

# AirNotes

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**W**elcome to the third edition of AIR NOTES, the newsletter for all who are involved with the Project Air Strategy for Personality Disorders. This newsletter contains a number of key articles and updates on the Strategy. In particular, take time to read the important message from Associate Professor John Allan, NSW Chief Psychiatrist, which emphasises re-thinking good clinical care of people with personality disorders including being responsive to what people tell us they need. Also in this issue is a report on what families, partners and carers are saying about the recent series of workshops held across services. Finally, there is further information about how to get involved, training opportunities, and a reminder to save the date for the annual November conference.

### Welcome MH-Kids

The Project Air Strategy has commenced a specific program of professional development and training for Child, Adolescent and Youth mental health services across NSW designed around working effectively with young people with personality problems. This provides an opportunity to advance practices around diagnosis, early intervention, and approaches to dealing with challenging behaviours within the context of the young person and their wider relationships.

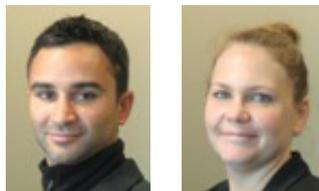
### St George Gold Card Clinic

Thanks to the dedication of St George Mental Health Staff their Gold Card Clinic is ready to commence. The clinic provides services suited to a specific group of mental health clients in crisis who may be experiencing impulsive and self-destructive behaviour; changing emotions and strong, overwhelming feelings; problems with identity and self of self; thoughts and feelings of suicide and self harm; or challenging personality features. It is not designed for clients with a primary diagnosis of psychosis. Some clients who have been through the clinic may have the option to go on to longer-term programs.

Expressions of interest have gone out to St George staffs that are eligible to work in the Gold Card Clinic and have completed level 3 of the Project Air Treatment of Personality Disorders Training. The clinic is based on a brief intervention manual and resources. Regular consultation meetings support staff. Staff who participate in the clinic can expect to broaden their clinical skills and the clients will benefit from the skills and experience that each staff member brings to their work in the clinic. If you are interested in joining the gold card clinic team please contact Rebecca Lynch - Clinical Psychologist at Kirk Place up until September and after that you can contact Venus Kazantzis - Senior Social Worker at the mental health inpatient unit.



**Welcome to two new clinical researchers joined the Project Air Strategy team in July 2012, Dr Andreas Comninos and Dr Rebekah Helyer.**



 [http://twitter.com/Project\\_Air](http://twitter.com/Project_Air)

 <http://www.facebook.com/pages/Project-Air-Strategy/207832305897441>

## South Eastern Sydney Training Schedule August–December 2012

Levels 1-5 of the Treatment of Personality Disorders Training was rolled out at St George and Prince of Wales Hospitals over the first half of 2012. Over 550 mental health staff attended the training. There are still plenty of opportunities for clinicians to attend training when booster sessions start in August. Booster sessions are designed to build on the initial trainings and provide opportunities for staff to bring their reflections and experiences to our presenters. All mental health staff are welcome to attend

the booster sessions regardless of whether they attended the first round of training, as the training is designed to both stand alone for those who did not attend the initial training (and provides a refresh of core issues), and build skills in those with more experience.

You can find a full calendar for the training at this link:

[http://sesiweb/AMH/Training\\_Education\\_Development/MandatorySchedule2012.asp](http://sesiweb/AMH/Training_Education_Development/MandatorySchedule2012.asp)

or

<http://ihmri.uow.edu.au/projectairstrategy/conferencesandevents/index.html>

### FROM THE NSW CHIEF PSYCHIATRIST'S DESK

Associate Professor John Allan recently opened the 5th Treatment of Personality Disorders Conference. Here is what he had to say:

*People with personality disorder have a legitimate treatment need. In NSW, there are around 60,000 admissions a year and personality disorder is recorded in 7.4% of people. However, this is most likely an underestimate and our outpatient and community care numbers are much greater. Given this, we have to offer effective services for people with personality disorders. We have to redesign our service to allow the right kind of access and help people to grow or change, rather than punish and make things worse. We have to overcome stigma and stop thinking that this person is untreatable. We need to understand that this person is distressed and do something about it.*

*When I first started my psychiatry training, I was taught that borderline personality disorder was caused by a borderline mother, and I had a great deal of difficulty with this unfounded notion having met this very nice parent, and having to explain the causes of BPD. For some people, there may be a history of problematic family relationships, but there are many factors that contribute to the development of a personality disorder. But most families want the best for their kids, most people want to engage with us, most people desire information and to be told what's going on. We need to make sure that we actually do these things.*

*There are other concerns and questions we need to address. First is the variation in the way that we deal with people the first time we see them. We have pockets of wisdom, we have committed clinicians, but we're not always providing a consistent and accessible service to people with personality disorder. People have a legitimate right to a service and we have to get that service right.*

*The second issue is partnership. Sometimes we develop excellent partnerships but occasionally we have quite conflicting and difficult partnerships with families. We may even collude to exclude a family from being involved in the person's treatment. But families often want to be involved. We can get ourselves tied*

*in knots around cooperation, collusion and conflict - sometimes we only see one side of that triangle. The challenge is to get the triangle buzzing and use conflicts to understand what's going on, and form better cooperative relationships.*

*We need to engage carers and families. People have greater chance of getting better if we do this. There may be cases of 'toxic families' but it's very rare. In Victoria, clinician's must start a plan to gather information from the family for anybody who presents with self-harm. The policy doesn't consider engaging families as an issue of confidentiality; it's considered an issue of safety and clinician's need to get the full picture of a person to help what they're doing. We need to look at people in context and do things properly from day one. We have to back that up with really good services and legal processes. There's no point getting information unless we actually do something properly with it.*

*Treatment models, which value partnership with academia, and also understand and involve families is the best way to go. Education and supervision are also key to working with people with personality disorder. In New South Wales Health, the Project Air Strategy has developed a program that delivers education, training and supervision, and values partnership. The real strength of this project is that there's an educational arm, research arm and clinical delivery arm. The project is also developing evidence-based guidelines to support clinicians to work more effectively with people with personality disorders. We're hoping to undertake a statewide roll out and identify areas of expertise and areas where more support may be needed. Project Air also engages all ages - it is applicable to older people, younger people and middle aged people. There has been some resistance from staff to engage in the five levels of training but it's really important we increase our willingness to be involved. There are two other new initiatives in New South Wales. One is a transfer of care policy in mental health services, which means that every time a client moves somewhere from one care to another, or care is transferred, we can attend to the junction times - where people may be more likely to self-harm, fall into problems, fall away from care, fall again into problems. We're currently looking at the criteria around what information has to be shared, and involving families is part of it. The second initiative that the Minister announced recently is that people can appeal their discharge. Given short admission and discharge for people with personality disorder, this is a challenge. But what it shows is that people are concerned about what happens and are interested in the evidence.*

*I want to congratulate people for the work that's happening at Wollongong University through Brin Grenyer, and to acknowledge the leaders of that group. Our job is to improve services, connect with people, explore and develop good ideas, and deliver effective and useful services to people with personality disorders and their families.*



Professor Brin Grenyer and Associate Professor John Allan; and (front row, from left) Janne McMahon, Dr Mahnaz Fanaian and Jane Morton

## 6th Annual Conference on the Treatment of Personality Disorders

The Conference will be on Friday the 9th of November followed by an all day workshop on Saturday the 10th of November at the University of Wollongong.

This conference is very popular and has provided a much needed opportunity for health professionals to obtain updates on the field of personality disorder, exposure to new treatments and approaches, and learn about innovative programs being developed. The theme of this year's conference is 'guidelines based practice' which highlights the importance of the international development of clinical guidelines for the treatment of personality disorders. By the time of the conference, the NHMRC Clinical Guidelines for Borderline Personality Disorder will have been released. These will sit alongside other Australian guidelines also recently developed - the Project Air Strategy Treatment Guidelines for Personality Disorders, and more established recent international guidelines - the UK National Institute for Clinical Excellence (NICE) guidelines for the treatment of borderline personality disorder (2009) and antisocial personality disorder (2009).

The special keynote this year will be presented by Professor Roger Mulder. Professor Mulder has a distinguished record of scientific and clinical contributions to understanding personality disorder. He is Chair of Psychiatry at the University of Otago, New Zealand, and is currently an Editor of Personality and Mental Health. Professor Mulder will present a keynote on "Rethinking personality disorder diagnosis". With the current debates around the direction of revisions to diagnosis in DSM-5 and ICD-11, this promises to be a timely and important presentation.

Professor Mulder will also present a morning workshop on Saturday on 'Principles for the management of borderline personality disorder' which will be followed in the afternoon by a Project Air workshop on 'Personality disorder and complexity: understanding counter-transference and other relationship dilemmas'.

For further details of how to register for the conference and workshops can be found in the Health Professionals section of the website.

## Families, partners and carers corner – our space to connect, reflect and grow

The Project Air Strategy for Personality Disorders has developed a 'staying connected' series of trainings and resources in partnership with the Working with Families team (including Dr Annemarie Bickerton, Janice Nair and Toni Garretty) to improve education and support options for families and carers of a person with personality disorder. Since March 2012, the team has developed and facilitated four workshops across the Illawarra Shoalhaven and South Eastern Sydney suburbs focussed on educating and supporting carers of a person with personality disorder.

The carers and support persons who have attended the workshops say that the opportunity to learn more about the disorder and connect with others who are in a similar situation has been powerful. When reflecting on being offered the workshop, Alex stated *"initially I was amazed that anyone would take a carers opinion seriously, because we've never experienced that in about 20 years of looking after the person with personality disorder."* During the workshop many carers commented on the difficulty of obtaining information about their loved one's diagnosis, medications and treatment options, and the challenges in understanding their loved one's needs without basic information on mental illness. Alex said that in the past *"there's never been any compatible diagnosis, the medications changed all the time, and it appears that there was a system in place where only the presenting conditions were treated and then they were thrown out in what was supposed to be a support system which didn't exist. And that was very hard for a carer."*



Janice Nair, Social Worker, Dr AnneMaree Bickerton, Consultant Psychiatrist, Rachel Bailey, Project Air Strategy Clinical Research Assistant, Toni Garretty, Working with Families & Carers Clinical Coordinator.

The literature indicates that carers of people with personality disorder are highly burdened, isolated and experience their own psychological distress due to the role of care giving. This burden can be increased when carers are excluded from treatment and discharge planning. Alex reflected on his past experiences with his loved one; *"because the person I care for is an adult, when she has the fantasy that she can't live with her parents, and makes that statement, the doctors treat you as a leper and won't even discuss the time of day with you. And that is really distressing."*

The workshop provided basic education about personality disorders, self-care and illustrations of common unhelpful relational dynamics. When reflecting on the workshop, Alex said, *"When the course was presented to us... I could see that the people conducting it were caring, and I could*

see that they were searching for a way to overcome this problem of feeling excluded from information. And my experiences were good from the very first meeting.” A further carer, James stated “I think the information in the workshop was very helpful in all relationships, not just as a carer. It’s a tool you can use more generally, dealing with people, families, and children.” Alex stated that the most helpful support for a carer is “having people who would listen... it is part of the process of being encouraged. It’s not easy being a carer.”

Alex, James and other interested carers who attended the workshops were also offered to attend a further support group based on the Project Air Strategy for Personality Disorders relational model. Due to the interest in these groups, four have been arranged within the Illawarra Shoalhaven and South Eastern Sydney suburbs within the year. The Working with Families team have developed and facilitated one of the four groups to date. Alex has since completed the group and reflected, “I’d like to see the groups continue. I don’t mean the same people, but I’d like to see the group facility provided in the various districts and have more experienced carers being able to share with the newer carers coming into the situation. It would improve the system completely... it’s part of holistic care.”

## **Professional development corner: What is ‘the relational model’?**

A centrepiece of the training and service delivery model of the Project Air Strategy has been the developed clinical treatment guidelines (provided in training and downloadable in full in the Health Professionals section of the website). In the relational treatment model, personality disorders are understood as problematic and dysfunctional relationship patterns that have developed over time. These relationship patterns are considered both intrapersonal (how the person relates to themselves, including their feelings and thoughts) and interpersonal (how they relate to others). Treatment aims to help the person understand and modify any unhelpful relationship patterns in order to more effectively get their needs met. To support the person in this, we also need to support the health care professional and health service to relate to the person in an effective and helpful way. Taking this relationship model seriously means we also extend this obligation to supporting family, partners and carers.

Part of the strategy is to both assist the person build their self-esteem (a positive relationship with self), have access to and benefit from evidence-based treatments by health professionals (a positive relationship with health care providers), and have this recognised and supported by services (a positive relationship with inpatient and community health). Including the family, partners and carers where possible broadens the strategy and the likelihood of success for all involved.

Unfortunately, personality disorders have been widely misunderstood and discriminated against by parts of the health service and community. Some people see sufferers as bringing their problems on themselves, that their problems are not due to mental illness, are not serious, but rather they only manipulate and abuse the health system. These stigmatised views are due to a misunderstanding about the disorder, but sadly are still present despite being widely refuted and condemned both



internationally (eg. the UK “Personality disorder: no longer a diagnosis of exclusion” report 2003) and in Australia (e.g. the “Not for service” 2005 report). Blaming a person for their mental illness will only make them feel worse, more excluded, and more desperate for help. Personality disorders are a recognised mental illness. The diagnosis and treatment are widely researched and included in all major mental health textbooks. A personality-disorders friendly health service uses a broad range of short and longer-term treatment options. If we mobilise staff, services and the community to follow guidelines and approaches that promote hope and optimism, then we will be consistent with new research that shows the long term prognosis is for this condition is surprisingly good.

## **Training and research update**

Major effort this past six months has gone into conducting training at the StGeorge and Prince of Wales campus’ and consolidating services across the South Eastern Sydney and Illawarra-Shoalhaven mental health services more generally including at the Nowra, Wollongong and Sutherland sites. During this time the 100th client with a personality disorder treated at the sites agreed to be included in the ongoing whole of service evaluation. This is a partnership project; we send our thanks to everyone who has supported the project, every contribution helps. A special note to all of the clinicians and managers who have provided help for our research assistants, we really appreciate that you have made time in your busy schedules to assist us as we carry out data collection. If you would like to know more about the project you can visit our website here:

<http://ihmri.uow.edu.au/projectairstrategy/index.html>

This website has been approved by NSW Health so all staff should be able to access it from a health computer.

We value any feedback you may have about the project and you can contact us on: [info-projectair@uow.edu.au](mailto:info-projectair@uow.edu.au) or P: +61 2 4298 1571.



<http://www.projectairstrategy.org/>