Borderline Personality Disorder Implementation Plan

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SA Health

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Acknowledgement:

Elements adapted from the SA Mental Health Commission: South Australian Action Plan for People Living with Borderline Personality Disorder 2017-2020

1. SA Health Borderline Personaility Key Focus

The key focus areas for the implementation of a SA Health Borderline Personality Disorder (BPD) service are:

- Consumer needs analysis;
- Project management and planning;
- Training the workforce for a greater appreciation of BPD as well as a team of specialists to deliver BPD services;
- Community mental health team reconfiguration to implement a specialised BPD service.

2. Background

1.1 What is Borderline Personality Disorder

BPD is a significant mental illness. The NHRMC Guideline states that:

'BPD is a common mental illness...associated with severe and persistent impairment of psychosocial function, high risk for self-harm and suicide, a poor prognosis for co-existing mental health illness, and heavy use of healthcare resources. International data show that the suicide rate among people with BPD is higher than that of the general population. Estimated suicide rates among people with BPD range from 3% to 10%.[1]

BPD is a mental illness that can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to control their emotions and impulses. People living with BPD may experience distress in their work, family and social life, and may harm themselves.

People living with BPD are at increased risk of suicide and self-harm and frequently have contact with a number of agencies and service providers including hospitals and health services, Drug and Alcohol Services SA, SA Ambulance Services, SAPOL, prison services, general practitioners, NGO community services and housing services.

The responsibility for early identification, referral, assessment, treatment and support for people living with BPD in South Australia is shared across the community from the primary health care system, the public and private mental health systems, hospitals, correctional services, forensic services, schools and other government and non-government agencies.

1.2 Population Prevalence and Service Usage

The following is an overview of BPD prevalence and usage of services:

- The epidemiology of BPD at the population level has been studied mainly in the United States, showing rates varying between 0.5 % [2]and 1.4 %[3,4,5,6,7]
- Two studies have found higher rates of 2.7 %[8]and 5.9 %[9]respectively.
- The NHMRC Guideline suggests Australia has a population prevalence of 1-4%.
- Based on a population prevalence estimate 1-4 %, in South Australia we would expect approximately 17,000 – 68,000 South Australians to be living with BPD.[10]
- The NHMRC Guideline highlights international research on prevalence of BPD among people using psychiatric services which has been estimated at up to 23% for outpatient populations, and up to 43% for inpatient populations.

1.4 Borderline Personality Disorder Plan

The South Australia Mental Health Commission developed the State's first cross-government Action Plan for People Living with Borderline Personality Disorder 2017-2020.

The priorities outlined in this Action Plan that will be addressed by SA health are:

- Workforce development;
- Referral pathways;
- Access, treatment, care and support; and
- Frequent presenter analysis.

1.5 New therapies and approaches

New psychological therapies have revealed that BPD is a very treatable mental illness with low relapse rates (5-15%). Most people can achieve recovery and many people recover to a point where they no longer meet the diagnostic criteria for the illness.

While the psychotherapies that assist people to recover from BPD are specialised, they are also relatively intensive and long term in nature (up to 1-2 years). However, there are a range of highly skilled mental health practitioners who currently care for - or come into contact with - people living with BPD who can be trained to deliver these therapies to people living with BPD. This includes mental health nurses, social workers, occupational therapists, psychologists and psychiatrists.

There are also new ways of improving the services people living with BPD access or are in contact with when in crisis; such as training emergency department nurses, general nurses, police, emergency and correctional service workers to minimise the risk of escalating the individual's mental state and reducing the risk of injury to the person or workers, and to reduce the frequency of crisis presentations to our emergency departments.

Therefore collaborative cross-government action has the potential to decrease morbidity and mortality, reduce demand on our emergency and crisis services, reduce the risk of workplace injury and reduce societal costs.

1.6 Health and Social Cost Impacts

According to the Australian National Survey of Mental Health and Well-Being, 4.8% of the Australian fulltime workforce has a personality disorder, with a personality disorder being predictive of work impairment.[11] Lost work productivity due to mental disorders, such as personality disorders and substance-related disorders, contributes an economic loss of AUD$2.7 billion each year.

Treating and supporting people living with BPD will:

- Optimise opportunities for recovery, and reduce the frequency of relapse;
- Reduce the current and future cost of health care and other services; and
- Reduce the wider societal costs of supporting people living with BPD.

3. Goal, Objectives and Key Indicators

2.1 Goal

The goal of the Borderline Personality Disorder Service is:

- To assist people living with BPD in SA to achieve recovery, improve quality of life and minimise the personal and social impacts living with of BPD in South Australia.

2.2 Objectives

The objective of the Borderline Personality Service for SA Health is:

- To ensure that all people living with BPD receive the most appropriate treatment and supports to assist in building a contributing life, and are not excluded from mental health services and other supports.

2.3 Key indicators

The key aims of the Borderline Personality Disorder Service are to:

- reduce BPD-related Emergency Department crisis presentations;
- reduce BPD-related unplanned public hospital admissions;
- reduce excessive length of hospital stay for people with severe and complex BPD;
- reduce the use of restraint for people with BPD;
- reduce BPD-related substance use disorder;
- reduce the number of attempts by people living with BPD to end their own life; and
- reduce the number of people living with BPD who take their own life.

4. Implementation Plan – Actions Being Focussed On.

This action plan is focussing on the following actions detailed in the SA Mental Health Commission's Action Plan:

- Develop a Borderline Personality Disorder strategy and service plan;
- Analyse the service access patterns and utilisation for BPD consumers who utilise SA Health services in emergency department, inpatients units, residential units, community mental health services and primary care and NGOs;
- Develop service and training material and services guidelines to support the Clinical Workforce;
- Training the SA Health clinical workforce to assess and care for people with Borderline Personality Disorders;
- Informing service configuration for community mental health to service borderline personality disorder consumers.

5. Key Work Tasks.

Key tasks to implement the SA Health identified actions are:

6.1 BPD and Frequent Presenter Needs Analysis and Utilisation

It is proposed to undertake a detailed analysis of persons presenting with a BPD diagnosis as well as consumers who present frequently to emergency departments and other mental health services. The analysis will examine age demographics, gender, social status, cultural groups, service utilisation and patterns, costs and staff inputs. It is expected that this analysis will take place in 2018-19. The consumer usage of MBS and PBS services will also be analysed.

6.2 Planning

In order progress the BPD initiative, a BPD clinical expert will be engaged through a procurement process to scope the service requirements and to outline how best to deliver the service. This work will be undertaken in the first half of 2017-18 and be completed by October 2017.

6.3 Implementation Plan

Once the services have been scoped a detailed action plan will be developed to deliver the project outcomes. This work will be undertaken by an organisation sourced through a procurement process that has expert experience in the delivery and requirements for a Borderline Personality Disorder service. The plan will include key deliverables such as training manuals, online resources, service guidelines, detailed pathways to care for BPD consumers, key performance indicators and a model of care that integrates the BPD service within the proposed community mental health service reforms.

Implementation will take place from December 2017 to June 2019.

6.4 Service Support

It is proposed that a dedicated BPD Service Manager will be recruited or appointed to commence from 2018-19 to assist in implementing and managing the transition to a Local Health Network based borderline personality disorder model within a reconfigured Community Mental Health Team structure.

6.5 BPD Training Program

The organisation with the capability to deliver training in BPD service delivery to SA Health community mental health clinicians will be engaged by December 2017. The training will need to be focussed on three key areas.

The first is to have a training course designed to upskill and deliver a broad understanding of BPD to a wide cross section of SA Health mental health workers in emergency departments, inpatient units, residential units and community mental health services to treat consumers with BPD.

The second component is to design and deliver a training course to a key group of mental health workers who will specialise in the treatment of consumers with BPD.

The third component involves upskilling a dedicated mental health trainer to deliver ongoing training to the Community Mental Health workforce in the future.

It is expected that the organisation to design and deliver the training program will commence in December 2017 and continue through to June 2019.

6.6 Ongoing BPD Clinicians – Community Mental Health Team Reconfiguration

As part of the Community Mental Health Reforms, some 6-8 FTEs will be identified and trained to deliver services to consumers diagnosed with BPD on an ongoing basis. These workers will commence from 2019-20.

6. Funding Impacts

The following table details the funding impacts to implement the Borderline Personality Disorder Service as well as the funding impacts to maintain the service on an ongoing basis.

For 2017-18 to 2018-19, the funding impact is $1,200,000. This comprises $410,000 for 2017-18 and $790,000 for 2018-19.

Once the service is up and running, 6-8 FTE will be identified from existing mental health community staff across the metropolitan LHNs who will be trained to deliver Borderline Personality Disorder services on an ongoing basis as part of community mental health reforms.

7. References

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