

BPD Webinar Series:

Towards a National BPD Training and Professional Development Strategy



Webinar 6

Management of BPD in public mental health services, private and primary health care sectors

Monday 26th November 2018

7:15 PM - 8:30 PM (AEDT)



Webinar Series

This is the sixth webinar of a National BPD Project funded by the National Mental Health Commission. If you didn't attend the first five webinars, visit the Australian BPD Foundation website. This webinar will cover management of BPD in public mental health services, private and primary health care sectors.

Tonight's Panel



Dr Gillian Singleton
General Practitioner



Professor Brin Grenyer
Psychologist



Dr Paul Cammell
Psychiatrist

Lived Experience Advocate

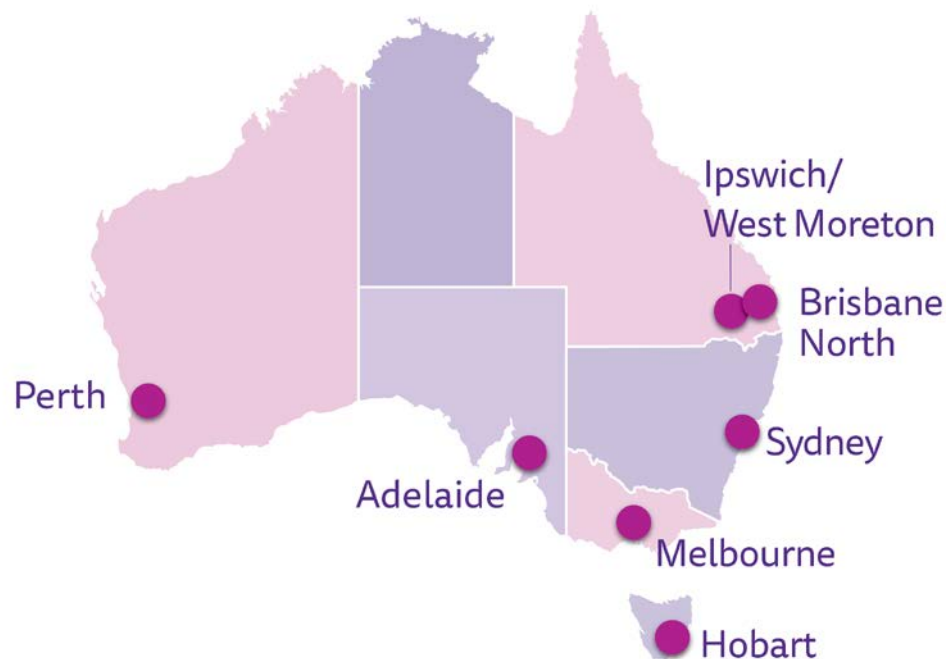
Facilitator



Dr Lyn O'Grady
Psychologist

Practitioner Networking Opportunities

Seven practitioner networks provide a forum for practitioners with a shared interest in BPD. Visit www.mhpn.org.au (news section) or contact MHPN to learn more.



Audience tip:
Download the fact sheet in the resources tab to learn more about BPD practitioner networks.

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists.
- Behave as you would in a face-to-face activity.
- For help with your technical issues, click the Technical Support FAQ tab at the top of the screen.
- If you still require support, call the Redback Help Desk on 1800 291 863. If there is a significant issue affecting all participants, you will be alerted via an announcement.

Audience tip:
If you are having difficulties with the audio, please dial in on 1800 896 323
Passcode:
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Learning Outcomes

Through an exploration of Borderline Personality Disorder (BPD), the webinar will provide participants with the opportunity to:

- Identify challenges in management of BPD in public, private and primary sectors
- Describe how BPD is best managed in public, private and primary care settings
- Outline how best to collaborate between public, private and primary care settings to get the optimal treatment outcomes for people with BPD and their families/carers'

Audience tip:
The PowerPoint slideshow and case study can be found in the Resources Library tab at the bottom right.

Lived Experience Advocate Perspective

Accessing Private Hospital Inpatient Treatment

Pros

- Group programs in inpatient units
- Choice – individual or shared room
- 21 day programs tailored for each individual
- Facilities
- Less consumers are in acute distress
- Regular psychological appointments while in hospital
- Can have escorted day leave
- Discharge planning
- Can extend or shorten stay

Cons

- Expensive out of pocket costs per day in hospital
- Must have health insurance, to be eligible for any rebates or minimised costs
- If you break hospital rules, you may be transferred to a public hospital and may be sectioned
- Allowed use of personal phone

Lived Experience Advocate Perspective

Accessing Private Treatment as an Outpatient

Pros

- Weekly group therapy programs are available
- Consistency of seeing the same clinician for individual sessions
- Out of hours appointments can be scheduled in private practice

Cons

- Long waiting list for group therapy programs
- High out of pocket cost, if you do not have top level health insurance cover
- Long waiting list for individual clinicians
- Some clinicians may have closed their books to new consumers
- Difficulty in including carers in this care planning

Lived Experience Advocate Perspective

Accessing Public Hospital Inpatient Treatment

Pros

- No cost with Medicare card
- 1-to-1 support available if the consumer is feeling suicidal
- Peer support may be available
- Short waiting time for a bed
- Can be used while waiting for a private hospital bed or transfer

Cons

- Restrictive practices that cause harm and are not trauma informed
- Reduced rights when sectioned under the Mental Health Act
- Inconsistency with registrars and clinical staff support > continuity of care
- No group programs available and minimal group activities available
- No regular psychology appointments available while in hospital
- They may need the bed for another consumer, and you will be discharged without completing discharge planning
- A mental health bed may not be available, and you will be put on a medical ward

Lived Experience Advocate Perspective

Accessing Public Hospital as an Outpatient

Pros

- No cost with Medicare card
- Community peer support may be available through public health
- Fortnightly or monthly appointments may be available
- More clinical staff available for consultation > more options

Cons

- May be a long waiting list
- Weekly appointments may not be available
- Clinicians may be overworked and less supported in their roles > high turnover of staff
- Lack of continuity of care > may need to change clinicians
- Long appointments may not be available

General Practitioner Perspective



Challenges

1. Naming it:

What are the challenges?

GPs perfectly placed to intervene early.

Managing stigma and comorbidities (94%).

2. Duty of care:

Maintaining a compassionate, person-centred approach & boundaries.

Who else is in the picture? Carers and dependants.

3. Red flags and managing risk:

Holistic approach managing co-morbidities.

Access to effective treatment on low income.

4. Self care:



Gillian Singleton

General Practitioner Perspective

Compassionate and effective maze navigation

Boundaries:

- Creating a safe, therapeutic space.
- Challenges to boundary maintenance for individuals with significant physical and mental health issues in primary care.
- Maintaining empathy, trust, respect, hope and humanity.

Holistic approach:

- Shared decision making and goal setting for physical, psychological and social issues.
- Simple strategies (e.g. psycho-education, sleep hygiene, treatment planning, care contracts and crisis planning).
- Safe prescribing.



Gillian Singleton

General Practitioner Perspective

Collaboration is essential



- Challenges for individuals with low income.
- Clear roles and communication.
- Ensuring support for carers and dependants.



Gillian Singleton

General Practitioner Perspective

Self care: not negotiable

Self reflection and being there for our colleagues, important to recognise:

- Compassion fatigue
- Burnout
- Vicarious trauma.

Structures to support self care and better patient care:

- Time and boundary management
- Debriefing
- Balint groups
- Effective collaboration



“If your compassion does not include yourself, it is incomplete”

Jack Kornfield



Gillian Singleton

Psychologist Perspective

Issues in managing transitions

- Overall approach – compassion – multidisciplinary communication
- Considerations on the inpatient ward (and possible ED presentations)
 - What can be done in the here-and-now
 - 5 year old boy – issues of care and contact
- Anticipating discharge from hospital - issues
 - First 30 days after discharge – rapid followup
 - Relevant resources for practitioners www.projectairstrategy.org
- Importance of an evidence-based treatment as primary goal
 - Family and carer support – psychoeducation and skills training
 - Parenting skills training (separating BPD from problems, parent-child skills, family safety, communication with son)



Brin Grenyer

Psychiatrist Perspective

BPD is an emblematic challenge for health systems

- Systems can replicate the same dynamics of instability, inconsistency, reactivity and lack of integration that are purportedly hallmarks of the disorder.
- Requires Commitment: overcoming the temptation to stigmatise, exclude and lose cohesion in systemic responses.
- **Resistance to Costliness** (specialisation, training, intensity of treatment, research)
 - cost-benefit analyses
- **Resistance to Complexity**: translation across settings (public/private, inpatient/outpatient/emergency services, specialised services and general mental health, health and social service settings).
 - optimism, coherent approach to communication and service provision, less confusion and anxiety.



Paul Cammell

Psychiatrist Perspective

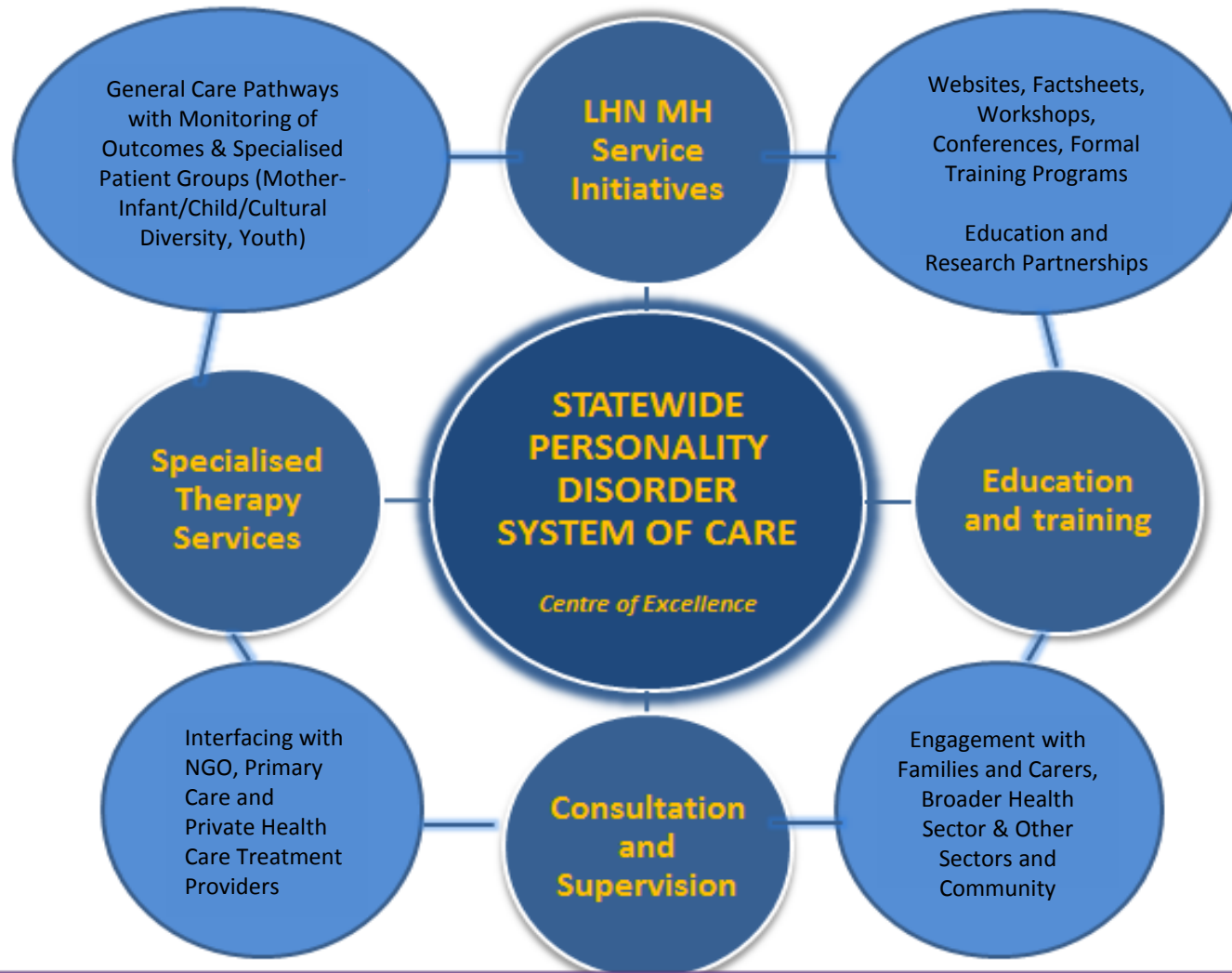
BPD is an challenge for all individuals involved

- Who does what?
- Does everyone always feel they are carrying the problem but the solution is somewhere else?
- Do we need to work harder or work smarter?
 - What can family and carers do?
 - What can a GP do?
 - What can a private psychologist or psychiatrist do?
 - What can a community mental health team do?
 - What can NGO sector services do?
 - What can crisis services do?
- What is a treatment plan that works for everyone?



Paul Cammell

Psychiatrist Perspective



Paul Cammell

Psychiatrist Perspective

	General	Specialised
Practitioner	Structured, coherent model, appropriate assessment and psychoeducation, limit setting and attention to frame and contract, structured approach to liaison with stakeholders, tolerance of risk, focus on containment, focus on functional recovery and goals	DBT, TFP, MBT, Schema, CAT, STEPPS, modified CBT, other
Service	Treatment plans, Consistent crisis and risk management plans, Team based and supervised, phase specific (assessment and psychoeducation, vs collaborative shared management vs case management vs maintenance/support vs discharge), Monitoring and tracking performance (eg frequent attenders, public, primary and private sector interface etc)	SCM, GPM, TFP, DBT, other



Paul Cammell

Q&A Session



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Resources and Further Reading

Spectrum and The Australian BPD Foundation have prepared a list of resources at

<http://www.bpdfoundation.org.au/webinar-6.php>

Audience tip:

Your feedback is important
– please click the
Feedback Survey tab to
open the survey

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Thank You For Your Participation

- Please ensure you complete the *feedback survey* before you log out.
- Click the Feedback Survey tab at the top of the screen to open the survey.
- Certificates of Attendance for this webinar will be issued within four weeks.
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

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Thank you for your contribution
and participation

Good evening

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