



SPECTRUM

PERSONALITY DISORDER SERVICE

STRATEGIC DIRECTIONS 2019-2024



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EXECUTIVE SUMMARY

Spectrum works to ensure that high-quality treatments and support for personality disorder can be accessed across Australia. This includes eliminating the stigma surrounding personality disorders, and creating a world where the healthcare system provides effective, evidence based treatment for these individuals.

Over the life of this plan Spectrum will consolidate its role as a centre of excellence in the identification, prevention, treatment, workforce training, advocacy and research into personality disorder in Australia. By embracing change and innovating in its own right, Spectrum will foster healthcare that is inclusive, non-discriminatory, and guided by evidence-based research.

Spectrum will contribute to the treatment of the most complex presentations of personality disorders Australia-wide, both directly and by providing expert clinical advice to Area Mental Health Services. In addition to providing direct care and consultation for the people with the most complex presentations, Spectrum will engage in extensive capacity-building activities, providing training and support for local health providers around the country to allow them to manage patient care effectively and independently. To equip the next generation of mental health care providers, Spectrum will work to ensure that treatment is within the core skillset of all practitioners.

Spectrum will be recognised as a national centre for the study of personality disorders. Spectrum will become a leader of advanced treatment methods from around the world; disseminating and promoting evidence based healthcare for individuals with personality disorder across Australia. Where treatments do not exist to treat the most complex cases, Spectrum will research and develop innovative new models of care based on extensive clinical expertise and specialist knowledge.

Spectrum will position itself as a key advisor to government, building on its understanding of the systemic causes and the broad ranging consequences of personality disorder, advocating for comprehensive services to prevent, identify and manage personality disorder across the country.

INTRODUCTION

Spectrum is a statewide specialist mental health service that supports people living with personality disorder in Victoria and those caring for them across the nation.

Spectrum delivers patient care and treatment, workforce capability building and research with the goal of improving the lives of people with a personality disorder. Spectrum is funded by the Victorian Department of Health and Human Services (DHHS) and is part of Eastern Health's Statewide Services Program.

DEVELOPMENT OF THE STRATEGIC DIRECTIONS

This Strategic Directions document has been developed with the support of the Department of Health and Human Services (DHHS) through a review of the services currently delivered by Spectrum.

Throughout the development of this document Spectrum senior leaders have consulted widely with internal and external stakeholders, including consumers, to deliver a comprehensive statement of strategic directions for coming years. Other documents that support these directions include the *Statewide Services Service Plan (2017)*, the *Eastern Health Strategic Plan 2017–2022* and *Eastern Health 2022: Strategic Clinical Service Plan*.

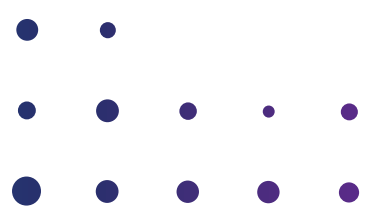
The aim of this directions document is to explore and recognise future opportunities for enhancing Spectrum’s role across the healthcare landscape and ensuring that Spectrum continues to drive innovative services, training and research that enhances the lives of Australians with personality disorders.

EASTERN HEALTH STRATEGIC PLAN

The *Eastern Health Strategic Plan 2017–2022* defines Eastern Health’s vision, mission, strategic initiatives and values. In particular, this planning document supports the delivery of ‘Great Care, Everywhere, Every time’ and the overarching value of ‘Patients First’. This strategy guides the services provided by Eastern Health and ensures they align with the strategic objectives of the organisation. The Eastern Health Strategic Plan is represented below.

Eastern Health’s Strategic Plan identifies both strategic initiatives and priority goals to be a focus for the life of the plan.

Through the development of this Strategic Directions document, Spectrum has identified how it contributes in a meaningful way to the achievement of these strategic initiatives.



VALUES

Eastern Health's values are the foundation for the Spectrum model of service delivery.

Kindness and compassion are integral to the psychotherapeutic model of treatment, respecting patients and their families, their experiences and their views. Humility ensures treatment plans are developed with and not for patients, while agility enables treatment plans to respond to acute crises and changing needs.

Innovative treatment trials and publishing evaluations and outcomes increase the evidence base for specialised care delivery and build capability across the sector.

Spectrum staff uphold the Eastern Health values by endeavouring to always display the following behaviours:



VALUE

PATIENTS FIRST

KINDNESS

RESPECT

BEHAVIOURS

- I place patients' needs and preferences at the centre of my work.
- I include the patient in all aspects of their care, seeking their input, keeping them informed and involved in regular communication.
- I take the time to get to know our patients and what matters to them.
- I communicate using plain language, ask open questions and paraphrase to check understanding.
- I listen, I hear and I respond.

- I smile and am welcoming in tone and body language.
- I prioritise making people feel comfortable.
- I am caring, thoughtful and patient.
- I say thank you and engage in supportive, meaningful conversations.
- I look for opportunities to demonstrate acts of kindness.
- I strive to meet a person's personal and clinical needs.

- I recognise the rights and dignity of patients, relatives, carers, colleagues and members of the community.
- I seek and take into account others' experiences and viewpoints.
- I have appropriate regard for my own worth.
- I acknowledge and respond to individual and group differences.
- I value the people I work with and the work they do.

EXCELLENCE

- I strive to be the best I can be.
- I prioritise safety and act safely.
- I deliver high standards of service and clinical practice.
- I seek, act on and provide constructive feedback.
- I embrace and promote best practice.
- I am curious, questioning and learning all the time.
- I go beyond what is expected.
- I come to work to make a difference.

AGILITY

- I have a 'can do' attitude.
- I am always looking for smarter, better ways to do things.
- I am flexible and responsive to changing and different needs.
- I am willing to try something different.
- I think critically and respond rapidly.
- I come to work to make a difference.

HUMILITY

- I am approachable and seek feedback.
- I am honest and own my mistakes.
- I leave my ego at the door and put myself in the patient's shoes.
- I do not think less of myself, but I think of myself less.
- I model being a member of the team as much as being a leader.

ENVIRONMENT

NATIONAL CONTEXT

National Health and Medical Research Council (NHMRC) Clinical Practice Guideline for the management of borderline personality disorder

The NHMRC published a clinical practice guideline for the management of BPD in 2012. This provides a comprehensive approach to the diagnosis and treatment of BPD. However, no concerted efforts have yet been made to implement these recommended practices. The NHMRC Guideline describes a much more ambitious vision than the *Tolkien II Report (2006)*, strongly advocating for the organisation and provision of appropriate health care for people with BPD across health sectors and community settings.

The NHMRC Guideline recommends that the majority of a person's treatment for BPD should be provided by community-based mental health services (public and private). The Guideline also recommends that 'health professionals should consider referring people with severe and/or enduring BPD to a suitable specialised BPD service (where available) for assessment and ongoing care, if appropriate'. However, the expert committee determined that there was insufficient evidence to formulate evidence-based recommendations for the role of specialised BPD services.

In making consensus-based recommendations the Committee agreed on the following considerations:

- Referral to a specialised BPD service is not routinely indicated for all people with BPD.
- People with complex care needs may benefit from treatment within a specialised BPD service.
- For most people with BPD, effective treatment with a structured psychological therapy can be provided within mainstream public or private community-based mental health services, via individual appointments (with or without group sessions), by therapists with access to peer consultation and clinical review.

The NHMRC Guideline suggests the following roles for specialised BPD services:

- Treatment of people with complex care needs or those at high risk for suicide or significant self-harm.
- Provision of consultation to primary care services and mental health services.
- Education, training, supervision and support for health professionals, including support for rural and remote services; education for local general mental health services; and consultation and advice for GPs managing BPD.
- Health promotion and advocacy (e.g. raising awareness of BPD and reducing stigma).
- Provision of community education and support for families and carers.
- The undertaking of research to develop better treatment models.

The NHMRC Guidelines acknowledge that many people with BPD have experienced complex trauma and require health care that is sensitive to their needs while the trauma is being worked through. The NHMRC Guidelines direct attention to the Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery (2012) prepared by Blue Knot Foundation (formerly known as Adult Survivors of Child Abuse — ASCA) for guidelines on how to respond to complex trauma. In 2013 Trauma-informed Care and Practice: A National Strategic Direction was published, identifying the steps needed to embed trauma-informed principles and evidence into policy and practice across the health sector. The high prevalence of complex trauma in people diagnosed with BPD makes it imperative for Spectrum to continue to develop as a trauma-informed service.

Although state-based initiatives exist in Victoria and New South Wales, a unified national approach to understanding and addressing personality disorder is required. At present, two state-based initiatives — the Project Air Strategy in New South Wales and Spectrum Personality Disorders Service in Victoria — are available. South Australia, through the state Mental Health Commission, is currently developing its own state-based initiative.

Other national policies relevant for organisations providing services to people with personality disorders include, but are not limited to:

- Mental Health Act 2014;
- National Standards for Mental Health Services;
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023;
- National Framework for recovery-oriented mental health services 2013; and
- Trauma-informed Care and Practice — A National Strategic Direction (Mental Health Co-ordinating Council 2013).

Recurrent themes across policies reinforce the importance of:

- partnering with people who use our service and their support networks and significant others in decisions affecting their care and also more broadly across all aspects of the service including research, training and policy making;
- recognising the prevalence and impact of complex trauma and becoming trauma-informed;
- providing emotionally, culturally and diversity safe services; and
- providing a recovery-oriented service.

VICTORIAN CONTEXT

Spectrum is the sole Victorian personality disorder service funded to provide specialised services to people with personality disorders or who have histories of complex trauma and to engage in research and training related to personality disorders.

Spectrum offers secondary consultation services to primary mental health services, such as Area Mental Health Services (AMHS), General Practitioners, public and private inpatient mental health units, forensic and correctional services, youth and juvenile justice services, child protection and family violence services. Health and social services throughout Victoria rely heavily on Spectrum as the source of information and guidance for the care of BPD patients.

POPULATION AND PREVALENCE

Personality disorders are estimated to impact approximately 6% of the world population (Huang et al., 2009). 6.5% of Australian adults meet diagnostic criteria for at least one personality disorder.

Personality disorder involves pervasive and persistent patterns of thoughts, emotions and behaviour that significantly deviate from cultural expectations and cause clinically significant distress or impairment. Personality disorder is associated with high usage of health services and high treatment costs.

Unfortunately, personality disorders have received limited recognition as a public health issue to date. People with personality disorders have limited access to care and are often discriminated against in healthcare settings. These individuals carry a high risk of suicide and experience high rates of co-morbid mental health disorders (Grenyer et al 2017).

Evidence-based treatments are currently only available for borderline personality disorder (BPD).

Treatments for other personality disorders are in rudimentary stages of development. As such, 99% of referrals received by Spectrum are for services relating to BPD.

Borderline Personality Disorder is a psychiatric disorder which is recognised in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) and is also classified under the alternative name 'Emotionally Unstable Personality Disorder' in the ICD-10 (International Statistical Classification of Diseases and Related Health Problems).

The newly published ICD-11 has made a significant departure from the traditional classification of personality disorders. It classifies personality disorders into mild, moderate and severe dimensional categories. The ICD-11 classification also includes the following subtypes of personality traits or patterns:

- a) Negative affectivity, detachment;
- b) Dissociality;
- c) Disinhibition;
- d) Anankastia, in personality disorder or personality difficulty; and
- e) The borderline pattern.



Notwithstanding the rapid evolution of the diagnostic concept of personality disorders, BPD is considered to be the major form of personality disorder, both the most common and most serious in clinical practice (Chanen et al, 2007).

BPD affects between 1 and 4% of Australians, which is between 230,000 and 920,000 individuals. It is common in clinical practice, estimated to affect up to 5% of primary care clinic patients, 11% of community mental health clinic patients and up to 20% of psychiatric inpatients.

There is a reasonable likelihood of significant under-diagnosis, poor recognition and under-reporting. BPD is often associated with additional mental health problems such as depression, eating disorders and drug and alcohol misuse.

As such, it often results in severe and continuing disability across a broad range of domains of interpersonal and social functioning and poor results in quality of life indicators including employment, accommodation, social connectedness, and usage of clinical mental health, emergency department and general health resources.

BPD is also associated with a high mortality rate; the suicide rate for this disorder is 10%, the same as for schizophrenia.

With Victoria's population estimated to grow by 62% between 2018 and 2051 (Victoria In Future, Victorian Government, Department of Environment, Land, Water and Planning 2016), and the increasing diagnosis of mental health conditions, the number of patients seeking healthcare services for Borderline Personality Disorder is expected to continue to grow into the foreseeable future.

Adults who have histories of complex childhood trauma carry the greatest risk for requiring specialist mental healthcare services with some international studies suggesting that as many as 90% of people accessing public mental health services have histories of physical or sexual abuse (MHCC 2013). This figure does not include people who were emotionally abused or neglected as children. About 80% of people with BPD have histories of complex trauma (Herman 1989). These figures are confirmed by the experience of Spectrum clinicians, with the population receiving services reporting high rates of complex trauma.



ABOUT SPECTRUM

BACKGROUND AND CURRENT STATE

In the mid–1990s, the Victorian Department of Human Services recognised the need for expert support to assist Area Mental Health Services to respond to those who presented with severe or borderline personality disorder (BPD).

As the most common and most severe form of personality disorder, BPD is the only personality disorder which is well defined as a diagnosis and has treatment strategies supported by evidence. Proposals for a service model that would include inpatient care, secondary consultation, and education and training were sought through a tender process. This initiative led to the creation of Spectrum in 1999.

At that time there was considerable stigma around BPD with patients often either refused services or admitted to psychiatric facilities for prolonged periods because of fears they might attempt suicide. Spectrum has evolved as a clinical centre of excellence for diagnosing and treating BPD, continually striving to develop and employ the best available evidence to improve outcomes for people with borderline personality disorder. Spectrum's model of care has evolved continually over the last 19 years in response to our growing understanding of personality disorder. Spectrum is now highly regarded as an expert healthcare provider in therapeutic interventions for people with personality disorders who are at risk from self-harm or suicide or who have other complex trauma-related mental health needs.

Spectrum aligns with contemporary policy related to strengthening partnerships with those who use personality disorder services, supporting their individual journey towards a self-defined experience of recovery.

Spectrum provides psychotherapeutic assessment and treatment for patients referred for intervention, along with secondary consultation and specialist advice for Area Mental Health Services providing direct care for those with personality disorder. Spectrum is funded to provide support for Victorian public mental health services and also accepts direct referrals for the most complex of patients. The primary focus of Spectrum's direct interventions is those patients most at risk of serious self-harm or suicide and who have particularly complex clinical needs.

Training programs are offered statewide to health professionals and the community while research is currently focused on evaluating innovative treatment models being piloted with Spectrum patients.

SPECTRUM'S ROLE

Spectrum is a centre of clinical excellence for personality disorders. Over 90% of presentations of personality disorder are diagnosed with **Borderline Personality Disorder (BPD)**.

Spectrum is committed to providing the best available trauma-informed and recovery-oriented care to people with personality disorders, building workforce capability and leading innovative research programs that advance policy and practice.



Spectrum’s focus is designed to ensure that people experiencing personality disorders can enjoy health, emotional and relational stability, and are able to realise their full potential.

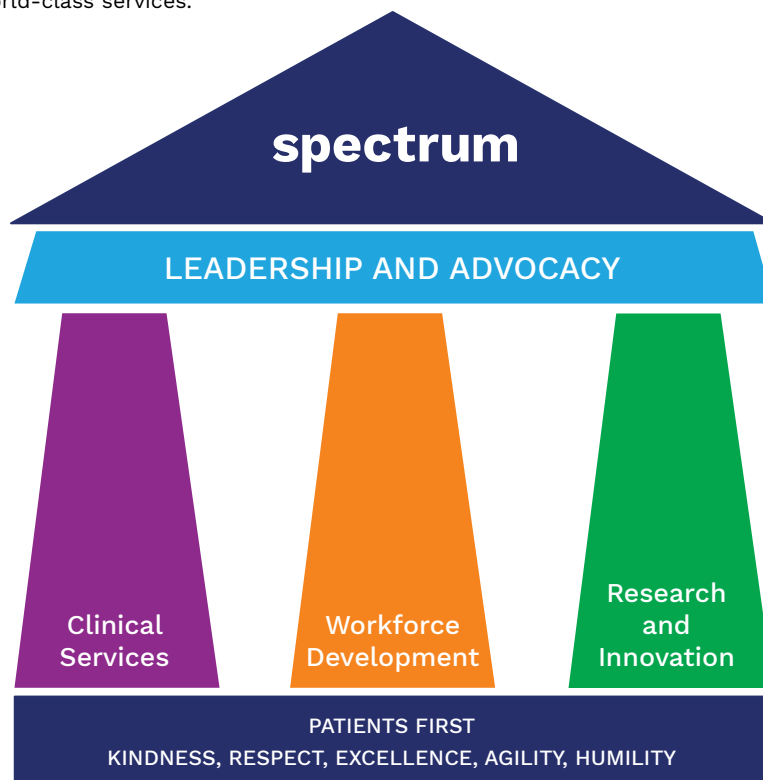
Spectrum supports the Eastern Health vision and mission through a model built on three pillars of service: clinical services, workforce development and research and innovation. These pillars also support Spectrum’s role as a leader within the field, providing advocacy to other stakeholders including state and federal government agencies on the value, the care models and system design elements of caring for people with personality disorder.

A balanced program means Spectrum continues to provide expert clinical care and strong advocacy for patients, families and the community, and leadership and training for clinicians, as well as continuing to build evidence for treatment programs through translational research programs.

The work of Spectrum supports the recovery journey of people with personality disorder by:

- Providing evidence based recovery-oriented and trauma-informed clinical services.
- Taking leadership in the care and support of people diagnosed with personality disorder or who have histories of complex childhood trauma.
- Engaging carers and community support groups to share understanding, build resilience and develop partnerships that sustain recovery.

- Developing evidence-based clinical practice guidelines to support mental health clinicians across Victoria to work in partnership, and towards recovery.
- Establishing clear standards of care to ensure that people are at the centre of their own care and decision making and have access to safe, equitable and accessible services.
- Conducting translational research into new frameworks of understanding and novel models of care to support and further develop our world-class services.
- Providing secondary consultation and a range of high quality training and development programs to the wider work force.
- Attending to the complexity of inter-generational trauma within and beyond our first nations peoples and developing programs geared towards prevention and building resilience in our communities.
- Advocating for policy that supports recovery.



CLINICAL SERVICES

Spectrum clinical services are staffed by a multidisciplinary team of clinicians that includes psychiatrists, psychologists, psychiatric nurses, social workers, occupational therapists and registrars.

Spectrum operates from 110 Church Street, Richmond. A small proportion of services also operate from Gray Street, Ringwood East.

REFERRAL AND CONSULTATION SERVICE

This service provides primarily telephone and tele-health services incorporating:

- Referral and Intake;
- clinical advice; and
- secondary consultation.

COMPLEX CARE SERVICE

This service is delivered from Richmond for those who can attend this site or as an outreach service to the patient or treating team. It provides:

- direct supportive work to help contain and stabilise the condition of those seriously affected by personality disorders;
- service system supports (including secondary consultation, supervision and advice); and
- tele-health arrangements to augment service delivery particularly to remote regions.

ASSESSMENT UNIT

This service provides patient assessments for all treatment referrals to Spectrum, as well as psychiatric second opinions to Area Mental Health Services and psychiatric assessments under the Medicare Benefits Schedule (MBS) to the primary sector (GPs). The specialist team determines diagnosis and severity as well as a comprehensive bio-psychosocial formulation, contributing to directions and recommendations for:

- follow-up across Spectrum's suite of services;
- follow up outside Spectrum; and
- advice to public mental health services and the primary sector.

BPD CLINIC SERVICES

The BPD clinic provides a number of individual and group outpatient treatments. The BPD clinic comprises:

- a Dialectical Behaviour Therapy (DBT) Clinic (individual + group therapy);
- a Mentalisation-Based Treatment (MBT) Clinic (individual + group therapy); and
- a Psychoanalytic Clinic (individual therapy up to twice weekly).

CONSUMER AND CARER GROUP PROGRAM

This program supports consumers and carers to provide psycho-education and peer support functions:

- the carers program is based on Spectrum's innovative *Wise Choices for Families* group series;
- the consumer program is designed by BPD consumers in collaboration with Spectrum clinicians; and
- this program is staffed by Carer Consultants and a Spectrum clinician (psychologists/nurses).

WORKFORCE DEVELOPMENT: BUILDING SECTOR-WIDE CAPABILITY

As a statewide personality disorder service Spectrum works to build the knowledge and capabilities of Area Mental Health Services, GPs and private psychiatrists in caring for those living with personality disorders.

Spectrum does this by:

- applying best available evidence to improve recovery for people with borderline and other personality disorders;
- by innovating and evaluating new treatment models that are appropriate to Australian mental health systems;
- by delivering training and workforce development programs; and
- by working with other services and government to develop standards, guidelines and resources to advance the care of people with personality disorders.

Workforce training and staff professional development are currently offered through established trainee and internship programs, workshops and medical staff rotational rosters.

Spectrum has trained over 1000 mental health staff per year for the past 17 years and remains committed to delivering effective training to build the capability of others to deliver safe, high-quality care.

High staff turnover in the sector has continued to deplete the skill levels within services, resulting in ongoing demand for training.

The Spectrum Workforce Development Unit provides innovative training programs to Area Mental Health Service clinicians as well as partners in care from the Mental Health Community and Primary Care sectors. Spectrum also supports Psychiatric traineeships and rotations for Eastern Health mental health clinicians. The Spectrum Workforce Development Unit is staffed by psychologists, psychiatric nurses, psychiatrists, social workers and occupational therapists.

RESEARCH AND INNOVATION

The Spectrum Research and Evaluation Unit supports research into treatments for personality disorder, and also into the impact on those providing informal support and care.

In 2017 Spectrum increased the amount of research undertaken with two research projects underway to evaluate different and innovative pilot treatment programs. Spectrum is committed to continuing to pursue opportunities to undertake research into personality disorder and to translate the findings of research into the systems and practice of healthcare delivery.

WISE STEPS (SPECTRUM INTENSIVE GROUP PROGRAM)

Treatment consists of a day treatment program for up to 8 people, operating four hours a day for two days per week for a 10-week period. Group programs repeat throughout the year. This program commenced following the closure of the Spectrum Residential Program and draws from the experience and expertise that was developed by the Residential Services. This program runs in collaboration with primary care and mental health community support services (MHCCS).

ACCEPTANCE AND COMMITMENT THERAPY

Several brief interventions such as *Wise Moments*, *Wise Experiences* and *Wise Choices* have been established and are currently undergoing testing.

SPECTRUM TREATMENT ESSENTIALS

This is a 20 session brief intervention that is delivered over a period of 6 months. This innovative individual therapy approach is based on treatment factors that are common to most evidence based treatments for BPD.

LEADERSHIP AND ADVOCACY

Spectrum provides advice to government through shared research outputs, policy development and other consultative services.

Through this work, Spectrum advocates for the continued expansion and enhancement of services to the community to support personality disorder patients and their families.

Training is also offered to BPD support networks and significant others living with people with personality disorders. Spectrum has published a number of books on this topic aimed at both professionals and families.

GOVERNANCE AND INTERNAL STRUCTURE

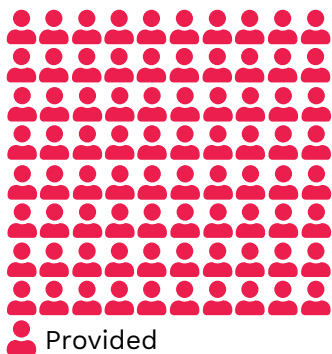
As a service within the Statewide Services Program of Eastern Health, Spectrum is supported by a range of structures and systems of governance to support the delivery of its services and achievement of organisational intent.

These include:

- Spectrum is governed under the Eastern Health Clinical Operations: SWMMS (Surgery, Women and Children, Mental Health, Medical Imaging and Statewide Services) Directorate and forms the Statewide Services Program alongside Turning Point;
- funding is provided through recurrent block funding under the state Mental Health model. The budget for Spectrum has remained relatively unchanged for the past 18 years in spite of increasing demand for services, and is currently \$4m per annum;
- permanent employment roles include the Executive Clinical Director, Associate Clinical Director and a range of Psychiatrists, Registered Nurses and Allied Health professionals;
- additional contracted services are funded through successful tenders with government departments for periodic programs of work; and
- research is primarily funded through grant applications and varies over time as many grants are for 12 months' or two years' duration only.

RECENT ACTIVITY

In 2017/18, Spectrum:



Provided
face to face services
for an average of

81 patients
per month

Provided
1,113
secondary
consultations
statewide



Completed
327
comprehensive
face to face
assessments with patients



Engaged with
234
new patients



Delivered
170 group therapy
sessions
with group attendance
numbers of **533**

This equates to an average
provision of 14 group sessions
per month with an average of
4 patients in attendance at
each session.

Provided

583
individual telephone
treatment sessions
for patients



Provided
122
training sessions
statewide to over
1,215
attendees



Provided

1,388
individual face to face
treatment sessions
for patients

STRATEGIC PARTNERSHIPS

Delivery of Spectrum's full range of services relies on relationships and interactions with organisations and individuals associated with the core services of clinical care, workforce development and research.

Spectrum has membership and key relationships with the following groups:

- Australian BPD Foundation;
- Victorian mental health services funded by the Victorian State Government;
- Statewide specialist mental health services, Forensicare, Victorian Aboriginal Health Service (Mental Health Program), Victorian Dual Disability Service, Centre of Excellence in Eating Disorders;
- Turning Point;
- Community Mental Health Support Services;
- Primary Health Networks;
- Office of the Chief Psychiatrist and Chief Nurse, Mental Health Complaints Commissioner;
- Corrections Victoria;
- Victoria Police;
- DHHS Multiple and Complex Needs Initiative (MACNI) program;
- Victorian Mental Health Carers Network (TANDEM);
- General Practitioners across Victoria;
- Universities (Monash, Melbourne, Deakin, Swinburne, La Trobe); and
- Royal Australian and New Zealand College of Psychiatrists.

In order to deliver on the intent of this strategic directions document, Spectrum continues to work with these and other strategic partners.

MOVING FORWARD TO ACHIEVE OUR GOALS



CLINICAL SERVICES

Spectrum will deliver equitable, integrated, recovery-oriented, trauma-informed and evidence-based services for people with personality disorders and histories of complex childhood trauma.

This will be achieved through the following key initiatives:

1. **Early intervention** — Expand the current intake criteria from the current age range of 16 – 64 years to include people of all ages to enable early intervention with children and young teens at risk of developing a personality disorder and reduce the impact of BPD on patients, families and the community.
 2. **Interventions to support aged populations** — Expand the age to include those over 65 year to improve supports for patients and carers in later life.
 3. **Caring for men and boys** — Develop tailored treatment programs for men and boys with BPD and evaluate these programs to build the evidence base for this patient group.
 4. **Brief intervention programs** — Demonstrate the effectiveness of innovative brief intervention programs and support their implementation by mental health clinicians across the state.
 5. **Improving equity of access** — Focus effort on intake and assessment services to ensure all requests for services receive a timely response of either acceptance into a program or referral to another appropriate service.
 6. **Establishing a regional statewide Spectrum hub** — Work in partnership with regional health services to deliver a concentration of key services closer to regional and rural populations.
 7. **Developing clinical pathways for Emergency Department (ED) clinicians** — Develop, pilot and evaluate standard referral pathways for EDs and Psychiatric Assessment and Planning Units to refer appropriate patients directly to the Brief Intervention Team. This will include the consideration of options to roll out to other programs including the Child and Youth Mental Health Service, Community Health, the Aboriginal Health Team and Turning Point.
 8. **Family inclusive practice** — Spectrum will ensure that family inclusive practice principles are embedded in all of its clinical, training, research and advocacy activities.
- Other initiatives that will be explored include:
- Increasing secondary clinical support through clinical tele-health services to Area Mental Health Services across Victoria, including virtual clinics.
 - Collaborating with Eastern Health Mental Health Services to develop a benchmark service model for personality disorder in a public Mental Health Service.
 - Further developing and implementing a trauma-informed care and practice framework.
 - Embedding recovery principles into all of Spectrum's processes, practice and models of care.
 - Expanding online services to ensure community access to information and a 24 hour a day clinical telephone advice service.
 - Building and strengthening connections with HYPE (Helping Young People Early) program of Orygen Health, Forensicare, Child and Youth Mental Health Services, Youth Justice, Child Protection Services, Eating Disorder services, Blue Knot Foundation and the child, family and family violence services offered by DHHS.
 - Expanding clinical services to deliver evidence-based interventions for people with all types of personality disorder.
 - Partnering with Turning Point to integrate services for people with personality disorder or histories of complex childhood trauma and concurrent challenges with addiction to substances and behaviours.
 - Working in partnership with the community to build culturally safe programs that acknowledge inter-generational trauma and work to build resilience and well-being.
 - Partnering with Turning Point to develop a model of care for people with BPD and Alcohol and Other Drug (AOD) co-morbidities and pilot within Eastern Health services for evaluation and then publication to the PD, Mental Health and AOD sectors.

WORKFORCE DEVELOPMENT

Spectrum will deliver exceptional, high-quality training for the statewide workforce and Area Mental Health Services.

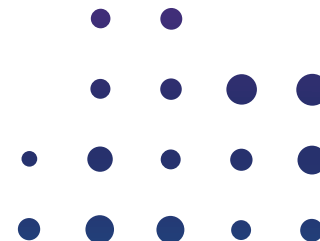
This will be achieved through the following key initiatives:

- 1. Implementing a sustainable, embedded workforce capability model** – Develop a liaison model (based on the Forensic Clinical Specialist Initiative) to improve the skills of AMHS staff, with Spectrum clinicians embedded in each of the fifteen state AMHS teams, with shared governance to ensure strong clinical support.
- 2. Developing and implementing a program of BPD foundational training** – Based on common treatment factors, increase skills of Emergency Department and Psychiatric Assessment and Planning Unit clinicians and GPs to recognise and refer BPD patients for appropriate services. This training will be piloted at Eastern Health sites.

Other initiatives that will be explored include:

- developing Spectrum's workforce development strategy, incorporating new developments in neuroscience and trauma as well as contemporary understanding and models of care and therapies for personality disorder and complex childhood trauma;
- building on a strong partnership with BPD Foundation to ensure the voices of patients, families and clinicians are heard and responded to;
- supporting the professional development of the Spectrum team through attending national and international training and conferences on personality disorder; and

- continuing to support trainee programs for Medical, Nursing, Allied Health and Psychology students in the Spectrum clinical service, reviewing programs and working with service partners to enhance the contribution the trainees make to Mental Health services following their training placements.



LEADERSHIP AND ADVOCACY

Spectrum will advocate for appropriate access to evidence based healthcare and other supports for individuals and their carers living with personality disorder across Australia.

This will be achieved through the following key initiatives:

- **Building strong and influential relationships** with state and federal government bodies and other funding agencies that supports Spectrum to campaign for support and services to enable people living with BPD, and their carers, to lead fulfilling meaningful lives in the community.

- **Promoting and delivering recovery based models of mental health care**, working with patients to understand and manage the risks related to their own condition, and tailoring individual strategies to enable self-managed interventions at times of crisis to reduce the risk of harm.
- **Safe self-determination** – Understanding, documenting and recommending an appropriate level of risk which is key to supporting patients to take responsibility for their own mental health journey, in order to maximise safety for patients, staff and the community.

Embedding co-production — Partnering with people who use or have used Spectrum's services and their carers to co-produce or contribute to enhance Spectrum's services (i.e. clinical services, workforce development programs and research and innovation initiatives).

Other initiatives that will be explored include:

- Offering community education around personality disorders and the long-term effects of complex childhood trauma.
- Targeting prevention, early intervention and resilience building.

RESEARCH AND INNOVATION

Spectrum will pioneer new directions in translational research, generating evidence to inform policy and practice in personality disorders and complex trauma.

This will be achieved through the following key initiatives:

1. **Develop a centre for personality disorders and complex trauma studies**, as a research and innovation branch of Spectrum that collaborates with universities and research centers across Australia and overseas.
2. **Evaluating the Wise Choices and Brief Intervention Treatment models** — Completing and publishing the evaluation of the 20-week program Wise Choices and the Brief Intervention Treatment model of care (10-week program) for BPD.
3. **Standardising the 20-week program (and if it also proves to be effective, the 10-week program), and documenting in support manuals**, as research-informed models of care to enable the programs to be implemented, with Spectrum's support, by Mental Health clinicians across the state.

Other initiatives that will be explored include:

- defining Spectrum's research priorities to increase the understanding of the disorder and improve the lives of those living with BPD and the lives of their families, including emerging research themes from the consumer perspective and recovery field, from the fields of neuroscience, complex childhood trauma and family violence as well as clinical research into personality disorders and suicide;

- increasing opportunities for the people who use Spectrum and their carers to be active in research, both as research partners and research participants;
- pursuing collaborative opportunities for research with academic, government and NGO clinical partners to build a program of research into BPD and take a leadership role as a peak BPD service in applying for and obtaining funding for research into effective treatments for BPD and other personality disorders, anti-social behaviours and trauma-related conditions; and
- working with Turning Point to develop a Statewide Services research agenda that targets funding opportunities and addresses population needs of those with personality disorders and substance use disorders.

Spectrum will work to ensure that all research is published in peer reviewed journals and presented at national and international conferences to share and promote excellence in evidence-based healthcare for individuals and their carers living with personality disorder.

ENABLING SUCCESS: A HIGH-PERFORMING ORGANISATION

Spectrum recognises and supports the specific enablers of a high-performing organisation that are defined within Eastern Health's Strategic Plan 2017–2022.

These include:

Operating systems that create value — Spectrum:

- contributes to a **population health BPD service** with standardised, coordinated data collection and management to create a resource for strengthening research and understanding and to enable further innovation to flourish;
- supports the longer term development of a system for **national coordination** of services for people with personality disorders;
- ensures that clinical expertise, services, models of care and innovative research are relevant and applicable nationally; and
- offers consultations to other states in Australia towards establishing personality disorder service initiatives and form strong collaborative relationships and partnerships.

Strategic partnerships — Spectrum:

- plays a **leadership role** in the nation-wide adoption of evidence-based practice particularly for the care of people with complex and severe personality disorders; and
- partners with people, engages with the community and works with government to improve outcomes for people with personality disorders.

Digital transformation — Spectrum:

- develops online and telephone services that enhance the reach of Spectrum clinicians and trainers across the state; and
- supports the use of the electronic health record, My Health Record, to share relevant information between professionals.

A diverse and secure workforce — Spectrum:

- identifies opportunities to increase revenue within the current business model and new commercial opportunities that can sustain research, services and growth; and
- secures growth, sustainability and position by delivering an efficient and effective service.

Capital infrastructure and equipment — Spectrum:

- ensures available technology and infrastructure are used to improve equity of access and to deliver optimal services.

Visibility of performance — Spectrum:

- develops our leaders to ensure they are capable of performing at their highest level;
- engages with all of staff and stakeholders to deliver on the intent of this Strategic Directions document; and
- develops a BPD service that is well known for quality of care, accessibility and effectiveness.



COMMUNICATIONS AND ENGAGEMENT

Spectrum delivers clear messages to stakeholders such as health professionals and social services about the services Spectrum offers and how to access them.

Service information is clearly articulated, available and shared through a range of both traditional and modern mechanisms with both key stakeholders and the community in general.

As an Eastern Health service, Spectrum works to develop branded resources to ensure stakeholders understand and can effectively utilise the expertise Spectrum has to offer. Spectrum also works with partners to increase the accuracy of information available to the broader community to reduce stigma and improve understanding of BPD and other personality disorders.

Spectrum continues to publish in the field of personality disorder and to present findings of research and evaluated pilot studies.

Where appropriate, Spectrum engages with stakeholders and, in particular, with organisational partners, to progress the intent of these strategic directions.

POLICIES AND DOCUMENTS CONSIDERED IN THE DEVELOPMENT OF THIS DOCUMENT

The following documents have been considered in the development of this plan and can be supplied on request.

- Turning Point Strategic Directions
- SWS Service Plan
- Eastern Health Strategic Plan 2017–2022
- Eastern Health Clinical Service Plan 2022
- SWS Annual Report
- SWS Appropriate and Effective Care Plan
- Victoria's Ten Year Mental Health Plan
- NHMRC Clinical Practice Guidelines for Management of BPD 2012
- Suicide Prevention Strategy
- Forensic Clinical Specialist Initiative 2016
- AOD–MH Catchment Action Plan 2016–2018

STAKEHOLDER CONSULTATIONS

The following stakeholders have been consulted during the development of this Strategic Directions document. Spectrum is grateful to all contributors for their time and honest feedback.

Governance:

- Office of the Chief Psychiatrist – Dr Neil Coventry, Chief Psychiatrist and Ms Anna Love, Chief Psychiatric Nurse

Clinical:

- Spectrum staff – including all current clinical staff
- Turning Point staff – including all current clinical staff
- Professor Alan Fruzzetti, Harvard University, USA
- Associate Professor Ruth Vine, Melbourne Health
- Professor Bruce Singh, Clinical Director, South West (Warnambool) Area Mental Health Services.
- Associate Professor Paul Katz, Executive Clinical Director, Mental Health Services, Eastern Health
- Ms Lisa Shaw–Stuart, Program Director, Mental Health Services, Eastern Health
- Professor Andrew Chanen, Louise McCutcheon and team, HYPE – Orygen Health
- Dr Danny Sullivan, Clinical Director, Forensic services, Thomas Embling Hospital
- Associate Professor Simon Staface, Clinical Director and team, Alfred Hospital
- Associate Professor Paul Lee, Clinical Director and team, Latrobe Valley Mental Health Services

- Dr Raju Lakshmana, Clinical Director and team, Goulburn Valley Mental Health Services
- Associate Professor Phil Tune, Clinical Director and team, Bendigo Health
- Dr Suzie Redson, Clinical Director and team, Austin Health
- Dr William Kingswell, Clinical Director and team, Barwon Health
- Associate Professor Richard Newton and team, Peninsula Health
- Professor David Clark, Medical Director and team, Monash Health
- Ben Kelly CEO and Associate Professor Abdul Khalid, Clinical Director, Ballarat Health Service
- Associate Professor Tom Callaly and Dr David Kirby, Northern Mallee Mental Health Services
- Professor Brin Grenyer, Project Air initiative for Personality Disorders, NSW

Consumers and carers:

- Australian BPD Foundation – Julian McDonald, President; Katerina Volney, psychologist; Rita Brown, carer; Peter McKenzie, Bouverie Family Therapist and Estelle Malstead, carer
- BPD Vic Community

SPECTRUM STRATEGIC DIRECTIONS - ACTION AREAS



CLINICAL SERVICES

Deliver equitable, integrated, recovery-oriented, trauma-informed and evidence-based services for people with personality disorders and histories of complex childhood trauma

1. Early intervention
2. Interventions to support aged populations
3. Caring for men and boys
4. Brief intervention programs
5. Improving equity of access establishing a regional statewide Spectrum hub
6. Developing clinical pathways for Emergency Department (ED) clinicians
7. Continuing to develop recovery-oriented and trauma-informed psychotherapy skills and practice



WORKFORCE DEVELOPMENT

Deliver exceptional, high-quality training for the statewide workforce and Area Mental Health Services

8. Implementing a sustainable, embedded workforce capability model
9. Developing and implementing a program of BPD foundational training

Note: A action plan specifying timelines will be developed against these action areas.





RESEARCH AND INNOVATION

Pioneer new directions in translational research, generating evidence to inform policy and practice in personality disorders and complex trauma

10. Completing and publishing evaluation of the Wise Choices program and the Brief Intervention Treatment model of care for BPD
11. Standardising the 20-week program, the 10-week program, and documenting in support manuals
12. Develop a centre for personality disorders and complex trauma studies
13. Evaluating new programs of treatment for men and boys



LEADERSHIP AND ADVOCACY

Advocate for appropriate access to evidence-based healthcare and other supports for individuals and their carers living with personality disorder across Australia

14. Building strong and influential relationships
15. Promoting and delivering recovery-based models of mental health care
16. Safe self-determination
17. Embedding coproduction



Personality Disorder Service

110 Church Street
Richmond Vic 3121 Australia

P: (03) 8413 8750

F: (03) 9871 3911

W: www.spectrumbpd.com.au

General Enquiries:

E: Spectrum@easternhealth.org.au

Workforce Development Enquiries:

E: SpectrumTraining@easternhealth.org.au

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