

# Compass Service:

Setting new directions

A specialist service for people living with Borderline Personality Disorder and Complex Post-Traumatic Stress Disorder

## Operational Service Model (OSM)

**Compass Service OSM, Version 3.0.  
Endorsed by the CPTSD and BPD  
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## 1. Executive Summary

The Tasmanian Mental Health Reform Program has created a suite of documents that describe new and revised services to be implemented as part of the reforms in Southern Tasmania. The development of these models was undertaken in response to twenty-one recommendations made by the Mental Health Integration Taskforce, which focus on improving integration across mental health services.

This document outlines a model for a new, state-wide service named the Compass Service, aimed providing specialist, evidence-based services for people living with Complex Post Traumatic Stress Disorder (CPTSD) and Borderline Personality Disorder (BPD). It is designed to deliver a range of specialist consultative, therapeutic and capacity building services, across a variety of health care settings, to ensure collaborative, evidenced-based, trauma-informed and recovery-oriented care to people living with CPTSD, BPD, their family and friends. The development of this operational service model has been done in consultation with people living with mental health concerns, their family and friends, community support organisations, and mental health clinicians.

## 2. Preamble

State-wide Mental Health Services in Tasmania will be provided by services organised into two care streams: **An Acute Care Stream and a Continuing Care Stream.**

**The Acute Care Stream (ACS)** is designed to provide treatment to individuals experiencing moderate to severe mental health symptoms or suicidal distress who have not had any prior or recent contact with mental health services or are likely to be in need of this intensity of service for short periods of time who are not suitable for treatment in the Continuing Care Stream. Functions provided as part of the ACS include mental health triage and assessment, community acute care case management, short stay units, community residential treatment units, Mental Health Hospital in The Home (MH HiTH), the Department of Emergency Medicine, and traditional inpatient services (Mental Health Inpatient Unit). The development of the ACS is designed to provide contemporary community-based alternatives to ED presentation and traditional inpatient admissions.

**The Continuing Care Stream (CCS)** is designed to provide longer-term case management, community and extended care rehabilitation for individuals requiring assistance in developing functional skills. The service will also provide limited short-term intensive case management for existing clients. It should be noted that individuals active in the continuing care stream will be able to access the entire range of acute care inpatient services if needed, but their rehabilitation and long-term management will be provided within the continuing care stream.

The Tasmanian State-wide Mental Health Service will implement a statewide system reform to better meet the mental health needs of People with Complex Needs (PWCN), specifically, those living with CPTSD and BPD, their families and friends. This service will sit across both the Acute Care Stream and the Continuing Care Stream.

According to the Australian Bureau of Statistics, 6.5% of the Australian population have a diagnosis of BPD or PTSD (ABS, 2014). In Tasmania, this percentage equates to approximately 33,475

individuals People living with BPD and CPTSD can experience severe and pervasive emotional dysregulation, frequent self-harm and high-risk suicidal behavior, significant interpersonal difficulties and multiple co-morbidities, resulting in persistent impairment of global functioning. In Australia, approximately 40% of all mental health Emergency Department presentations and 25% of all inpatient admissions are individuals who present with suicide/self-harm behaviours and or a diagnosis of BPD or CPTSD (Grenyer, 2014). This results in a significant financial and treatment burden on the health care system. Despite these high levels of service use, there is a strong, documented correlation between personality disorders and increased rates of mortality and morbidity, suggesting inadequate access to evidence-based, specialist mental health care (Grenyer, 2014).

It is important to note that due to the nature and frequency of service use and a lack of access to specialist services, clinicians can experience therapeutic nihilism and develop highly stigmatised attitudes toward people living with CPTSD and BPD, due to an inability to address their complex needs (Lieb et al, 2010; Choi-Kain, et al, 2016; Ferguson, 2016; Shaikh et al, 2017;). Because of these stigmatised attitudes, people living with these conditions are often misunderstood, met with frustration or pessimism and consequently, experience inadequate and often harmful treatment practices such as polypharmacy, seclusion and restraint, when presenting to mainstream health services (Commons, Treolar & Lewis, 2008).

The Illawarra Project Air Strategy (2015) and the National Health and Medical Research Council Clinical Guidelines for the Management of Borderline Personality Disorder (2013) both endorse hospital avoidance strategies, evidence-based psychological therapies and the creation of specialist services to compassionately and collaboratively support individuals who experience more complex and enduring mental health concerns. The Compass Service aims to address a gap in service provision in the Tasmanian State-wide Mental Health Service by providing rapid, equitable access to evidence-based, integrated, collaborative specialist health care which recognizes and aligns with the key principles of the Project Air Strategy, the Connecting with People (CwP) approach and Zero Suicide in Health Care. This service will align with other State-wide Mental Health Services initiatives such as the integrated suicide response, and hospital avoidance programs to ensure that individuals with this diagnosis are provided with mental health care in appropriate settings.

### 3. Principles

#### *Trauma-informed Care*

Trauma-informed Care recognises the prevalence of trauma and the significant impact it can have on the social, emotional, physical and mental health of a person and their community. It endorses a safe, compassionate, non-judgmental approach to providing mental health care to reduce the potential for re-traumatisation and promote a truly collaborative and empowering health care environment. The Compass service clinicians will deliver trauma-informed practice and promote trauma-informed principles when working with service providers across all sectors.

### *Recovery-Oriented Care*

Recovery-oriented care focuses on supporting individuals to optimise their wellbeing and live satisfying and meaningful lives in their community. The Compass Service will promote recovery-oriented care through the development of an active, person-centred, collaborative and holistic approach to mental health care. This will be based on an individual's hopes, strengths and goals, in order to achieve personal recovery and a life worth living.

### *Collaborative Partnerships*

The Compass Service will provide timely and co-ordinated access to specialist mental health care based on clearly defined pathways that are integrated throughout the Tasmanian Mental Health Service. The Compass Service will build strong, collaborative partnerships through the delivery of training and education, the provision of expert consultation and liaison services including collaborative treatment and safety planning, clear communication and information sharing processes and the acknowledgment and respect of each services skills and resources.

### *Compassion*

Compassion is a core principle of multiple evidence-based approaches to mental health care including; recovery oriented and trauma informed care, the Project Air Strategy and Connecting with People. The Compass Service is committed to leading cultural change, minimising stigma and addressing barriers to accessing specialist mental health care for people with complex needs by ensuring a safe, compassionate and person-centred approach to the individual living with CPTSD, BPD, and their family and friends.

### *Family and Friends*

Family and friends play a critical role in the health and wellbeing of individuals who live with mental health issues. The Compass Service commits to family and carer inclusion at all points of care and recognises the need for families and friends to access their own supports in times of need. These supports will be provided through the Compass Service, in collaboration with CMOs.

## **4. Service Description**

The Compass Service is a small, state-wide, multidisciplinary team designed to improve the capacity of the Tasmanian Mental Health Service to effectively support and treat people living with CPTSD, BPD, their family and friends. The service foundations are based on a whole-of-system, integrated, stepped-care model, aimed at providing training and education, secondary/tertiary clinical consultation and liaison, time-limited co-care coordination and provide access to evidenced-based treatments.

The Compass Service is based on the fundamental principles of the Gunderson Model (2014), the Illawarra Project Air Strategy (2015) and the suicide and self-harm mitigation initiative, Connecting with People (CwP).

## **The key functions of the Compass Service are:**

### **1. Training, Education and Partnerships**

- Coordination of, and provision of, whole-of-system training in evidence-based short- and longer-term psychotherapies
- Provision of targeted staff training to generate systemic cultural change and upgrade staff skills to improve staff confidence in approaches to positive risk taking, safety planning and brief psychotherapeutic interventions
- Coordination and supervision of statewide brief crisis intervention via the Compass Clinic (acute phase), and longer-term treatments via DBT Skills Groups and other evidence-based psychotherapies (maintenance phase)
- Coordination of support services for families and friends through strong collaboration with CMOs, psychoeducation, and linking in with relevant services and support services
- Establish and maintain strong cross-sector partnerships to enhance collaborative, integrated and consistent care
- Coordination and provision of individual and group clinical supervision for Compass Clinic and DBT providers – face-to-face and telehealth/video conference
- Service Development and Quality Improvement activities–development of enhanced clinical pathways, policies and procedures, evaluation of service delivery

### **2. Clinical Service Provision**

- Coordination of, and provision of, Compass Clinic within the Acute Care Stream
- Time limited co-care coordination
- Provision of secondary or tertiary consultation and liaison (file review/clinical consultation) and collaborative complex care coordination
- Development of treatment and management plans to ensure consistent clinical care across the whole service
- Provision of access to clinical resources that is evidence-based and represents a ‘common language’, such as the Connecting with People (CwP) approach

*It is important to note, although these are key functions of the service, the team will focus primarily on consultation and liaison, training and education and developing strong partnerships across sector. It is anticipated that approximately one third of their time will be involved in direct clinical care.*

### **Short Term Psychological Therapy**

#### The Compass Clinic

The Compass Clinic is a brief intervention program for people who have recently experienced a mental health crisis involving self-harm and/or suicidal thoughts or gestures. The Compass Clinic aims to offer an appointment within 1 to 3 working days of referrals and offers three structured sessions which focus on addressing psychological, interpersonal and lifestyle factors that contributed to the crisis. Additional sessions for friends, partners and family are included in the intervention. These clinics are accessible for current mental health service users and are run across the state in a variety of inpatient and community mental health settings (Grenyer, 2018; Wilhelm et al, 2007).

The key aims of the Compass Clinic interventions are to:

- Provide timely, rapid intervention to people seeking support in crisis
- Provide an alternative to ED presentations and inpatient admissions
- Provide comprehensive assessment, brief intervention and safety/treatment planning to assist the person to understand their challenges and better manage future crises
- Collaborate and communicate with existing and relevant service providers
- Connect with family and friends, providing psychoeducation, support and referrals as required
- Provide specialist referrals and linking in with appropriate support services for ongoing health care
- Provide assessment for 'DBT readiness' and ongoing referral when appropriate

*(Please see Admission and Referrals for eligibility and referral process)*

### **Longer-Term Psychological Therapy**

#### Dialectical Behaviour Therapy (DBT) Skills Training Group

*The Compass Service responsibility is to coordinate and supervise the facilitation of the DBT Skills Training Group, not provide direct clinical care or group facilitation.*

DBT Skills training Groups are accessible to current mental health service users and are run across the state at a variety of inpatient and community mental health settings, by existing SMHS clinicians in both Acute and Continuing Care Streams, trained and supported by Compass Service clinicians. The Compass Clinic is more suited to the Acute Care Stream and the DBT Skills is more suited to the Continuing Care Stream.

DBT Skills Training Groups are structured 12-week comprehensive treatment programs aimed at teaching the core skills of Dialectical Behaviour Therapy to participants who experience pervasive emotional dysregulation, self-harm and suicidal behaviours, and to their families and friends. DBT skills training aims to support individuals to change behavioural, emotional and interpersonal patterns that impact on their quality of life (Linehan, 2015).

The core components of DBT Skills Training Groups are:

- Distress Tolerance
- Emotion Regulation
- Mindfulness
- Interpersonal Effectiveness

Participants attend weekly DBT Skills Training Groups over a 12-week period and are required to have a primary or individual therapist who they see regularly to reinforce learnt skills and to assist in the development and management of a collaborative safety plan.

*(Please see Admission and Referrals for eligibility and referral processes)*

*It is important to note, there are existing brief intervention clinics and DBT groups in Tasmania. The role of the Compass Service will be to ensure a consistent, evidence based and streamlined approach across State-wide Mental Health Services.*

## 4.1 Operational Characteristics

The Compass Service acts as an intermediary point between inpatient services and more intensive community treatments by facilitating rapid access to evidence-based short-term (acute) and long-term (maintenance) psychotherapeutic care, expert clinical services via clear referral pathways from Emergency Department, Inpatient Services, The Mental Health Integrated Hubs and Community Mental Health Services. It is expected that by providing an alternative, evidence-based pathway of care, the Compass Service will act as a means of reducing unplanned ED crisis presentations, admissions and re-admissions, facilitate earlier discharge from inpatient settings, decrease stigma and discrimination, and improve equity of access to consistent, evidence-based specialist healthcare.

## 4.2 Service Location

The Compass Service is a state-wide service; therefore, its location is still to be determined, as it is dependent on the location of successful applicants for the available positions. Team members will be located at a central base site at an appropriate facility, to enable frequent and consistent interface with key stakeholders including: Regional Hospitals, relevant CMOs, the Primary Health Sector and relevant mental health services. It is anticipated a significant portion of the working day will be spent onsite at the above-mentioned service provider facilities in a consultative capacity. It is also anticipated there will be onsite visits to the Southern, Northern and North West regions, with frequent telehealth/video conference contact provided, in a consultative capacity.

It is expected over time, the Compass Clinic and DBT Skills Groups will be delivered in identified key locations across the state. Suggested locations include St Johns Park/ Peacock Centre, Community Mental Health Services and Alcohol and Drug Services.

## 4.3 Staffing Profile

The Compass Service is a multidisciplinary, specialist service comprised of 3 FTE, inclusive of Allied Health, Nursing and Medical:

<b>Allied Health / Nursing</b>	<b>2.5 FTE</b>
<b>Consultant Psychiatrist</b>	<b>0.5 FTE</b>

The staffing profile will be somewhat flexible according to resources and skill mix. Specific Statement of Duties will govern roles within the Compass Service.

It is anticipated the successful applicants will be allocated the role of DBT Coordinator, Compass Clinic Coordinator and Compass Service Coordination, through a meritorious selection process, according to their skill set.



It is anticipated clinicians who facilitate the Compass Clinic and DBT Skills Groups will be either a combination of existing staff who have expressed an interest in participating, or any new staff resulting from SMHS recruitment efforts who meet the skill set, or are willing to develop their skill set.

#### **4.4 Hours of Operation and Work Patterns**

It is anticipated that the Compass Service will operate within normal business hours from 08:30am to 17:00pm, 5 days a week. This will be somewhat flexible and undertaken in negotiation with the appropriate line management structure. This service will not be available to receive referrals or have any clinical contact outside these hours (including weekends and public holidays).

#### **4.5 Clinical Governance**

The Compass Service is a new State-wide Mental Health Service and will be part of the existing governance structure and adhere to relevant policy and service delivery frameworks.

The Consultant Psychiatrist will be responsible for the clinical governance of the service, ensuring the team operates in line with the operational service model and relevant policies and procedures. Operational governance is yet to be determined, as it is dependent on the location of the successful applicants for the available positions.

It is important to note that while the Compass Service offers consultation and liaison services, clinical responsibility for the individual being treated will remain with the primary care provider within State-wide Mental Health Services.

#### **4.6 Legislative Framework**

The following documents make up the legislative framework and the national Standards that each Tasmanian Mental Health Service must abide by:

- Mental Health Act 2013.
- National Standards for Mental Health Services;
- National Safety and Quality Health Service Standards;
- Guardianship and Administration Act 1995;
- Criminal Justice (Mental Impairment) Act 1999;
- Children, Young Persons and their Families Act 1997;
- Personal Information Protection Act 2004;
- Carer Recognition Act 2010.

#### **4.7 Evaluation**

The service will be evaluated to ensure that it meets the stated aims and objectives and to highlight any action that may need to be taken to improve service provision for consumers, families and friends who receive ongoing care, support and assistance. This will be achieved using the following key performance indicators:

Domain	Performance Indicators
<b>Fidelity to the operational service model</b>	<ul style="list-style-type: none"> <li>•<b>(Monthly)</b> Percentage of individuals with an identified CPTSD/BPD relevant diagnosis participating in a CPTSD/BPD function</li> <li>•<b>(Quarterly)</b> Percentage of individuals with an identified CPTSD/BPD diagnosis whose case manager has participated/received training and support.</li> <li>•<b>(Quarterly)</b> Number of clinical staff participating in CPTSD/BPD functions</li> <li>•<b>(Quarterly)</b> Percentage of individuals with an identified CPTSD/BPD diagnosis who present to ED who have not participated in a CPTSD/BPD service function and/or whose case manager has not participated in CPTSD/BPD training</li> <li>•<b>(Quarterly)</b> Percentage of individuals with an identified CPTSD/BPD diagnosis who are appropriately recorded as having the diagnosis on iPM</li> </ul>
<b>Safety &amp; Quality</b>	<ul style="list-style-type: none"> <li>•<b>(Quarterly)</b> Percentage of individuals with a completed treatment plan recorded and accessible in the clinical record which discusses triggers and coping mechanisms</li> <li>•<b>(Quarterly)</b> Completion of specialist assessment measures for consumers seen as part of the CPTSD/BPD secondary consultation</li> <li>•<b>(Quarterly)</b> Percentage of clients with completed CWP assessments recorded and accessible in the clinical record</li> <li>•<b>(Quarterly)</b> Percentage of clients with completed Safety Plan assessments recorded and in the clinical record</li> </ul>
<b>Patient Outcomes</b>	<ul style="list-style-type: none"> <li>•<b>(Quarterly)</b> Change in secondary outcomes as assessed as part of secondary consultation with clinicians</li> <li>•<b>(Quarterly)</b> Change in RAS-DS Scores</li> <li>•<b>(Quarterly)</b> Review of consumer/carer satisfaction measures which will include a quantitative self-report approach and written questionnaire, specifically the Yes and CES survey.</li> </ul>
<b>Vertical Integration</b>	<ul style="list-style-type: none"> <li>•<b>(Quarterly)</b> Number of secondary or tertiary consultations conducted with CPTSD/BPD clients concurrently active with SMHS services</li> <li>•<b>(Quarterly)</b> Number of attendees of 'Train the Trainer' events from SMHS services</li> <li>•<b>(Quarterly)</b> Number of secondary consults provided to the Acute Care Stream</li> <li>•<b>(Quarterly)</b> Number of secondary consults provided to the Continuing Care Stream</li> </ul>
<b>Horizontal Integration</b>	<ul style="list-style-type: none"> <li>•<b>(Quarterly)</b> Number of MoUs and SLAs designed to facilitate improved access to enhanced treatments and supports for CPTSD/BPD clients</li> <li>•<b>(Quarterly)</b> Number of CMO/External providers trained as part of the 'Train the Trainer' initiatives</li> <li>•<b>(Quarterly)</b> Percentage of individuals with an identified CPTSD/BPD diagnosis who have a shared care arrangement with an external service provider (and that this relationship is document in the safety and treatment plan).</li> </ul>

A Service Review at least 6 months post operationalisation will occur during which these KPIs will be tested, assessed for feasibility and altered accordingly, with alterations communicated to the clinical team. A more formal evaluation assessing these, and other aspects of the service will occur 12 months post operationalization

## 5. Functions of the Service

### 5.1 Admission Criteria

The following section sets out the admission criteria for each component of the functions proposed for the Compass Service.

#### ***Brief, Intensive Care Co-Ordination, Secondary/Tertiary Consultation and Complex Care Management Planning Eligibility Criteria***

- The person must have a current treating clinician from within the State-wide Mental Health Services or a Consultant Psychiatrist working in a private capacity.
  - People aged 16 and over, with a primary diagnosis of CPTSD or BPD and/or recent, frequent episodes of self-harm or suicidal gestures
- ❖ *Adolescents age 16-18 will be accepted after discussion on a case by case basis)*

#### ***Compass Clinic Criteria***

- The person must have a comprehensive mental health assessment completed by an SMHS clinician
  - People aged 16 and over, with a primary diagnosis of CPTSD or BPD and/or recent episodes of self-harm or suicidal distress
  - The person does not present as a dangerous and imminent risk to self or others
  - The person is willing to engage in the Compass Clinic
- ❖ *Adolescents aged 16-18 will be accepted on a case by case basis*

#### ***Compass Clinic Exclusion Criteria***

- The person presents as a dangerous and imminent risk to self or others →**Action:** Contact Emergency Services or refer to the Acute Care Team
  - Evidence of psychosis? →**Action:** Contact the Acute Care or Continuing Care Team
  - Individuals under the age of 16? →**Action:** access a similar service via Child and Adolescent Mental Health Services
- ❖ *The referrer should also indicate if the individual is interested in DBT Skills Training. The Compass Clinic can assess for 'DBT readiness' and make ongoing referral where appropriate.*
- ❖ *Adolescents aged 16-18 will be accepted on a case by case basis*

### ***DBT Skills Group Eligibility Criteria***

- The person must be a current service user of State-wide Mental Health Services
- The person does not present as a dangerous and imminent risk to self or others
- People aged 16 and over, with a primary diagnosis of CPTSD or BPD and/or recent episodes of self-harm or suicidal gestures
- The person has a primary individual clinician or therapist to support the collaborative safety plan and reinforce skills learnt in DBT group sessions
- The person is assessed as being willing to engage and benefit from DBT

### ***DBT Skills Group Exclusion Criteria***

- Urgent referrals (as defined by Mental Health Helpline Triage Process) **Action:** Contact Emergency Services or refer to the Acute Care Team
- Evidence of psychosis **Action:** Contact appropriate Acute Care or Continuing Care Team
- Evidence of primary Intellectual Disability (ID) or cognitive impairment **Action:** Contact the Community Mental Health and Intellectual Disability Service
- Children under the age of 16 can access DBT via *Child and Adolescent Mental Health Services*
- People who obviously intoxicated will be asked to leave group sessions

## **5.2 Referrals**

### **Compass Service - Secondary/Tertiary Consultation and Complex Care Management Planning**

- Services who are providing intermediate to long term care for people living with CPTSD or BPD, may be referred by providing a completed formal referral, on service developed template, to Compass Service. For general enquiries please contact Team Leader direct to discuss.

### **Compass Clinic**

- Referrals can be made directly to Compass Clinic Coordinator from State-wide Mental Health Services and the Emergency Department.
- A recent comprehensive mental health assessment and safety plan and any other relevant clinical information must be provided at the time of referral

### **DBT Skills Group**

- Referrals can be made via the Compass Clinic once a person is deemed 'DBT Ready'
- Referrals can also be made directly to the DBT Coordinator within the Compass Service
- A recent comprehensive mental health assessment and safety plan and any other relevant clinical information must be provided at the time of referral

### 5.3 Assessment

When an individual is referred for secondary/tertiary consultation and liaison, it is expected that an initial comprehensive mental health assessment and safety plan (accompanied by a CwP assessment) is completed with a provisional/formal diagnosis of CPTSD, BPD or self-harm and suicidal behaviours, in the context of situational crisis or psychosocial stressors.

The Compass Clinic will build on the referrer's comprehensive mental health assessment, obtain additional collateral information (where required) and develop collaborative, CwP-informed safety plans, treatment plans, and complex care management plans with the individuals, families and friends and relevant service providers. Throughout the Compass Clinic assessment process, psychoeducation regarding DBT can be introduced to each individual, their family and friends. The assessment process will also ascertain the DBT readiness of the individual and facilitate ongoing referrals where appropriate.

### 5.4 Treatment

The Compass Service commits to providing individuals, families and friends access to evidence-based treatment options listed below:

- Time-limited, intensive co-case management and care co-ordination alongside existing mental health services
- Secondary/Tertiary consultation and liaison
- Ongoing referrals for primary / specialist health care and social supports
- Medication Review
- Complex Care Management Plans
- Collaborative Safety Plans
- Access to brief and longer-term psychotherapies (SMHIC and DBT)
- Specialist Psychotherapies

### 5.5 Liaison with Related Services

The Compass Service is committed to the development of strong collaborative partnerships with mental health services, primary and private health sectors, and community managed organisations. This will be achieved through delivery of training and education, the provision of expert consultation and liaison services including collaborative treatment and safety planning, clear communication and information sharing processes and the acknowledgment and respect of each services skills and resources. This is a key focus of the Compass Service to ensure an individualised, consistent clinical and social support network is readily available to individuals, their families and friends. These partnerships are the foundation of a whole of service approach to effectively supporting people with complex needs.

The Compass Service will also develop close working relationship with other specialist services to ensure common comorbidities such as substance use and eating disorders are effectively managed.

## 6. Protocols and Procedures

- Tasmanian Health Service and Statewide Mental Health Services have a suite of procedures and protocols that are relevant to aspects of service provisioning outlined in this document.
- Localised policies, procedures, guidelines relevant to the Compass Service will be developed once the service is operationalised.

## 7. References

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