

8 March 2019

Dr Umit Agis Director Mental Health Strategic Operations Country Health SA Local Health Network Inc

Dear Dr Agis

RE: Model of Care for the statewide Borderline Personality Disorder Centre of Excellence

Thank you for your correspondence of 8 February seeking feedback on the draft Model of Care for South Australia's proposed statewide Borderline Personality Disorder (BPD) Centre of Excellence (the Centre). Occupational Therapy Australia (OTA) welcomes the opportunity to provide feedback.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of December 2018, there were more than 1,600 occupational therapists working across the government, non-government, private and community sectors in South Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, assistive equipment advice, home modifications and chronic disease management, as well as key disability supports and services.

OTA endorses the Stepped Model of Care proposed for the Centre, noting that this is likely to maximise the value of the brief intervention space the Centre will have with many of its clients, as distinct from those clients who agree to attend a lengthy Dialectical Behaviour Therapy program. In the experience of many occupational therapists, achieving a commitment to such long programs by clients is often not realistic or necessary, especially from younger people. It is imperative, therefore that the Model of Care allow for early, swift and effective intervention.

The model's focus on including the family/carer is also a welcome strength.

OTA offers the following observations.

Much of the service delivery to young people with BPD/traits is through non-government organisations (NGO) and private sector facilities, not state government services. Indeed, young people are often refused access to state services. It is to be hoped that the Centre is much more accessible than the state services it replaces.

OTA welcomes the Centre's proposed approach to training and its commitment to addressing the stigma often attached to contact with the mental health system.

Significant work needs to be done in the tertiary space around attitudes to mental health, as many young people – and their families – have had extremely negative experiences when presenting to emergency departments. To date, inpatient settings and admissions represent a largely lost opportunity to provide therapeutic input to those in need of containment. Unfortunately, the experience tends to be more punitive.

The new Centre notwithstanding, OTA believes a lot of work will continue to occur outside of any state system given resource limitations among state funded teams. How will Local Health Network services adopt new practices or programs without additional funding?

In country and remote settings, the number of skilled professionals in a given area is limited and this small group usually comprises already very stretched clinicians.

Any new arrangements must provide clinicians with access to good supervision, especially in those rural settings where there is a limited number of specialists and constrained access to psychiatry.

There is also limited support in rural settings for an inpatient stay when this is necessary, often exposing a sole clinician or small NGO to unacceptable levels of risk.

Many clinicians have training in individual therapies but limited skills or confidence working effectively with families. The situation is further complicated by the fact that family-based practice is not well supported by Medicare Benefits Schedule funding if it occurs in the private sector. It is imperative, therefore, that any Model of Care for the Centre supports clients <u>and</u> their families, and that it provides opportunities to upskill clinicians in the complex field of working with families.

OTA appreciates this opportunity to comment on the proposed Model of Care and looks forward to working with all other interested parties as the BPD Centre of Excellence progresses.

Yours sincerely

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