



Spectrum 2020

2020 Snapshot

Over **6,000**
hours of
secondary
consultation
provided

Over
17,000
hours of direct
clinical services
provided to clients

1,195 health workers
attended
professional
development
courses

37 individual training
events completed

Contents

- 4 Welcome
- 5 Introduction
- 6 Lived Experience Panel
- 7 Carer Consultant
- 8 Client Story — Spectrum has changed my life and given me hope
- 9 Client Story — Treatment Essentials
- 10 Specialised Supervision Training Programs
- 12 Telehealth
- 14 Treatment Clinics
- 16 Ambulance and Emergency Department Projects
- 17 Diagnosing BPD in People Aged Over 65
- 18 Workforce Development
- 19 Personality Disorder Initiative
- 20 National Borderline Personality Disorder (BPD) Training and Professional Development Strategy
- 22 The Spectrum & South East Melbourne Primary Health Network (SEMPHN) Initiative
- 23 Partnerships

Welcome

We look back on some of Spectrum's achievements in 2019–20.

Spectrum continues to lead in Personality Disorder treatment, research and education at a state and a national level. Much has been achieved by Spectrum over the past 12 months and many exciting opportunities are ahead. Congratulations to all Spectrum staff, partners and collaborators on their continued strong leadership and outstanding work.

Spectrum uses its specialist skills, knowledge and expertise to ensure that those impacted by Personality Disorder have access to the best possible treatment and care. It uses its comprehensive knowledge of Personality Disorder to develop and implement new approaches across public, private and primary health sectors, and conduct research at the cutting edge of health care service delivery.

This year, Spectrum launched a major national training initiative that recognises its unique position at the forefront of workforce development in responding to Personality Disorder. The initiative is funded by the National Mental Health Commission and will result in Spectrum delivering training in all Australian capital cities. This work supports improved care for patients and the ongoing development of a strong and capable workforce.

Spectrum's national research credentials continue to grow and contribute to its strong reputation for developing solutions to complex questions concerning Personality Disorder and building the evidence base for best practice.

Governments at a local, state and federal level ask Spectrum to help form policy which, in turn, influences the service delivery models that are implemented nationally.

We are proud to offer Spectrum services and look forward to it contributing to the delivery of the Eastern Health strategic initiatives of Healthcare Excellence, Leading in Research and Innovation, and Leading in Learning in the area of Personality Disorder.

— Karen and David



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Introduction

2020 has been a challenging year for Spectrum, as it has been for many other services. However, it has also presented unexpected opportunities for growth and change.

Thanks to the agility and hard work of our dedicated team, Spectrum responded to COVID-19 by converting our service delivery to a telehealth medium in a short time-frame. We now offer telehealth delivery of most services to ensure our patients have uninterrupted access to support.

An unforeseen outcome of transferring services to telehealth was a reduction in dropout rates for clinical appointments. We were also able to increase the reach of our services to rural and remote sectors in Victoria, and increase consultations for complex presentations across Australia.

Our Key Performance Indicators exceeded 100%.

Many key projects have been continued or completed throughout 2020. This included completion of the primary sector Suicide Prevention Project, funded by the South Eastern Melbourne Primary Health Network. To extend the reach of this project, the *Borderline Personality Disorder (BPD): A Practical Guide for General Practitioners* book was published and will be a key resource for the primary health sector.

We also developed a core competencies framework for building capacity within the mental health clinical workforce across the nation. This was formalised with the development of training material and the *BPD Core Competency Training Participant*

Handbook, and through some rapid adjustments to the model, the Victorian Personality Disorder Initiative, which involves capacity building in six mental health services, also continued uninterrupted.

In 2020 our research team delivered the highest annual research outputs for Spectrum to date.

We continue to roll out *Strategic Directions 2019–24* and work with the Department of Health and Human Services to ensure our priorities are aligned into the future. We also provided significant input to the Victorian Royal Commission into Mental Health to highlight gaps in services for people living with a personality disorder.

Telehealth services are here to stay and now we need to develop a service model that embeds this in ways that best suit the needs of our patients and improves access and clinical outcomes. We have a profound obligation for reform and change. Regardless of the environment we are living in, the year ahead for Spectrum will be an exciting one.

We thank all of the Spectrum team for their resilience and commitment throughout the year, and also thank the organisations we have partnered with to realise these achievements. What has been achieved is nothing short of incredible.

— Anthony and Sathya

Lived Experience Panel

The Lived Experience Consumer Consultation Panel aims to promote hope and recovery to those with a personality disorder.

Panel members inform and consult with the service to help it provide better outcomes for those living with a diagnosis of Personality Disorder.

The objective of this initiative is to provide the lived experience perspective in order to promote advocacy, reduce stigma and provide better outcomes for consumers.

A panel of four people with a lived experience are partnering in co-designing the initiative.

Some of the panel members were asked to join Spectrum and speak with the Victorian Royal Commission into Mental Health to share their experiences and identify service gaps that need to be addressed. Preliminary findings from the Royal Commission highlight not only the need for peer work, but the need for this to be specific to personality disorder to ensure relevance to and benefits for consumers.

At the launch of the Lived Experience Panel, each panel member expressed their areas of passion and goals for advocacy in the lived experience space. There were themes of wanting to improve the culture and address stigma in the wider community and mental health services, and support consumers embarking on therapy to

share their journey in order to foster hope for recovery.

Panel members have confirmed they are inspired by each other's stories and energised to design phase two and three of the initiative collaboratively.

In the future the program will include the co-design of an education forum for people with lived experience, run by people with lived experience and a peer support group for those transitioning out of therapy.

Carer Consultant

2020 has been a challenging, busy year. Many advances have been made to ensure that the important role of carers in supporting a person with BPD is acknowledged, and that their voice is heard.

Rita is a Spectrum carer consultant. She contributed to our submission to the Victorian Royal Commission into Mental Health advocating for peer involvement in all levels of mental health services and the importance of specific funding to support carers. The importance of bringing the lived experience to the design and planning of services has been highlighted in the Royal Commission's

draft report, and Spectrum will continue to play a leading role.

The Spectrum Carer Team created a core competency for clinicians called 'Partnering with families, partners and carers', in the National Training Strategy. It will contribute to clinicians' ability and willingness to work with family and/or carers across Australia.

The team ran face-to-face carer workshops until COVID restrictions were introduced and have since moved to an online delivery format.

A scientific paper, based on research gathered over the previous two years, is nearly complete and highlights the value

of the carer lived experience in providing education and/or support sessions for carers. Feedback from participants often highlights the value of having a carer and professional in the group, and of meeting informally to chat with others in similar situations.

Over the next 12 months, the team will continue to work towards implementing a family-inclusive practice. It will support people with BPD to consider how including their family may be beneficial to their treatment and health outcomes. Respectfully negotiating partial consent to family involvement with the person expressing reluctance can open the way to greater family engagement and better outcomes for all.

Client Story — Spectrum has changed my life and given me hope

I've been in both public and private mental health clinics before coming to Spectrum. I often felt like just another number in the system.

I'm amazed at the level of care I've received at Spectrum. It exceeds anything I've seen before or I thought possible. I've been to many psychologists, but none more knowledgeable than the team at Spectrum. They have gone to great lengths to provide the best and most effective care possible in order to help me achieve my goals.

It often feels like there isn't anything the team can't or won't do for their patients. All members of staff, including reception, are so warm, welcoming and approachable and I've never met such genuine and trustworthy people.

I'm beyond grateful for the opportunity, as I'm achieving things I never thought possible. My journey has resulted in personal growth and self-awareness, and it has shown me that it is possible for me to not only live a fulfilling life filled with purpose and joy but that it's also possible for me to be in control of my BPD.

Spectrum and its clinicians have both changed and saved my life and given me hope for a future that up until now I never thought I'd see.



Client Story — Treatment Essentials

A participant in the Treatment Essentials Program shared their experience and reflected on the positive effects it has had on their life.

Treatment Essentials has given me the tools to change my life for the better and taught me how to use them.

Before starting with Spectrum, I would have a lot more bad days than good. I was a mess mentally. I struggled to find a good therapist, but I never gave up trying to help myself.

At first I was fearful of joining Treatment Essentials and felt unsure of seeing and interacting with an unknown male. But, wow, he was awesome: with his help I now have a little more trust being around males. I am having many more positive days than negative days and when I do have a negative day, I allow myself to have a little cry and then remember and focus on what I learnt.

The best part was learning the 'chipmunk' trick: when a negative thought comes into my head, I say to myself, 'Oh it is just the chipmunk, he means nothing to me, I can ignore him,' and I tell the chipmunk to shut up and tell the chipmunk something positive about myself. It might sound silly but for me, it is effective.

- Since participating in Treatment Essentials, I:
- am more confident
 - have found my voice, communication with others has improved
 - am kinder to myself
 - enjoy a better and stronger relationship with my boyfriend
 - am more positive.

Treatment Essentials was tailored to my needs and circumstances. They assured me that it was a safe place and during the 6 months, I felt safe and comfortable being there.

Specialised Supervision Training Programs

Spectrum recognises and prioritises the benefits of specialised supervision as an adjunct to training for professionals working with people with personality disorder.

In 2019, Spectrum launched a supervision program for psychologists to help develop their capacity to work in an integrated way with clients who present with significant intra-personal and inter-personal disturbance.

Called *Weathering the Storm*, the program consists of one open group per fortnight for up to six people per group.

Due to overwhelming interest, Spectrum increased the number and types of groups provided each month.

There are now two closed Psychology Study and Supervision groups (for up to six participants) and one open Psychology Supervision Group (for up to six participants). All groups have been fully booked.

Ms Rada Semec, Spectrum Senior Psychologist, who developed and facilitated the groups, said that it has been a great pleasure to work with highly knowledgeable and receptive psychologists.

Spectrum has also had a growing role providing clinical supervision to support clinicians in the criminal justice sector. Spectrum has been providing clinical supervision related to Personality Disorder to Corrections and Forensic Services staff for over three years.

Ms Marianne Weddell, Spectrum Senior Psychologist, runs the Corrections and Forensic supervision groups. She sees this role as a privilege and a challenge.

An independent service provider, Spectrum brings an external viewpoint to what is happening and what's at play, and can help problem solve barriers to clinical and professional progress.

Marianne says that she really enjoys the work, and that a weight lifts from the room when people are able to talk through and process their experience.

Group feedback has included how much the attendees have valued the supervision space to explore the challenging aspects of their work.





Telehealth

Telehealth has allowed Spectrum to continue service provision throughout pandemic lockdowns. There were no disruptions or delays in individual therapy sessions and assessments and group therapy sessions were able to resume within the month of lockdowns commencing.

Telehealth has been used for:

- initial assessments
- individual therapy
- therapy groups
- completing diagnostic screening questionnaires.

People living in regional and rural Australia are now finding Spectrum treatments more accessible. Some clients report that they are able to engage in the therapy more easily from the safe space of their own home.

Clinic attendance rates

Our initial assessment clinic has experienced an increased attendance rate. Since offering telehealth assessments there has been a 50% increase in attendance. Many clients living in Melbourne's outer suburbs and regional Victoria have expressed gratitude at the opportunity to have an assessment via telehealth.

Individual and group treatment attendance has also been consistent using the virtual platform. Group attendance has improved since launching the telehealth modality. Where previously we had attendance rate of approximately 65%, we have now reached approximately 85% attendance rate via telehealth. There have been some difficulties to navigate the platform, however the quality of the therapy and sense of connection the clients have has continued to be fostered through the telehealth modality.

Another issue for some clients has been access to technology, with some not having adequate internet access for telehealth and some not having a suitable device. These issues need to be addressed in an ongoing way to ensure equity of access for people.

Client and clinician responses to Telehealth

Spectrum conducted a telehealth survey for clinicians and clients during the first wave of restrictions. Their feedback indicated that more than 50% of clients found aspects of telehealth that work better for them than in-person treatment. 48% of clients would like to have the option of telehealth in the future with 32% saying it is too early to tell. Clinicians were more nuanced, with 24% wanting to retain telehealth for non-clinical aspects of their work, 24% willing to use telehealth as an adjunct to in-person treatment and 34% wishing to retain the flexibility of telehealth.

Exploring the use of telehealth with our clients has been a fantastic learning opportunity, and it is important to note that this has been largely client-driven. Some clients are opting for in-person sessions as they find they lose some of the important non-verbal communication online. Our clinicians have been rapidly learning to make explicit the non-verbal communication that would often be implicit in sessions when in the same room with a person.

There are definitely considerations for future ongoing use of telehealth at Spectrum, perhaps as part of a mix of treatment delivery options, and especially to increase our regional and rural reach. We will continue to learn more about making telehealth accessible and effective for our patients.



Treatment Clinics

Spectrum treatment clinics provide a range of flexible, skilled treatment options and supports for people with Borderline Personality Disorder.

Spectrum offers a diverse range of clinics and treatments, which means there is an option to suit any need or preference, including individual or group treatment.

The therapeutic clinics are:

- The Dialectical Behaviour Therapy (DBT) Clinic
- The Mentalization Based Treatment (MBT) Clinic
- The Psychoanalytic Clinic (PAC),
- The Acceptance and Commitment (ACT) Clinic.

Treatment innovations

Treatment Essentials is a 20-session individual treatment pilot program. The program uses an integrated approach and specific interventions based on their effectiveness and relevance for the unique needs of the individual person in treatment.

It is being developed for mental health clinicians in local Area Mental Health Services to use in the treatment of people with BPD. Once the pilot is complete and evaluated, the treatment method will be documented, promoted across Victoria, and training made available.

Complex and flexible treatment options

The Spectrum Complex Care Service (CCS) provides support for people who have particularly complex or intensive clinical and service needs. It provides:

- appropriate direct treatment for the client
- system supports for clinical and non-clinical service providers, and
- support for families and/or carers.

The direct work that clinicians undertake with clients is flexible and chosen according to the individual's needs. It can be provided either on site at Spectrum, at the client's local service, or via tele-health for those in rural or regional areas.

The supports available to service providers include secondary consultation, second opinions, supervision and education, as needed.

The flexible response component of CCS will provide flexible supports for those with current psycho-social issues that prevent engagement in other treatment options.

The CCS service is available to AMH Services, forensic services and prison settings.



Ambulance and Emergency Department Projects

The clinical acuity of Personality Disorder often results in the involvement of emergency services. Ambulance services are commonly the first point of contact in situations involving life-threatening behaviours.

In our study, paramedics noted Personality Disorder (PD) as being clinically relevant in a relatively low proportion of mental health-related ambulance attendances. PD is only noted if the diagnosis is relevant to the

person's presentation and is volunteered by the patient at the scene. The data likely underrepresent the prevalence of PD in ambulance attendances.

The majority of these presentations involved crisis-driven behaviours which occurred at higher rates for people with PD. These included self-harm, suicide attempt and suicidal ideation. Although 34% of people for whom PD was noted used ambulance services 1–2 times in a given year, PD was positively correlated with more frequent use of ambulance services. More than 90% of PD patients were subsequently transported to hospital by ambulance.

BPD and Emergency departments

In the Emergency department, BPD patients were mostly female, younger, and presented with suicidal ideation, self-harm and overdose. Half arrived by ambulance. Compared with the matched depression group, BPD patients attended emergency departments more frequently, had greater comorbidity, had multi-service involvement, and were more likely to be admitted to inpatient units.

The frequency with which 25% of BPD patients re-visited ED suggests that community supports are inadequate for addressing their needs. It is notable that in a recent coronial study, 25% of people with BPD who died by suicide attended emergency departments within their final 6 weeks.

The chronic suicidality associated with BPD makes risk assessment challenging and regularly leads to (unnecessary) hospitalisation. However the Emergency department is not best placed offer psychotherapeutic interventions to which BPD responds. Patients who attend emergency departments often need to be identified and provided with access to high quality services offering BPD-specific treatment. Referral pathways need to be consistent and of demonstrated effectiveness to help break the re-attendance pattern and address escalating behaviour.

Diagnosing BPD in People Aged Over 65

The diagnosis of Borderline Personality Disorder in older adults (60 years+) is often missed. These people often suffer greatly and their needs can pose challenges for people who care for them.

We developed the Spectrum screening tool for BPD in Old Age (BPD-OA) — a brief, simple and reliable screening tool that reflects the changing symptomology of BPD during the aging process. Use of this tool will help provide a more comprehensive evaluation, prepare staff and improve patient care. It is also an opportunity to provide information to patients and their families about recognising and managing BPD.

Testing our Spectrum tool

We tested the sensitivity and reliability of the BPD-OA screening tool with 22 BPD-confirmed participants and 21 gender-matched BPD-negative elderly participants, all of whom were referred to aged psychiatry services. The tool was compared with the Diagnostic Interview for Borderlines — Revised (DIB-R) as well as the Zanarini BPD screening tool (ZAN-BPD), both of which are validated for detecting BPD in adults aged 18–60.

BPD-OA testing outcomes

In adults aged over 60, the BPD-OA was the only instrument able to discriminate the BPD from non-BPD population. Exploratory Principal



Component Analysis produced two components, the larger of which incorporated suicide/suicidality, self-harm, intense, unstable interpersonal relationships, and chronic dysphoria — all hallmark features of BPD. Individual questions and their contribution to the diagnostic criteria on the BPD-OA were assessed for their capacity to discriminate between BPD-positive and BPD-negative participants.

Of the 21 BPD-negative participants, there were four false positives; all had disorders with a prominent mood component such as major depression or schizoaffective disorder. Of the 22 BPD-confirmed participants, there were seven false negatives; two were 'symptom deniers'.

Whilst the BPD-OA screening tool is clearly superior to instruments validated for use in younger people, refinements are needed to increase its specificity.

These findings should be interpreted with caution given the small sample size. A larger validation and reliability study is being planned.

We gratefully acknowledge the expert statistical advice provided for this project by emeritus Professor Kim Ng from Monash University.

Workforce Development

Spectrum’s Workforce Development team has a strategic focus on training the mental health workforce of Victoria to increase their capacity and capability to provide best-practice treatment and support for people with BPD.

Since its inception, Spectrum has prioritised the development of the mental health workforce of Victoria. Training is viewed as a central component of our service delivery as a specialist state wide service.

Over the years, we have provided training to 1,000 to 1,500 people a year on average. Those courses have covered a range of topics, targeted participants

at varying levels of expertise, and been delivered to a range of organisations including not only Area Mental Health Services and specialist services such as Forensicare, but also non-mental health community agencies, such as Centrelink, schools and disability services.

In response to the restrictions associated with the COVID-19 pandemic, Spectrum has developed new modes of learning to allow for greater diversity of training content and reach across the state utilising online, and mixed media training platforms.

Our new monthly online Q&A sessions have been extremely popular. For 90 minutes a panel of workforce development clinicians respond to live, themed and non-themed questions. Sessions are free to those who register.

Our one-day workshop for new graduates was developed into an online training package with mixed modalities including written information, video links, reflective exercises, and review questions requiring written answers. The workshop was made available to 50 graduate clinicians.

In-person training with relational, experiential training components is still seen as a vital component in the acquisition of understanding, knowledge and practice skills. Spectrum’s delivery of training via online and mixed media modes cater for different learning styles and has the potential to extend access to training packages to the broader state and national mental health workforce.



Personality Disorder Initiative

The Personality Disorder Initiative (PDI) team consists of PDI Clinical Specialists and PDI Psychiatrists from the six Area Mental Health Services plus Spectrum clinicians and project staff.

The PDI program, sponsored by the Chief Psychiatrist of Victoria, builds workforce capacity and expertise by delivering structured training programs for six Area Mental Health Services in Victoria.

The services are Alfred Health, Monash Health, Northern Health, Barwon Health, Goulburn Valley Heath and Forensicare.

Spectrum has completed the first year of this four-year project, made possible through funding from the Victorian State Government.

Project outcomes

Each of the services has made pleasing progress in this first year of the program. They have increased the skills and capability of participating clinicians to provide more effective treatment for people with BPD.

Advances have been made in the six Area Mental Health Services in three key areas:

1. Psychological treatment of severe, complex and high-risk personality disorder patients within the context of public mental health. The clinicians providing this treatment are intensely supported by Spectrum supervision, secondary consultation and support.
2. Increased workforce capacity — achieved by the joint provision of training events.
3. The development of a strong clinical culture of reflective practice and life long learning.

Additionally, we have made progress in:

- developing state-wide standards of care and a risk evaluation tool for suicidal and non-suicidal self-injury behaviours
- conceptualising and developing training in core competencies ready for implementation across all participating services
- conducting a successful baseline evaluation of the PDI Program.

Impact of COVID-19

COVID-19 presented challenges, but the PDI program is now delivered by Telehealth. The program continues to thrive and the participants have appreciated the opportunity to be part of a unique project with all of the rigour, interest and support of a regular Spectrum training program.

High-quality, intensive training

The PDI training program offers the most intensive training of all Spectrum’s many excellent training programs.

It offers great value for the participants with weekly exposure to a variety of high-quality expert presenters whom they might not otherwise be able to access, including Professor Brin Grenyer, the Director of Project Air Strategy for Personality Disorder and Associate Professor Sathya Rao, Executive Clinical Director of Spectrum.





National Borderline Personality Disorder (BPD) Training and Professional Development Strategy

Over 200 clinicians across Australia will be offered BPD Core Competency Training Workshops. Participants will gain the skills and knowledge to detect, diagnose and provide therapeutic interventions during clinical interaction, even in the absence of specialist long-term psychological interventions.

Spectrum believes all mental health clinicians have the capacity to learn the core competencies and contribute to the recovery of people with BPD by giving them access to appropriate treatment.

Workshop curriculum and delivery

The curriculum was developed with the expertise of the Spectrum clinical, research and workforce development team and Australian BPD Foundation. We used the latest published Australian and International scientific literature and advice from people with lived experience.

The workshops include post-training clinical support and mentoring and forms part of Stage 3 and 4 of the National Borderline Personality Disorder (BPD) Training and Professional Development Strategy.

The BPD workshop is delivered over two consecutive days via didactic teaching, videos, role plays and interactive activities and includes the following 10 core competencies:

- 1 Understanding BPD
- 2 Co-existing disorders in BPD
- 3 Treatment principles
- 4 Treatment structure
- 5 The therapeutic relationship
- 6 Skills development focus
- 7 Partnering with families, partners and carers
- 8 Working with suicidal and non-suicidal self-injury behaviours
- 9 Clinician self-awareness
- 10 Focus on recovery.

Training trainers to meet demand

The workshops are in high demand with hundreds of expressions of interest for every workshop advertised. To meet that demand and reach a larger audience around Australia, appropriately skilled mental health clinicians will be selected to participate in a Train the Trainer program to equip them with the knowledge, materials and instructional methodologies to deliver the workshops in their area.

Our Specialist Workforce Development team are looking forward to delivering 18 workshops across Australia's eight jurisdictions by the end of 2021.

South East Melbourne Primary Health Network (SEMPHN) Capacity Building for Suicide Prevention Initiative

The Spectrum and SEMPHN Capacity Building for Suicide Prevention Initiative successfully developed and operationalised a model for supporting the primary care sector in working with people with Borderline Personality Disorder and risk of self-harm or suicide.

People with a diagnosis of BPD are approximately 6% of primary care sector patients. They are also four to five times

more likely to die by suicide. GPs are an important first contact for people who experience psychological distress, and are often an important ongoing treatment provider.

The SEMPHN initiative was designed to address these challenging statistics by providing training and supports that aim to increase a GP's confidence and capacity to assess and treat people with BPD. It included providing written guidelines for GPs and developing treatment referral pathways.

Spectrum provided training for 174 mental health professionals — 60 GPs and 114 allied health and nursing mental health professionals (MHPs).

Training evaluation showed that understanding of BPD was increased significantly following each training and supervision activity.

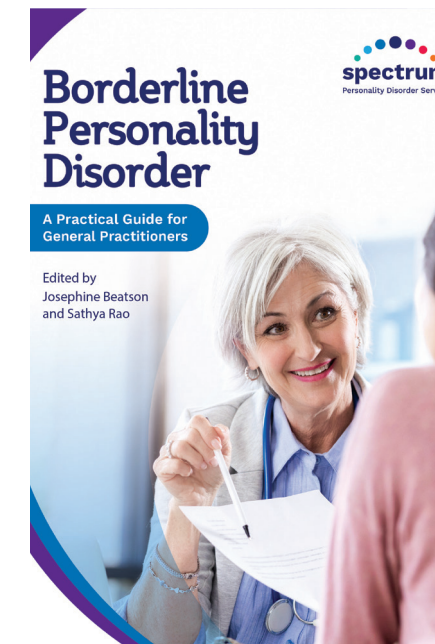
Information sessions were also provided for 39 carers. Participants walked in with high levels of carer distress and burden. Post-session

qualitative feedback confirmed that carers gained understanding and peer support.

The initiative was developed collaboratively by Spectrum, as a specialist service, and SEMPHN, as a primary care network. There was no mediation by secondary mental health services. This modelled efficiencies and simplified treatment pathways for both the people receiving treatment and the GPs.

The initiative also provided a model for addressing the needs of the 'missing middle' — people who fall in the gap between primary care and secondary services.

The model was trialled in the SEMPHN area and completed in June 2020, with very positive outcomes. It is hoped it will be resourced in other areas in the future.



“As a GP there are growing demands on providing primary care for patients with mental health issues which has outstretched the ability of primary care to cope. The most challenging of these are managing risk of chronic self-harm or suicide and the often associated Borderline Personality Disorder. The initiative by Spectrum and the South East Melbourne PHN to support GPs though mental health training and referral support meets this skills and service gap. The key features of the training that have been extremely helpful so far includes: case discussion, components of an effective patient consultation, referral options and secondary phone consultation support. Mental health training that I have attended in the past has often left me with a lot of theory where as this training is very practical with lots of clinical application. I would highly recommend this training for every GP!”

— Dr Mark Timlin



Partnerships

Spectrum is part of Eastern Health and works collaboratively with Eastern Health's mental health, alcohol and drug services, including Peter James Centre and Turning Point. Spectrum also works with public mental health and forensic services across Victoria, and has a range of partnerships with the following organisations:

- Australian BPD Foundation
- Tandem Carer Organisation — VIC
- Monash University
- Melbourne University
- Swinburne University
- Project Air PD Initiative NSW
- BPD Co, South Australia
- HYPE (Orygen)
- Coroners Court of Victoria
- Austin Health Partners in Recovery Care (PARC)
- St George's Hospital
- Victorian Data Linkage Service
- South East Melbourne Primary Health Network
- Department of Health and Human Services
- Deakin University
- Australian Catholic University
- SANE Australia
- RMIT University
- Centre for Mental Health Learning (CMHL)
- Mind
- Eastern Health Foundation
- ACT Health
- Centre of Excellence for Eating Disorders (CEED)

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