The Project Air Strategy is funded by NSW Health as a three-year pilot implementation project. It was awarded through a competitive tender to the Illawarra Health and Medical Research Institute in partnership with the South Eastern and Illawarra-Shoalhaven Local Health Districts and Justice Health. Orygen Youth Health in Melbourne are also a partner providing training and research, particularly in youth personality disorders approaches. The project has been extended to support MH-Kids state-wide child and adolescent and youth services.

The impetus for this NSW Health supported project was the recognition that in the health system, people with Personality Disorders present in significant numbers to Emergency Departments as well as to Mental Health and Drug & Alcohol services. Generally, health services provide crisis management that may include short-term admission for safety and assistance in de-escalation in distress. Longer-term service involvement has traditionally been regarded as counterproductive due to mental health clinicians’ concerns about reinforcing helplessness and escalating help seeking behaviour through actions, e.g. increased self-harm. This has, in some cases, resulted in a stigmatised response from mental health services and unconscious negative responses (counter-transference) from health professionals. It is known that personality disorders affect between 5-13% of the adult population and an estimated 40-50% of psychiatric patients. People with a personality disorder are at increased risk of suicide and self-harm. They frequently have contact with, and pose difficult management issues for, a number of agencies including Health, Police, Corrections and Housing. This client group have not always had consistent or helpful responses from the health service and other agencies, hence there have been difficulties in providing the best treatment responses and clients accepting these when offered. These health service inconsistencies have in some cases lead to greater escalation in help-seeking and a greater ambivalence towards help provided.

There is growing recognition that mental health services have a significant role with this population group and that services need new systems and supports to improve access, responses and outcomes. Similarly, enabling mental health and drug and alcohol workers to better respond to people with Personality Disorders will enhance their work satisfaction, improve their management of clinical risk and deliver greater therapeutic competencies.

New therapeutic approaches have demonstrated improved outcomes through a combination of psychological therapy and medication for symptom relief. Some NSW Area Health Services provide specific services for the treatment of Personality Disorder, but issues remain around the capacity of mainstream mental health services to manage this population and the efficacies of specific treatments.

This project seeks to improve the capacity of mainstream mental health services to manage and treat Personality Disorder and to expand specialist treatment options, including improved referral pathways between generic and specialist treatment. The project has aimed to deliver well-constructed and supported education and supervision programs in addition to the provision of expert interventions. It also is involved in evaluating specialist intervention models to provide guidance for future service development in NSW.
PROJECT OBJECTIVES

The project objectives are to establish a program that will:

1. Improve access to mental health services and engagement in treatment for people with Personality Disorder in a NSW Area Health Service
2. Promote the clinical management of complex, high-risk cases of Personality Disorder (i.e. people who have high service use for crisis management) in the mainstream mental health service of a NSW Area Health Service.
3. Test specific evidence-based treatments for Personality Disorder delivered in mainstream and specialist mental health services for a target number of approximately 50 patients per annum. These patients will be referred from mental health and drug & alcohol services and will maintain an ongoing relationship with the Area Health Service during treatment.
4. Increase the skills of mental health clinicians in the treatment of Personality Disorder via education and supervision programs
5. Provide expert consultancy and support to mental health clinicians about the treatment of Personality Disorder
6. Establish and/or maintain interagency partnerships and referral pathways between relevant services, particularly those required for treatment of co-morbid conditions.

PROJECT APPROACH


1. Clinical Guidelines

The project has written clinical guidelines for the treatment of personality disorders. The guidelines are organised according to a typical sequence of a whole of service experience: from a presentation in crisis to a hospital emergency department, through to long-term treatments. Along the way, it presents guidelines for good practice in assessment, brief interventions, care planning, involving family members and carers, and ongoing community treatment. Table of Contents: Introduction to the Guidelines, p. 4 The Relational Model of Treatment, p. 5 Guidelines for Working with People in Crisis and Conducting a Risk Assessment, p. 7 Guidelines for Developing a Care Plan, p. 11 Guidelines for the Assessment of Personality Disorders, p. 17 Guidelines for Hospital Settings, p. 20 Guidelines for Medical Practitioners, p. 28 Guidelines for Working with Young People, p. 31 Guidelines for Involving Family Members and Carers, p. 32 Guidelines for Brief Intervention, p. 36 Guidelines for Ongoing Community Treatment, p. 39 Guidelines for Clinical Supervision and Consultation, p. 43 Guidelines for Commissioning a Personality Disorder Service, p. 45 Bibliography, p. 47 The Guideline Development Group, p. 51. Guidelines for specific personality disorders, special groups, and working secure environments are being drafted.

2. Training

The project has implemented and evaluated 5 levels of training within Mental Health services (across Sutherland, Illawarra/Shoalhaven, St George, Prince of Wales, and Justice Health), during 2011-2012:

All mental health staff have been trained in Levels 1-2 in order to develop specific personality disorders - focused skills. These include engagement, assessment of urgent needs, establishment of systems of safety, orientation to services, education and support, and the development of a care plan. The collaborative care plan assists in the coordination and integration of services including GP, public and

2
private psychiatry, community, emergency, NGO, lifeline, housing and other relevant services based on a collaborative assessment of needs. Levels 3-5 involve more intensive application of evidence-based interventions for personality disorders treatment. Specific training and resources have been developed that are appropriate for clinicians from a range of disciplines and skill sets, to apply to a diverse multicultural group of clients ranging from 12 - 85. Clinician and Patient resources are being made available from the developed website. Interventions reflect the expertise of the project team and the current evidence-base. Treatments are in group, individual, and family modalities. The overall model however prioritises integration and collaboration of care over theoretical rigidity. Clinician support and supervision is integral to treatment. The five levels of training are described below.

**Level 1-2 Training: Essential Skills of Personality Disorders.** This 2-hour mandatory training is for all mental health staff, which includes: 1. Understanding personality disorder complexity, 2. Key principles for effective service delivery 3. Application and training in essential skills.

**Level 3a Training: Essential Skills of Personality Disorder Assessment.** This 4-hour workshop (with one booster day held 6 months later) includes: 1. Assessment of personality disorders using structured interviews and self-report measures, 2. Differential diagnosis from psychotic disorders and bipolar and other complex disorders and syndromes including managing risk. This workshop will particularly suit acute mental health staff (emergency, assertive teams, psychiatry-liaison, inpatient, and intake) and other psychiatry, medical, psychology and nursing staff responsible for assessing patients.

**Level 3b Training: Essential Skills in Pharmacotherapy of Personality Disorders.** This 2-hour workshop outlines the evidence-base for using pharmacotherapy for personality disorders and allied conditions and includes medication protocols and managing risk. This workshop will particularly suit medical, psychiatric and intake and acute mental health staff.

**Level 4 Training: Essential Skills of Personality Disorder Treatment.** This is a one-day workshop (with one booster day held 6 months later), includes 1. Care planning, psycho-education, and psychological treatments, 2. Working with risk, 3. Working with young people, 4. Working with families and carers. This workshop will particularly suit all staff that work with personality disorders either in inpatient settings, consultation-liaison settings, or community case management settings.

**Level 5 Training: Essential Skills in Psychotherapy for Personality Disorders.** This is a one-day workshop (with one booster day held 6 months later), which includes: 1. Specific treatment skills and phases of psychotherapy, 2. Working in the relationship, including skills in repairing ruptures, dyad and role-play exercises, 3. Group treatment, 4. Setting up a consultation and supervision team, 5. Managing difficult issues including termination and clients with special needs. *This workshop will particularly suit community staff that provide ongoing care coordination and case management for this client group.*

3. **Clinical interventions**

The project has developed and is implementing four specific interventions:

1. **Brief Interventions** - these are described as the ‘Gold Card Clinic’ that offers 3 sessions of rapid follow up, support, care planning and skills training for clients presenting in distress and crisis, plus a further session connecting with carers, partners and families. Clients get an appointment within 1-3 days of referral and are managed in the community.

2. **Extended community interventions** - these provide an evidence-based model for longer sessions of individual and/or group sessions over one year to address the principal personality deficits to enable and consolidate relationship skills and work readiness. These include pre-existing and new specially designed personality disorder-specific programs.

3. **Carer support interventions** - these provide a combination of individual sessions and support and education groups and workshops specifically to assist carers of people with personality disorders.

4. **Expert consultations** - these provide a suite of tertiary consultation options specifically to health service staff, from single sessions to on-going consultation to treatment teams requiring an
external opinion on managing and treating complex personality disorder clients.

5. **Self-help treatment guides** - The project has developed 14 Fact sheets for consumers and carers. The fact sheets are freely available for download from the project air strategy website. In addition, a set of 7 treatment postcards, specifically designed for use in psychological treatment, have been developed.

For health professionals the website has available the developed Care Plan (to be used by health professionals with people with personality disorders) and the Carer Plan (to be used by health professionals working with families, partners and carers of people with personality disorders. What is a "personality disorder"?

Some fact sheets:
- What treatment is available to me?
- Self-harm: what is it?
- The importance of self-care
- Managing anger
- Managing emotions
- For families, partners & carers: the basics
- For families, partners & carers: helpful tips for challenging relationships
- For families, partners & carers: managing anger
- For families, partners & carers: looking after yourself
- For Families, partners & carers: strategies for effective communication & healthy relationships

For further information on the Fact Sheets please visit Project Air Strategy website.

4. **Web Project Site**

The project is building a Web-based approach at [http://www.projectairstrategy.org](http://www.projectairstrategy.org) to provide:

(a) patient-relevant information and support, including treatment information, personal stories by consumers, relevant treatment handouts, and on-line care options

(b) carer and family information and support strategies

(c) information for health professionals involved in treatment

(d) research information and news on latest advances in the treatment and invitation to conferences and professional development events

(e) a referral directory to specific personality disorder services in NSW and across Australia.

5. **Community outreach**

The project is collaborating to promote awareness and quality treatments for personality disorders. It has hosted community awareness events for Borderline Personality Disorder Awareness Day - October 5th, the project runs an annual Personality Disorders conference each year, hosts community workshops and public events, and is working to promote awareness through online web and social marketing strategies. Key people in the team are regularly involved in national and international conferences and other workshops, including the International Society for the Study of Personality Disorders. The project also maintains a collegial relationship with the Spectrum Personality Disorders Service for Victoria.

In addition, the project has provided additional services and supports to other groups in the community, including non-government organisations (e.g. NADA Network of Alcohol and other Drug Agencies), and is working closely with Family and Community Services and associated agencies to provide service development for high risk adolescents and young people.

6. **Research**

The project has an active research program. The clinical interventions, training effectiveness and web-based strategies are all included in specific evaluation projects. The whole of service changes form part of an implementation science project. In addition, specific studies investigating treatment processes and outcomes, from the client and mental health provider perspectives are on-going.