



Final 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:

Ms Julien McDonald, Project Manager, Australian BPD Foundation Ltd, in collaboration with staff of the Mental Health Professionals' Network and Spectrum the Personality Disorder Service for Victoria.

Date delivered:

31 March 2019

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 a final report 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 2019 and 30 December 2018 is addressed.

This report consists of the following components:

Part A: Professional Development Webinar Series

Part B: Virtual Resource Library

Part C: BPD Locally-based Practitioner Network

Part D: Scoping for Developing e-learning Modules

Part A:

Webinar Reports

INTRODUCTION

The focus of this section of the report is 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.

Webinar content was directed by A/Prof. Sathya Rao, Director Spectrum and facilitated by Dr. Lyn O’Grady (Community Psychologist).

Six webinars were delivered between 31st October, 2017 and November, 2018 as outlined in Table 1.

Webinar	Title	Date
1	What is Borderline personality disorder?	Tuesday 31 st October, 2017
2	Treatment principles for people living with Borderline personality disorder	Wednesday 22 nd February, 2018
3	Evidence-based treatments and access	Thursday 19 th April, 2018
4	BPD in youth and early intervention	Monday 23 rd July, 2018
5	Management of self-injury and suicidality	Wednesday 26 September, 2018
6	Management of BPD in public mental health services, private and primary and public health care sectors	Monday 26 th November, 2018

Table 1: List of webinars in the BPD webinar series

Each webinar was delivered over a seventy-five minute timeframe in the evening (7.15pm – 8.30pm AEST/AEDT). The webinar formats consisted of individual presentations followed by interdisciplinary panel discussion in the form of question and answer time. Questions addressed by the panel were via the registration process whereby registrants could submit a question. These questions were then collated and considered by the panel at a content briefing prior to the live event.

The panel decided on what themes would complement the learning outcomes and their key messages for the webinar and questions were selected on this basis. At the live event participants were also able to submit a question via the webinar platform. These participant questions were filtered by the facilitator in situ and where appropriate to the learning outcomes, they were used as additional questions for the panel to address during the question and answer time.

The webinar series attracted a total of 26,267 registrations, 10,017 individual participants logged in and a further 379 people watched with a colleague. The total number of participants was 10,395 which is a total uptake of 40%. For each unique participant that logged on to a webinar 48% completed the exit survey provided at the end of each webinar. The highest registration and attendance was received for the first webinar in the series. Of the remainder of the series the webinar on youth and early intervention seemed to create most interest.

Compared to webinars produced previously by MHPN, this series attracted greater interest from practitioners which is reflected in the higher number of registrations and attendances per activity.

The average number of registrations for MHPN webinars produced in 2017-18 was 2,580 and the average attendances 1,045. The BPD webinar series, in comparison attracted on average 4,378 registrations per activity, and 1,670 attendees.

Registration and attendance data

Webinar	Registrations	Unique Attendees	Attendee total	Surveys completed
1. What is Borderline personality disorder?	4,994	2,163	2,286	1,269
2. Treatment principles for people living with Borderline personality disorder	4,428	1,689	1,742	781
3. Evidence based treatments and access	4,256	1,524	1,571	693
4. BPD in youth and early intervention	4,698	1,939	2,029	985
5. Management of self-injury and suicidality	4,686	1,690	1,744	774
6. Management in private and public health sectors	3,205	1,012	1,023	335
Total	26,267	10,017	10,395	4,837

Repeat attendees

Analysis of attendees who came to one or more webinars within the series.

Number of webinars attended	Attendees
1	5,072
2	1,083
3	468
4	202
5	84
6	25

Table 2: Numbers of repeat attendees to BPD webinar series (Note – email address was the unique identifier in this calculation.)

Reasons for not attending

Sixteen thousand, two hundred and fifty one registrants who didn't attend the webinar they registered for were surveyed to ask why they didn't attend. One thousand, eight hundred and forty responses were received as shown in Table 3. The most common reason given was because of family commitments, closely followed by work commitments.

Reason	Number
Because of family commitments	610
Because of work commitments	609
I forgot/time difference	132
I was unwell	100
I didn't have internet access	67
I intended only to access a recording of the webinar instead of attending	71
Other	251

Table 3: Webinar series reasons for not attending

Professions who registered and attended the webinar series

The highest registrations and attendance was from Psychologists followed by other professions. A review of the individual webinar reports reveals that Counsellors registered and attended the most out of the other professions category.

Profession	Registrants		Attendees	
	Number	%	Number	%
Psychologist	9,113	35%	3,704	38%
Social Worker	3,577	14%	1,275	13%
Occupational Therapist	1,309	5%	517	5%
General Practitioner	899	3%	439	4%
Mental Health Nurse	1,728	7%	610	6%
Psychiatrist	293	1%	127	1%
Other	9,298	35%	3,345	33%
Total	26,267	100%	10,017	100%

Table 4: Professions registered and attended webinar series

Location of participants

Across the webinar series Victorian registrants were the highest and New South Wales had the highest number of attendees.

When comparing the Australian Standard Geographical Classification – Remoteness Areas for the whole webinar series the most registrations and attendees came from major city locations (61% & 62% respectively). No registrations were received from very remote locations (RA5).

Highest registrations being in NSW and Victoria may indicate that the presence of a specialist organisation (Project Air in NSW and Spectrum in Victoria) creates awareness of BPD as a mental illness and stimulates interest in learning about BPD.

The overall distribution of registrations and participants is consistent with MHPN’s experience in delivering webinars for more than eight years.

Locations Registrations	Number	Percentage
New South Wales	7,420	28%
Victoria	7,831	30%
Queensland	5,610	21%
Western Australia	2,051	8%
South Australia	1,525	6%
Australian Capital Territory	726	3%
Tasmania	524	2%
Northern Territory	266	1%
Other/Unknown	315	1%
Total	26,268	100%

Table 5: Location of registrants for webinar series

Locations Attendees	Number	Percentage
New South Wales	2,991	30%
Victoria	2,986	30%
Queensland	2,090	21%
Western Australia	747	7%
South Australia	527	5%
Australian Capital Territory	276	3%
Tasmania	229	2%
Northern Territory	88	1%
Other/Unknown	82	1%
Total	10,016	100%

Table 6: Location of attendees for webinar series

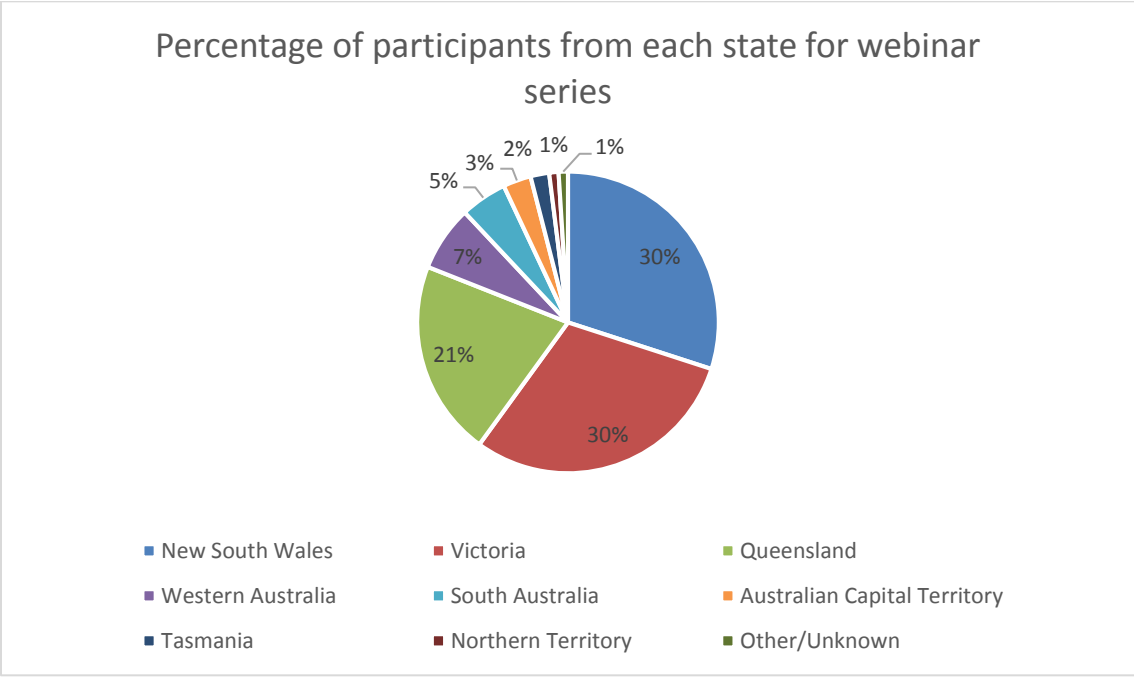


Figure 1: Percentage of participants from each state for the webinar series

ASGC Registrations	Number	Percentage
Major Cities (RA1)	16,131	61%
Inner Regional (RA2)	7,406	28%
Outer Regional (RA3)	1,847	7%
Remote (RA4)	258	1%
Very Remote (RA5)	80	0%
Other/Unknown	546	2%
Total	26,268	100%

Table 7: ASGC classifications for registrations for webinar series

ASGC Attendees	Number	Percentage
Major Cities (RA1)	6,176	62%
Inner Regional (RA2)	2,910	29%
Outer Regional (RA3)	659	7%
Remote (RA4)	92	1%
Very Remote (RA5)	30	0%
Other/Unknown	150	1%
Total	10,017	100%

Table 8: ASGC classifications for attendees for webinar series

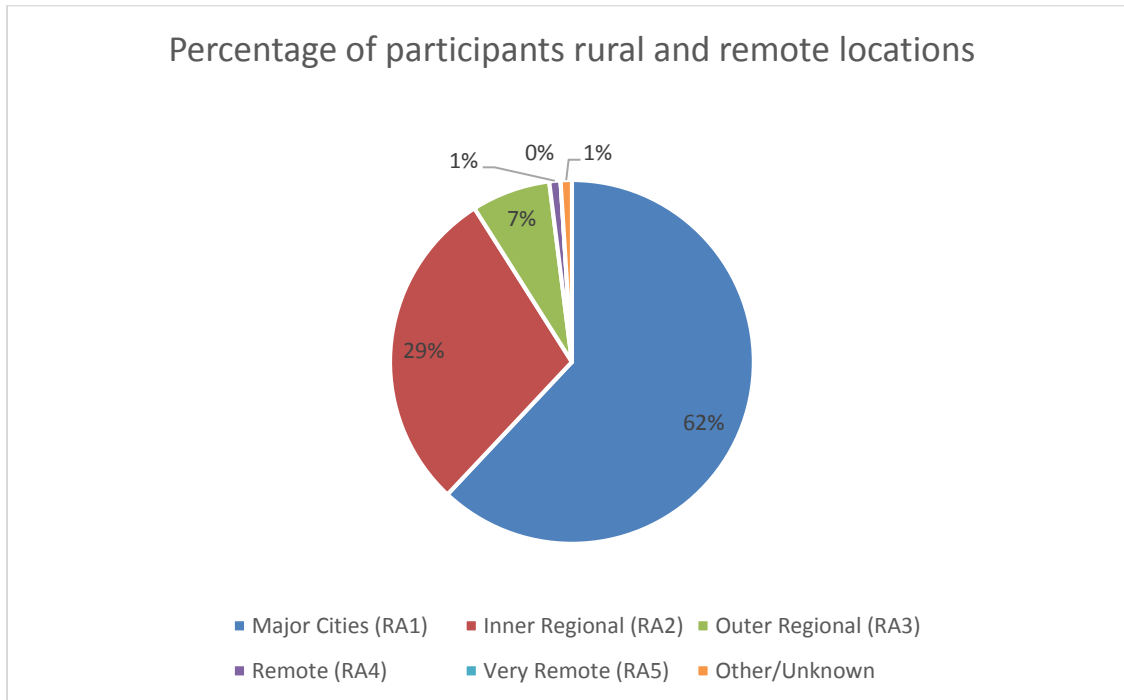


Figure 2: Percentage of attendees and their rural and remote locations for the webinar series

Collation of data from webinar series surveys

Of the 10,017 attendees for the webinar series 4,837 surveys were completed which is a 48% response rate.

When considering learning outcomes across the whole of the series:

- 98% of respondents said learning objectives were either entirely met or partially met
- 99% said their individual learning objectives were either entirely or partially met
- 99% said the webinar was either entirely or partially relevant to their work practice
- 95% said the webinar will help them improve their work practice
- Speakers were rated on average 95% as being very effective or mostly effective.

When asked how participants heard about the webinars 83% said it was a direct email from MHPN.

Some of the key messages that the series intended to deliver were around hope, need for validation, ways to keep clients engaged, being aware of appropriate language when working with people living with BPD and it's better to do something rather than nothing. Many of these messages were reflected in feedback provided and participants were confident they would improve their work practice around referrals, working with other mental health professionals in a collaborative manner and using NHMRC Guidelines.

Speaker evaluations

When survey respondents were asked to provide feedback on panellists, it was notable that the inclusion of panellists with a lived experience or carer perspective was very highly valued. One such comment is shown below:

“It’s incredible to hear the experience of someone with a diagnosis of BPD and it is an extremely valuable asset to the webinars”.

An example of some of the comments are listed below:

- Insight and presentation was magnificent giving a validation to treatment principles that work
- Lots of ideas on how to include family and others
- Keeping the carer in mind and developing a carer engagement plan when the client is well
- Reminder that working with people living with BPD can be enriching
- The lived experience panellist is so very important, thank you for your articulate and entirely relevant input
- I really appreciated the treatment suggestions

Work sector of survey participants

In the exit survey for each webinar respondents were asked what sector they worked in. People who worked in private practice represented the highest group followed by professionals working in the public health sector. Of the other sectors category people from education/academia sectors represented the highest as shown in Table 4.

Profession	Number	%
Private practice	1,993	41%
Public sector eg: community health service	1,484	31%
Both public and private sector	558	12%
Consumer/carers	678	14%
student	76	2%
Other	50	<1%
Total	4,839	100%

Table 9: Professions who participated in BPD webinar series

'Other' sector	Number	%
No specified/other	591	87%
Education/Academia	35	5%
Aged Care	4	1%
Private hospital	13	2%

Not employed/on leave/ retired	23	3%
Private organisations	8	1%
Prison	4	1%
Total	678	100%

Table 10: Professions in other category who participated in the BPD webinar series

Participant common take home messages

- There is hope
- BPD is now treatable, it can be treated and treated well
- Need for validation
- Facilitating engagement
- How to explain symptoms to person with BPD and families
- Reflect on self and not personalise the client's response
- BPD is not manipulative or attention seeking

Participant suggestions for improvements to the webinars from participants

- Supporting BPD client within forensic environment
- Cultural aspects
- Referral pathways
- How to harm minimise
- Differences between men and woman
- Crisis/treatment plans
- Managing transference

Participant future topic suggestions:

While the topics addressed in the current series covered a broad range, it is clear that it has only scratched the surface.

A strong appetite remains for further information on the topics already covered, as well as further professional development on new areas including:

- Ways workers can increase self-care and reduce risk of burnout/stress when working with people living with BPD
- Recommended treatment/management plan for people with BPD with dementia co-morbidity?
- BPD where there is no self-harm
- Assessment tools, treatment options and best medications
- How to blend different treatment options
- More therapeutic strategies to support clients with BPD
- BPD and psychosis

Conclusion:

The unique and successful collaboration between Spectrum, the Australian BPD Foundation and MHPN allowed each organisation to bring its own strengths to the partnership. Spectrum taking the lead in determining content direction and development, the Foundation ensuring a consumer and carer perspective remained at the centre of the activity, and MHPN providing its expertise in the production of professional development delivered via webinar.

Overall, the BPD webinar series was very well attended and evaluated, with feedback from attendees overall very positive. Of note, the inclusion of a lived experience/carer perspective in each webinar was highly valued by the audience.

The consistently high registration numbers indicate the value of these webinars to time-poor practitioners, with this series attracting a higher interest level than has been noted in other webinars produced by MHPN.

Overwhelming participants were seeking more information which is positive, indicating that interest has been stimulated and awareness of the need for further professional development activity in this area.

There is clearly an appetite for practitioners to engage in this form of professional development. The evaluation identified a number of topic areas that could be addressed using the same model as has been applied in this series.

While the 75 minute webinars were clearly valuable in providing much needed education to a huge and varied target population, such a short time frame is unable to provide the in depth subject material that mental health practitioners require to work effectively in this complex field.

Stage 2 will further support the learning commenced in Stage 1. Stages 3 & 4 (face to face training and supervision) will assist to build a national workforce skilled in providing treatment and support for people with BPD in addition to being inclusive of the person's family and support networks (as appropriate).

Part B:

Virtual Resource Library Report

An important component of the project was to develop a Virtual Resource Library for Practitioners to support the webinars. This involves establishing and promoting practitioner use of an online portal, i.e. the Virtual Library Resource. The Virtual Library Resource was launched on the 30th 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 addressed by the National BPD Webinar series. Resources related to each topic were added prior to each webinar being delivered. 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 and will be updated regularly.

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.

Webinar recordings are made available on both the Australian BPD Foundation's and MHPN's website. The webinar recordings will remain available on both websites into the future. The email that advises registrants that the recording is available directs to the Foundation's website.

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
What is BPD? (Oct 17)				
MHPN webinar library	3,100	444	676	
Australian BPD Foundation virtual library	4,063	N/A	N/A	8,283
Treatment principles for people living with Borderline Personality Disorder (Feb 18)				
MHPN webinar library	1,475	195	427	
Australian BPD Foundation virtual library	2,466	NA	NA	4,563

Evidence based treatments for people living with BPD (April 18)				
MHPN webinar library	1,127	182	309	
Australian BPD Foundation virtual library	2,287	NA	NA	3,905
BPD in youth and early intervention (Jul 18)				
MHPN webinar library	871	134	208	
Australian BPD Foundation virtual library	3,527	NA	NA	4,740
Management of self-injury and suicidality (Sept 18)				
MHPN webinar library	618	122	191	
Australian BPD Foundation virtual library	1,811	NA	NA	2,742
Management of BPD in public mental health services, private and primary health care sectors (Nov 18)				
MHPN webinar library	128	38	42	
Australian BPD Foundation virtual library	360	NA	NA	568

Webinar recordings views and downloads as at 31 December 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.

Virtual Library Learning Resource Survey Report

Please note this section of the report was prepared by:

Author: Dr Jillian Broadbear (Senior Research Fellow, Spectrum)

Virtual Library and Survey Creator: Ms Ruth Lawrence (Systems and Database Search Librarian, Eastern Health)

Each webinar was accompanied by a stand-alone 'virtual library' containing a variety of learning resources to support and expand the webinar content. The virtual library content was managed by Spectrum and hosted on the Australian BPD Foundation's website. This section of the report describes the results of an online survey that was emailed to all webinar registrants. The survey was open from Tuesday Oct 9th to Friday Dec 7th 2018.

Although only a small proportion of webinar registrants (400 of around 15,000 registered individuals) completed the survey, it nevertheless provided a wealth of informative feedback.

Overall, registrants who accessed the learning resources were most appreciative of them. Key improvements that would benefit similar initiatives in the future include:

- More explicit linking of the learning resources with the webinar content. 30% of respondents were unaware it existed.

- Minimisation of use of subscription-based journal articles.
- Having the learning resources available a week or more ahead of the webinar date.
- Clear email communication and reminders so that registrants have an awareness and ready access to the learning resources.

The bulk of feedback was very positive and strongly endorses the usefulness of the content to people throughout Australia. There is a consistent desire expressed in feedback to make the content available into the future. To ensure this occurs the Australian BPD Foundation will liaise with Spectrum to update the virtual library on a regular basis.

Survey Results:

398 webinar registrants completed the online survey. The majority (62%) identified themselves as mental health clinicians. 25% identified as 'other clinician'; additional groupings are listed in Table 1.

Table 1: Survey response to Q1 – Which of the following best describes you?

Response Option	Number of respondents	% of Total Respondents
Mental health clinician	247	62.1
Other clinician	99	24.9
Student clinician	19	4.8
Carer, family or friend	15	3.8
Lived experience of BPD	5	1.3
Other (teacher, MH Support worker)	13	3.3

When survey participants were asked whether they were aware that learning resources ('virtual library') were available to support the National BPD Training Strategy Webinar series, only 62% of respondents replied "yes". Thirty percent were unaware of the learning resources ("No") and 7.5% were "unsure". When asked whether they accessed the learning resources, 53% of respondents had done so. Of the respondents who hadn't accessed the learning resources, 78% provided an explanation (Table 2). Consistent with the previous question, one of the main reasons was that they were unaware that the learning resources were available.

Table 2: Survey responses to Q3b – Please provide feedback about why you didn't access the learning resources

Response Option	Number of respondents	% of Respondent Comments
Didn't know the resource was available	64	44.4
No time to do so	40	27.8
Will check when I have more time	18	12.5
Not applicable to need	14	9.7
Didn't know how to access	3	2.1
Forgot	2	1.4

Unsure whether they accessed it	3	2.1
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Respondent comments provided helpful feedback. The main themes are represented in this sample:

Inadequacy of communication regarding the virtual library resources:

“Unaware of these resources, which I would otherwise definitely have used”

“I’ve been busy at work and not had time to explore resource materials. Not had emails. Etc”

“I didn’t know how to access them”

“I thought I needed to do the seminar to access the resources. I now need to make sure I bookmark the link.”

“I didn't realise they were there. I just had a look and will certainly access them from now on, what a fantastic resource! Thank you”

“Didn’t know that they were available. I will definitely use them now though. Great resource option!!”

“I was not aware of the resources. Now that I have seen them, I would definitely use them and recommend other clinicians to do the same.”

Lack of available time:

“Time constraints, but it is good to know that the information is available easily if needed at any time.”

“Have not had time to do so, but I know they are excellent”

“Haven't had time. Have recommended the videos and resources to others though”

“Have not had a chance to look at them as yet but plan to”

Didn’t address participants’ needs:

“While I found Webinars helpful they did not achieve the outcome I expected so I presumed the resources would be the same”

“Because I thought the seminar itself was very basic and I did not learn anything new. A lot was said without actually saying anything of substance”

“Not sure information and standard guide line is here, and if it is evidence based standard like other GP guidelines”

For participants who did access the learning resources, 83.2% rated them as ‘relevant’ to the webinar content. 12.8% rated them as ‘mostly relevant’, 2.6% as ‘sometimes relevant’ and 0.5% as ‘never relevant’. Representative comments are:

“I tried to access an article but could only see the summary page as the entire article required payment to access”

“It is fantastic information”

“Excellent cross section of information which is very relevant to the topics discussed and helps clarify some of the discussion too.”

NB: Of the 214 participants who responded that they had accessed the virtual library, 196 completed the subsequent survey questions.

For participants who accessed the virtual library learning resources, their access patterns varied and demonstrated use of the learning resources that was independent from the webinars (see Table 3). The most popular time to access the learning resources was after the webinar (42%). Seventy three participants (37.3%) accessed the virtual library learning resources prior to the webinar going to air.

Table 3: Q5 – At what stage did you access webinar-associated learning resources?

Response Option	Number of endorsements	% of total responses
Before the webinar	31	15.8
During the webinar	23	11.7
After the webinar	82	41.8
Before and During	5	2.6
Before and After	18	9.2
During and After	9	4.6
Before, During and After	19	9.7
Viewed resources independent of webinar and in addition to above	15	7.7
Viewed resources without viewing any webinar	9	4.6

When asked whether the learning resources helped prepare participants for the webinar content, 81 participants (41%; despite only 73 participants nominating that they’d accessed the learning resources

prior to the webinar viewing) found that accessing learning resources in the virtual library prior to webinars was helpful preparation. A smaller group (12.8%) found the learning resources ‘somewhat helpful’ while 3.1% (6 participants) did not find them helpful. None of these 6 participants provided feedback to clarify why the learning materials weren’t helpful.

The majority of respondents (128; 65%) accessed the virtual library learning resources after viewing the webinar. When asked whether the learning resources were helpful in furthering their understanding of the webinar content, 75.5% responded ‘Yes’ and 15.8% found them ‘somewhat’ helpful’. Two respondents found that they were not helpful but there was no feedback indicating why this was the case. The following feedback was provided:

“The library was a much more effective tool for me than the webinar”

“Very comprehensive and useful resource”

“I COULDNT ACCESS THEM PRIOR TO THE WEBINAIR”

“Only abstracts of articles available without logging into the journal, I couldn't find log in details available”

This highlights a known issue with the timing of the virtual library’s release being too close to the webinar streaming date. This was addressed for the later webinars but may explain why more participants accessed the learning materials after each webinar compared with before. Another known issue was the use of key journal articles that weren’t ‘open access’. These generally require a subscription to access the full text which was a source of frustration to many. Unfortunately copyright restricts the ability to provide these. Although we did our best to provide universally accessible resources, this was not possible in all cases.

When asked about the best format of the learning resources, preferences varied (see Table 4).

Table 4: Q8 – What was the most helpful format of the learning resources that you accessed?

Response Option	Number of endorsements	% of total responses
PDF document	83	42.3
YouTube video	31	15.8
Link to journal/database	19	9.7
No preference	63	32.1

The written feedback was informative. A sample is included here:

“All are valuable resources and serve different purposes”

“They were all really good”

“Downloadable PDF and Audio easier to revise learning”

“Cannot access many of the journal links which is frustrating”

“As carer and practitioner I found the variety of resources fantastic. Have found the video links a great way to educate other family members who, until viewing, were of the mindset “that’s just mum”. Incredibly valuable.”

With respect to the reliability of access to learning resources, 140 participants (71.4%) reported having trouble accessing resources. A further 22.4% reported ‘usually’ having trouble reliably accessing the resources listed in the virtual library. Only 3 participants reported ‘never’ having any problems with access. The main issues are highlighted in this selection of comments:

“Journal articles require log in to access more than the abstract”

“One link I tried didn't work. Was only able to view abstracts of most articles.”

“Some had been withdrawn”

Some of the key papers were unfortunately not published in open access journals, requiring that people registering for the webinars had access to an electronic journal subscription (e.g. through their workplace or professional affiliations). This clearly did not work well for most people.

Finally, there were 49 comments suggesting how the learning resources could be made more useful. The broad themes around the comments are summarised in Table 5.

Table 5: Q10 - Feedback regarding how virtual library learning resource could be made more useful

Feedback Theme	Number of comments	% of total responses
Content	7	14.3
Communication	11	22.4
Ongoing access to content	7	14.3
Appreciation	24	49.0

Examples of the comments within these categories follow:

Content:

“Just make sure that everyone knows that they have free access to these resources”

"I found it very easy to use, links worked effectively, topic headings matched content and were straight forward (didn't have to guess if the topic meant what I thought I wanted to look at)"

"As many free resources (i.e. not requiring journal subscription) as possible."

"More articles available, e.g. Fonagy and Bateman's Mechanisms of Change in Mentalization-Based Treatment of BPD that cover a range of appropriate treatment options, not just the cognitive ones."

"Provide further instructions on accessing journal articles or if people have to use their own subscriptions to access journal articles"

Communication:

"Keep it going, advertise more widely. Great resource thankyou"

"Keep advertising that they are available."

"Send us regular messages with the available links"

Ongoing access to content:

"Keep it current, it's so helpful"

"Make sure the links to resources are valid and can be accessed. Please continue to update and improve/develop/extend the resources available."

"Continue to promote it!"

Appreciation:

"They are very useful and it's lovely to be part of the webinars because you feel you have some connection with others"

"Thank you for all the hard work your team does to ensure this information is available to us, ultimately (hopefully) improving outcomes for individuals with BPD."

"The webinar was very well organised and the resources were great. Thank you!"

"No suggestions. Just wanted to say these resources are very useful and a valuable reference."

"All very helpful in rural areas"

"I think it's great - absolutely fantastic! Thank you so much for providing this resource and free of charge. It's so wonderful for those of us in rural areas to feel part of the big picture!"

"Love the different levels available to cater for all base knowledge levels. If anything would endorse wider promotion of their availability. People who have had exposure to BPD will instantly see the value but as stated in the survey I have found the greatest level of value in using"

them, as a neutral and credible resource, to help inform family members who were quite oppositional to the reality of BPD. Availability in wider range of languages and support for people who are struggling with the content would be great. Promotion via the GP and Mental Health Practitioner service networks, particularly for people and their families facing a new diagnosis would be valuable. Such a fantastic set of resources. Well done.”

“The resources are there in order. Easy to manage and download. The Webinars were very useful and accessible. Well worth being involved.”

“I thought the virtual library learning resource for BPD is excellent, very informative and I have thoroughly enjoyed accessing the webinars I have already and I hope the remaining ones are left up so I can access them during the Christmas school holidays. Thanks”

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 is 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.

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 also assists with resources to draw on for professional development sessions.

Professional development sessions in New South Wales and Victoria are recorded whenever possible, with the consent of the presenters, so that they can be accessed more broadly by rural and remote members. Participants are advised that the sessions are being recorded and asked to inform the video person if they have any concerns. The recordings are accessed via the Australian BPD Foundation website for the Victorian network and via both the Australian BPD Foundation's website and the Mental Health Carers NSW YouTube channel for the Sydney/NSW network.

In states without a Foundation branch, MHPN is using its network to source coordinators to form locally based networks and organise and deliver quarterly professional education sessions for mental health professionals in their areas. In rural and remote areas, it may prove most effective to work through local coordinators sourced through MHPN. Importantly, if a coordinator steps down MHPN will source a suitable member to undertake the coordination role and continue network meetings.

All network coordinators liaise directly with a dedicated MHPN Project Officer. MHPN provides considerable administrative support, including sending invitations, collecting RSVPs, collating attendance sheets, and sending Certificates of Attendance and network directories after the meeting. Networks are allocated a financial budget to help with venue hire, catering and guest speaker payments. Having the same dedicated point of contact for all networks also allows MHPN to deliver strategic advice that can help grow, develop and sustain networks.

At 31 December there were a total of **2,959** BPD network members of seven MHPN BPD practitioner networks.

Network activity

Network name	Location	Locally coordinated by	Number network members	Number meetings held*	Total meeting attendees
Adelaide BPD MHPN	Adelaide SA	Australian BPD Foundation SA branch	614	11	159
Brisbane North BPD MHPN	Chermside QLD	Psychologist & DBT program coordinator	223	3	28
Hobart BPD MHPN	Hobart TAS	Psychologists at The Hobart Clinic	156	2	53
Ipswich/West Moreton BPD MHPN	Ipswich QLD	Clinical Psychologist & DBT program coordinator	167	13	227
Perth BPD MHPN	Perth WA	Australian BPD Foundation WA branch (supported by Mental Illness Fellowship WA)	157	3	70
Sydney BPD	Sydney NSW, with video-recording for some meetings	Australian BPD Foundation NSW branch (supported by Mental Health Carers NSW)	917	7	222
Victorian BPD MHPN	Melbourne VIC, with video-recording for broader VIC based members	Australian BPD Foundation VIC branch	725	11	175
TOTAL			2959	50	934

*during the project period

Compared to the average MHPN specific interest network, the BPD networks on average attracted double the number of attendees to meetings.

Example meeting topics

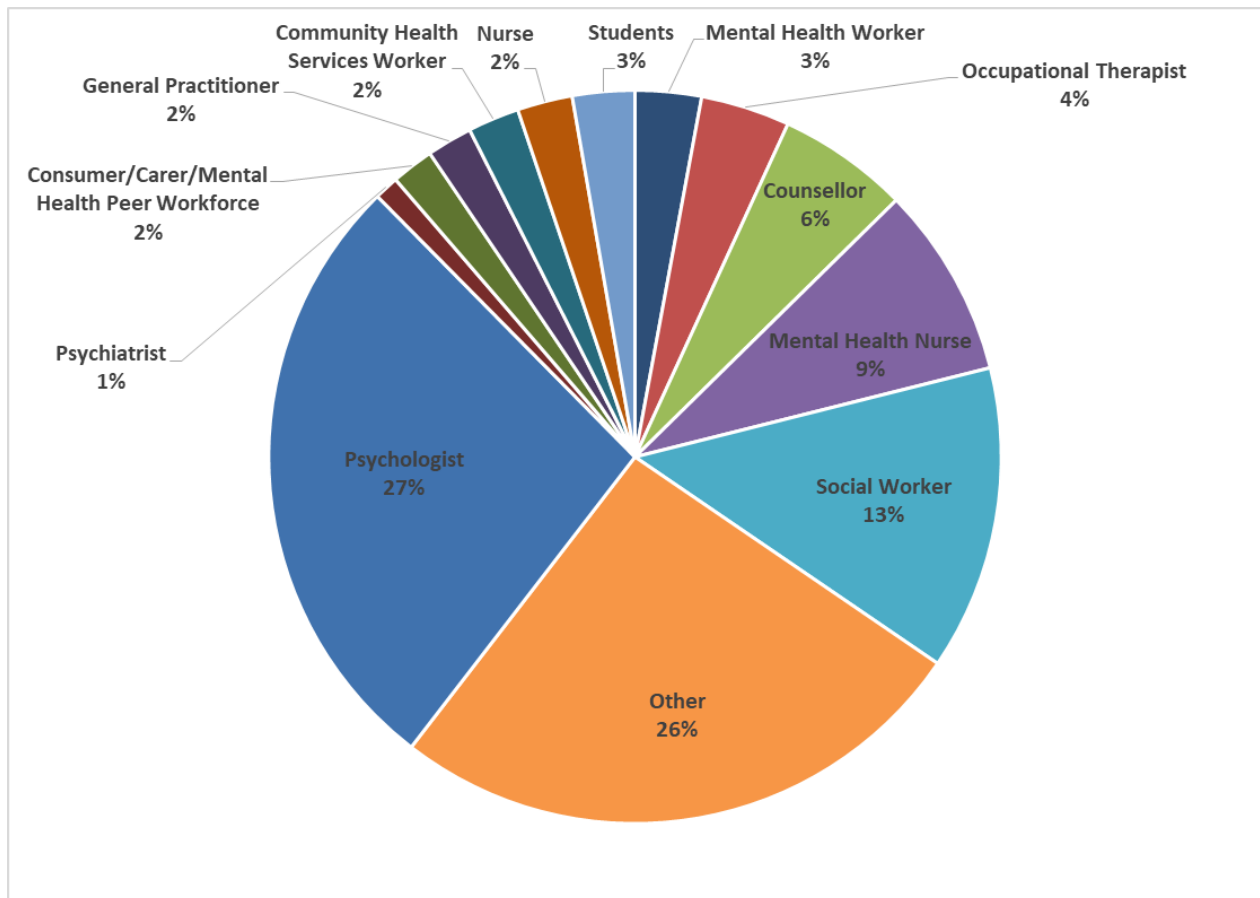
A lived experience: Everything you wanted to know but didn't like to ask
Working with people with BPD. Q&A with Margaret Hartstone
Developing a Directory of Local Services, with a presentation on DBT Brisbane's DBT for Young Persons and Families Program
Psychiatric aspects of BPD and Chronic Pain
Practical strategies to assist a client tolerate distress
Mental Health Acute Care Team responses to individuals with BPD, suicidal behaviours and non-suicidal self-injury
Trauma-informed care
Are the ACEs (Adverse Childhood Events) too high?
Improving Effectiveness and Sustainability of BPD Care
Trauma Treatment & BPD Presentation in Refugees & Asylum Seekers
Sensory Modulation and BPD – empowering clients to intentionally use sensation to manage distress
Sydney BPD Awareness Week Event *see flyer in appendix

Table 1: Network member professions

Profession	N=2892	
	n	%
Psychologist	957	33.1
Social Worker	474	16.4
Mental Health Nurse	298	10.3
Counsellor	204	7.1
Occupational Therapist	139	4.8
Mental Health Worker	103	3.6
Student/Intern/Registrar	97	3.4
Nurse	86	3.0
Community Health Services Worker	80	2.8
General Practitioner	71	2.5
Consumer/Carer/Mental Health Peer Workforce	66	2.3
Program Officer/Manager	56	1.9
Not Specified	50	1.7
Educator/Teacher	48	1.7
PIR Support Facilitator	39	1.3
Psychiatrist	38	1.3
Music/Art Therapist	16	0.6

Pharmacist	12	0.4
Psychotherapist	9	0.3
Youth Worker	9	0.3
Researcher	8	0.2
Dietitian	7	0.2
Practice Manager/ Consultant	7	0.2
Aboriginal Health/ Mental Health Worker	5	0.2
Exercise Physiologist	4	0.1
Natural Therapies Practitioner	4	0.1
Speech Pathologist	3	0.1
Lawyer/Solicitor	2	0.1

Top professions



Out of the 723 unique attendees who participated in at least one network meeting, 144 (20%) also attended a webinar*.

*webinar data does not include those who didn't opt in to join MHPN

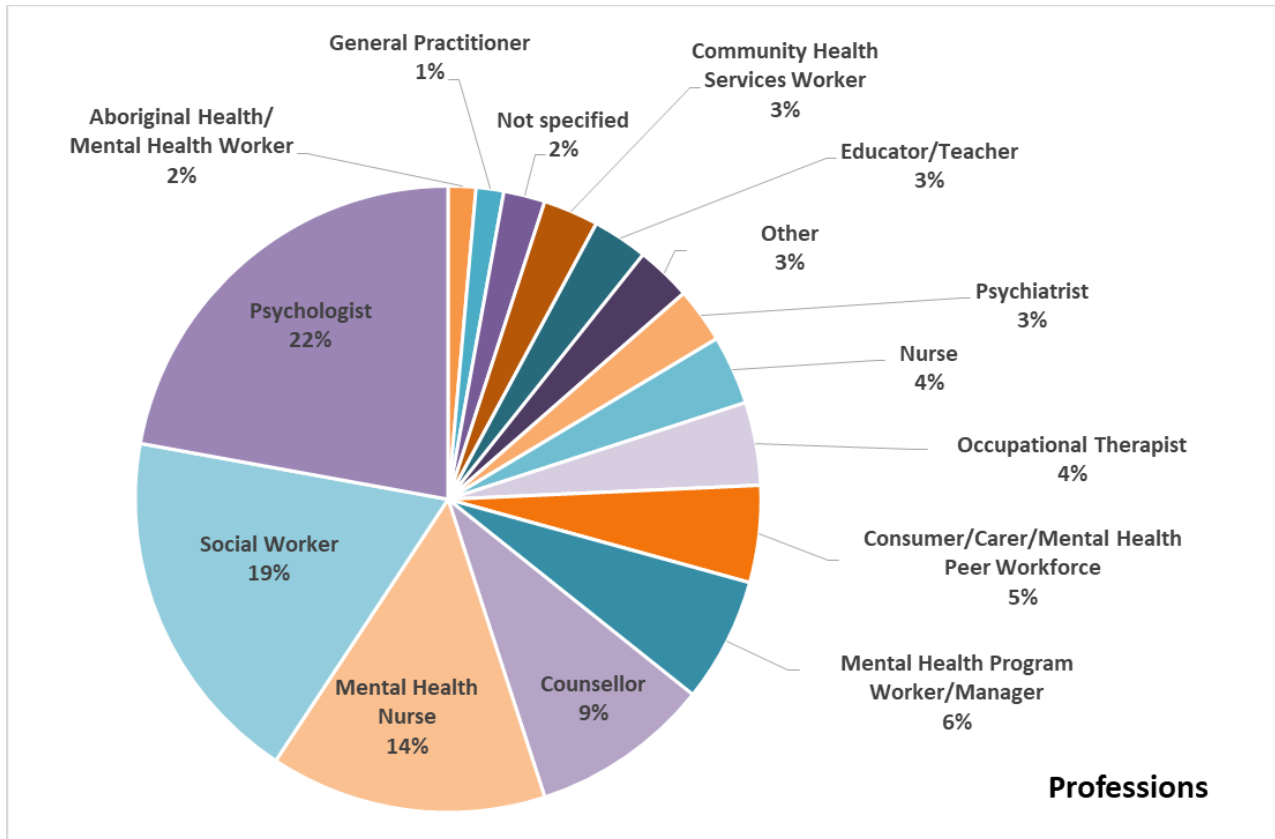
BPD Meeting Participant Survey

A survey was sent to 659 people who attended at least 1 MHPN BPD network meeting in the project period. A total of **140** responses were collected, a response rate of 21%.

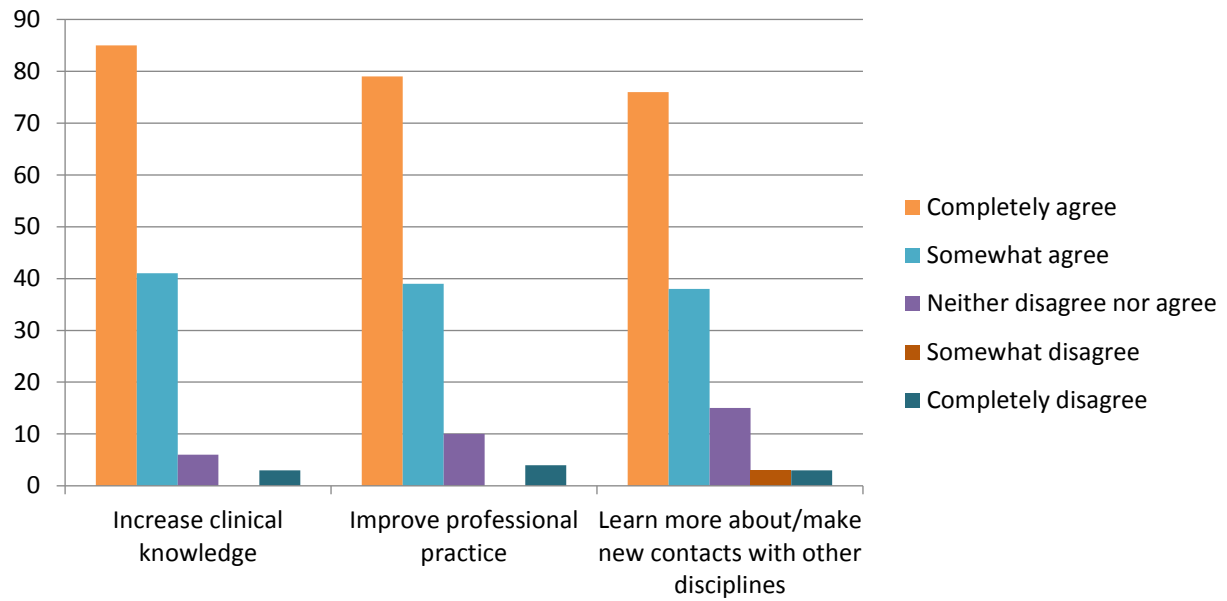
Table 1: Characteristics of respondents

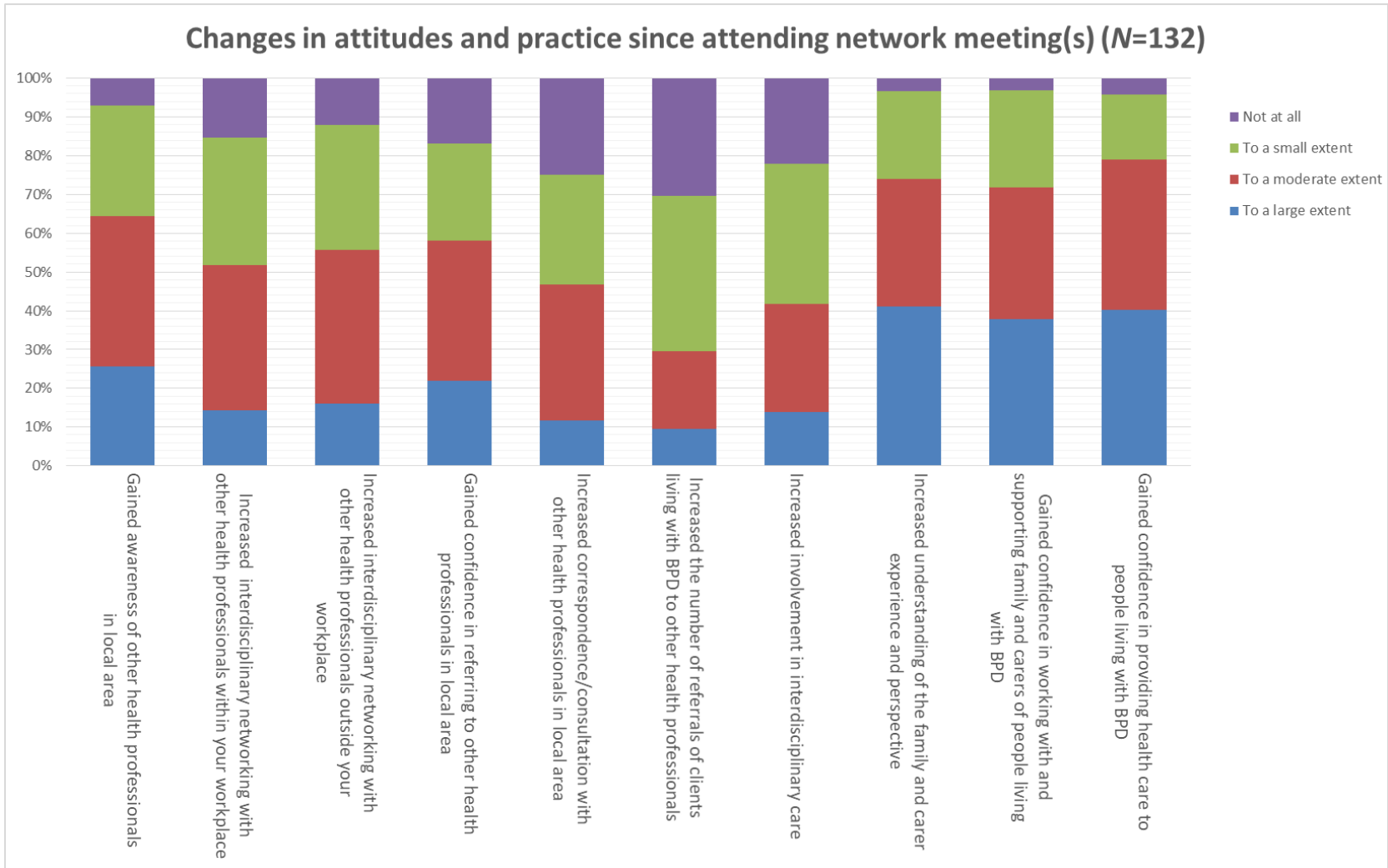
		Completed survey N=140	
		n	%
Profession	Psychologist	31	22
	Social Worker	26	19
	Mental Health Nurse	20	14
	Counsellor	13	9
	Mental Health Program Worker/Manager	9	6
	Consumer/Carer/Mental Health Peer Workforce	7	5
	Occupational Therapist	6	4
	Nurse	5	4
	Community Health Services Worker	4	3
	Educator/Teacher	4	3
	Other eg Researcher, Student, Registrar	4	3
	Psychiatrist	4	3
	Not specified	3	2
	Aboriginal Health/ Mental Health Worker	2	1
	General Practitioner	2	1
BPD network	Adelaide	32	23
	Brisbane North	10	7
	Hobart	7	5
	Ipswich/West Moreton	12	9
	Perth	23	16
	Sydney	34	24
	Victorian	22	16
Proportion of clients living with BPD	Significant (>50%)	31	23
	Moderate (10-50%)	51	38
	Small (<10%)	37	27
	None but intent to	5	4
	None but interest in the area	11	8
Years of practice	<1 or studying	7	5
	1-5	25	18
	6-10	36	26
	11-15	14	10
	16-20	15	11

21-25		11	8
26-30		12	9
31-35		5	4
36-40		3	2
41-45		2	1
46-50		3	2
>51		3	2
Sector	Private	37	27
	Public	58	43
	Both public & private	16	12
	Community/Not-for-profit	15	11
	Other	15	11



Reasons for attending BPD network meeting (N=135)





It is important to note that some respondents indicated that they had only attended 1-2 network meetings, so didn't have the chance to demonstrate any change in attitudes and practice since attending

Further comments:

- *I have found the Network meetings to be extremely helpful both in terms of knowledge and in the way I approach working with people with BPD. Very worthwhile*
- *It has been very worthwhile attending sessions as it has broadened my knowledge in this area of practice*
- *The meetings are really enjoyable, they provide a source of support and hope for clinicians too which is really important*
- *I have found the BPD Network to provide a Community feel for Clinicians to enjoy space and knowledge together*
- *I would like to see more training and workshops on BPD*
- *The meetings are a great opportunity to learn and network. A great service in what can be a virtual wasteland when you are seeking help and information.*

Conclusion

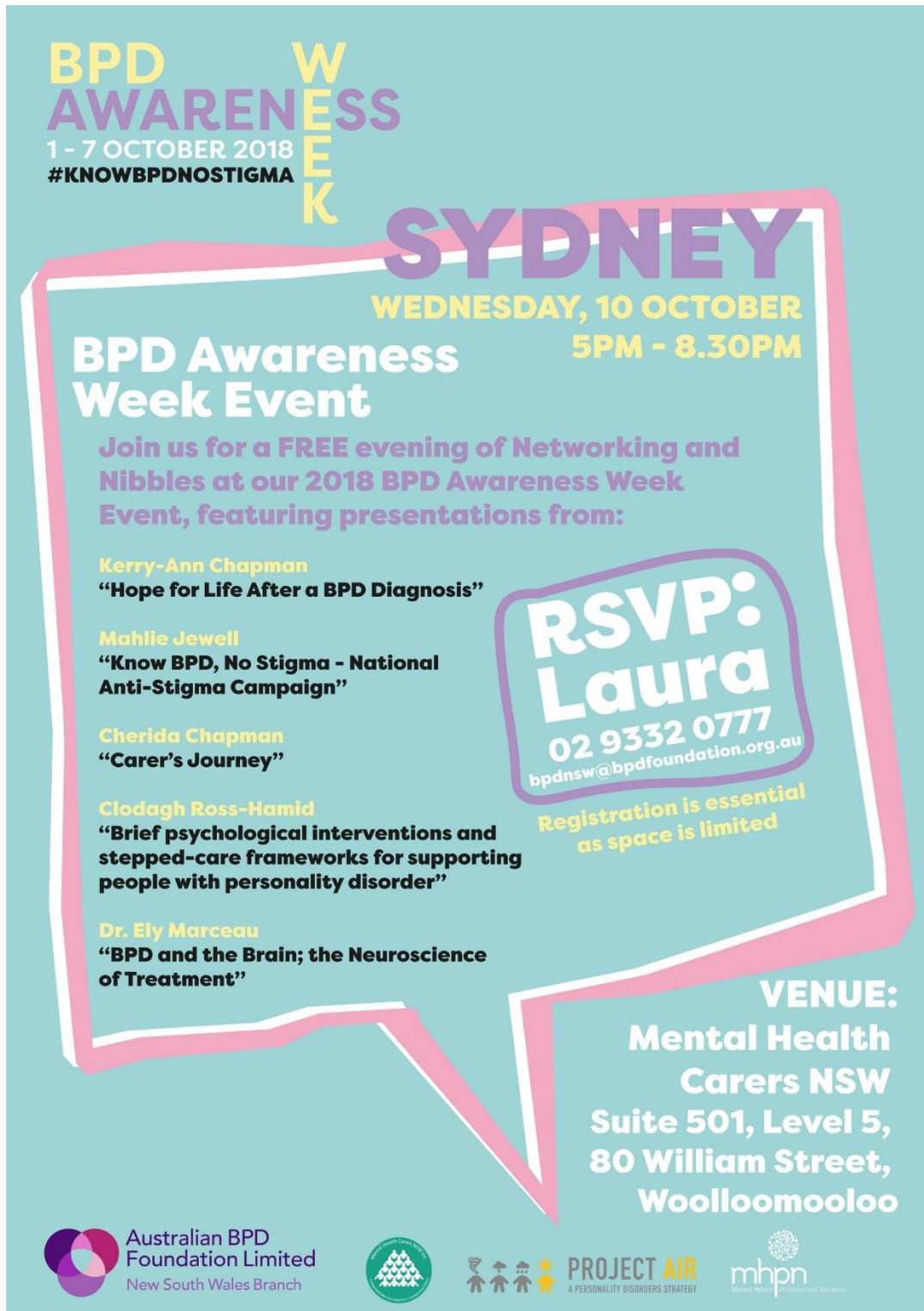
Both the network activity data and participant survey shown above demonstrate that the face-to-face networks at a local level are meeting an important need within the practitioner community and are helping to fill the gap in current BPD knowledge and understanding.

As the only remaining territories without a network, leads were followed up in the Australian Capital Territory and Northern Territory to start a new network and appoint a local coordinator. As a result, in February 2019 MHPN established a new BPD focussed network in Berrimah, NT. An expression of interest survey was sent and an impressive 78 professionals joined the network in 2 weeks. The first meeting is scheduled in March 2019, with teleconferencing options to reach as many professionals in the area as possible.

MHPN will continue to support all eight of these networks, as well as work with any local professional that sees an opportunity to bring practitioners and services together to better understand and treat BPD in their community through an MHPN network.

Appendix

Sydney Meeting, BPD Awareness Week flyer



BPD AWARENESS WEEK
1 - 7 OCTOBER 2018
#KNOWBPDNOSTIGMA

SYDNEY

WEDNESDAY, 10 OCTOBER
5PM - 8.30PM

BPD Awareness Week Event

Join us for a **FREE** evening of **Networking and Nibbles** at our 2018 BPD Awareness Week Event, featuring presentations from:

Kerry-Ann Chapman
"Hope for Life After a BPD Diagnosis"

Mahlie Jewell
"Know BPD, No Stigma - National Anti-Stigma Campaign"

Cherida Chapman
"Carer's Journey"

Clodagh Ross-Hamid
"Brief psychological interventions and stepped-care frameworks for supporting people with personality disorder"

Dr. Ely Marceau
"BPD and the Brain; the Neuroscience of Treatment"


RSVP: Laura
02 9332 0777
bpdnsw@bpdfoundation.org.au


Registration is essential as space is limited

VENUE:
Mental Health Carers NSW
Suite 501, Level 5,
80 William Street,
Woolloomooloo

 Australian BPD Foundation Limited
New South Wales Branch

 MENTAL HEALTH CARERS NSW

 PROJECT AIR
A PERSONALITY DISORDERS STRATEGY

 mhpn
Mental Health Professional Network

Part D:

Scoping for Development of e-learning Modules

Stage 2 the Development of e-learning Modules, has been undertaken in parallel with the roll out of the Stage 1 webinars in accordance with the contract established by the National Mental Health Commission with the Australian BPD Foundation and Project Air BPD Strategy for NSW. Regular reports of Stage 1 have been provided to the Australian BPD Foundation which have been helpful in informing the development of the e-learning modules.

The e-learning program Effective psychological Treatment for BPD is an e-learning program for mental health workers and service providers to provide the knowledge and skills to provide evidence-based treatment and support to the person with BPD and their family/carers. It is comprised of 5 modules:

1. What is effective care for BPD
2. How to effectively engage people with BPD in treatment
3. How to reduce crises and increase safety to promote recovery in people with BPD
4. Working actively with people with BPD and connecting with carers, partners and family
5. Successful BPD treatment: A support guide for healthcare workers

Reports have been provided to the National Mental Health Commission in accordance with the relevant contract.

This e-learning program requires completion of 5 modules and includes a combination of information, linked resources and videos and a series of questions to check learning. Successful completion of a final multiple choice test after completing all modules will issue a Certificate of Completion.

The e-learning program is currently undergoing peer review and should be available soon via the Australian BPD Foundation website: <https://bpdfoundation.org.au/webinars.php>