

THE BPD ADVOCATE



Issue 6

National Training Strategy

The rollout of Stage 1: BPD Webinars occurred over 2017-18, and 2019 will see the release of Stage 2: e-Learning Program

Season's Greetings from the Board of the Australian BPD Foundation.

As another busy year comes to an end, the Australian BPD Foundation would like to thank and acknowledge our members and supporters who have shared in our endeavours throughout 2018 to encourage a positive culture around Borderline Personality Disorder and to promote the ready availability and accessibility of appropriate services for people impacted by BPD.

2019 promises to be another extremely busy year as we continue our work.

In addition to our annual **Conference** and coordinating **BPD Awareness Week**, we look forward to the launch of our online **e-Learning Program** 'Effective Psychological Treatment for BPD'. We will also be preparing submissions for the Productivity Commission, the Aged Care Royal Commission and the Mental Health Royal Commission in Victoria.

We look forward to delivering our **Petition** to the Federal Minister of Health, Greg Hunt, advocating to increase the number of Medicare-funded Better Access visits for treatment of BPD and other complex mental health conditions from 10 to 40 per year.

Wherever this Christmas finds you and in whatever circumstances, we hope that the spirit of the season touches you and that the universal message of hope and peace fills you now and throughout 2019.

Christmas wishes,

Kind Regards

Rita Brown

President, Australian BPD Foundation Ltd

SUMMER 2019



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 Australian BPD
Foundation Limited
Support Promote Advocate
for Borderline Personality Disorder

Patron - Dr Peggy Brown, AO

BPD Awareness Week Ambassador

“From every perspective - human, clinical, social and economic - there is a strong case to argue for more and better services for people with Borderline Personality Disorder. Effective evidence based treatments exist. The widespread roll-out of these treatment services is lagging behind the evidence. Meanwhile, the significant impact of living with BPD goes unchecked and the stigma persists. It is time that we see these effective treatments made widely available, across the public and private mental health sectors. The relief experienced by those with Borderline Personality Disorder and their families and carers when we do so will be palpable and the results will be extremely worthwhile. There can be no stronger call for investment in contemporary mental health service development.”

Dr. Peggy Brown, AO, Ambassador, and Patron of the Australian BPD Foundation
View her 'Better Practice Deserved' presentation at the 2018 Australian National Conference
<https://bpdfoundation.org.au/conference2018.php#Peggy>



Is DBT the only therapy for BPD?

MYTH: The only effective treatment for BPD is very long-term psychological treatment.

FACT: Up-to-date research shows that well-structured, shorter treatments can be effective for many people. Several types of psychological treatment are effective:

DBT, CBT, Mentalisation

Source: RANZCP 'Your Health in Mind - Borderline Personality Disorder'
<https://www.yourhealthinmind.org/mental-illnesses-disorders/bpd>

Schema, STEPPS or TFP

Source: 'Clinical Practice Guideline for the Management of BPD'
<https://nhmrc.gov.au/about-us/publications/clinical-practice-guideline-borderline-personality-disorder>

Good Psychiatric Management (GPM)

Source: 'Good Psychiatric Management: A Review' (Gunderson et al.)
<http://bit.ly/GPMaReview>

Lived Experience

Justine lives in rural NSW with her partner. DBT helped manage her BPD symptoms, and she strongly believes it's important to find what works for you and to commit to it - "It takes time, but it's worth it".

I live on a cattle farm in NSW, near a small town with a history of farming. I grew up in a bigger town and lived behind the local RSPCA where I developed a bond with the animals living there; horses, sheep and cattle. Animals have always been an important part of my life.

When I was 15 I started working at a fast food restaurant and stayed there for 3 years, but left when my mental health began to deteriorate.

I was unable to get out of bed and felt overwhelmed. I had started self-harming, and felt suicidal and I also developed an eating disorder. I started working with horses, but my eating disorder left me unable to cope with the physical demands of the job. I also made a few attempts at study and had a few different jobs, but my mental health kept getting in the way and I ended up applying for the DSP.

After a while, I found a job in a not-for-profit café through a job agency, and loved it. It was a more relaxed pace and the people I worked with were great, but unfortunately it closed down. My BPD really impacted on my ability to find and keep work, and I realised that in order to look after my mental health I needed to find work that was at a slower pace, with less stress.

During all of this I met and married my now-husband and moved to

the farm where we live and work. I love the work here, the pace and lifestyle. I'm working with animals and am happy. My partner is patient and forgiving and keeps calm when I'm not.

I've done a lot of work on my mental health - including CBT and DBT for several years. It took a while, but it all started to really click when I did the group DBT work. I met great people who I'm still friends with and we shared ideas and experiences. This was all government subsidised and without that I don't know if I would have been able to do it.

DBT was really good for me. CBT teaches you why you feel the way you do, but DBT teaches you how to stop feeling the way you do.

I'm a bit different to the stereotype of people with BPD: I have good relationships, I have friends and a supportive partner. Some health professionals believe it's not possible for people with BPD to have a relationship!

There are the bad sides to BPD - the anger and rages, and thoughts about suicide. The one suicide attempt I made was as a result of stopping medication cold turkey which I really wouldn't recommend!

But there are also really good parts that come from having BPD - which I would not trade. I'm creative - I draw, sew, write, knit, and take

photos. I don't have a strong sense of self, so am adaptable and don't fear change like other people do.

The thing I needed to work on was skills to manage anger. I wanted to stop being so angry, and have now learnt how to do that with support.

Not everyone with BPD is the same - if people pre-judge you before they meet you, and discriminate against you they miss out on getting to know you and having a potential friendship with you.

There is a lot of stigma around BPD, but things are getting better. People were reluctant to diagnose me because of that stigma, but I'm glad they did, because then I knew how to get better and live the life I'm living now.

Justine (NSW) 💜



Justine

Carer's Corner

Sanctuary BPD Carer Support Group was established by Bob and Judy in Adelaide to provide support and information to carers of people living with BPD.



Our daughter was first seen by a psychiatrist at age 8. She first self-harmed at age 16.

We struggled with many ups and down, until she was 28, when she was diagnosed with Bipolar Disorder. There were many trips to hospital and despite being put on medication, she never improved.

We were told she was just a "naughty girl". Later, a psychiatrist told us she had Borderline Personality Disorder (BPD), and she would no longer treat her. BPD was a "hopeless illness and we should move to QLD and forget about our daughter". No information was provided to us about what BPD was.

A couple of years later we were again told she had BPD, still no information given, other than a photo copied page describing BPD.

In 2011 I attended an International Congress about BPD. What I learnt there blew my mind away. It explained what BPD was, what our daughter was feeling and why she acted as she did and what we as her parents could do to help.

As we practised what we learnt and saw the difference this made to our daughter's mood and behaviours, my husband and I thought there were probably other families who cared for someone with BPD and needed information too.

We decided to start a carer support group to share with them what we

had learnt and to give, and get, support.

In February 2012 we placed an ad in the local Community newspapers. Three people turned up at the first meeting.

We didn't quite know what we were going to talk about but I had Valerie Porr's book *Overcoming Borderline Personality Disorder: A Family Guide for Healing and Change* and we were going to read from that. However, we didn't need it as people were keen to talk and share their experiences and feelings. Two hours passed quickly and all were keen to meet again.

At the next meeting we invited 2 psychologists experienced in the area of BPD and using Dialectical Behaviour Therapy (DBT) to help their patients. They explained DBT and how we could help our family member.

Since then we have invited many speakers who are experts in BPD, and others who help us cope with our caring role. At some meetings we have no speakers, but we watch and discuss one of the many videos about BPD available on the internet.

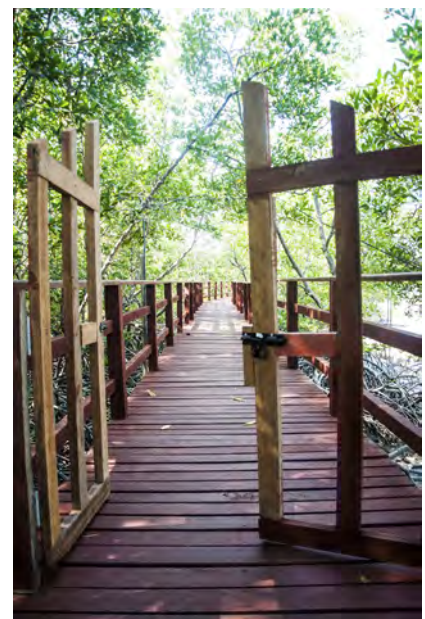
New carers come to Sanctuary via our website or Skylight, the Non Government Organisation (NGO) which supports us. My contact information is on the website. Most people who contact us for the first time are relieved to find someone who 'gets' BPD. Most people say,

"Thank goodness I found you!" I always send new members some basic information about BPD and the name of Valerie Porr's book which I find invaluable. I also spend time answering emails and supporting people who can't get to meetings. At the same time, many members have formed friendships and support each other outside of meetings.

We now have over 200 members. Sadly, my husband, Bob, died last year, and other members of Sanctuary have stepped in to help me run Sanctuary. I couldn't do it without them.

Judy Burke (SA)

<http://bpd-carers-sanctuary.org/>





AUSTRALIAN NATIONAL CONFERENCE

'Research Resources Respect: Connection Building'

This was the best National Borderline Disorder Conference I've been to! Why? There are many contributing factors...

I appreciated the balance of presentations and speakers. As a carer I felt that the program was truly inclusive. Bringing together the lived experiences of consumers and carers as well as informing us of current research and new strategies, ideas and experiences is nourishing and helpful.

De Backman-Hoyle, whose magical MC skills brought us together, spoke from the heart with humour and warmth, and ensured the program moved along in a timely manner.

Following the *Welcome to Country*, there were thoughtful opening addresses by Minister Greg Hunt, Australian BPD Foundation President Rita Brown, and Maureen Lewis, CEO, The National Mental Health Commission, the conference's platinum sponsor.

Professor Brin Grenyer spoke about the different therapies currently available to treat BPD. In the afternoon, he also talked about Project Air Carers Research. As a carer this was of particular interest. My notes about both presentations say...."go to Project Air's website and look at the wealth of material there!"

I enjoyed Dr Haley Peckham's presentation *Of course it is happening inside your head, Harry, but why on earth should that mean*

that it is not real? - Validating the impact of complex trauma without diagnosing disorder. I'm fascinated by neuroplasticity, choosing better experiences to shape the brain, ways that our neural systems adapt to experience, and how nurture can influence nature.

Mahlie Jewell inspired and challenged us in *'Stigma, Discrimination, and Life on the Borderline'* to consider how stigma and discrimination affect recovery, and how we can work together to effect positive outcomes.

The program included the particular experiences of men with BPD, as outlined by Aaron Fornarino in *Men and BPD: The Elephant in the Room*. The misplaced assumptions I often hear about BPD affecting more women than men have always been a sticking point for me. There is need for continuing focus in this area.

Thank you to the people with lived-experience for sharing your stories with us. Hearing from those who live with it, and work with it to create lives with richness and meaning, is always touching and memorable.

Dr Peggy Brown's quiet but upbeat message and Rita Brown's vision about the future left us hopeful and optimistic.

Thank you to all the presenters - consumers, carers and clinicians - for your insightful and heart-felt contributions. They were much appreciated and your passion is not misplaced.

And some more personal reflections...

I wish I had attended Professor Sathya Rao's pre-conference workshop on *Core treatment strategies for BPD, with specific emphasis on risk factors and risk assessment, and methods for self-harm and suicidality*. I heard that it was wonderful.

The interactive nature of the conference, including questions and answers from the floor with each presentation was appreciated by all. We learn so much from others' experiences and questions.

A delegate said she would have liked to attend both the consumer and carer concurrent sessions. Me too, but then I like to go to everything!

The tables for plenary sessions lent an informal touch to proceedings and facilitated conversations with other delegates. Good idea!

The conference allowed me to nurture relationships with people I generally see only once a year, and to forge new ones. The networking event at the end of the conference was a valuable opportunity to do more of this.

Thank you to all who worked so hard to bring us this wonderful conference. Well done and congratulations!

Liz Hodgman (SA)


View Presentations:
<https://bpdfoundation.org.au/conference2018.php> ❤️

Conferences

SPECTRUM CONFERENCE

'The Many Guises of BPD: Unravelling Diagnostic Complexity'

Spectrum Personality Disorder Service for Victoria held a conference on 30 November 2018 addressing the comorbid and co-occurring disorders that frequently complicate assessment and treatment of BPD. Topics covered included BPD and medical co-morbidity, psychosis, substance abuse, depression, violence, eating disorders and trauma.

View 2018 presentations (uploaded early 2019) and check for details on 2019 conference:
<https://www.spectrumbpd.com.au/> 




12th INTERNATIONAL CONFERENCE ON THE TREATMENT OF PERSONALITY DISORDERS

'New Ways of Working with Antisocial Personalities and Early Intervention'

Project Air Strategy hosted their conference on 2-3 November 2018 in Wollongong, NSW. Professor Anthony Batemen spoke on *'Working with antisocial personality disorder: What research and clinical experience teaches us'*.

The 13th International Conference on the Treatment of Personality Disorders will be held in Wollongong, NSW on 8-9 November 2019, with the PD Carer and Consumer Day held the day prior, 7 November 2019.

View past conference presentations here:
<http://bit.ly/ProjectAirPDConference2019> 



5th INTERNATIONAL CONGRESS ON BORDERLINE PERSONALITY DISORDER

'Rethinking BPD: Improving Treatment and Training'


In September 2018, two Spectrum staff members attended and presented research findings at the European Society for the Study of Personality Disorders (ESSPD) conference in Barcelona, Spain.

As well as being a beautiful location for the conference, the opportunity to interact with colleagues and listen to world leaders present their insights made the long trip very worthwhile. More than 600 people from 43 countries attended the conference and there were more than 500 presentations in oral and poster formats.

These covered aspects of treatment, factors that contribute to the expression of personality disorder, ways of improving family support, personality disorder in youth, as well as complexity when other disorders are also present. The tone of the conference was very positive and it was clear that attendees were committed to improving health systems and services to optimise care in all communities.

There was considerable interest in the Australian findings and great to know that Australia is contributing substantially to knowledge and capability to work together with people who struggle with the challenges associated with personality disorder.

Jillian Broadbear and Sathya Rao (VIC)

Ed: The 6th International Congress on BPD will be held September 2020 in Antwerp, Belgium. Register online to be kept up to date - <https://www.borderline-congress.org/> 



Consumer and Carer Day

12th INTERNATIONAL CONFERENCE ON THE TREATMENT OF PERSONALITY DISORDERS

Nine people from the Canberra DBT Skills Group made the trek to Wollongong, NSW to attend the Personality Disorders Consumer and Carer Day hosted by Project Air Strategy on 1st November.

We were curious about the road trip, how it would go and the opportunity it gave to practice DBT Skills in action.

The day opened with a welcoming address from Rita Brown, President of the Australian BPD Foundation, who highlighted the importance of the BPD community coming together – consumers, carers and clinicians.

A person with lived-experience shared her journey of recovery in *Finding healing in my own community through meaningful relationships and art therapy*. It gave HOPE to those in our group who are on their own recovery journeys that life can get better and be worth living.

Jenni Smith shared her story in loving and caring for her son who has BPD. We are always finding ways to give others HOPE that recovery and healing is possible for both the person with BPD and their families.

The focus turned to the strength of Lived Experience within the BPD community.

Dr Steve Gillard (UK) presented *Recovery: The power of lived experience and peer work*, and explained how a peer support group for people experiencing personality disorders was both



helpful and challenging for the people involved.

Angela Davies (Consumer Consultant, MH, Gold Coast Health) presentation *Building a culture of success*, was exciting. She spoke of overcoming insecurity and self-doubt to take on the challenge of leading a consumer peer team in a public mental health setting and recognising the importance of lived experience leadership. The peer program they established inspired our group to believe anything is possible in recovery. A life worth living can be more than you ever imagined it to be, with opportunities you may never have thought possible.

Peter McDermott and Louise Kelaher from Northern Sydney Local Health District CYMHS spoke about

their *Peer Workforce Development Program* which had two areas of focus - determining the specifics of the roles and the change management required to prepare the workforce for peer workers. Positions descriptions and the recruitment process is underway.

This is exciting as it offers opportunities for those in recovery to work with others to support them on their journey and to secure paths in an area they have passion and experience in.

Professor Brin Grenyer spoke on *What works in treatment: Questions and answers for service users and families*. He reviewed the different models of treatment and provided guidelines for providing effective treatment for service users and their families.

Cont/...

Elise Carrotte from SANE Australia reported on the research on treatment pathways in Australia, as experienced by those with lived experience of personality disorders and their support networks.

The final presentation was from Lee Davies (UK), *Adventures in Positive Risk Taking*. He works in a 12 bed BPD inpatient program where positive risk taking is encouraged and showing great benefits. He demonstrated the value of co-production, and community encouragement of joint personal risk taking.

As I reflected on the day, I realised we had taken a positive risk, travelling as a group to a new place to attend a day workshop with others in the BPD community.

What amazing benefits we achieved from getting out of our comfort zone and using DBT skills to manage the discomfort so we could attend.

We all left feeling part of a wider community and knowledge that Lived Experience in the BPD community is extremely powerful and helps us all build lives worth living in which we can help others along their journey, especially when they have lost HOPE. What an amazing gift to be able to share.

Natalie Malcolmson (ACT) 📍

Your local MP may be interested to learn about how to improve BPD services.

You can draft your own letter or use the template on the 'Spread the Word' link on the BPD Awareness Week Website

<https://www.bpdawareness.com.au/spread-the-word/>

Resources

Early Intervention with Adolescents in Schools

Project Air Strategy for Schools

enhances the capacity of education staff to identify challenges in young people.

A series of resources have been developed including guidelines, factsheets, a film and accredited training for teachers.

Evaluation of the training in 400 teachers from 18 secondary schools showed that teachers felt more optimistic and confident about working with students who have complex mental health issues such as personality disorder, and similarly felt better equipped with the knowledge and skills to identify and respond.

Teacher's knowledge and understanding about self-harm improved significantly following participation in the program.

The findings support the value of early intervention in the school setting.

Drawing on their established relationships with students, teachers are often among the first to observe changes in behaviour that might be cause for concern, or might represent emerging mental health challenges.

Early recognition by classroom teachers of students in distress can facilitate timely referral to school counsellors, access to suitable evidence based treatments, and can minimise the risk of significant and longer-term social, emotional and functional difficulties later in life.

Full article and evaluation: <https://bpd.biomedcentral.com/articles/10.1186/s40479-018-0094-8>

Treatment Guidelines here: <https://www.projectairstrategy.org/guidelines/index.html>

Schools, Teachers & Students, download factsheets here: <https://www.projectairstrategy.org/mpafactsheets/index.html> 📄



BPD Awareness Week • 1-7 October

'Know BPD, No Stigma' 2018

A national Anti-Stigma campaign '**Know BPD. No Stigma**' was designed and developed for BPD Awareness Week and beyond, to learn more about Borderline Personality Disorder, and to say 'no' to stigma.

With the support of the National Mental Health Commission, materials were designed and developed using co-design (a process that includes the target audience in the development). They were launched at the Australian BPD Conference on 10th September, then distributed via a public relations campaign and at events held around Australia during BPD Awareness Week 1-7 October 2018.

The '**We Need Your Voice**' survey was conducted to uncover what people felt we needed to address in the anti-stigma campaign. To support the distribution of the campaign's message a Graphic Branding Package was designed to refresh to website and social media channels.

Fifty organisations Australia-wide were involved in spreading the message or holding events, supported by radio interviews and online news media providing additional exposure. Postcards and badges were distributed, and posters and shareable social media graphics remain freely available for download from <https://www.bpdawareness.com.au/resources-bpd-awareness-week-campaign/>

Mahlie Jewell (NSW), Karen Bailey (SA) and Rita Brown (VIC) 🇺🇸



STAGE 2: e-LEARNING PROGRAM - AVAILABLE SOON!

'**Effective psychological Treatment for BPD**' is an e-learning program for mental health workers and service providers to give you the knowledge and skills to provide evidence-based treatment, and support to the person with BPD and their family/carers.

Five e-learning modules are currently being evaluated and will be available soon at: <https://bpdfoundation.org.au/learning-modules.php>

Following training, BPD Champions with appropriate knowledge and skills will be invited to undertake Stage 3: Face-to-face intensive workshops, and a Train the Trainer Program.



MHPN BPD News

MENTAL HEALTH PROFESSIONALS BPD NETWORKS

Enhance your understanding of Borderline Personality Disorder by joining a BPD focussed network in your area. Networks meet face-to-face and offer you the opportunity to build practitioner relationships.

MHPN Networks are open to all GPs, mental health professionals and agencies. Meetings are free, held quarterly and earn CDP points.

<https://www.mhpn.org.au/>

JOIN ONLINE:

[Adelaide BPD Network](#)

[Brisbane North BPD Network](#)

[Hobart BPD Network](#)

[Ipswich/West Moreton, Qld Network](#)

[Northern Territory \(NEW! Express your interest\)](#)

[Perth BPD Network](#)

[Sydney BPD Network](#)


[Victorian BPD Network](#)

Videos of past meetings can be viewed here:

VIC - <https://bpdfoundation.org.au/mhpn-victorian-bpd-network.php>

NSW - <https://bpdfoundation.org.au/mhpn-sydney-bpd-network.php>

Contact Ingrid by email on i.benge@mhpn.org.au to start or join a network.




Six online Professional Development webinars have been delivered in Stage 1 of the 'Towards a National BPD Training and Professional Development Strategy', funded by the Australian Government.

Past webinars can be viewed at <https://bpdfoundation.org.au/webinars.php>

1. [What is BPD?](#)
2. [Treatment Principles for people living with BPD](#)
3. [Evidence-based Treatments and Access](#)
4. [BPD in Youth and Early Intervention](#)
5. [Management of Self-Injury and Suicidality](#)
6. [Management of BPD in Mental Health Services in Primary, Public and Private Sectors](#)

As an adjunct to the series a [Virtual Library](#) has been developed for each Webinar in order to assist clinicians access further resources online.



Season's greetings

MHPN extends warm wishes for the festive season and thanks you for your support throughout 2018

PETITION

Increase Medicare funded Better Access initiative to 40 visits for Borderline Personality Disorder and other complex mental illnesses



For every 100 people in Australia, the chances are that at least one has experienced BPD. You may know a person who finds it hard to regulate their emotions, or struggles with their sense of identity, who is defensive, who needs to be loved but can also be emotionally distant, or who can't tolerate being left alone or excluded. These are common symptoms of BPD and they can be devastating for the individual and for the people who love and care for them.

The most effective and lasting treatment for BPD is at least one year of regular visits with a mental health professional. One year gives the time needed to learn how to self-regulate, learn how to self-validate, to gain insight, and to heal.

But here's the catch. The Medicare funded Better Access to Mental Health Professionals initiative can only fund up to 10 visits in a year. This clearly falls short of the long-term treatment needed for a complex disorder like BPD.

We need your help to increase the number of visits covered by the Medicare Benefits Scheme Better Access initiative.

Please sign this petition to **Greg Hunt MP, Federal Minister for Health**, requesting an increase in the number of funded visits for treating BPD by the MBS Better Access to Mental Health Initiative from **10 to 40 per year.**

Name	Address	Signature

Completed petitions can be mailed to:
AUSTRALIAN BPD FOUNDATION, P.O. Box 942, Bayswater Vic 3153

Or sign online at [change.org](http://bit.ly/BPDvalidated) - <http://bit.ly/BPDvalidated>

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<http://bpdfoundation.org.au/newsletter.php>



MEMBERSHIP

Foundation membership is open to everyone with an interest in BPD.

Individual membership is free.

Sign up here:

<http://bpdfoundation.org.au/membership.php>



Scan this QR code with your phone to be directed to the webpage and join up!

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The Foundation welcomes your contributions of relevant BPD information by email:

newsletter@bpdfoundation.org.au

The editorial committee reserves the right to abridge or not publish submitted articles.

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