

Wise Choices- support for people with borderline personality disorder



PIR Agency:	Communify
Date:	August 2014 – ongoing
Key issue(s)	People with the diagnosis of PD are among those with the highest levels of unmet need in Australian mental health services. It is conservatively estimated at a 2% population prevalence rate, that Borderline Personality Disorder (BPD) affects over 440,000 Australians. SANE Australia suggests that between two and five per cent of the population is affected by PD at some stage of their lives, so the number may in fact be higher (SANE, 2011).
Main Objective(s)	This is a proposed pilot project initiated by PIR Communify and the Hospital and Health System will aimed at lessening the blockage in the system for consumers with severe and persistent Personality Disorders (PD) with complex needs. The systems barrier seems to be limited public health support and treatment for consumers who are not deemed acute enough for tertiary treatment options. Another identified barrier in the system is for clients who have exhausted their private medical funds, and are often unable to understand or navigate the public health system, which in turn see them falling through the silos prevalent in the mental health system.
Summary of Impact or Result	
Context	<p>Currently consumers with PD diagnosis, who do not meet the criteria for ongoing case management by the Mental Health system, presents frequently at Psychiatric Emergency Centre, Acute Care Teams and Department of Emergency.</p> <ul style="list-style-type: none"> • There is limited support provided due to funding criteria and resources in tertiary treatment intuitions. • It is common in clinical practice, occurring in at least 10% of outpatients and 20% of inpatients. • It is associated with high levels of additional mental health problems (such as depression and drug and alcohol use) and severe and continuing disability across a broad range of domains of interpersonal and social functioning, poor quality of life, high usage of mental health and general health resources, and high mortality. • The suicide rate for this disorder is estimated at 10%, the same as for schizophrenia (Paris, 2002; PMHCCN 2011). Most people (74%) diagnosed with BPD have at least one co-occurring Axis II disorder (Barrachina et al, 2011), and strong co-morbidity with Axis I conditions such as serious depressive episodes, and bipolar II disorder (Stone, 2006), making accurate assessment of prevalence difficult. • Though people with mental illness often experience stigma, consumers with a diagnosis of PD have endured not only societal stigma but also exclusion and disapproval from within mental health services. • For some mental health service staff the issues and needs of people with diagnoses of PD seem chronic and unrelenting, and their emotional pain unassuageable. • People with BPD diagnoses who are refused care or derided for needlessly taking up valuable resources are further traumatised. • At the same time, because difficulty with relationships of trust is at the core of the experience of BPD, service providers need high level skills and training to effectively engage with these consumers. (McMahon & Lawn, 2011)
Stakeholders/Partnerships	
	✓ A similar pilot was run by Spectrum Personality Disorder Service in Victoria, the study 'Acceptance

and Commitment Therapy Group Treatment for Symptoms of Borderline Personality Disorder: A Public Sector Pilot Study'- Jane Morton author and developer of the Wise Choice Program partnered with Community PIR to run a 2 day workshop with workers to deliver this program in Queensland

- ✓ Signed local partnership agreement with North Brisbane Hospital and Health Services
- ✓ Partnering with PIR consortium members to roll Wise Choices out across regions (Open Minds and Neami)

Project Management

Community PIR is the lead agency on the project:

- ASTAR project planning tool used in the planning stage
- HHS local partnership agreement utilised in detailing project plan and outcomes
- North Brisbane PIR "Pooled Flexible Funding " template utilised in securing funding and briefing to North Brisbane PIR consortium OMG
- Evaluation framework developed
- Wise Choices group delivery KIT established to create delivery and data collection consistency across agencies
- Initial evaluation done by and external party

Description of Activities

The WISE CHOICES project will support and enable this target group not to fall through these identified gaps, start "self-medicating" or cycling in and out of service. This project is an upstream approach which will enable consumers to learn valuable skills, potentially prepare them for intensive Dialectical Behaviour Therapy if deemed necessary and assist in reducing the readmission rate of presentations to the Psychiatric Emergency Centre (PEC), Acute Care Teams and Department of Emergency.

WISE CHOICES aims to provide a complimentary and/or alternative program for clinically case managed consumers and/or consumers currently waiting for DBT and support for 8 – 12 consumers frequently presenting to PEC or currently engaged in short term clinical case management by and unable to access private treatment. The end goal is to create a sustainable alternative support avenue for consumers, by brokering a facilitator who can train and mentor NGO support workers to run this program on an ongoing basis.

Enable staff of the parties to work collaboratively to implement holistic and recovery orientated services for consumers with personality disorders;

- Ensure active participation of the parties in the delivery of services;
- Ensure consumers are able to access appropriate clinical and community based supports and groups to assist them in achieving their personal recovery goals;
- Identify and address barriers that present to mental health consumers that have personality vulnerabilities;
- Provide a complimentary and/or alternative program for clinically case managed consumers and/or consumers currently waiting for DBT
- Provide an additional avenue of treatment for a consumer whom lives with a personality disorder;
- Support 8 - 12 consumers frequently presenting to PEC or currently engaged in short term case management by MH and unable to access private treatment and
- Identify key stakeholders involved in consumers care
- The end goal is to create a sustainable alternative support avenue for consumers, by brokering a facilitator who can train and mentor NGO support workers to run this program on an ongoing basis.
- Each time the group is run a new co-fascinator will be recruited and trained.
- Involving a final year student each time the group is run, enables wider training and experience for new graduates with the target population group

Mental Health Clinician (MHC) to refer consumers that have a diagnosed Personality Disorder (PD), Service Integration Coordinator (SIC) to also identify potential referrals to the Wise Choices program from Complex Care Reviews, Care Coordination, Length of Stay and general engagement with other clinicians;

- The MHC is to seek consent from the consumer to refer them to the Wise Choices Program and must meet PIR criteria of:

- ✓ Have a mental illness that is severe and persistent
- ✓ Complex needs that require support from more than one service
- ✓ Require assistance to get help from support agencies
- ✓ Have no existing coordination of support services in place
- SIC to forward referral forms received to PIR Communitify with latest care review, recovery plan and/or discharge summary if and when applicable;
- SIC to liaise with key contacts to follow up on progress of referral;
- MHC to keep PIR informed of changes i.e. treatment plan, care plan, change of mental health clinician and admissions to hospital etc;
- The SIC to record the outcome for a consumer on CIMHA that may be raised in the monthly meeting;
- MHC to have ongoing communication with PIR regarding the progress and outcome for consumers;
- SIC to maintain a central register of consumers referred to the PIR Wise Choice Program;
- PIR Wise Choices Program as a possible adjunct to clinical treatment.

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- Ensure ongoing care coordination for consumers based on individualised needs and make appropriate referrals to additional community supports if required according to consumers' recovery plan.

PIR will:

- ✓ Complete PIR intake and needs assessment
- ✓ Broker psycho-social links and
- ✓ Structure an action plan.
- Mutually shared PIR -MHS consumer to also be referred into Wise Choices Program by Support facilitator (SF);
- Flexible funding attached to PIR Clients to cover cost of group
- Cover cost for printing resources, leaflet and refreshments
- Brokerage of appropriately trained and experienced ACT/ Wise Choices group facilitator, and trainer of co-facilitator
- Broker Acceptance and Commitment Therapy training for NGO facilitators
- Collate and compile non identifying data associated with the group
- Co facilitated by other NGO or clinical staff
- Securing an appropriate final year student to assist with data collection and project write up
- This Pilot will be evaluated using Grounded Theory, which includes the observations of quantitative data, review of records, results of measuring tools, interviews, observation and surveys.
- This data will be obtained from group participants, clinicians involved, group facilitators, student and representatives of this partnership.
- Surveys, measuring tools and interviews to be administered and if need arises developed by PIR and Wise Choices Facilitator
- Monthly operational key stakeholder meeting to raise concerns and develop solutions. Minutes to be sent to stakeholders

Project Impact

Participants reported a:

1. Significant reduction in Depression (DASS D-score Mean change = 6.107; $t(27) = 4.259$, $p < 0.001$)
2. Significant reduction in Anxiety (DASS A-score mean change = 4.393; $t(27) = 2.939$, $p < 0.01$)
3. Significant reduction in Stress (DASS S-score mean change =
4. Significant reduction in BEST Thoughts & Feelings (mean change = 7.750; $t(27) = 2.944$, $p < 0.01$)
5. Significant reduction in BEST Negative Behaviours (mean change = 3.571; $t(27) = 2.451$, $p < 0.05$)
6. Significant reduction in BEST overall severity of borderline personality symptoms (mean change in BEST Composite Score = 11.214; $t(27) = 3.335$, $p < 0.01$)

Thus Clients reported presenting less, or not at all at ED or PEC and fewer hospital admissions

After the Wise Choices regional training more NGO and Clinical staff can now be part of a pool of Wise Choices facilitators to delivery this program within the confines of existing funded programs like PHaMs, MIFQ Hub, Qld

Health's Eating Disorders Outreach program, PIR Open Minds and PIR Neami
Wise Choices participants requested a Peer Support group, based on the Wise Choices core components, to assist with practicing learnt skills and ongoing social interaction.

Lessons Learned	
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PIR eligible client's flexible funding was pooled to fund the running of the program
North Brisbane System Reform funds, funded the evaluation of the program outcomes
North Brisbane System Reform funds, funded the Wise Choices Sector training
With the commencement of the program the struggle was to source qualified, available facilitators to run the groups, this barrier has been overcome with training and co-facilitators learning from experienced lead facilitators.
Pooled Flexible Funding funded some online Acceptance and Commitment training for new facilitators.

What worked well was using workers within already funded programs from the PIR consortium NGO partners to deliver the groups.

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