

A Statewide Model of Care for Personality Disorders

Full report available: <https://www.mhc.wa.gov.au/media/3579/pd-report-jan-2021.pdf>

The development of the Statewide Model of Care for Personality Disorders was funded by the WA Mental Health Commission (MHC) and undertaken by the WA Association for Mental Health (WAAMH), in partnership with the Mental Health Network and the Personality Disorders Sub Network

Description of Personality Disorder (PD)

A set of intense personality traits and behaviors that may have developed during childhood and adolescence that persist over time and continue to cause significant distress and barriers to a person's wellbeing and their ability to manage daily life. These also cause enormous stress for their family, friends, and the wider community. PD is a highly stigmatised condition and many people living with the condition report significant challenges in accessing care, support, and treatment.

Why a Model of Care is Needed

During periods of their life individuals with PD may be frequent users of mental health care services and at other times may need less support. People living with PD are more likely to present frequently to health services, with high rates of co-occurring conditions, suicide, and self-harm. Effective, evidence-based treatments exist but are not widely available. With a staged approach to treatment and support people with PD do recover and lead meaningful lives.

The Co-Design Process

The process was designed to ensure that the Model of Care reflected the voices, experiences, perspectives and needs of people with lived experience and those directly affected by personality disorders, including consumers, parents, family members, carers, support persons and friends. It identified that system re-design is essential to meet the needs of people living with personality disorders and their supporters.



As service providers and consumers, what can we do now to implement the principles and processes of the PD Model of Care?

1. Build a shared foundational knowledge of PD and commit to the principles of a positive culture of care.
2. Work together to apply the PD Model of Care to your service.
3. Promote and advocate for the application of the Model of Care and principles of care.
4. Support access to PD training, competencies and development opportunities for team members, including peer workers.
5. Seek and provide consumer feedback on whether the experience of care is consistent with the principles in the PD Model of Care.
6. Collaborate with service partners to learn about the PD Model of care and generate new shared ways to work together to improve outcomes for consumers, carers and families.
7. Provide PD specific education and skills development opportunities for carers and families to learn more about PD and how to focus their support for their loved ones.
8. Provide evidence-based, PD specific consultation, liaison, and advice to our networks.
9. Contribute to the co-design and creation of staged, culturally secure PD treatment and support pathways for primary, public and community PD treatment & care.
10. Work with schools to identify, support and engage services for young children and teenagers at risk.

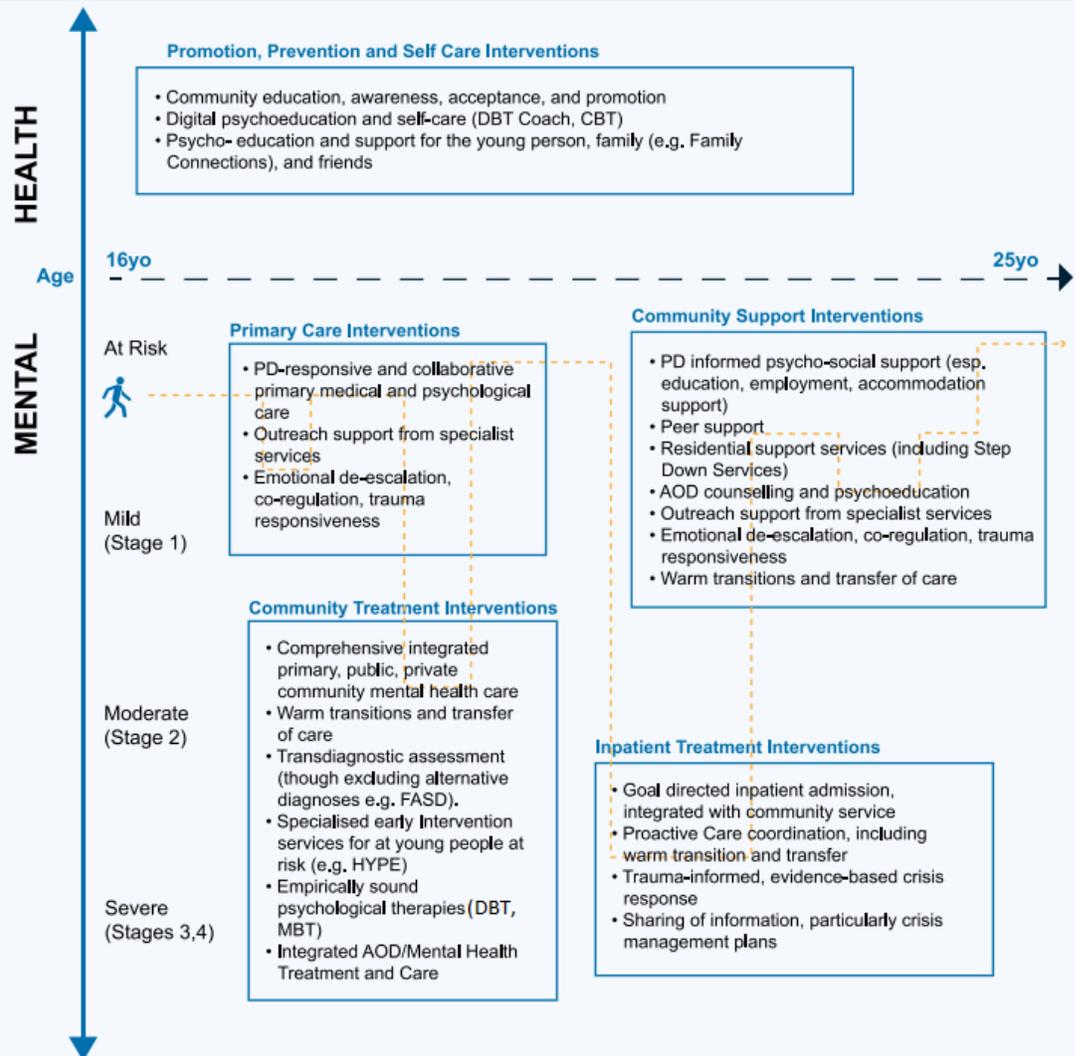
If you would like further information on the MoC or the Principles that underpin a Positive Culture of Care, please contact MHNetwork@mhc.wa.gov.au. If you are not yet a member of the Mental Health Network, you can register here: <https://www.mhc.wa.gov.au/about-us/mental-health-network/>.

The Model of Care

The Model of Care represents a whole of system, whole of government and community approach to recovery-based, community-based care, support and treatment for people living with personality disorders, their families, and carers. It comprises a detailed set of Principles and seven Elements:

- Prevention, Early Intervention and Self-care
- Primary Care
- Specialist bed-based services
- Service Navigation and Integration
- Community Support
- Community Treatment
- Capacity Building

A Staged Trajectory Pathway Personality Disorders - Youth



Principles that Underpin a Positive Culture of Care

- Hope-filled; individuals with PD can and do recover and engage in meaningful lives.
- Compassionate, flexible, empathetic, open, non-judgmental, consistent, reliable, validating, encouraging, and enquiring.
- Recovery focused; empowering, person-centred, tailored to the individual's strengths, goals, and values.
- Trauma informed; recognising the prevalence of trauma history in people with PD and its impact.
- Least restrictive; reinforcing of positive behaviors.
- Culturally safe; respectful and responsive to Aboriginal and ethnoculturally and linguistically diverse communities.
- Staged Care; with access to early intervention which is least intrusive and intensive and dependent on readiness to engage
- Collaborative; in partnership with consumers, their supporters (with consent), other care providers and services
- Safe transition of care; shared planning, co-ordination, that is empowering of consumers and supporters.
- Responsive to crisis; in collaboration with consumer and their support persons, with timely access to a range of options
- Competent; supervision, training and support including in trauma, crisis intervention, de-escalation and coregulation.
- Continuous Improvement; with an emphasis on dissemination of expertise and capacity building.