Spectrum 2023 Research Forum

Presentation Abstracts

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Specialising in Personality Disorder and Complex Trauma

The soft bigotry of low expectations for people living with personality disorder, by Professor Andrew Chanen
Personality disorder is an important cause of human suffering and the fourth leading cause of burden of disease across the lifespan. It is associated with a wide array of harmful personal, social and economic consequences, including a two-decade reduction in life expectancy. Yet, major advances over the past 30 years in our understanding of the nature of personality disorder, early detection, and effective treatment have not been translated into meaningful mental health policy change or service reform. Diagnosis and treatment of personality disorder are still avoided or delayed, reinforcing psychosocial impairment, disability, and therapeutic nihilism. While the 'hard' bigotry of ignorance, prejudice and discrimination (especially among mental health professionals) is a major contributor to this malaise, the personality disorder field also needs to reflect upon its own contributions. The field remains preoccupied with issues of validity and refining classification, descriptive studies further documenting the extent of problems, and competition for market share among brands of modestly effective, complex individual psychotherapies. Service reform is limited to 'awareness raising', late intervention, small-scale niche services that are often isolated from mainstream mental health, advocacy for funding for solo practitioner, office-based individual psychotherapy, or accepting the premise that the purpose of services is primarily to reduce self-harm or to clear emergency department beds. Collectively, these amount to the soft bigotry of low expectations, such that we envisage the lives of people living with personality disorder to be 'less worse', rather than flourishing.

Borderline Personality Disorder (BPD), Stigma and human rights at the interface of mental health care: What progress have we made? by Professor Sharon Lawn
In this presentation, Sharon will provide a brief examination of the evidence gained from the past 12 years of her involvement in lived experience and academic research exploring the experiences of people with a diagnosis of Borderline Personality Disorder, and their family and carers, in their contact with mental health services. This will include a comparative look at what people said about their experiences in a large national survey undertaken by Lived Experience Australia in 2011 (the first of its kind internationally) and revisited in 2017. More recent systematic reviews examining structural stigma and whether education programs for the mental health workforce have a positive impact on systemic stigma will also be discussed, and suggestions for next steps in improving the human rights for people living with BPD.

Men's experiences of BPD and navigating the mental health system, by Associate Professor Jillian Broadbear
Jillian Broadbear, Michael Bhagwandas, Sam Crowley, Lukas Cheney, Sathya Rao: Spectrum Personality Disorder and Complex Trauma Service, Melbourne, Australia.
The community prevalence of borderline personality disorder (BPD) is similar in men and women, however women are far more likely to receive diagnosis and treatment. Diagnostic features described in DSM and ICD reflect the female presentation, with treatment programs designed for and evaluated primarily in female clients. The tendency to exhibit more externalising behaviours can lead to a diagnosis of antisocial personality disorder in men and reticence of clinicians to engage with them in treatment. Men struggling with BPD symptoms may instead come into contact with drug and alcohol services and the criminal justice system. Lived-experience studies of BPD in men are scarce. The current study used in-depth semi-structured interviews to investigate the experience of BPD, its aetiology, diagnosis, and treatment in eight men whose ages ranged from 27 to 76 years. Thematic analysis highlighted commonalities in their experiences. Break downs in relationships were catalysts for help-seeking. Gendered stereotypes were apparent, with men demonstrating a tendency to prioritise self-sufficiency over having close relationships.Clarifying how men experience BPD and obtaining insight into male diagnostic features is critically important, both to recognise and diagnose BPD earlier as well as to optimise treatment interventions for this vulnerable and often isolated population.

BPD in older adults: A research update, by Dr Hemalatha Jayaram
The diagnosis of Borderline Personality Disorder (BPD) in older adults is often missed, however these people often suffer greatly and their needs can pose challenges for those who care for them. In the absence of validated screening tools for the detection of BPD in older patients (60 years+), we developed a screening tool - the BPD in Older Adults (BPD-OA) - that reflects the changing symptomology of BPD during the aging process.Its sensitivity and reliability was evaluated in a proof-of-concept study in (i) 20 BPD-confirmed and (ii) 20 age- and gender-matched BPD-negative elderly participants, all of whom were referred to aged psychiatry services. Chi-Square analysis clearly showed that the BPD-OA was able to discriminate BPD from non-BPD populations. The BPD-OA was refined based on these preliminary results and is currently being trialled in six older adult psychiatry services. All newly referred clients are invited to participate. The QuickSCID-5 and SCID-5-PD are used to verify psychiatric diagnoses along with the Geriatric Depression Scale given the comorbidity between BPD and depression. Once validated, the BPD-OA will serve as a brief, simple and reliable screening tool, the use of which will prompt a more comprehensive evaluation, facilitating staff preparedness and patient care.

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Clinicians' insights into the diagnosis and treatment of men with personality disorder: A qualitative study, by Michael Bhagwandas
Identifying and effectively treating men who experience PDs is becoming a growing priority given the substantial distress and burden incurred by afflicted individuals, their families, and communities. However, the question of what constitutes effective, evidence-based treatment for men with PD is still uncertain. The current study interviewed an international representation of clinicians who have expertise in the treatment of men with PD in both community and forensic settings to better understand how to diagnose and effectively engage men with PD in treatment. Ten clinicians, working across both forensic and community treatment settings, participated in the study. A semi-structured interview format was used, and interviews were transcribed and analysed using Framework Analysis. Clinicians perceived a multitude of barriers obstructing men experiencing PD from engaging in treatment, including diagnostic uncertainty, low inclination for help-seeking, and avoidance of engagement with clinical services. Treatment approach recommendations were focused on developing trust in the therapeutic alliance and targeting feelings of shame during treatment.

The intersection between sleep quality, nightmares, and BPD, by Dr Rowan Ogeil
Sleep disturbances are commonly experienced by people with Borderline Personality Disorder (BPD). Preliminary evidence suggests that people with BPD experience poorer sleep quality, and that nightmare frequency and severity can worsen BPD symptoms. However, inconsistent findings amongst adults have rendered it difficult to confidently characterise whether specific components of sleep quality are commonly disturbed. The aim of this study was to investigate the components of sleep quality most disturbed in people with BPD, and to also explore the prevalence and content of remembered dreams/nightmares. An online survey was used to recruit adults with BPD, after receiving ethics approval from Eastern Health. 202 people attempted the survey (Mean age 36 years, 84% female). The majority of participants (94%) reported poor sleep quality over the past month using a validated scale, with latency, disturbances, and daytime dysfunction the most disturbed components. Participants also reported frequent nightmares, with thematic qualitative analysis identifying common themes of: past trauma; interpersonal conflict; physical injury; and death. Our results suggest the existence of important interconnections between sleep quality, daytime dysfunction, and nightmares. Understanding the components of sleep disturbed in people with BPD may lead to future targets to improve sleep health in this population.

Consumer experiences of Mentalization-Based Treatment (MBT): A prospective qualitative study, by Dr Julian Nesci
Mentalizing is the ability to understand how our own and others' minds influence behaviour. Mentalization-Based Treatment's (MBT) effectiveness has been established, however little is known about the participant experience of this intensive 18-month treatment. Our clinical observation is that reliance on quantitative measures seems to miss some of the experiential complexity of taking part in this treatment. Participants will be recruited from the current MBT cohort and have participated in at least 12-months of the treatment. Participants will be interviewed and asked to reflect upon their: expectations prior to treatment commencement, experience of the therapy, and perception of change that has occurred during treatment. Participants will also be asked to reflect on the process of change and whether those changes have translated into their everyday lives. Data from this study is expected to make an important contribution to improving engagement, reducing treatment attrition, and understanding both the mechanisms of change within treatment, and how treatment gains can be generalised.

Exploring neurodiversity in people who experience BPD, by Dr Lukas Cheney
Spectrum is a state-wide specialist service for personality disorder and complex trauma based in Melbourne. Referrals to and treatment within this service include the full range of mild to severe personality disorder, offering a unique window into varying outcomes for people living with personality disorder. Services offered within Spectrum include full programs of DBT, MBT and ACT as well as a "complex care service" which accepts referrals for the most severe and complex presentations involving a person diagnosed with personality disorder. The complex care service offers both primary, common-factors based psychotherapy as well as a consultation service supporting hospital-based case management services across Victoria and Australia. This presentation will review and analyse clinical outcome data for consumers engaged with Spectrum services during 2022. Data will include consumer self-report measures, clinician impressions and clinical data. The clinical data will include rates of hospital admission and other important indicators of consumer well-being. These data suggest that while the overall prognosis is positive for people engaged with Spectrum services, a significant number of people who do not improve and/or disengage from treatment. This presentation will focus on identifying possible consumer sub-groups that may have a less favourable prognosis and identify areas for further investigation.

Spectrum Evaluation Program: Outcomes update, by Sam Crowley
The Spectrum Service Evaluation Program was designed to assess the effectiveness of Spectrum's treatment programs across a range of outcomes that are clinically relevant to personality disorder. This presentation will provide an overview of the Service Evaluation Program and an updated assessment of outcomes for people referred to Spectrum for the treatment of borderline personality disorder. The focus of the assessment will include changes in BPD symptom severity, self-harm and suicidality, and emotion dysregulation.

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Piloting a psychoeducational program for people newly diagnosed with BPD, by Dr Mithira Nithianandan
Timely, up-to date information is imperative for people newly diagnosed with BPD. Learning about the disorder, its symptoms, treatment options and high rates of remission can instil a sense of hope – and this is often the first key to recovery. The literature suggests there is a significant deficit in information provision for people newly diagnosed with BPD. Mithira will discuss an online psychoeducation workshop that has been developed and piloted at Spectrum.

Suicide prevention: Learning more from coronial investigations of death by suicide in people diagnosed with BPD, by Jason Webb
Borderline Personality Disorder (BPD) frequently co-occurs with depression and carries a significantly higher suicide risk than depression alone. The present study aims to compare the psychiatric and sociodemographic features of individuals with BPD and depression, focusing on critical service needs and accurate suicide risk assessment in these chronic and severe disorders. In this retrospective study, suicide-related deaths reported to the Coroners Court of Victoria (CCOV) between 2009 and 2016, were reviewed and 291 suicide cases with diagnosed borderline personality disorders (BPD) (as cases) and 291 matched depression cases without any evidence of BPD (as comparators) were extracted. Matching was performed according to sex, age, residing status, and year of death. Demographic characteristics, deceased's past medical history and diagnoses were extracted from the Victorian Suicide Register (VSR). Mental and behavioural disorder categories and definitions used in the VSR conformed to the International Classification of Diseases (ICD) 10 classification.

Service Development: Building adapted DBT Programs in Regional in AMHWB Services, by Marianne Weddell
Spectrum collaborated with 4 regional Area Mental Health and Wellbeing Services (AMHWBS) to develop and implement a DBT intervention or comprehensive program tailor made to local needs ensuring its functionality and enhance sustainability. Spectrum provided assessment, training and wrap around support as the models were developed, and programs were implemented with improvements in DBT literacy, skills and overall capacity.

Evaluating the Victorian Personality Disorder Initiative, by Associate Professor Sathya Rao
Despite its high community prevalence, professional mental health (MH) training rarely includes content related to the treatment of personality disorder. In 2018, the Victorian Government committed funding for the Personality Disorder Initiative (PDI), committing $9.16 million over four years. The initiative was designed to build the expertise and capability of the clinical MH workforce within six Area Mental Health Services (AMHSs) to assess, treat and support people with severe personality disorder. Spectrum designed the program to maximise confidence, competence and willingness of these specialists to work with people with personality disorder and provide training to their AMHS colleagues. The evaluation of the PDI is multi-tiered, comprising: (i) baseline and post-intervention surveys of the Victorian MH workforce; (ii) baseline, mid-program and post-program surveys of participating AMHS staff; (iii) qualitative interviews with AMHS clients; and (iv) clinical and social outcomes of people diagnosed with personality disorder from participating AMHSs. The pre-implementation Victorian Mental Health Clinician Survey highlighted the perceived lack of professional training in diagnosing, managing, and treating personality disorder. The first round of the PDI is complete; newly trained specialists are treating people with personality disorder within their AMHS. Collection of workforce and consumer outcomes is in its final stages.

The Ironbark Program: Developing an intervention for people with BPD in the PARC setting, by Cathryn Pilcher
Victorian mental health Prevention and Recovery Care (PARC) services are short-term mental health services that treat people experiencing a severe and acute mental health episode using clinical and psychosocial support with a recovery focus. A primary diagnosis of a personality disorder, or personality traits, has a substantial impact on clients' ability to effectively engage with the PARC program. There is a paucity of evidence regarding interventions for consumers with borderline personality disorder (BPD) in a PARC (or equivalent) setting.To address this, we co-developed a structured group program for emotion dysregulation/BPD, run three times weekly by PARC staff for all PARC residents. Residents with a diagnosis of BPD were invited to participate in the program evaluation. Preliminary results show a significant reduction in BPD symptoms at discharge. The impact of the program for PARC staff was also evaluated, showing that staff have a more positive regard for clients with BPD and feel empowered to support and treat these clients. The study will include other PARC services, with expansion facilitated by the manualisation of the Ironbark program and formal PARC staff training and supervision. This approach marks an important step towards the inclusion of psychological treatments within all mental health services.