



# Fourth 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

**Prepared for the National Mental Health Commission by:**

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## **Introduction**

A Consortium comprising, the Australian BPD Foundation, Spectrum Personality Disorder Service for Victoria 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 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.

This report provides an update on each activity, namely the professional development webinar series, the Virtual Library, Locally-Based Practitioner Networks and scoping activity for developing e-learning modules.

Activity specifically undertaken between 1 July 2018 and 30 November 2018 is addressed.

This report consists of the following components:

### **Part A: Professional Development Webinar Series**

**Webinar Four Report: BPD in youth and early intervention**

**Webinar Five Report: Management of self-injury and suicidality**

**Webinar Six Report: Management of BPD in public mental health services, private and primary health care sectors**

### **Part B: Virtual Resource Library**

### **Part C: BPD Locally-based Practitioner Network**

## **Part A:**

### **Webinar Reports**

#### **Webinar 4: Borderline Personality Disorder in youth and early intervention**

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The fourth webinar of the series, “Borderline Personality Disorder in youth and early intervention”, was held on Monday, 23rd July 2018, from 7:15 pm – 8:30 pm AEST.

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

#### **Webinar learning objectives**

Through an exploration of borderline personality disorder and a panel question and answer discussion, at the completion of the webinar participants will be able to:

- outline how to identify youth with borderline personality disorder
- identify age appropriate therapeutic interventions and treatment principles for youth
- outline how to work appropriately with the young person and their family.

#### **Panel:**

- Prof. Andrew Chanen (VIC - Psychiatrist)
- Dr. Louise McCutcheon (VIC – Psychologist)
- Ms. Susan Preece (VIC - Carer)
- Ms. Carissa Wright (WA – Consumer)

**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.

## 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.

<b>No. of registrations</b>	4,698
<b>No. of registered email addresses who logged in</b>	1,939
<b>No. of attendees <sup>^</sup></b>	<b>2,029</b>
<b>% of registrants who participated</b>	41%
<b>No. of attendees who completed the feedback survey</b>	985
<b>% of registered email addresses who logged in who completed the feedback survey</b>	51%

**Table 1: Registrant and attendee overview**

<sup>^</sup> includes 91 people who participated via a shared computer. See Table 2.

### 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	1,239	26%	568	29%
Victoria	1,377	29%	575	30%
Queensland	1,049	22%	413	21%
Western Australia	420	9%	150	8%
South Australia	310	7%	111	6%
Tasmania	125	3%	49	3%
Australian Capital Territory	97	2%	48	2%
Northern Territory	36	1%	14	1%
Other / Unknown	45	1%	11	1%
<b>Grand Total</b>	<b>4,698</b>	<b>100%</b>	<b>1,939</b>	<b>100%</b>

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

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

ASGC classification	Registrants		Attendees	
	Number	%	Number	%
Major Cities (RA1)	2,845	61%	1,176	61%
Inner Regional (RA2)	1,347	29%	586	30%
Outer Regional (RA3)	353	8%	127	7%
Remote (RA4)	50	1%	18	1%

Very Remote (RA5)	19	<1%	7	<1%
Other / Unknown	84	2%	25	1%
<b>Grand Total</b>	<b>4,698</b>	<b>100%</b>	<b>1,939</b>	<b>100%</b>

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

### 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 39%, followed by other professions at 32%.

Profession	Registrants		Attendees	
	Number	%	Number	%
Psychologist	1681	36%	755	39%
Social Worker	674	14%	255	13%
Occupational Therapist	215	5%	88	5%
General Practitioner	160	3%	78	4%
Mental Health Nurse	292	6%	107	6%
Psychiatrist	58	1%	27	1%
Other	1,618	34%	629	32%
<b>Grand Total</b>	<b>4,698</b>	<b>100%</b>	<b>1,939</b>	<b>100%</b>

Table 4: Breakdown of professions (percentages are rounded)

The inclusion of just under 80 General Practitioners and 27 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 26% of other attendees followed by nurses who represented 8%. Other professions who attended are outlined in Table 5.

Attendees Profession - other	Number	Percentage
Aboriginal Health/ Mental Health Worker	111	19%^
Community Health Services Worker	27	5%
Consumer/Carer/Mental Health Peer Workforce	16	3%
Counsellor	148	26%
Counsellor/Guidance Officer/Chaplain (education)	10	2%
Dietitian	5	1%
Educator/Teacher	26	5%
Employment/Vocational/Rehabilitation Counsellor	6	1%
Exercise Physiologist	1	<1%
Health Educator/Promotion Officer	2	<1%
Lawyer/Solicitor	0	0%
Medical/Doctor	12	2%
Mental Health Program Manager	8	1%
Mental Health Worker	42	7%

Music/Art Therapist	11	2%
Natural Therapies Practitioner	3	<1%
Not listed	0	0%
Nurse	45	8%
Pharmacist	4	1%
Psychotherapist	21	4%
PIR Support Facilitator	4	1%
Program Officer/Manager	8	1%
Registrar – General Practice	2	<1%
Registrar - Psychiatrist	4	1%
Registrar - Other	0	0%
Rehabilitation /Employment consultant	0	0%
Researcher	4	1%
Speech Pathologist	1	<1%
Student/intern - Nursing	0	0%
Student/intern - Occupational Therapy	0	0%
Student/intern - Other/Not specified	0	0%
Student/intern - Social Work	7	1%
Student/intern Medical	0	0%
Student/intern Psychology	41	7%
Youth Worker	4	1%
<b>Total</b>	<b>573</b>	<b>100%</b>

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

^ Note – this figure is incorrect due to a data recording error.

## FEEDBACK SURVEY SUMMARY

Nine hundred and eighty-five participants provided feedback on the webinar which equals 51% 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) Outline how to identify youth with borderline personality disorder	68%	23%	2%	7%
B) Identify age appropriate therapeutic interventions and treatment principles for youth	70%	27%	2%	1%
C) Outline how to work appropriately with the young person and their family	77%	21%	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	696	71%
Partially relevant	271	27%
Not relevant	12	1%
No response	6	1%
<b>Total</b>	<b>985</b>	<b>100%</b>

Table 7: Relevance of the webinar to practice

## Improvement to work practice

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

Nine hundred and thirty-five (95%) said that the webinar would improve their work practice, while 45 (4%) said it would not. Five respondents (<1%) did not provide an answer for this question. Survey respondents were asked to further identify specific areas of their work practice that would be improved by watching the webinar. Responses are summarised in Table 8.

Responses are summarised in Table 8.

Areas of practice that will improve	Number (n=935)	Percentage**
More confidence in supporting the mental health of young people living with BPD	752	76%
More confidence in applying therapeutic interventions and treatment principles for youth with BPD	500	51%
More confidence in working with young person and their family	652	66%
No response	73	<1%

**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-eight percent of respondents said that they would attend a future BPD webinar.

## Conclusion

The fourth BPD webinar on youth and early intervention received 4,698 registrations which was similar to the first three webinars. Consistent with the first three webinars, psychologists were the largest profession group to register.

The attendance of GPs was consistent with the first three webinars. Across the series, each webinar has also attracted a similar number of psychiatrists. Overall satisfaction around learning outcomes and content remained consistent with the first three webinars, with survey respondents saying they intend to improve their clinical practice when working with people diagnosed with BPD. Similar to the first three webinars, the audience value the inclusion of consumers and carers. Many people found the messages around language, what to say and what not to say very helpful.

Much of the feedback provided indicated that they did not receive enough information on therapeutic interventions for youth for this webinar. It will be important to try and address this issue in the resources where possible. All BPD webinars have not had an active chat box due to the large number of participants. Instead participants have had the option to submit a question. The facilitator continued the successful strategy of including comments from the submit a question area of the platform into the question and answer session of the webinar.



## Part A:

### Webinar Reports

#### Webinar 5: Management of self-injury and suicidality

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The fifth webinar of the series, “Management of self-injury and suicidality”, was held on Wednesday, 28th September 2018, from 7:15 pm – 8:30 pm AEST.

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

#### **Webinar learning objectives**

Through an exploration of borderline personality disorder and a panel question and answer discussion, at the completion of the webinar participants will be able to:

- outline non suicidal self-injury and suicidality in BPD
- analyse risk factors for suicide in BPD
- implement management strategies for non-suicidal self-injury and suicide risk.

#### **Panel:**

- Pip Bradley - (VIC – Mental Health Nurse)
- Melissa Kent - (QLD –Clinical Psychologist)
- Mahlie Jewell – (NSW – Consumer)

**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.

## REGISTRANT AND ATTENDEE DATA

### Registrant and attendee numbers

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

<b>No. of registrations</b>	4,686
<b>No. of registered email addresses who logged in</b>	1,690
<b>No. of attendees <sup>^</sup></b>	<b>1,744</b>
<b>% of registrants who participated</b>	36%
<b>No. of attendees who completed the feedback survey</b>	774
<b>% of registered email addresses who logged in who completed the feedback survey</b>	46%

**Table 1: Registrant and attendee overview**

<sup>^</sup> includes 54 people who participated via a shared computer.

### 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	1,405	30%	549	32%
Victoria	1,342	29%	467	28%
Queensland	966	21%	372	22%
Western Australia	360	8%	115	7%
South Australia	273	6%	81	5%
Tasmania	106	2%	33	2%
Australian Capital Territory	106	2%	40	2%
Northern Territory	49	1%	14	1%
Other / Unknown	79	2%	19	1%
<b>Grand Total</b>	<b>4,686</b>	<b>100%</b>	<b>1,690</b>	<b>100%</b>

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

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

ASGC classification	Registrants		Attendees	
	Number	%	Number	%
Major Cities (RA1)	2,927	62%	1,044	62%
Inner Regional (RA2)	1,292	28%	492	29%
Outer Regional (RA3)	290	6%	106	6%
Remote (RA4)	43	1%	13	1%
Very Remote (RA5)	10	<1%	3	<1%
Other / Unknown	124	3%	32	2%

<b>Grand Total</b>	<b>4,686</b>	<b>100%</b>	<b>1,690</b>	<b>100%</b>
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**Table 3: Remoteness classification of attendees (percentages are rounded)**

### 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 34%, followed by other professions at 36%.

Profession	Registrants		Attendees	
	Number	%	Number	%
Psychologist	1,604	34%	598	35%
Social Worker	603	13%	215	13%
Occupational Therapist	214	5%	77	5%
General Practitioner	149	3%	70	4%
Mental Health Nurse	301	6%	92	5%
Psychiatrist	40	1%	20	1%
Other	1,775	38%	618	36%
<b>Grand Total</b>	<b>4,686</b>	<b>100%</b>	<b>1,690</b>	<b>100%</b>

**Table 4: Breakdown of professions (percentages are rounded)**

When breaking down the professions for 'Other attendees', Counsellors represented 27% of other attendees and 9% of all attendees. Other professions who attended are outlined in Table 5.

Attendees Profession - other	Number	Percentage
Aboriginal Health/ Mental Health Worker	5	1%
Community Health Services Worker	18	3%
Consumer/Carer/Mental Health Peer Workforce	14	2%
Counsellor	165	27%
Counsellor/Guidance Officer/Chaplain (education)	25	4%
Dietitian	1	<1%
Educator/Teacher	22	4%
Employment/Vocational/Rehabilitation Counsellor	16	3%
Exercise Physiologist	1	<1%
Health Educator/Promotion Officer	0	0%
Lawyer/Solicitor	0	0%
Medical/Doctor	22	4%
Mental Health Program Manager	6	1%
Mental Health Worker	35	6%
Music/Art Therapist	8	1%
Natural Therapies Practitioner	5	1%
Not listed	94	15%
Nurse	59	10%
Pharmacist	3	<1%
Psychotherapist	18	3%
PIR Support Facilitator	5	1%

Program Officer/Manager	4	1%
Registrar – General Practice	3	<1%
Registrar - Psychiatrist	7	1%
Registrar - Other	0	0%
Rehabilitation /Employment consultant	0	0%
Researcher	5	1%
Speech Pathologist	3	<1%
Student/intern - Nursing	1	<1%
Student/intern - Occupational Therapy	3	<1%
Student/intern - Other/Not specified	0	0%
Student/intern - Social Work	10	2%
Student/intern Medical	3	<1%
Student/intern Psychiatry	0	0%
Student/intern Psychology	42	7%
Youth Worker	15	2%
<b>TOTAL</b>	<b>618</b>	<b>100%</b>

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

## FEEDBACK SURVEY SUMMARY

Seven hundred and seventy-four participants provided feedback on the webinar, which equals 46% of registered email addresses attending.

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

### 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) Outline non suicidal self-injury and suicidality in BPD	87%	12%	<1%	<1%
B) Analyse risk factors for suicide in BPD	91%	8%	<1%	<1%
C) Implement management strategies for non-suicidal self-injury and suicide risk	83%	15%	1%	1%

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

Respondents were asked to provide additional feedback on why the learning objectives were partially or not met. Ten percent responded, and the common themes were not enough time for a complex area, and not enough information and examples provided on interventions and management strategies.

## 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	590	76%
Partially relevant	178	23%
Not relevant	4	<1%
No response	2	<1%
<b>Total</b>	<b>774</b>	<b>100%</b>

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. Respondents indicated that they either didn't work with this cohort of clients or had very few 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.

Seven hundred and fifty-three (97%) said that the webinar would improve their work practice, while 18 (2%) said it would not. Three respondents (<1%) did not provide an answer for this question. Survey respondents were asked to further identify specific areas of their work practice that would be improved by watching the webinar. Responses are summarised in Table 8.

Areas of practice that will improve	Number (n=774)	Percentage**
Increased confidence in identifying non-suicidal self-injury and suicidality in people with BPD	563	73%
Increased confidence in analysing risk factors for suicide in people with BPD	593	77%
Better able to implement management strategies for non-suicidal self-injury and suicide risk in people with BPD	529	68%
Other	53	7%

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

## Conclusion

The fifth BPD webinar on self-injury and suicidality received 4,686 registrations which was similar to the first four webinars. Consistent with the first four webinars, psychologists were the largest profession group to register. A significant number of participants heard about the webinar via a MHPN email.

The attendance of GPs was consistent with the first four webinars. Numbers are also remaining consistent for psychiatrists. Overall satisfaction around learning outcomes and content remained consistent to the first four webinars with survey respondents saying they intend to improve their clinical practice when working with people who have BPD. Similar to the first four webinars the audience particularly valued the inclusion of the consumer advocate, Mahlie Jewell. Mahlie was the most popular consumer advocate presenter thus far for the series. Many people found her messages around language and treatment very useful.

Survey respondents once again noted the time challenges of a webinar and how it is difficult to delve into great detail. There is an ongoing request for greater depth of information around treatment strategies and various therapies suitable to people with BPD. All BPD webinars have not had an active audience chat box due to the large number of participants and this webinar had some comments from survey respondents saying they would like the chat box. As with all webinars in this series to date, participants were able to engage by submitting a question or comment to the panel. However, it is important to note that this is not visible to the audience.

## Part A:

### Webinar Reports

#### Webinar 6: Management of BPD in public mental health services, private and primary health care sectors

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The sixth webinar of the series, “Management of BPD in public mental health services, private and primary health care sectors”, was held on Monday, 26th November 2018, 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 question and answer discussion, at the completion of the webinar participants will be able to:

- identify challenges in management of BPD in public, private and primary sectors
- describe how BPD is best managed in public, private and primary care setting
- outline how best to collaborate between public, private and primary care settings to get the optimal treatment outcomes for people with BPD and their families/carers.

#### Panel:

- Kerry-Ann Chapman - (NSW – Lived Experience Advocate)
- Dr. Gillian Singleton (VIC – General Practitioner)
- Professor Brin Grenyer (NSW – Psychologist)
- Dr. Paul Cammell (VIC – Psychiatrist)

**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.



## REGISTRANT AND ATTENDEE DATA

### Registrant and attendee numbers

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

<b>No. of registrations</b>	3,205
<b>No. of registered email addresses who logged in</b>	1,012
<b>No. of attendees <sup>^</sup></b>	<b>1,023</b>
<b>% of registrants who participated</b>	32%
<b>No. of attendees who completed the feedback survey</b>	335
<b>% of registered email addresses who logged in who completed the feedback survey</b>	33%

**Table 1: Registrant and attendee overview**

<sup>^</sup> includes 11 people who participated via a shared computer.

### 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	880	27%	273	27%
Victoria	986	31%	322	32%
Queensland	629	20%	197	19%
Western Australia	230	7%	71	7%
South Australia	230	7%	76	8%
Tasmania	103	3%	34	3%
Australian Capital Territory	69	2%	20	2%
Northern Territory	29	1%	9	1%
Other / Unknown	49	2%	10	1%
<b>Grand Total</b>	<b>3,205</b>	<b>100%</b>	<b>1,012</b>	<b>100%</b>

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

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

ASGC classification	Registrants		Attendees	
	Number	%	Number	%
Major Cities (RA1)	1,968	61%	629	62%
Inner Regional (RA2)	897	28%	280	28%
Outer Regional (RA3)	217	7%	68	7%
Remote (RA4)	31	1%	12	1%
Very Remote (RA5)	11	<1%	4	<1%
Other / Unknown	81	3%	19	2%

<b>Grand Total</b>	<b>3,205</b>	<b>100%</b>	<b>1,012</b>	<b>100%</b>
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**Table 3: Remoteness classification of attendees (percentages are rounded)**

### 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 38%, followed by other professions at 32%.

<b>Profession</b>	<b>Registrants</b>		<b>Attendees</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Psychologist	1,152	36%	380	38%
Social Worker	431	13%	140	14%
Occupational Therapist	166	5%	46	5%
General Practitioner	112	3%	34	3%
Mental Health Nurse	223	7%	60	6%
Psychiatrist	59	2%	17	2%
Other	1,062	34%	335	32%
<b>Grand Total</b>	<b>3,205</b>	<b>100%</b>	<b>1,012</b>	<b>100%</b>

**Table 4: Breakdown of professions (percentages are rounded)**

When breaking down the professions for 'Other attendees', Counsellors represented 25% of other attendees and 9% of all attendees. Other professions who attended are outlined in Table 5.

<b>Attendees Profession – other</b>	<b>Number</b>	<b>Percentage</b>
Aboriginal Health/ Mental Health Worker	7	2%
Community Health Services Worker	16	5%
Consumer/Carer/Mental Health Peer Workforce	9	3%
Counsellor	86	25%
Counsellor/Guidance Officer/Chaplain (education)	6	2%
Dietitian	2	1%
Educator/Teacher	12	4%
Employment/Vocational/Rehabilitation Counsellor	8	2%
Exercise Physiologist	0	0%
Health Educator/Promotion Officer	4	1%
Lawyer/Solicitor	0	0%
Medical/Doctor	6	2%
Mental Health Program Manager	7	2%
Mental Health Worker	18	5%
Music/Art Therapist	4	1%
Natural Therapies Practitioner	3	1%
Not listed	60	18%
Nurse	25	7%
Pharmacist	2	1%
Psychotherapist	13	4%
PIR Support Facilitator	3	1%

Practice Manager	2	1%
Program Officer/Manager	5	1%
Registrar – General Practice	0	0%
Registrar – Psychiatrist	4	1%
Registrar – Other	0	0%
Rehabilitation /Employment consultant	0	0%
Researcher	2	1%
Speech Pathologist	0	0%
Student/intern – Nursing	0	0%
Student/intern - Occupational Therapy	0	0%
Student/intern - Other/Not specified	0	0%
Student/intern - Social Work	4	1%
Student/intern Medical	0	0%
Student/intern Psychiatry	0	0%
Student/intern Psychology	25	7%
Youth Worker	2	1%
<b>TOTAL</b>	<b>335</b>	<b>100%</b>

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

## FEEDBACK SURVEY SUMMARY

Seven hundred and seventy-four participants provided feedback on the webinar, which equals 46% of registered email addresses attending.

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

### 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
Identify challenges in management of BPD in public, private and primary sectors	80%	17%	2%	1%
Describe how BPD is best managed in public, private and primary care setting	75%	22%	3%	<1%
Outline how best to collaborate between public, private and primary care settings to get the optimal treatment outcomes for people with BPD and their families/carers	74%	21%	3%	2%

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

Respondents were asked to provide additional feedback on why the learning objectives were partially or not met. Fifteen percent responded, and the common themes were not enough time for a complex area, and not enough discussion around the case or difference in systems discussed.

## 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	254	76%
Partially relevant	77	23%
Not relevant	1	<1%
No response	5	1%
<b>Total</b>	<b>337</b>	<b>100%</b>

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. Respondents indicated that they wanted more information about services in rural areas and they either didn't work with this cohort of clients or had very few 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.

Three hundred and four (90%) said that the webinar would improve their work practice, while 29 (9%) said it would not. Four respondents (1%) did not provide an answer for this question. Survey respondents were asked to further identify specific areas of their work practice that would be improved by watching the webinar. Responses are summarised in Table 8.

Areas of practice that will improve	Number (n=337)	Percentage**
Increased understanding of the challenges for people with BPD in the public, private and primary sectors	264	78%
Increased confidence in identifying most appropriate management strategies for clients with BPD in public, private and primary care settings	201	60%
Increased confidence to collaborate between public, private and primary care settings to obtain the optimal treatment outcomes for people with BPD and their families/carers'	198	59%
Other	11	3%

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

## **Conclusion**

The sixth and final BPD webinar on management of BPD in public and mental health services, private and primary health care sectors received 3,205 registrations which was the lowest registrations in the series. Consistent with the first five webinars, psychologists were the largest profession group to register. A significant number of participants heard about the webinar via a MHPN email.

Although the log in time for participants seems lower than the other webinars in the series 67% of people were logged on for more than one hour of the webinar.

The attendance of GPs was consistent with the first five webinars. Numbers are also remaining consistent for psychiatrists. Overall satisfaction around learning outcomes and content remained consistent to the first five webinars with survey respondents saying they intend to improve their clinical practice when working with people who have BPD. Similar to the first five webinars the audience particularly valued the inclusion of the consumer advocate, Kerry-Ann Chapman.

Although the registration and attendance numbers are lower for this webinar, compared to the first five the satisfaction levels are consistent with others in the series.

## Part B:

# Virtual Resource Library Report

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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. The Virtual Library Resource launched on the 30<sup>th</sup> October 2017.

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 provides resources related to the topics covered by the National BPD Webinar series. Resources related to each topic were added prior to the delivery of each webinar. In order to ensure credibility of material published or referred to in the Virtual Resource Library all material included was vetted by subject experts at Spectrum.

Feedback was sought from clinicians using the Virtual Library and periodic updates were made to the contents of the library in response to feedback received.

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.

### Webinar recordings

Each webinar is recorded and available for view and/or download from both the Virtual Library and MHPN's webinar library. The following table identifies recordings views/downloads from each source:

Webinar title and source	No of video views	No of video downloads	No of audio downloads	Total
<b>What is BPD? (Oct 17)</b> MHPN webinar library Australian BPD Foundation virtual library	2,961 3,336	417 N/A	614 N/A	<b>7,328</b>
<b>Treatment principles for people living with Borderline Personality Disorder (Feb 18)</b> MHPN webinar library Australian BPD Foundation virtual library	1,376 2,159	172 NA	372 NA	<b>4,079</b>
<b>Evidence based treatments for people living with BPD (April 18)</b> MHPN webinar library Australian BPD Foundation virtual library	1,031 2,082	165 NA	255 NA	<b>3,533</b>

<b>BPD in youth and early intervention (Jul 18)</b>				
MHPN webinar library	738	103	162	
Australian BPD Foundation virtual library	2,930	NA	NA	<b>3,933</b>
<b>Management of self-injury and suicidality (Sept 18)</b>				
MHPN webinar library	365	65	96	<b>1,949</b>
Australian BPD Foundation virtual library	1,423	NA	NA	
<b>Management of BPD in public mental health services, private and primary health care sectors (Nov 18)</b>				
MHPN webinar library	NA	NA	NA	
Australian BPD Foundation virtual library	NA	NA	NA	<b>NA</b>

Webinar recordings views and downloads as at 30 November 2018

Please note the variance in views and downloads of webinar recordings between each webinar is largely due to the time the recording has been available.



## Part C:

# BPD Network Progress Report

The MHPN and the Australian BPD Foundation are working in partnership to develop locally-based practitioner networks at various locations across Australia. The Foundation currently has branches in Victoria, New South Wales, South Australia and Western Australia, and networks have been established in each of these locations. A branch of the Foundation is in process of being formed in Queensland and establishment of branches in ACT, Northern Territory and Tasmania pending. The Foundation advises Branches 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 quarterly professional education sessions for mental health professionals in their region. Working together adds value to the networks as it draws in consumer and carer perspectives and increases the reach of the project.

In states without a Foundation branch, MHPN is using its network to source coordinators to form locally based networks and organize and deliver quarterly professional education sessions for mental health professionals in their areas. In rural and remote areas, it may prove more effective to work through local coordinators sourced through MHPN.

The NSW branch of the Foundation has partnered 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 increases the network's reach and assists with resources to draw on for professional development sessions.

Professional development sessions in New South Wales and Victoria are recorded whenever possible so that they can be accessed more broadly by rural and remote members. All recordings are subject to consent of participants.

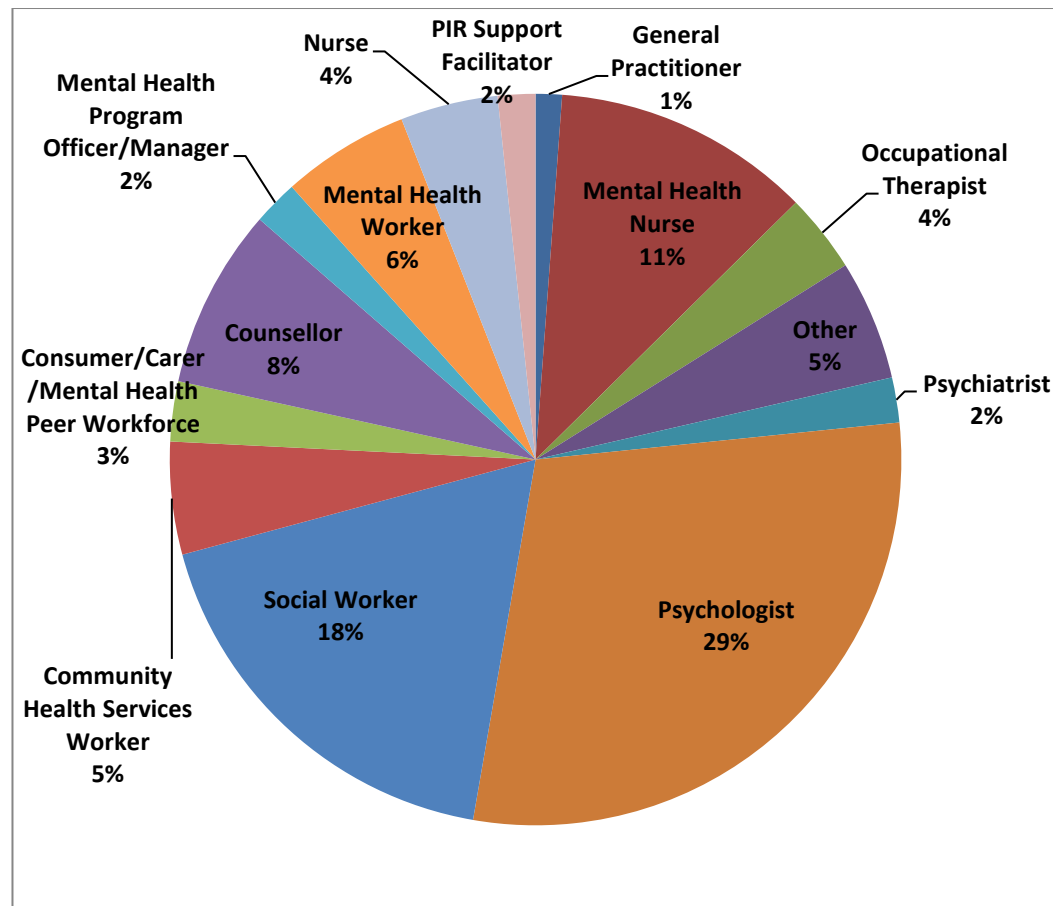
The recordings are accessed:

- via the Australian BPD Foundation website for the Victorian network;
- via the Mental Health Carers NSW YouTube channel for the Sydney/NSW network and via the Australian BPD Foundation website for the Sydney network

## INTERDISCIPLINARY PRACTITIONERS

All network meetings are attracting a broad range of practitioners across the private and public sectors including primary health clinicians, core mental health practitioners, and community health or mental health workers.

The following graph and table show the professional background of individuals who have *attended* network meetings.



Professional background	Number	Percentage
Psychologist*	177	29%
Social Worker*	109	18%
Mental Health Nurse	69	11%
Counsellor	48	8%
Mental Health Worker	34	6%
Other	32	5%
Community Health Services Worker	30	5%
Nurse	26	4%
Occupational Therapist	21	3%
Consumer/Carer/Mental Health Peer Workforce	16	3%
Psychiatrist*	12	2%
Mental Health Program Officer/Manager	12	2%
PIR Support Facilitator	10	2%
General Practitioner	7	1%
<b>TOTAL</b>	<b>603</b>	<b>100%</b>

\*includes students and registrars

**NETWORK ACTIVITY**

<b>Network</b>	<b>Location</b>	<b>Coordinator</b>	<b>Members</b>	<b>First meeting</b>	<b>Meetings to date</b>	<b>Meeting topics</b>
<b>Adelaide BPD Network</b>	Adelaide SA	Australian BPD Foundation SA branch	599	March 2016	11	A lived experience: Everything you wanted to know but didn't like to ask  Working with people with BPD. Q&A with Margaret Hartstone
<b>Brisbane North BPD Network</b>	Chermside QLD	Dr Sarah Swannell, Psychologist & DBT program coordinator	220	October 2018	3	Developing a Directory of Local Services, with a presentation on DBT Brisbane's DBT for Young Persons and Families Program  Creating a BPD Support Group
<b>Hobart BPD Network</b>	Hobart TAS	Maureen Eadie & Aneliese Poorter, Psychologists at The Hobart Clinic	155	April 18	2	Practical strategies to assist a client tolerate distress
<b>Ipswich/West Moreton BPD Network</b>	Ipswich QLD	Melissa Kent, Clinical Psychologist & DBT program coordinator	163	October 2017	13	Mental Health Acute Care Team responses to individuals with BPD, suicidal behaviours and non-suicidal self-injury  Trauma-informed care

Network	Location	Coordinator	Members	First meeting	Meetings to date	Meeting topics
<b>Perth BPD Network</b>	Perth WA	Australian BPD Foundation WA branch (supported by Mental Illness Fellowship WA)	149	June 18	3	Are the ACEs (Adverse Childhood Events) too high?
<b>Sydney BPD Network</b>	Sydney, NSW, with video-recording (where possible) for uploading to website	Australian BPD Foundation NSW branch (supported by Mental Health Carers NSW)	905	October 17	7	Improving Effectiveness and Sustainability of BPD Care  Trauma Treatment & BPD Presentation in Refugees & Asylum Seekers
<b>Victorian BPD Network</b>	Melbourne VIC, with video-recording (where possible) for uploading to website	Australian BPD Foundation VIC branch	703	July 16	11	Sensory Modulation and BPD – empowering clients to intentionally use sensation to manage distress  Psychiatric aspects of BPD and Chronic Pain