDEE DATA

Registrant and attendee numbers

Table 1 provides an overview of the number of webinar registrants and attendees. It identifies unique attendees versus people watching on shared computers, as well as the number of attendees who completed the feedback survey.

No. of registrations	4,994
No. of registered email addresses who logged in	2,163
No. of attendees ^	**2,286**
% of registrants who participated	43%
No. of attendees who completed the feedback survey	1,269
% of registered email addresses who logged in who completed the feedback survey	59%

Table 1: Registrant and attendee overview

^ includes 123 people who participated via a shared computer. See Table 2.

This webinar has attracted the largest number of registrations and attendees of any MHPN webinar produced to date.

Geographical location of registrants and attendees

Registrants were asked to provide their postcode when registering for the webinar, which is used to determine their state and Australian Standard Geographical Classification (ASGC). Table 2 shows a breakdown of the State/Territory where registrants and attendees were located.

State/Territory	Registrants		Attendees	
	Number	**%**	**Number**	**%**
New South Wales	1396	28%	613	28%
Victoria	1627	33%	730	34%
Queensland	1044	21%	425	20%
Western Australia	370	7%	163	8%
South Australia	250	5%	98	5%
Tasmania	129	3%	58	3%
Australian Capital Territory	79	2%	47	2%
Northern Territory	62	1%	20	1%
Other / Unknown	37	1%	9	0%
Grand Total	**4,994**	**100%**	**2,163**	**100%**

Table 2: State / territory of attendees (percentages are rounded)

It is particularly pleasing to note the level of engagement from practitioners in Tasmania and the Northern Territory. These regions have been identified for increased promotion in future webinars to further encourage engagement from practitioners working in these locations and we

are very aware of the extreme difficulties encountered by people suffering from BPD and their families in getting treatment and support in these jurisdictions

Table 3 identifies the location of registrants and attendees based on the ASGC.

ASGC classification	Registrants		Attendees	
	Number	%	Number	%
Major Cities (RA1)	3,098	62%	1,362	63%
Inner Regional (RA2)	1,407	28%	619	29%
Outer Regional (RA3)	371	7%	140	6%
Remote (RA4)	40	1%	16	1%
Very Remote (RA5)	15	0%	7	0%
Other / Unknown	63	1%	19	1%
Grand Total	**4,994**	**100%**	**2,163**	**100%**

Table 3: Remoteness classification of attendees (percentages are rounded)

It is important to note that four in ten participants came from outside major cities. We are now considering ways of increasing participation from remote and very remote areas.

Professions of webinar registrants and attendees

The breakdown of professions who registered and attended are described in Table 4. Psychologists were the largest discipline group attending at 37%, followed by other professions at 31%. The registrations indicate that we have been successful in attracting our target population of mental health practitioners.

Profession	Registrants		Attendees	
	Number	%	Number	%
Psychologist	1,772	35%	805	37%
Social Worker	837	17%	321	15%
Occupational Therapist	225	5%	109	5%
General Practitioner	165	3%	96	4%
Mental Health Nurse	375	8%	152	7%
Psychiatrist	45	1%	21	1%
Other	1,575	31%	659	31%
Grand Total	**4,994**	**100%**	**2,163**	**100%**

Table 4: Breakdown of professions (percentages are rounded)

The inclusion of just under 100 General Practitioners and 21 Psychiatrists in the audience represents a significant achievement, particularly given the difficulty in engaging these particularly time-poor clinicians in an after-hours professional development activity.

When breaking down the professions for 'Other attendees', Counsellors represented 25% of attendees followed by Psychology interns and Nurses who both represented 9%. Other professions who attended are outlined in Table 5.

Other professions attending		
Aboriginal Health/ Mental Health Worker	4	1%
Community Health Services Worker	24	4%
Consumer/Carer/Mental Health Peer Workforce	14	2%
Counsellor	165	25%
Counsellor/Guidance Officer/Chaplain (education)	12	2%
Dietitian	5	1%
Educator/Teacher	27	4%
Employment/Vocational/Rehabilitation Counsellor	8	1%
Health Educator/Promotion Officer	1	<1%
Lawyer/Solicitor	3	<1%
Medical/Doctor	13	2%
Mental Health Program Manager	6	1%
Mental Health Worker	33	5%
Natural Therapies Practitioner	1	<1%
Not listed	136	21%
Nurse	59	9%
Pharmacist	6	1%
Physiotherapist	10	2%
Practice Manager	2	<1%
Profession Other	1	<1%
Program Officer/Manager	4	1%
Registrar - Other	2	<1%
Rehabilitation /Employment consultant	7	1%
Researcher	6	1%
Speech Pathologist	6	1%
Student/intern - Nursing	1	<1%
Student/intern - Occupational Therapy	1	<1%
Student/intern - Other/Not specified	13	2%
Student/intern - Social Work	13	2%
Student/intern Medical	4	<1%
Student/intern Psychology	60	9%
Youth Worker	12	2%
Total	**659**	**100%**

Table 5: Breakdown of other professions for attendees (percentages are rounded)

FEEDBACK SURVEY SUMMARY

One thousand, two hundred and sixty-nine participants provided feedback on the webinar which equals 59% of registered email addresses attending.

Responses to questions are not mandatory and some respondents did not answer all questions.

The profile of respondents is representative of the professions who attended.

QUALITATIVE FEEDBACK

Learning objectives

Survey respondents were asked to rate the degree to which each of the learning objectives were met, selecting from the possible responses 'entirely met', 'partially met' and 'not met'.

Table 6 outlines the responses to these questions regarding learning objectives.

Learning objective:	Entirely Met	Partially Met	Not Met	No response
A) Identify borderline personality disorder and its underlying causes and describe appropriate assessment tools	74%	24%	1%	1%
B) Outline how to discuss the diagnosis of borderline personality disorder with patients and their families	81%	16%	2%	1%
C) Recognise prevalence of borderline personality disorder and understand stigma, shame and discrimination experienced by people living with borderline personality disorder	86%	12%	1%	1%

Table 6: Degree the learning objectives of the webinar have been met (percentages are rounded)

Relevance to work practice

Survey respondents were asked to rate the relevance of the webinar to their work practice. Responses are summarised in Table 7.

Relevance to practice	Number	% of total
Entirely relevant	943	74%
Partially relevant	309	24%
Not relevant	11	1%
No response	6	1%
Total	**1,269**	**100%**

Table 7: Relevance of the webinar to practice

Respondents were asked to provide additional feedback on why the webinar was partially or not relevant to their practice was that they didn't currently work with clients with BPD.

Improvement to work practice

Survey respondents were asked to identify whether their work practice would be improved as a result of watching the webinar.

One thousand, one hundred and ninety-seven (94%) said that the webinar would improve their work practice, while 62 (5%) said it would not. Responses are summarised in Table 8.

Areas of practice that will improve	Number	Percentage**
More confidence in supporting the mental health of people living with BPD	1,028	81%
Increased willingness to discuss and promote to clients the value of other disciplines in supporting the mental health of people living with BPD	648	51%
Better targeting of referrals as a result of increased understanding of the role of different disciplines in supporting the mental health of people living with BPD	758	60%
No response	77	6%

Table 8: Change to practice

**response categories are not mutually exclusive, so percentages add to more than 100

Intention to participate in future webinars

Ninety-nine percent of respondents said that they would attend a future BPD webinar.

Conclusion

The first webinar in a series on Borderline Personality Disorder recorded the highest number of registrations for any MHPN webinar produced to date, at 4,994.

The total of 2,163 attendees is also an MHPN record. The high level of interest speaks to the strong appetite amongst practitioners for professional development in this subject area. While the number of attendees for this webinar has over achieved the target of 500, fourfold, it is important to note however, that it is our expectation that as the series progresses, some topics covered may prove less popular amongst clinicians, particularly those that don't work frequently with this group of people.

The qualitative feedback provided by attendees indicated 98% said the content was relevant to their work practice. Pleasingly, 94% said their work practice will improve after the webinar, with 81% feeling more confident in supporting the mental health of people living with BPD.

Part B:
Virtual Resource Library Report

An important component of the project is to develop a Virtual Resource Library for Practitioners. This involves establishing and promoting practitioner use of an online portal, i.e. the Virtual Library Resource. We are pleased to report that the Virtual Library Resource was established and launched on the 30th October in readiness to support the first online session of the National BPD Webinars which went live on 31st of October.

The Virtual Resource Library is housed on the Australian BPD Foundation website, https://bpdfoundation.org.au/virtual-library.php The Virtual Library was developed by Spectrum the Personality Disorder Service for Victoria. It will provide resources related to the topics addressed by the National BPD Webinar series with resources related to each topic being added prior to each webinar being launched. In order to ensure credibility of material published or referred to in the Virtual Resource Library, all material included has been vetted by subject experts at Spectrum.

Feedback will be sought from clinicians using the Virtual Library and periodic updates will be made to the contents of the library depending on feedback and at the launch of further webinars.

The Virtual Resource has been promoted to all mental health professionals registered for the Webinar, the MHPN, Spectrum and Australian BPD Foundation databases through the pre and post webinar communication program.

Further activity will be undertaken at various points in the new year to promote the Virtual Resource library to practitioners.

Part C:
BPD Network Progress Report

The MHPN and the Australian BPD Foundation are working in partnership to develop locally-based practitioner networks throughout Australia. This is particularly effective in Victoria, New South Wales, South Australia and Western Australia where the Foundation currently has branches. Working in this way adds value to the networks as it draws in consumer and carer perspectives and increases the reach of the project. A branch of the Foundation is being formed in Queensland and establishment of branches in ACT, Northern Territory and Tasmania is under consideration. Branches are all advised when forming that an important part of their role is to partner with the MHPN to support the development and expansion of locally-based mental health professional networks and to deliver professional education sessions to the locally based networks. In states which do not currently have a Foundation branch, arrangements are being made through seeking coordinators through the MHPN. In rural and remote areas it may prove practical to work through local coordinators sourced through the MHPN.

The NSW branch of the Foundation has recently taken up partnership with MHPN to deliver mental health professional development sessions in Sydney. The branch has a strong relationship with Project Air and Mental Health Carers NSW which adds to the reach of the network and also assists with resources to draw on for professional development sessions.

The newly formed WA branch of the Foundation has established contact with MHPN with a view to partnering to provide professional development sessions for Western Australian networks. The branch has a strong relationship with Mental Illness Fellowship WA and Helping Minds WA, so that also adds value in terms of reach and resources. A local member of the MHPN is keen to work in partnership with the WA branch of the Foundation so this initiative is set to develop well, based around Perth initially.

There has been an expression of interest from Mind Australia Queensland in establishing a branch of the Foundation in Queensland and discussions are underway between Mind Aust., a local member of the MHPN and a local consumer/carer representative so this is set to contribute to the newly established Ipswich and Brisbane North networks and any other networking opportunities that arise, in the same way as branches in other states.

Professional development sessions in New South Wales and Victoria video record sessions so that they can be accessed more broadly by rural and remote members.
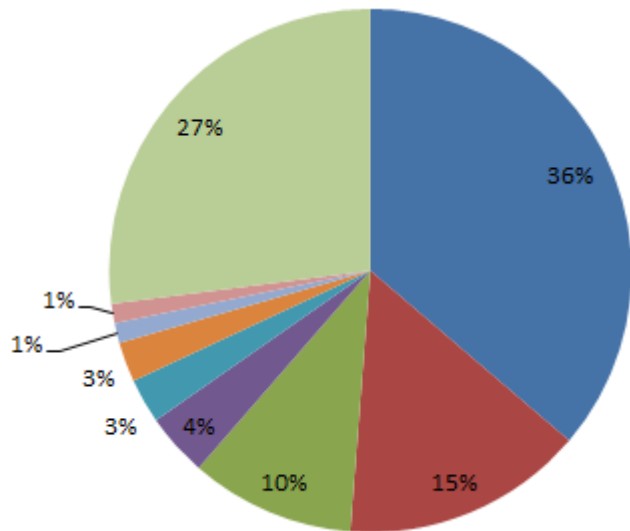
Western Australia are exploring video-conferencing as well as recording for WA based members.

The recordings are accessed:

➢ via the Australian BPD Foundation website for the Victorian network;

➢ via the Mental Health Carers NSW YouTube channel for the Sydney/NSW network;

➢ via a location yet to be determined for the WA network.

INTERDISCIPLINARY PRACTITIONERS

All networks, whether established and meeting or yet to meet, have attracted a broad mix of practitioners across the private and public sectors including primary health clinicians (such as GPs), core mental health practitioners (such as psychologists, psychiatrists, social workers, mental health nurses, OTs, counsellors and psychotherapists, creative therapy practitioners), and community health or mental health workers (such as family support workers, case workers).

Professional background	Number	Percentage
Psychology	1207	36%
Social Work	499	15%
Mental Health Nursing	339	10%
Counselling	130	4%
General Practice	92	3%
Occupational Therapy	82	3%
Psychiatry	41	1%
Psychotherapy	40	1%
Other professional backgrounds *	900	27%
TOTAL	**3330**	**100%**

NETWORK ACTIVITY

Network	Location / access	Coordinated by	EOI	Members	First meeting	Meetings to date	Number core mental health disciplines last meeting	COMMENTS
Adelaide BPD MHPN	Adelaide SA	Janne McMahon OAM, Patron of Aust. BPD Foundation	November 2015	483	March 2016	7	6	Next meeting is on 5 December
Victorian BPD MHPN	Melbourne VIC, with video-recording for broader VIC based members	Australian BPD Foundation VIC branch	March 2013	493	July 2016	4	5	Next meeting being planned for early 2018
Sydney BPD	Sydney, NSW, with video-recording for some meetings	Australian BPD Foundation NSW branch (primarily Mental Health Carers NSW)	June 2017	714	October 2017	1	6	Next meeting being planned for early 2018
Various NSW	Various – incl. Newcastle, Port Macquarie	TBC	June 2017					Further discussions with local practitioners to happen over the coming months

Network	Location / access	Coordinated by	EOI	Members	First meeting	Meetings to date	Number core mental health disciplines last meeting	COMMENTS
Ipswich/West Moreton BPD MHPN	Ipswich QLD	Melissa Kent, Clinical Psychologist & DBT program coordinator	July 2017	90	October 2017	2	5	Next meeting on 6 December
Brisbane North BPD MHPN	Chermside QLD TBC	Dr Sarah Swannell, Psychologist & DBT program coordinator	October 2017	182	February 2018			12 GPs (6.67% of all respondents) registered interest – this is a higher proportion of GPs in comparison with MHPN networks more broadly.
Hobart BPD MHPN	Hobart	The Hobart Clinic	October 2017	99	TBC			
Perth/WA BPD MHPN	Perth WA, with video-conferencing or recording for broader WA based members	Australian BPD Foundation WA branch	Early 2018 TBC	TBC	TBC			WA branch committee currently considering EOI to be sent and who will undertake which tasks for the network