

# THE BPD ADVOCATE

Issue 4

## National BPD Advocacy

A range of projects around Australia are improving services for people impacted by Borderline Personality Disorder

Systemic advocacy is a key role of the Foundation, so we are pleased to support the wonderful efforts of the South Australian branch and the Sanctuary BPD Carer Support Group in the tireless and effective campaign they have conducted resulting in a commitment by the SA government to develop a specialist BPD service for that state. Congratulations to all involved in this successful campaign!

The Foundation is actively advocating that people with BPD have the access they need to evidence-based treatment. Currently only 10 sessions are available through the Better Access scheme and this is not sufficient for people with BPD as most evidence-based therapies require at least 12-18 months of weekly therapy sessions. Therefore, the Foundation is advocating that the scheme be extended to allow access to appropriate levels of treatment on referral from a medical practitioner for individuals with serious, complex mental illnesses, including BPD. Letters have been written to Federal Ministers and Shadow Ministers advocating for this change to the Better Access scheme.

Planning is underway for the 2018 National BPD Conference to be held in Brisbane (See page 7 for details). This is a first for Queensland and promises to be an exciting event well supported by local organisations.

We are delighted to have confirmation of funding for Stage 2 of the National Training Strategy from the National Mental Health Commission. This will enable the Foundation to partner with Project Air and Spectrum to develop e-learning modules which will build on the highly successful webinar program being developed through Stage 1. Project Air will take the lead role in developing this online training with Spectrum providing specialist expertise and the Foundation managing the project. We see this extension of education of mental health professionals as key in changing the negative culture around BPD to a more realistic and optimistic one with the recognition that recovery is possible with access to evidence based treatment.

*Julien McDonald*

President, Australian BPD Foundation Ltd

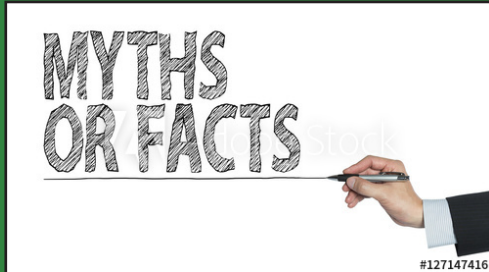
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How the term 'manipulative' can be used to excuse a clinician making a punitive response, and potentially harm a person with BPD seeking help

## Manipulation

In my work I have witnessed clinicians label people with BPD as 'manipulative' raising the question of why do clinicians feel manipulated?

The term 'manipulative' suggests the deliberate creation of a specific feeling in a person by another person, usually for perverse reasons i.e. obtaining power or control. Feelings such as sympathy, frustration, anger, fear, anxiety, helplessness, uncertainty and guilt can be drawn out, but why is it some clinicians come away from interactions with people with BPD specifically, feeling like they have been 'manipulated'?

Mental health clinicians tend to assume a stance of 'expert', they have a specialist knowledge and position of power that clients often readily acknowledge. Working with someone with BPD turns this on its head due to the interpersonal and relational nature of a personality disorder, the complexity of their presentation and possibly most importantly for a clinician, their unpredictability.

Our tendency then is to blame the person, label them as 'manipulative' and respond punitively because we cannot tolerate the uncertainty and anxiety - we cannot tolerate our loss of power and control. In my experience, this then becomes justification for not providing treatment or avoiding people with this diagnosis. Unfortunately, this may then perpetuate the negative self-view the person with BPD may already have, their belief that no-one understands or cares, exacerbate their symptoms and negatively impact upon a person with BPD seeking help.

Responding effectively to someone with BPD in crisis requires self-awareness and monitoring our own responses, assumptions and beliefs. Not everyone wants to do that. Working with people with a personality disorder requires emotional intelligence and curiosity and being comfortable with a 'not-knowing' stance which can be challenging for clinicians who are used to the 'expert' stance. While it can be natural to become psychologically defensive when faced with this challenge, the danger is when behaviours of people with BPD become more readily pathologised by clinicians and treatment either not provided or provided punitively.

People with BPD experience significant psychological distress that they are unable to regulate. This is not deliberate or wilful. Their attempts to seek help in crisis may be learned behaviour over years of being unable to get their needs met in an ambiguous or invalidating environment – a desire to have basic needs met is not 'manipulative' and is something many of us take for granted. If we are unable to sit with emotions that are triggered then we are in defensive stance and not being present with that person and we lose our ability to respond effectively.

*Justine Grimmer*

*Ed: This article is written from the perspective of a clinician. It is important for family members and friends to remain mindful that what is commonly perceived as 'manipulative' behavior is often internally motivated — a way for the person to self-soothe or cope with contradicting feelings they may be experiencing — by creating a focal point in a close relationship, rather than attempting to produce certain feelings in another person.*

## Lived Experience

I'm Carissa, 28, outspoken, kind and open-minded, I live in WA, I love writing and I have BPD

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I've been challenged by BPD, but I wouldn't change it for the world. BPD has helped me form meaningful relationships with people and most importantly, a relationship with myself. In my crisis points, the pain was so consuming I wished it would go away, but when I learnt safe coping mechanisms I was able to use that pain to my advantage. The vulnerability that comes with BPD has enabled me to find my own true meaning of love, kindness, empathy and compassion.

I'm currently studying Cert IV Mental Health Peer Support and am involved in 3 sub-committees for BPD. My involvement with the Australian BPD Foundation started in Melbourne 2016 and in October 2017 I spoke at the National BPD conference on the consumer panel.

Unfortunately, due to the ever-increasing demand for services and facilities the mental health system in WA cannot cater to everyone experiencing BPD. I'm currently involved in a project addressing ways to improve WA's mental health system which involves meetings with mental health professionals and peer-support workers.

Recently I had the opportunity of an internship with Emotions Matter in New York, via the BPD Lived Experience subcommittee. I'll work with Emotions Matter for 10 days, gaining insight into what they are doing and bringing that knowledge



back to WA. I'm hoping to make deeper connections, learn more about myself, and my recovery, deliver my message of hope and share my lived experience story with like-minded people.

Honest and open communication about lived experience really helps reduce stigma and raise awareness about BPD. When I began sharing my experience I filtered out the people who weren't ready to listen or learn about my experience, but with that loss came gain. I found myself surrounded by meaningful, nurturing and caring relationships which were vital in my recovery. Correcting myths regarding BPD in an educational and gentle manner is also important. People were able to take a step back and think about how their judgements and views could impact someone with BPD.

I think views are slowly changing. I have seen vast improvement since I was diagnosed at 17. The resources we have now are filtering out the out-dated articles and statistics. Peer support and lived experience have made a huge impact. I believe we are shifting from the 'choice of

behaviour' view to understanding the dialectics of the illness and how it's a lot more than 'attention seeking' and 'manipulating'. There are so many evidence-based articles busting these myths and I hope everyone is selective in what information they do take on board. BPD definitely has its pros and cons. I am not ashamed of it, regardless of peoples' judgements and the common misconceptions.

The number one thing I can say to someone who is in the midst of experiencing BPD is 'Hope'. Holding onto that saved my life many times: 'I hope someone out there understands' (they did), 'I hope I get led to the right treatment' (I did), 'I hope my friends will still be by my side throughout all the challenging times with the disorder' (they were). Hope pulled me through; it built a great pillar of resilience when I was tested time and again. I want people to know it does get better. BPD isn't a life sentence and there are people willing to hold your hand when you feel like you are in the midst of an emotional storm.

Carissa 

## Carer's Corner



Finding where you start and finish is helpful when you are a carer of a parent with BPD

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I have a strong interest in BPD.

My mother had complex physical and mental health issues throughout her life and was diagnosed with many different mental health/physical health conditions at one time or another. She was pursuing a diagnosis of BPD when she was diagnosed with cancer, so that was shelved.

We both felt that BPD explained much of how she felt, perceived and interpreted the world.

I started attending BPD information sessions 1-2 years ago and was stunned at how well this described my personal experiences.

At times I was aware of taking the role of parent/counsellor and restrictions on my behaviour that weren't entirely normal. I couldn't hang around after uni lectures, or change plans at the last minute, or not call home (in my 20s) without mum taking it personally. I also learned to hide emotions from a young age because it would often cause panic and anxiety.

Being a carer wasn't something I was always conscious of. I wouldn't describe myself as 'doing' anything tangible, although there was a lot of being fully present, talking and analysing the world. Much of this was enjoyable, although it did take up a lot of time.

I didn't access any support then as I wasn't aware of any support available. Beyond going to the GP, there was no education on how to navigate the health care system. We both felt that finding someone who 'gets it' was a matter of pot luck. There were a lot of clinicians talking, asking specific questions but not listening, not just in terms of BPD, but mental health in general. However, I feel this is changing.

The hardest thing about being a Carer is keeping going. You have times when you are exhausted and they are in pain and you feel you aren't doing any good. These are the days where you need reminding that survival is enough of a goal.

I eventually achieved a Bachelor of Arts with a double major in Psychology & Philosophy and completed Honours, working as a Research Analyst and administrator. I left this role in August 2014 as my mother had cancer and required full-time care. In 2015 I went back to university and completed further study in psychology.


I am starting to do volunteer work now, and am looking for work in the health sector, but finding it difficult to get a foot in the door.

I feel there are a lot of misconceptions about people with BPD such as characterising behaviour as attention-seeking, but the distress the person feels is real. A particular event may seem small (maybe a 3/10 in terms of the emotional response), but for them it is 11/10.

Mum described her condition as 'having no self' - being constantly effected by the personalities and emotions of people around her and trying to control this by adapting her persona to each person or 'pull out the appropriate personality' in order to get a kind or positive response from that person. Of course this often had mixed results, with her rarely satisfied with any relationship/interaction.

***"It's important to develop your own boundaries"***

In my experience, the best thing someone can do to help someone with BPD is to work to view the world from their perspective. Empathise with them and don't judge. It's also important to develop your own boundaries so you have a clear idea of where you start and finish. You can then acknowledge what they are feeling and why, but also explain your own point of view without feeding the emotional storm.

Eleanor 

## Profile - Dr Martha Kent (OAM)

Dr Martha Kent. OAM,  
Chair, SA Branch of the  
Australian BPD Foundation

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Martha describes as 'gradual and evolving' her interest in, and passion to treat, people with lived experience of BPD, and also to advocate for improvement in care for them, their families and the clinicians who work with them.

Her initial training in medicine was augmented by further study to become a member of the College of Physicians in England, working there in a variety of settings. On return to Australia she worked extensively in women's health, including the very demanding areas of sexual abuse and associated court jurisdictions.

During this time, she had always been very interested in three key areas - internal medicine, feminism and psychology. Pursuing the specialisation of psychiatry could be seen as a natural progression from here. As she said: 'I also had my own issues to sort through, and psychiatry gave me the opportunity to understand myself better as well as others and pursue my own psychotherapy over the years. In addition, there is mental illness scattered throughout my extended family'. She was able to have the energy and resolve to follow this path as she raised her young family.

Dr Kent's Interest in BPD developed in the '90s. Martha explained: 'As a woman from a family of high expressed emotions, I have some understanding of what it might be like for my patients to struggle with intense emotions. At the time, psychiatrists had a pessimistic view of people with BPD and on the whole treated them with reluctance.

There was a prevailing sense of therapeutic nihilism. Effective treatment, when available, had been psychoanalytic psychotherapy which was outside the then current resources within the public sector'.

Dr Kent describes one aspect of her character as 'liking a good challenge'. She saw BPD as very much an issue of social justice. People with BPD were clearly suffering and struggling to cope with their lives. They often had a history of significant trauma and struggled to find skilled, committed psychiatrists and therapists who wanted to work with them regularly and over the longer term.

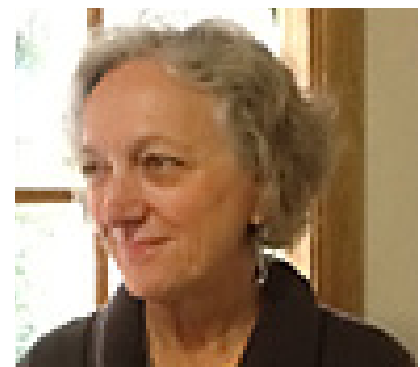
### *"BPD is an issue of social justice"*

During her extensive study and research, she discovered the work of Marsha Linehan, finding it revelatory and progressive. The concepts of Dialectical Behaviour Therapy [DBT] were enlightening. This gave her a new optimism, a notion of recovery and hope. They gave her new tools to work with. Dr Kent views Marsha as a massive innovator and catalyst for change. Dr Kent ran the first DBT group in Adelaide and these groups in conjunction with other treatment ideas meant she was able to develop an increased caseload of people, particularly women, with BPD and see many of them lead meaningful lives. As Martha said: 'This was encouraging for us both'.

To work with people with any mental illness can be challenging and demanding and many clinicians

find this particularly so with people experiencing the distress of BPD. The efforts of people to obtain care are often treated dismissively, hostilely or with indifference. Dr Kent said during her psychiatric training and afterward, 'the general wisdom amongst my colleagues was that it's unwise to take on more than a handful of people with BPD because they exhaust and deplete you'. Martha's attitude is quite the opposite, so refreshing and positive. As she said: 'Generally I like people with BPD. I like their intensity and energy, and I admire their fortitude in dealing with their illness and life. They are often creative and smart and generally don't give up easily. Sitting in a room with someone with BPD keeps me alert and emotionally and intellectually challenged.'

Martha's beliefs have been a potent fuel for her deep commitment to advocacy. In the past few years she has spread her time between private practice and intensive advocacy on several forums. She has worked extensively with other committed advocates including a small group of dedicated people affected by BPD and our Patron



Dr Martha Kent

## Profile (cont...)

of the Australian BPD Foundation Patron, Janne Mc Mahon OAM. They have succeeded in lobbying for the Australian Senate to declare the first week of October each year National Borderline Personality Disorder Awareness Week.

Their latest achievement is securing a South Australian Government commitment to spend \$10.25 million dollars over the next 4 years to develop a Statewide Specialist Service for people with BPD. What a fantastic achievement! Dr Kent says they have all pushed many political and clinical barrows over the preceding years but one of her most effective is: 'but this will cost you less in the long run.'

Dr Martha Kent has recently (temporarily) retired but has no intention of letting up the pressure for proven, fair and equitable services. When suggested combining a demanding clinical role with advocacy must cause a certain amount of stress - how do you manage? She had a few wise words :

- Look for the small gains
- Always maintain good practice
- Become encouraged
- Always work with people in a supportive way
- Use the support of friends, colleagues and mentors
- Trust your judgement
- Take very good care of yourself, Maybe reduce hours, A balance of clinical work and advocacy has been important
- Lastly when it is all getting too much just jump in the pool and have a good long swim.

### The Future

When asked 'is there good news for treating people with BPD?' Dr Kent is optimistic.

'Yes. The models of care exist, we know treatment works.

The evidence in the literature shows that evidence-based BPD Services not only improve functionality and quality of life for people with BPD but also save money overall.

We have a model of optimal care in the National Mental Health

Research Council Clinical Guidelines for the Management of BPD 2012 found at <https://www.nhmrc.gov.au/guidelines-publications/mh25>.'

Historically, I think the difficulty in treating people with BPD has been in part due to the general pessimism about offering effective care to people with BPD.

However, there is very good news for the treatment of BPD. The research is very encouraging in terms of improvement and technical recovery that can be achieved through various forms of psychotherapy and good clinical care. These optimistic therapeutic ideas are becoming more prevalent although it takes time to replace long standing scepticism about the possibility of effective treatment.'

Although there may have been other dreams, Dr Kent has no plans for a quiet retirement. It is her plan to continue with OAM activities, ongoing teaching and advocacy as well as traveling and trying to keep healthy. As she enthusiastically exclaims: 'I plan to continue BPD advocacy for as long as I can, or until services in South Australia become good enough'.

*Dr Martha Kent* 🍷

**12th INTERNATIONAL CONFERENCE ON THE TREATMENT OF PERSONALITY DISORDERS**

**2 & 3 November**

**Uni of Wollongong, NSW**

**Keynote: Professor Anthony Bateman (UK)**

**NEW WAYS OF WORKING WITH ANTISOCIAL PERSONALITIES AND EARLY INTERVENTION**

**Register: [www.projectairstrategy.org/conferencesandevents/UOW173203.html](http://www.projectairstrategy.org/conferencesandevents/UOW173203.html)**



**PERSONALITY DISORDERS CONSUMER AND CARER DAY**

**Thursday 1 November**

**Uni of Wollongong, NSW**

**Keynote:**

**Dr Steve Gillard (UK)**

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**Bursaries available**

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**[www.projectairstrategy.org/UOW244408.html](http://www.projectairstrategy.org/UOW244408.html)**

## Conference

The 8th Annual National Borderline Personality Disorder (BPD) Conference will be held on 10-11 September 2018 at the Hotel Grand Chancellor Brisbane, Queensland.

Tickets will be released in June.

The conference marks the inaugural Queensland event and builds on a strong history of successful conferences held around Australia since 2011.

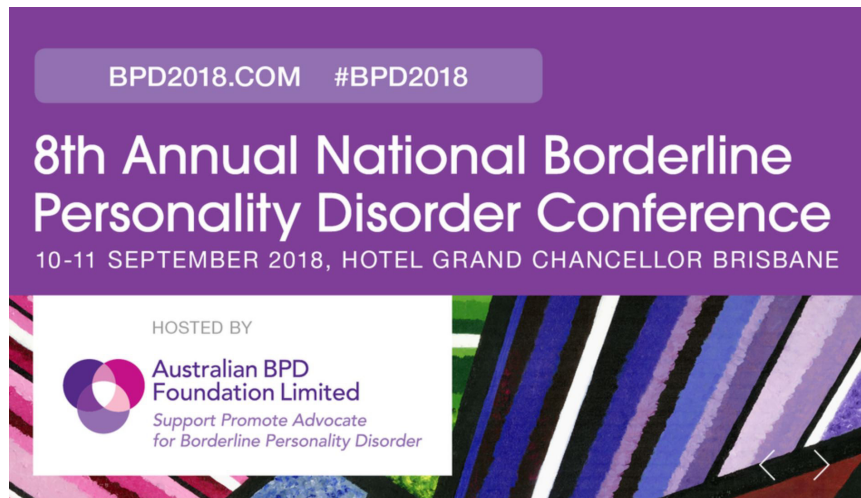
Sponsored by the Australian BPD Foundation, the conference will play a major role in promoting the message that with access to evidence based treatment and support the prognosis for people with BPD is positive.

We are seeking passionate people who want to make a positive difference to the perception of BPD and who may be interested in sharing their lived experience as a consumer, family member/friend/carer or clinician supporting people with BPD (or their family/friends to take part in this important event.

To register your interest please click on the Abstract link on our conference home page [www.bpd2018.com](http://www.bpd2018.com) or contact us on [admin@bpdfoundation.org.au](mailto:admin@bpdfoundation.org.au)

The abstract portal will be opening soon, to accept applications to present a keynote address, such as:

- Deliver a workshop for people with BPD (consumers)  
+ /or families/freinds (carers)  
+ /or clinicians
- Be a facilitator/member of a panel
- Present relevant research
- Deliver a full-day workshop aimed towards mental health clinicians on the Pre-Conference Day (10 Sept)



### BPD MENTAL HEALTH PROFESSIONALS NETWORKS

BPD Networks are open to all GPs, mental health professionals and agencies for training and networking. Visit [www.mhpn.org.au](http://www.mhpn.org.au)

Currently available in Adelaide, Hobart, Melbourne, Sydney and Ipswich/West Moreton, QLD.

**NSW - SYDNEY BPD NETWORK**

**QLD - IPSWICH/WEST MORETON NETWORK**

April 4 - NDIS and its Interface with Mental Health

**SA - ADELAIDE BPD NETWORK**

**TAS - HOBART NETWORK**

April 10 - Network Establishment Meeting

**VIC - VICTORIAN NETWORK**

April 17 - Rethinking BPD: Exploring the World for Other Possibilities

**Expressions of Interest for new BPD Networks:**

**QLD - BRISBANE NORTH BPD NETWORK** [Register your interest](#)

**WA - PERTH BPD NETWORK** [Register your interest](#)

To register for a network meeting email [networks@mhpn.org.au](mailto:networks@mhpn.org.au)

If you are interested in establishing a BPD network in your area please email MHPN Project Officer, Angela Miller at [a.miller@mhpn.org.au](mailto:a.miller@mhpn.org.au) or phone 03 8662 6643.



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