THE BPD ADVOCATE

National BPD Awareness

The launch of a new national BPD training project is a peak event in BPD Awareness Week from 1-7 October 2017

We are delighted that Dr Peggy Brown, CEO, National Mental Health Commission will officially launch the Toward a National BPD Training and Professional Development Strategy on 4th October 2017 as part of the National BPD Awareness Week activities. See Page 6 for more details.

The BPD Awareness Week Collaboration Group is leading an active and successful BPD Awareness Campaign in 2017. The group has grown to include approximately 30 organisations and/or individuals and many activities are going to be held to raise awareness around Australia during the first week of October. Please visit the website and participate via Facebook and the Mind Museum. Here are the links

http://www.bpdawareness.com.au/

Do check out the great video clip of Professor Ian Hickie, Ambassador for BPD Awareness Week 2017 on the home page.

https://www.instagram.com/bpdawarenessweek/

https://www.facebook.com/BPDawarenessweek/

When participating in social media it is important to be aware that Borderline Personality Disorder can be a very sensitive area and what may appear helpful to one person can have the reverse effect on someone else. Whilst a social media campaign is likely to have ups and downs due to so many individual differences and sensitivities, it is important to be respectful of all contributions and let goodwill prevail. I am sure we all have the same intentions!

Julien McDonald

President, Australian BPD Foundation Ltd

SPRING 2017

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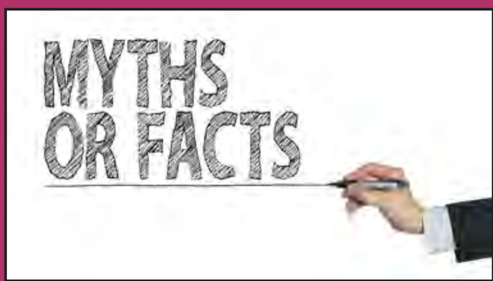
Diagnosing BPD in people under 18



"You can't diagnose BPD in people under 18."

Clinicians continue to be reluctant to diagnose BPD in young people for a number of reasons. These include:

1) The belief that BPD in adolescents represents normal adolescent problems;
2) That diagnosis of BPD in adolescents is 'not allowed' by the psychiatric manuals (such as the DSM-5 [Diagnostic Statistical Manual Vs 5]);
3) That labelling young people with this diagnosis will attract stigma;
4) That BPD is a 'bad' diagnosis to give because BPD is untreatable; and
5) That the personality is still evolving/developing until 18-20 years of age.

The above mentioned views have been challenged:

- Firstly, we now know that adolescents with BPD features are more distressed, and have many more problems, than adolescents without BPD.
- Secondly, the DSM does not specifically say BPD cannot be diagnosed in adolescents, but that clinicians should do it carefully.
- Thirdly, avoiding applying the diagnosis of BPD does not stop stigma and it sends a message that BPD is a bad diagnosis that should not talked about.
- Fourthly, follow-up and treatment efficacy studies have demonstrated that BPD is a good prognostic disorder and that BPD symptoms commonly go into remission with treatment.

There's evidence to support the diagnosis of BPD in people above the age of 12 and the Australian National Health & Medical Research Council Clinical Practice Guidelines for the management of Borderline Personality Disorder recommend that BPD should be diagnosed when present in anyone over the age of 12, with the aim being to help the young person and their families access appropriate supports and treatment.

This 'Myth or Fact' was written by Louise McCutcheon, co-founder of early-intervention BPD program HYPE and a clinical psychologist and senior program manager at Orygen, the National Centre of Excellence in Youth Mental Health and by A/Prof Sathya Rao Clinical Director Spectrum Personality Disorder Service for Victoria.

Profile - Dr Sathya Rao

Working with BPD offers great rewards, says leading clinician Dr Sathya Rao

Shortly after immigrating to Australia from India and beginning work in a rural Victorian town, psychiatrist Sathya Rao found himself managing a patient with severe borderline personality disorder (BPD). "I had very little training in treating people with BPD," recalls Associate Professor Rao of that experience in 1997, "but I knew I did not want to treat people with BPD. I played into the stigma. I thought they were just people behaving badly."

With the support of colleagues passionate about BPD, Rao –who is now the executive clinical director of Victorian personality disorder service, Spectrum, and the deputy president of the Australian BPD Foundation – quickly discovered how wrong he was. "One of things I've learnt in the 20 years since then is how absolutely misunderstood people with BPD are. I came to realise that they have an ordinary mental illness like any other mental illness.

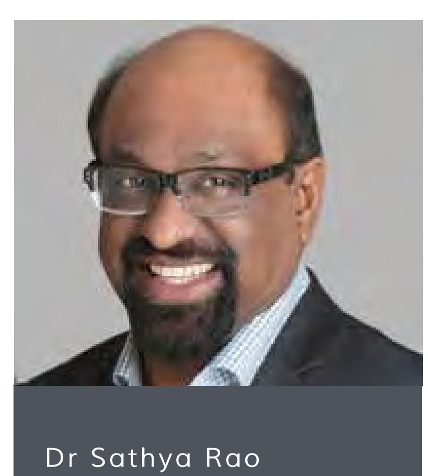
"It's nothing exotic, nothing extraordinary. And if I had the same disorder I would behave exactly the same way. So we can't blame these people, we can't stigmatise these people, or certainly not refuse treatment to these people. That is unethical and immoral."

Despite the passing of time and growing mainstream recognition of this all-too-common disorder – illustrated, in part, by the creation of BPD Awareness Week [October 1-7] – Rao says the stigma associated with BPD remains, not least among some in the medical and mental health professions. While Rao believes the federal government needs to make BPD a public health priority and that a national suicide registry should be set up to track the mortality rates of people with BPD, he says another vitally important step in improving the lives of those affected by BPD is to train more medical and mental-health clinicians in BPD and its evidence-based treatments.

That, he says, even without increases in health budgets, will work towards improving the lives and outcomes of BPD patients who, he says, are under prioritized and often actively refused service.

"If I am a clinician and I have very little knowledge about how to help people with BPD, but I have significant training in helping people with other disorders, which person do you think I am going to [most often] choose to treat?" he reasons. "Clearly the people with disorders in which I have training and knowledge. Or if I am a doctor, will I choose a patient to whom I can prescribe medication or – because there isn't yet specific medication for BPD – one who will need long-term psychotherapy to help?"

"And consider that people with BPD can have anger dyscontrol or interpersonal difficulties. Or they might self-harm as a way of managing their emotions. These behaviours are part of the pathology of BPD. But if I haven't been trained in BPD, it is easy for me to assume that it is bad behavior rather than understand it as BPD pathology."



Dr Sathya Rao

Rao says that as frustrating as it is to witness the slow pace of government action on BPD, he is very optimistic about the future. Much of his optimism, he says, comes from clinical evidence that shows that the most common outcome for BPD patients who receive treatment is remission and recovery. "Very few patients require lifetime treatment. In fact, two thirds of patients can achieve remission in one to two years with evidence based treatments. A study has reported that 10% of BPD patients remit in 6 months, 45% see remission in 2 years and 85% remit in 10 years. At 10 years about 25% are in full-time work and only 40% are receiving disability payments."

Moreover, he says, once people with BPD improve, the chances of having a relapse is very small – about 15%.

It's results like these that continue to drive Rao's professional life. "As a clinician I have been in public service since 1997. I've worked in psych units, in-patient units,

Dr Rao (cont...)

out-patient units, emergency departments and with CAT teams. Now I exclusively work with borderline patients and I can say my job satisfaction has never been better."

"That is because once you start working with people with BPD, the most common outcome is remission and recovery. So it is very rewarding work for me. It is not just me writing a script for a pill and sending my patients home to suffer side-effects. I am using my own emotional skills, my own psychological skills, and my own interpersonal skills to help them work on the disorder. It is hugely rewarding."

"Awareness, education, compassion and access to evidence-based treatment and services when they are needed, are critical to ensuring that people living with BPD and their families have the tools and support they need to achieve recovery."

Frank Quinlan,
CEO Mental Health Australia

Letters to the Editor

Let us know what matters to you, or what is happening in your local area in the BPD world.

What BPD Carers Want

Family carers are the default mental health system – and we're always on standby. Even those of us who don't live with our sons/daughters – so-called 'secondary carers' – are the ones our loved ones turn to most often when they are depressed, anxious or in trouble, or when they are discharged from hospital too early because the hospital needs the bed, or when they can barely look after themselves, their homes or their finances.

So what would help us? Well it would help if we didn't need to beg for support for our loved ones. For example, after our psychiatrist said our daughter needed a care coordinator who could support her (by phone) when she was unwell, we had to beg to get someone. Then, after just six weeks, the care coordinator finished up by saying our daughter – who has been mentally unwell for years – 'was now well'! People with a serious mental illness need ongoing support, sometimes for years.

Similarly, we have had to beg for psychosocial support. It's now been approved but not before I became so unwell that I was no longer able to support her. In addition, to get ongoing support, you have to comply with arbitrary goals established by authorities; things like being able to catch a bus, do more exercise, or learn to cook. My daughter can already catch a bus, she does not need to cook, and has no motivation to lose weight and exercise. But if she doesn't pluck one of these goals out of the air she will be dropped from services.

What she really needs is someone to be her 'friend', even if this someone is a worker. This would help keep her out of hospital yet social support isn't deemed as being important.

I don't believe carers need respite services because the only time we get true respite is when our loved ones are in hospital or some other place with good mental health care. This is what I ask for, yet in SA – where the government has closed an intermediate care centre losing 15 beds – intermediate care is now only for those having Electroconvulsive Therapy (ECT) , or those on new meds who needs monitoring. This is not the way it was supposed to work when originally setup. It was meant as a step up and step down service.

Finally, we need to increase the number of psychologist treatments covered by Medicare. Ten sessions are not enough to provide for effective therapy, especially for those with BPD.

Judy Burke, Adelaide.

People with a dual disability, such as those with BPD and intellectual challenges, can have more complex needs. Families and supporters will consequently have an increased burden of care. Services need to have the resources and flexibility to provide what is required not what fits a stereotype. Editor.

BPD Awareness Week Events

Events are planned all around Australia to promote BPD Awareness Week 2017 - From Stigma to Strength

The Ambassador for BPD Awareness Week 2017 **Professor Ian Hickie** introduces this years campaign online. View the clip as he speaks to people with BPD and their families about the ways in which we may more positively promote the quality of their lives and also more positive engagement with the health system.

Dr Peggy Brown, CEO, National Mental Health Commission will launch a webinar series 'Upskilling and engaging clinicians working with people with Borderline Personality Disorder and their families' which is Stage 1 of the National BPD Training and Professional Development Strategy

Patron of the Australian BPD Foundation, **Janne McMahon OAM**, will open the launch with an introduction to BPD Awareness Week.

"From Stigma to Strength"

Yes to Recovery, Hope & Optimism

No to Stigma and Discrimination

EVENTS

NATIONAL
3 Oct - SANE Online Forum

ACT
3-20 Oct - BPD Art Exhibition

7 Oct - BPD Family Fun Day

NSW
5 Oct - Sydney BPD MHPN Launch Program

QLD
4 Oct - Ipswich BPD MHPN Launch

SA
5 Oct - Borderline Movie & Panel

VIC
3 Oct - Fostering Hope Info Session Ballarat

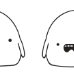
4 Oct - National BPD Training Strategy Launch

5 Oct - Celebration Night! Melbourne

WA
6 Oct - WA BPD Foundation Branch Launch

GET INVOLVED!

Contribute your thoughts and views via the website to strengthen efforts to raise awareness of BPD. Check out www.bpdawareness.com.au



MIND MUSEUM

Upload your 'expression of emotion' (in any art form) onto Instagram at www.instagram.com/bpdawarenessweek

Tag it as #bpdawarenessaustralia to be showcased in the Mind Museum on our website.

BPD NATIONAL SURVEY: FOUNDATIONS FOR CHANGE 2nd Edition - 2017

Two surveys, one for consumers with a lived experience, and one for carers and families affected by BPD have been released by The Private Mental Health Consumer Carer Network (Australia). They will analyse the data and have the Report/s ready for Professor Ian Hickie, Mental Health Commissioner and Director Brain Mind Centre, to launch during BPD Awareness Week 2017.

This work was undertaken in order to compare any changes in the healthcare experiences of consumers with BPD over time, given greater awareness of BPD within mental health and primary care service systems since the first survey was undertaken in 2011.

Experiences of CONSUMERS with the Diagnosis of Borderline Personality Disorder (BPD) 2017 Update.
Experiences of CARERS supporting someone with the Diagnosis of Borderline Personality Disorder (BPD) 2017 Update.

New National BPD Training

UPSKILLING AND ENGAGING CLINICIANS WORKING WITH PEOPLE WITH BPD AND THEIR FAMILIES

The Australian BPD Foundation in partnership with Spectrum Personality Disorder Service for Victoria and the Mental Health Professional Network are delighted to have been provided with funding from the National Mental Health Commission to undertake Stage 1 of "Toward a National BPD Training and Professional Development Strategy".

Stage 1 includes:

- an online BPD webinar series for mental health professionals
- maintenance and establishment of locally based practitioner networks across Australia
- provision of professional development sessions to these networks
- establishment of a practitioner resource virtual library
- scoping for potential for development of e-learning modules.

This is a direct response to the work of the Ministerial Expert Borderline Personality Disorder Reference Group in 2010 – 2012 and the NHMRC Clinical Practice Guidelines for the Management of Borderline Personality Disorder, that have identified a clear need to provide people with a lived experience of Borderline Personality Disorder (BPD) access to high quality, responsive, evidence-based treatment, care and support.

BPD Clinical Networks

New BPD Networks are opening across Australia

NSW & QLD BPD PROFESSIONALS NETWORK LAUNCHES

Register for the launch of Sydney BPD Network on 5 Oct.

Register for the launch of Ipswich/West Moreton Network on 4 Oct.

BPD Networks are open to all GPs, mental health professionals and agencies. You may be able to claim credit towards continuing professional development. Certificates of attendence available, download factsheet here.

Video recordings of past meetings presentations can be viewed online.

Register to join the mailing list.

Victorian BPD Network

Adelaide BPD Network

Contact Angela Miller on a.miller@mhpn.org.au to start a network.

WHAT IS BORDERLINE PERSONALITY DISORDER?

Register now for the first webinar in the new national BPD professional development series.

Tuesday 31 October
7.15 – 8.30 pm AEDT

Attend to hear an expert panel, facilitated by psychologist Dr Lyn O'Grady, explore a fictional case study. Through this discussion, you will learn to identify Borderline Personality Disorder, its underlying causes, and discover ways to discuss this diagnosis with patients and families.

Produced by the Mental Health Professionals' Network, in partnership with the Australian BPD Foundation and Spectrum Personality Disorder Service for Victoria the webinar series will help practitioners to improve understanding of the complexities of BPD and better support people living with BPD and their families.

Learn more and register at: http://bit.ly/2xGjxxY.

Tuesday Oct 31

7:15pm - ACT, NSW, QLD, VIC & TAS
6:45pm - SA & NT
5:15pm - WA

AUSTRALIAN BPD FOUNDATION BRANCHES

Launch of WA Branch

Oct 6 2017

We invite you to add information to the tree of knowledge for WA based services, people interested in the work of the WA Branch, things that work, identified gaps, and aspirations for the future of the WA Branch of the BPD Foundation.

- What, where and who do you know?
- WA based places and people who care?
- Come and add to our tree of knowledge!

See flyer or email Sharon or Samantha for more details.

The Australian BPD Foundation currently has branches in Victoria, SA and NSW.

Personality Disorders: A Mental Health Priority

Improving treatment for individuals with personality disorders

Individuals with personality disorder often access a variety of services, both clinical and psychosocial (non-medical), to assist with their recovery. A national commitment is needed to re-orient clinical services to implement the National Health and Medical Research Council (NHMRC) BPD Clinical Practice Guidelines (2012).

Stepped care models for personality disorder have been developed using brief interventions to intervene rapidly at the acute stage of illness, followed by additional long-term treatment as clinical need dictates. The stepped care approach also acknowledges individuals who have personality disorders who do not require or wish to engage in long-term care but can benefit from immediate crisis care that provides specific focused personality disorder interventions.

Long-term, evidence-based interventions designed for the treatment of BPD have demonstrated their effectiveness in terms of outcomes and cost. A recent systematic review identified the benefits of providing evidence-based interventions, with an average cost saving of AUD $3789.51 per patient per year.

Training all mental health staff in Australia to effectively work with individuals with personality disorder, and the implementation of brief and long-term intervention services around Australia, are needed urgently; as such, these models can lead to significant reductions in in-patient hospitalisation and emergency department presentations.

The need to improve skills and knowledge of mental health staff has been supported by the need for a whole-of-system approach such that staff working in specialist and non-specialist organisations need to be equipped with the skills and knowledge in order to work with individuals with personality disorder.

Assessment and early intervention

Increasing evidence has suggested that early intervention and diagnosis prior to the age of 18, and intervening with individuals who have emerging personality disorder, are conducive to improving outcomes.

The 2012 NHMRC clinical practice guidelines make two pertinent recommendations: first, young people with emerging symptoms should be assessed for possible BPD, and second, adolescents should receive structured psychological therapies.

Yet despite this clear guidance, there is ongoing reluctance from health professionals in diagnosing individuals with BPD prior to the age of 18 years. This has potential to not only limit the types of services individuals can access but also delays access to effective treatment. Primary care that is well connected to schools and families provides good opportunities to identify, intervene and source additional support for individuals with these emerging problems.

Mental health staff working with adolescents similarly have the skills to assess and treat young people with emerging symptoms if they are trained in contemporary personality disorder treatment. Sadly, most experienced staff identify training and knowledge gaps in treating these disorders.

One innovative example of early intervention in Australia is the HYPE (Helping Young People Early) clinic based at ORYGEN Youth Health. This model provides integrative care for adolescents between 15 and 25 years of age, offering psychotherapy, case management, crisis care and support for families and carers.

Improving the experience of consumers, families, carers and partners

There is a need to support all those who embark on the treatment and recovery journey from personality disorders, which includes the family, carers and partners of individuals

BPD Conference Update

with personality disorder.

The consumer voice in personality disorder has emerged in the past decade with the development of organisations such as the Australian BPD Foundation. These organisations play an instrumental role in advocating for consumers, carers and family members, and increasing community awareness of personality disorder.

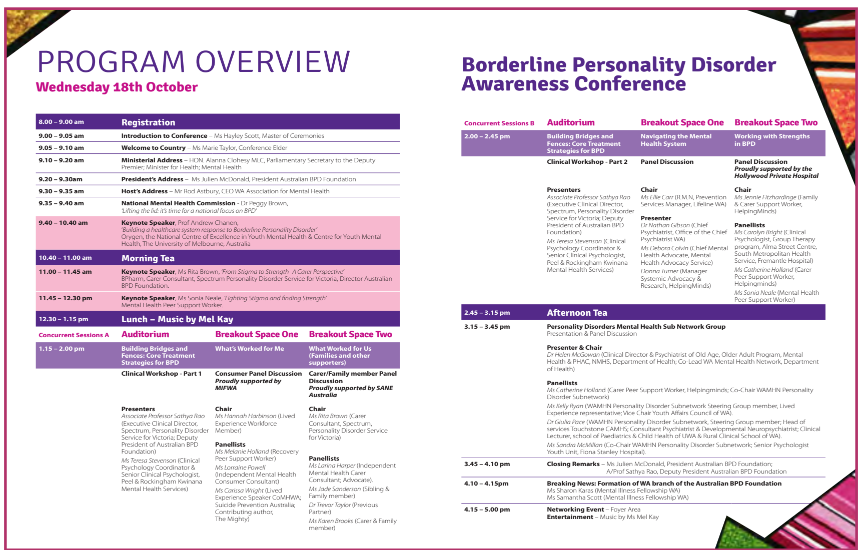
Despite this work, considerable stigma and discrimination continue to be reported by both individuals with lived experience and their carers, within the community and the health system. This has been suggested to be perpetuated by the attitudes and limited knowledge on personality disorders held by health practitioners.

Alongside an imperative to educate clinicians, emphasis should also be placed on tertiary and vocation education settings to incorporate evidence-based knowledge regarding personality disorder for all pre-workforce clinicians.

In the community level, mental health literacy in regard to personality disorder is limited.

The development of population-based awareness campaigns, not dissimilar to those designed to improve awareness of depression and schizophrenia, which involve individuals with personality disorder and their carers, may address stigma and increase awareness.

This is an edited extract from an article published in the Australian and New Zealand Journal of Psychiatry, July 2017 By Brin Grenyer, Michelle Townsend, Fiona Ng (all University of Wollongong), and Sathya Rao.



PROGRAM OVERVIEW

Wednesday 18th October

8.00 – 9.00 am	**Registration**
9.00 – 9.05 am	**Introduction to Conference** – Ms Hayley Scott, Master of Ceremonies
9.05 – 9.10 am	**Welcome to Country** – Ms Marie Taylor, Conference Elder
9.10 – 9.20 am	**Ministerial Address** – HON. Alanna Clohesy MLC, Parliamentary Secretary to the Deputy Premier; Minister for Health; Mental Health
9.20 – 9.30am	**President's Address** – Ms Julien McDonald, President Australian BPD Foundation
9.30 – 9.35 am	**Host's Address** – Mr Rod Astbury, CEO WA Association for Mental Health
9.35 – 9.40 am	**National Mental Health Commission** - Dr Peggy Brown, *'Lifting the lid: it's time for a national focus on BPD'*
9.40 – 10.40 am	**Keynote Speaker**, Prof Andrew Chanen, *'Building a healthcare system response to Borderline Personality Disorder'* Orygen, the National Centre of Excellence in Youth Mental Health & Centre for Youth Mental Health, The University of Melbourne, Australia
10.40 – 11.00 am	**Morning Tea**
11.00 – 11.45 am	**Keynote Speaker**, Ms Rita Brown, *'From Stigma to Strength- A Carer Perspective'* BPharm, Carer Consultant, Spectrum Personality Disorder Service for Victoria, Director Australian BPD Foundation.
11.45 – 12.30 pm	**Keynote Speaker**, Ms Sonia Neale, *'Fighting Stigma and finding Strength'* Mental Health Peer Support Worker.
12.30 – 1.15 pm	**Lunch – Music by Mel Kay**

Concurrent Sessions A	Auditorium	Breakout Space One	Breakout Space Two
1.15 – 2.00 pm	**Building Bridges and Fences: Core Treatment Strategies for BPD**	**What's Worked for Me**	**What Worked for Us (Families and other supporters)**
	Clinical Workshop - Part 1	**Consumer Panel Discussion** ***Proudly supported by MIFWA***	**Carer/Family member Panel Discussion** ***Proudly supported by SANE Australia***
	Presenters *Associate Professor Sathya Rao* (Executive Clinical Director, Spectrum, Personality Disorder Service for Victoria; Deputy President of Australian BPD Foundation) *Ms Teresa Stevenson* (Clinical Psychology Coordinator & Senior Clinical Psychologist, Peel & Rockingham Kwinana Mental Health Services)	**Chair** *Ms Hannah Harbinson* (Lived Experience Workforce Member) **Panellists** *Ms Melanie Holland* (Recovery Peer Support Worker) *Ms Lorraine Powell* (Independent Mental Health Consumer Consultant) *Ms Carissa Wright* (Lived Experience Speaker CoMHWA; Suicide Prevention Australia; Contributing author, The Mighty)	**Chair** *Ms Rita Brown* (Carer Consultant, Spectrum, Personality Disorder Service for Victoria) **Panellists** *Ms Larina Harper* (Independent Mental Health Carer Consultant; Advocate). *Ms Jade Sanderson* (Sibling & Family member) *Dr Trevor Taylor* (Previous Partner) *Ms Karen Brooks* (Carer & Family member)

Borderline Personality Disorder Awareness Conference

Concurrent Sessions B	Auditorium	Breakout Space One	Breakout Space Two
2.00 – 2.45 pm	**Building Bridges and Fences: Core Treatment Strategies for BPD**	**Navigating the Mental Health System**	**Working with Strengths in BPD**
	Clinical Workshop - Part 2	**Panel Discussion**	**Panel Discussion** ***Proudly supported by the Hollywood Private Hospital***
	Presenters *Associate Professor Sathya Rao* (Executive Clinical Director, Spectrum, Personality Disorder Service for Victoria; Deputy President of Australian BPD Foundation) *Ms Teresa Stevenson* (Clinical Psychology Coordinator & Senior Clinical Psychologist, Peel & Rockingham Kwinana Mental Health Services)	**Chair** *Ms Ellie Carr* (R.M.N, Prevention Services Manager, Lifeline WA) **Presenter** *Dr Nathan Gibson* (Chief Psychiatrist, Office of the Chief Psychiatrist WA) *Ms Debora Colvin* (Chief Mental Health Advocate, Mental Health Advocacy Service) *Donna Turner* (Manager Systemic Advocacy & Research, HelpingMinds)	**Chair** *Ms Jennie Fitzhardinge* (Family & Carer Support Worker, HelpingMinds) **Panellists** *Ms Carolyn Bright* (Clinical Psychologist, Group Therapy program, Alma Street Centre, South Metropolitan Health Service, Fremantle Hospital) *Ms Catherine Holland* (Carer Peer Support Worker, Helpingminds) *Ms Sonia Neale* (Mental Health Peer Support Worker)

2.45 – 3.15 pm	**Afternoon Tea**
3.15 – 3.45 pm	**Personality Disorders Mental Health Sub Network Group** Presentation & Panel Discussion **Presenter & Chair** *Dr Helen McGowan* (Clinical Director & Psychiatrist of Old Age, Older Adult Program, Mental Health & PHAC, NMHS, Department of Health; Co-Lead WA Mental Health Network, Department of Health) **Panellists** *Ms Catherine Holland* (Carer Peer Support Worker, Helpingminds; Co-Chair WAMHN Personality Disorder Subnetwork) *Ms Kelly Ryan* (WAMHN Personality Disorder Subnetwork Steering Group member, Lived Experience representative; Vice Chair Youth Affairs Council of WA). *Dr Giulia Pace* (WAMHN Personality Disorder Subnetwork, Steering Group member; Head of services Touchstone CAMHS; Consultant Psychiatrist & Developmental Neuropsychiatrist; Clinical Lecturer, school of Paediatrics & Child Health of UWA & Rural Clinical School of WA). *Ms Sandra McMillan* (Co-Chair WAMHN Personality Disorder Subnetwork; Senior Psychologist Youth Unit, Fiona Stanley Hospital).
3.45 – 4.10 pm	**Closing Remarks** – Ms Julien McDonald, President Australian BPD Foundation; A/Prof Sathya Rao, Deputy President Australian BPD Foundation
4.10 – 4.15pm	**Breaking News: Formation of WA branch of the Australian BPD Foundation** Ms Sharon Karas (Mental Illness Fellowship WA) Ms Samantha Scott (Mental Illness Fellowship WA)
4.15 – 5.00 pm	**Networking Event** – Foyer Area **Entertainment** – Music by Ms Mel Kay

CHOICE OF WORKSHOPS AND PANEL DISCUSSIONS

Peggy Brown from the National Mental Health Commission will be speaking on 'Lifting the lid: it's time for a national focus on BPD', followed by the keynote sessions in the morning from the perspectives of a clinician, carer and peer support worker.

After lunch the first group of concurrent sessions offer a clinical workshop, consumer panel discussion and carer/family panel discussion. The concurrent sessions continue with part 2 of the Clinical Workshop, the Chief Psychiatrist Dr Nathan Gibson will present with others on 'Navigating the Mental Health System' panel, and a panel of psychologists and peer support workers will discuss 'Working with Strengths in BPD'.

Following afternoon tea will be a presentation by Dr Helen McGowan and members from the WAMHN Personality Disorder Subnetwork, and the launch of the WA branch of the Australian BPD Foundation.

Entertainment will be provided by Mel Kay and her band Liberte during lunch and the post-conference networking event. They hope their music will bring awareness to the impact the mind has on everyone's personal world's, and help those who feel unheard have a voice. Look out for the upcoming E.P *Personality Disorder Catalyst.*

Download Program here.
Conference Details available on the WA Association for Mental Health website.

Lived Experience

Patrick, 33 has taken back control of his life

I was diagnosed with depression in 2003 and in 2007 with BPD. It took a really bad relationship break-up, and being hospitalised in psych wards, for that diagnosis to come around.

In a way it was a relief to find out that this is what I had, and how to manage it. And it helped explain a lot of my behavior in relationships and with friends, which to this day I feel bad about and really regret.

I had a lot of trouble with boundaries; saying things I shouldn't have said, doing things I shouldn't have done, getting 'up close and personal' with people too quickly, taking advantage of people, emotionally manipulating people.

Fear of abandonment was also a big thing. With BPD I was always presuming someone was about to abandon me or break up with me.

I was always anxious and worried so it was really difficult to maintain friendships and relationships and hard to get comfortable in social situations and at school and university. It's a really intense feeling and the emotions are always there. That was what led to the diagnosis.

While being diagnosed helped in a way it was hard as well because so few people knew about BPD, and that's still the case really. But it's a bit easier for me now.

I was diagnosed 10 years ago when I was 23 – so I've had ten years of learning about myself. And therapies like DBT and CBT (dialectical behavior therapy and cognitive behavior therapy) have helped me so much.

And I've been so lucky because I have had some really good doctors and mental health clinicians who have helped me over the years. I'm at a stage now where I can reflect on things I've done but also on the opportunities I've been given. I'm grateful now for the things I have.

This may not be for everyone but sharing my BPD story publicly, and not hiding behind my mental health issues, has helped me too. 'This is what I have,' I tell people, 'but it's not the end of the world.' Life goes on and you can get better.

It's been challenging but I've learned to manage it over the years and get better with it and I've made so many friends this year.

Therapy – and medication – has made a huge difference, though it was hard the first few years. I didn't think there was anything wrong with me. I thought I could overcome my issues myself, by researching on the computer.

You've got to work with your doctor and psychologist. It really helps to find one you click with, one you trust, one who understands and validates you. There are still ups and downs but I can now support myself and I know what my triggers are, and I can accept my emotions and not take them out on other people. But you need more than therapy or medication to improve your life. You've still got to take control and responsibility for actions.

So I don't drink or take recreational drugs. I don't have a mobile phone either. This allows me to keep boundaries with friends and not burden people with my emotional issues on a day-to-day basis. Yoga and meditation also help.

Then there's Lego therapy! I'm so lucky because I've found something I'm passionate about. I've got back into collecting Lego and Transformers. One of my jobs is selling Lego and Transformers on eBay. I could spend all day playing with Lego, assembling sets and selling them. I enjoy this, I can make money from it, and I'm passionate about it. A lot of my friends work 9-5 and aren't passionate at all about their work. I'm grateful I get to do what I want to do.

No-one is perfect. I've got a lot of mental health issues and physical health issues. But all I can be is be the best person I can be and minimise the negative effects I have on myself and others. To just be mindful of who I am and what I say and what I do.

I don't want to make excuses for myself, or feel sorry for myself, or go back into hiding and block people out of my life. I'm proud of who I am. I like who I am and, despite the issues I've faced, I want to be the best person I can be.

> "I'm at a stage now where I can reflect on things I've done."

Carer's Corner

Support groups and self-care have helped Lena cope with her daughter, Alexis' BPD

My daughter, Alexis [37], has BPD – but there was no sign of it when she was young. She was very intelligent, talented and did well at school. Then in her teens she started to become anxious and badly behaved – at least that's what my husband and I thought then. She ended up with bad boyfriends, smoking cannabis, dropping out of school and drinking a lot. She was very much lashing out at us at the time. There was nothing we could do that was right. Everything, according to her, was our fault.

It was devastating to us early on. We were thinking, 'How could she treat us like this?' We took it so personally. I remember that she left home at 17 and ran off with some fellow and moved in to his parents' house. I felt like she'd died. It was horrible. If I'd known back then she had an illness I would have approached it differently.

After a period of relative stability Alexis became quite ill and started to take overdoses and had several stints in hospital. We then had this idea it could be BPD because we knew someone who had already been diagnosed with that. Finally, when she was in her 20s, Alexis was diagnosed with BPD. The diagnosis was definitely a relief. It helped explain things and it gave me somewhere to turn; I could learn about BPD and see what we were dealing with.

Alexis' life was pretty chaotic. There were boyfriends who were bad for her, and there'd be overdoses when the relationships broke up. At times she'd seem perfectly fine and then the next day she'd be in hospital after an overdose. Then she'd be patched up and sent home with no support. So we had frustrations with the system.

Then she got pregnant and she decided to have the baby. That was frightening for us because you hear of women with BPD who have babies and can't manage to look after them. There have been tough times – when her daughter was five, Alexis took a big overdose and was very unwell for a time – but over the years hospitalisations and courses like dialectical behaviour therapy have really helped her – and helped her care for her daughter, who is now a teenager. Alexis has actually maintained a job for many years working part time and she's been managing quite well, particularly if she stays off alcohol.

Most people never quite knew what we were going through. Some thought Alexis' behaviour was simply bad behaviour that we shouldn't have to put up with. Some thought we just needed to tell her we loved her and that that would make things alright. Some thought her behaviour was evidence that we were bad parents.

My way of coping was to learn about BPD, and to get involved in support groups. Now I help facilitate them. If I had advice for other carers of people with BPD it would be to learn about the illness and to develop strategies to talk to your loved one, and to relate to them.

Trying to validate some of the stuff they are feeling is really helpful – even if it feels outrageous to you. Sometimes I fall into old habits and my communication is ineffective and I only make things worse, but it's all about small steps. You can't be too hard on yourself.

Sometimes I think I'm just lucky, I really do. Some people are blessed with more resilience than others and I've just found a way to cope.

Importantly I still try to maintain my own life and hobbies. I play tennis and have other friends and do things socially. But I am able to do that. Some people can't.

There are still worries, of course, and we still live in fear that she might suicide, and we've the added fear of her daughter getting ill, but we recognize that she has done pretty well over the years. She's mostly been able to manage and for that we are grateful.

** Names have been changed*

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