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s p e c t r u m
Personality Disorder Service for Victoria
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Submission to the Royal Commission into Victoria's Mental Health System

About Spectrum Personality Disorder Service for Victoria
Spectrum, the Personality Disorder Specialist Service for Victoria, is auspiced by Eastern Health. Spectrum provides services to people with Personality Disorder (PD) treated within the Victorian Public Mental Health Service.

During its 20 year history, Spectrum has accumulated extensive knowledge and experience in the delivery of care for people with PD.

PD has a prevalence of around 5% in the general population. Amongst people with PD, it is those diagnosed with Borderline Personality Disorder (BPD) who seek care most actively from Mental Health Services. There is a 1% prevalence of BPD in the community; this implies that around 60,000 Victorians experience BPD in Victoria today. It is reported that the prevalence of BPD in psychiatric inpatient facilities is about 20%.

A recent Spectrum study (yet to be published) that was conducted in collaboration with the Coroner's Court of Victoria has demonstrated that PD is the underlying cause in an estimated 10% of all suicides. The study also found that, on average, there were 50 BPD-related suicides in Victoria per year, amounting to one BPD suicide per week. Of those with BPD who died by suicide, 99% had presented to mental health services in the preceding 12 months and 88% had presented to mental health services in the preceding six weeks.

Spectrum has conducted a recent audit of BPD consumers presenting to Emergency Departments (ED) and it is estimated that approximately 10,000 ED presentations over a one-year period in Victoria are for people with BPD. However, a clear finding from Spectrum's extensive clinical work across the Mental Health Sector in Victoria, is that access to evidence-based treatments for people with BPD is extremely limited.

The current care for people with PD is chaotic, uncoordinated and may unintentionally contribute to mental illness. There is no clearly articulated care pathway or model of care for people with PD. When care is provided, it is frequently in response to a crisis, leading to expensive and, in most cases, unnecessary hospitalisations, polypharmacy and ED care. People with PD are, at best, *managed* rather than *treated* with evidence-based psychological interventions that have proven to result in remission and recovery for most people.

Spectrum recommendations for consideration by the Royal Commission

Addressing stigma and promoting help-seeking

- Develop and implement public awareness campaigns about PD, and BPD in particular, akin to the campaigns by organisations such as Beyond Blue in its raising of awareness about depression.
- Implement school-based programs that would build awareness and resilience about Mental Health in general and PD more specifically.
- Fund and task consumer-carer organisations such as the BPD Foundation, to undertake community awareness campaigns across Victoria.

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- Develop a 24/7 Victorian specialist telephone helpline and online chat service for consumers, carers and clinicians that can offer specific assistance to suicidal PD populations, their families and carers, as well as the clinicians working with them. Existing telephone support systems are inundated with calls from people with PD and the clinicians working at these helplines often find the complexities of these calls do not adequately match their skill levels.

Building workforce capacity in managing PD and other co-occurring mental disorders

- The Victorian government has recently funded ($2.45 million per year) a Personality Disorder Clinical Specialist Initiative that will initially enhance the capacity of six Victorian Mental Health Services to better service the needs of people with PD. Additional resourcing of $10 million per year will enable this initiative to be expanded to cover all Victorian Mental Health Services. This would ensure that the entire Victorian mental health sector is better trained and supported to address the treatment needs of people with PD.
- All mental health clinician training programs should teach and assess core competencies relevant to PD. These core competencies should include the skills to detect, diagnose and provide psychotherapeutic clinical interactions during every clinical interaction, even in the absence of formal long-term psychotherapeutic interventions.
- Clinicians across the Victorian Health Sector, and specifically the Mental Health Sector, must be trained to diagnose and treat people with PD. The training need not be extensive or expensive. One of the barriers to offering treatment is the expense of popular treatments for BPD, such as Dialectical Behaviour Therapy (DBT), which costs up to $25,000 per patient. This would amount to a cost of $1.5 billion to treat the Victorian BPD population. A viable alternative proposed by Spectrum is to adopt a stepped-care model that would comprise:
  (i) Brief and less expensive, common factors-based psychological interventions for mild severity PD populations;
  (ii) A core competencies-based treatment approach for moderate to severe PD populations; and
  (iii) The use of specialist treatments (e.g. DBT or Mentalisation Based Therapy) for severe and complex PD populations.

  A stepped-care approach would be less expensive, require less extensive clinician training and would vastly improve the accessibility of appropriate treatment for people with PD.

Developing suicide prevention strategies for at-risk populations

- As stated above, most people with Personality Disorder who die by suicide access mental health services within both six weeks and one year prior to death. This provides a real opportunity to detect 'at risk' people with PD and implement suicide prevention strategies.
- Spectrum has treated about 2500 consumers with PD over the last two decades and the suicide rate for this treated population of PD consumers has been extremely low (eight deaths out of 2500 treated patients). If Victorian Mental Health Services were to implement treatment strategies that are currently provided at Spectrum, this would greatly enhance the effectiveness of suicide prevention efforts in relation to PD.

Building integrated service responses for co-occurring PD and other mental disorders

- Victoria requires a well-articulated clinical care pathway and a clear Model of Care within Mental Health Services to coordinate and deliver evidence-based psychological treatments to people with PD alongside treatment for co-occurring mental illness.

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- A panel of expert clinicians, consumers and carers is needed to develop care pathways within a comprehensive model of care. Such pathways may include caring for BPD consumers in Psychiatric Assessment and Planning Units (**PAPU**) and Prevention and Recovery Care (**PARC**) settings rather than in ED and psychiatric inpatient facilities.
- Victoria needs to adopt a population health approach that utilises a stepped-care model to treat Victorians with PD. This would involve the delivery of services to people with PD by the Primary and Public Sectors.
- To address the high cost and long treatment duration associated with specialist psychotherapy, Spectrum has developed several brief and cost-effective interventions that can be readily taken up by Mental Health Services. Doing so will enhance the capacity of Victorian Mental Health Services to provide access to care for a larger number of consumers with PD. These brief interventions have been specifically developed to suit the needs of the Victorian Health Care Sector.

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